



# From Crisis to Opportunity: Resources and Guidance that CHWs Want from Employers During the Pandemic

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Authors

Denise Octavia Smith

Neena Schultz

**NACHW**  
NATIONAL ASSOCIATION OF  
COMMUNITY HEALTH WORKERS

LEADERS IN  
COMMUNITY  
HEALTH

## EXECUTIVE SUMMARY

On March 2, 2020 the Multnomah County health department [convened members of their Communicable Disease Services unit team](#) with Community Health Workers (CHWs include Promotores and Community Health Representatives) to prepare for the impact of the novel coronavirus. Community Health Workers (CHWs) expressed the impact of the outbreak on “their morale and daily work” and explored ways to adapt their services, educate community members and protect themselves and those most at risk from getting sick. While this action did not eliminate all COVID-19 risk, hospitalization or illness, these actions showed that Multnomah valued the roles of CHWs, were concerned about CHW workplace safety and understood the need to provide information and resources so that CHWs could adapt their services and meet community needs.

Nearly two weeks later the [U.S. Department of Homeland Security](#) identified CHWs as essential critical infrastructure workers, and recommended that they be paid to respond for their pandemic response. Weeks later, the [Rockefeller Foundation](#) National COVID-19 Testing Action Plan advocated for “a large number of community health workers” to scale testing to millions of people per week. CHWs are frontline public health professionals who engender community trust and relationships to support education, access, navigation and quality of clinical, behavioral health and social needs services.

Despite these calls for the CHW workforce to actively participate in COVID-19 response efforts, CHWs across the country began to share with NACHW that they were being laid off and furloughed, told to stay home, or to discontinue in-person home visits and community level services. While there had been [a few reports of state efforts to collaborate with and employ CHWs at that time](#), their communication skills and community connections were under-recognized.

CHWs also told NACHW in our March 2020 national poll that they had difficulty finding COVID-19 plain language materials that were culturally relevant and appropriate to communicate basic information about the virus and promote prevention. NACHW also found that while materials existed for clinical providers, public health staff, and consumers, few materials were available specifically for the roles, work settings and services of CHWs. We responded by launching a webpage on March 16<sup>th</sup> with [COVID-19 Resources for CHWs](#).

In April 2020, NACHW partnered with the Centers for Disease Control and Prevention to present a webinar in support of the CHW workforce with basic information on the virus origin, transmission risk, prevention strategies and home visiting guidance to this workforce. Over 4000 CHWs and their supervisors attended these English and Spanish webinars - and the questions poured in. The concentration of questions about workplace safety protocols and practices made it clear that CHWs and their employers needed more information and resources to protect CHWs in the workplace, adapt CHW services and help CHWs communicate prevention knowledge and behaviors effectively.

**From Crisis to Opportunity: Resources and Guidance that CHWs Want from Employers During the Pandemic**

is a brief describing the results of a survey that collected CHW responses over three weeks in June 2020 to understand the needs of CHWs and how employers can best support CHWs to protect themselves, provide services safely and adapt services to the changing environment. NACHW wanted to hear directly from these frontline public health workers about:

- The areas of work where CHWs would like more guidance
- The resources CHWs want employers to have access to, or to develop to support their work
- What are the critical attributes that should be included in these resources?

The survey was distributed through the NACHW newsletter which has a national audience of CHWs and their allies. Five questions were included in the survey, two closed-ended and three open-ended. Responses to the survey were analyzed to identify key themes and recommendations. The findings were shared with the CDC to support the development of a CDC webpage with resources and materials for CHW employers.

There were 69 respondents as of June 30, 2020, when the window to provide feedback closed. Almost half of respondents were NACHW members. Data was available for NACHW members to understand the roles and expertise of survey respondents. These data showed that 82% of the NACHW members who completed the survey were CHWs, and NACHW member respondents represented 19 states. NACHW member respondents worked primarily in community settings, followed by clinical or office settings and home visiting. *Appendix 1* describes the survey methods and data analysis.

The primary audiences for the report are organizations that employ or partner with CHWs (e.g. employers, local and state health departments, community-based non-profits and Federally Qualified Health Centers). This report is also of use to CHW Networks (including formal and informal associations, coalitions, etc.) and training centers to create awareness about ways to support their CHW members/students and to disseminate to their partners.

**Recommendations for CHW Employers**

- **Health and Safety:** Ensure adherence to OSHA guidelines and develop and implement other health and safety policies and practices to ensure CHW and community safety.
- Recognize and respond to **infrastructure and support needs for CHWs.**
- Partner with CHW employees to **identify best practices** for CHW practice during COVID-19 and adapt existing practices to respond to changing needs.
- Provide **Training for CHWs** in best practices for meeting client and community needs during the COVID-19 pandemic.

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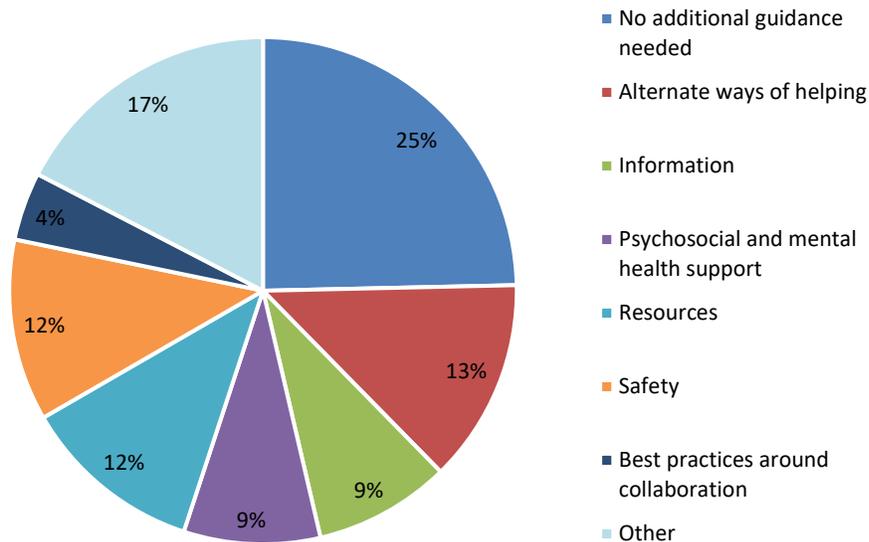
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## SURVEY FINDINGS

### RESPONDENTS REPORT A NEED FOR MORE GUIDANCE FROM EMPLOYERS AROUND ADAPTING CHW PRACTICE, HEALTH AND SAFETY, RESOURCES FOR CLIENTS, AND PSYCHOSOCIAL SUPPORT

*“During COVID-19, I wish that I had more guidance from my organization on empathy. We are serving clients who are going through this pandemic just like us but many of them are going through this alone. My organization has cut off home visits but in protecting us, they need to have more empathy for clients with nothing. It is the worst when organizations don't possess empathy.”*  
– Survey respondent

**Question 1: In what aspect(s) of your job as a CHW/CHR/Promotor(a) during the COVID-19 pandemic do you wish you had more guidance from your organization?**



Note: n= 69

**Summary: Seventy-five percent of respondents wanted their organization to provide more information, resources and guidance to adapt and improve service delivery, psychosocial and mental health support while ensuring their safety while on the job.**

## National Association of Community Health Workers

This open-ended question sought input around areas of needed guidance for CHWs. Several respondents shared more than one answer. Responses were organized by key themes.

Twenty-five percent of respondents said they did not need additional guidance from their employers with some saying that their employer was doing a good job and that they had all of the information they needed. For the remaining respondents, requests for guidance was wide ranging and included resources, information and training on:

- Safety: Personal protective equipment (PPE) and safety policies;
- Resources to assist their clients with basic needs such as food, housing, and transportation;
- Psychosocial, mental health and self-care resources for both CHWs and their clients to address mental health, stress and isolation; and
- Alternate ways of helping: Guidance about how to adapt CHW practice and best meet client needs during the COVID-19 pandemic.

Responses indicate a need for greater guidance about safety practices and a desire for health and safety practices to be implemented and integrated into workflows.

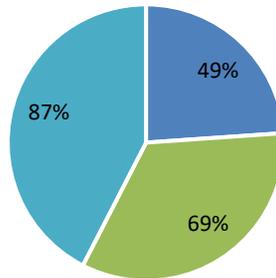
Respondents also shared concerns about community members who are isolated or experiencing psychosocial and socioeconomic difficulties. They expressed urgency to find ways to adapt their practice to provide support to these community members and sought guidance about ways to best support them safely. Guidance around using telehealth was seen as important for this work.

*“More information and guidelines of how best to work with families and manage CHWs during this pandemic and effective work tips from a different environment other than the office.” – Survey respondent*

### **RESPONDENTS IDENTIFY TRAINING AND SUPPORT OF CHWS (TO ADAPT HEALTH PROGRAMS, COMMUNITY ENGAGEMENT AND OUTREACH) AS THE TOP PRIORITY THAT EMPLOYERS AND PROGRAM MANAGERS SHOULD ADDRESS**

*“A completed workflow for how to provide service to clients who have primarily relied on state and county agencies to provide them their SDOH.” – Survey respondent*

**Question 2: Which COVID-19 resources do you think would be most valuable to employers or program managers of CHWs/CHRs/Promotores?**



- Policies and procedures for workplace during the COVID-19 pandemic
- Health and Safety Policies and Practices (including proper use of PPE, social distancing, and conducting home visits during the COVID-19 pandemic)
- Training and Support of CHWs (adapting health programs, outreach and community engagement for COVID-19)

n=69

Responses do not sum to 100% because respondents were able to select more than one answer.

**Summary: Given three response options, almost 90% of respondents said that employers would benefit from training and support to adapt health programs, outreach and community engagement. Policies and procedures can provide guidance to employers to develop infrastructure, workflows and practices to support CHWs.**

For this question, respondents were given three options and asked to check all that apply. About one-third of respondents chose all three options. Two-thirds selected at least two options. Almost 90% indicated that training and support of CHWs (i.e. training on adapting health programs, outreach and community engagement) would be valuable for employers.

*Policies and procedures in the workplace during COVID-19*

Almost 50% of respondents endorsed the need for policies and procedures for the workplace. Policies and procedures include guidance for adapting CHW services in the context of COVID-19, including conducting home visits safely, moving services online, maintaining relationships with clients, reaching clients without access to phone or internet, and making sure contact with clients is meaningful. The results from this question corroborate a national poll conducted by NACHW in March of 2020, during the beginning of the COVID-19 pandemic in the United States, in which respondents shared that they lacked information about how to best reach clients and adapt practice.

*Health and Safety Policies and Practices*

## National Association of Community Health Workers

A majority (69%) of respondents endorsed the need for health and safety policies. These policies and practices are implemented by employers and must adhere to Occupational Health and Safety Administration (OSHA) standards. OSHA issues national health and safety standards and regulations that employers are required to follow. OSHA also has put forth additional recommendations for workplace safety to guide employers to support employee health and safety.

Links to OSHA and COSH resources for employers are included in the [Resources](#) section. Additional discussion of health and safety topics is included below in response to open-ended questions.

### *Training and Support of CHWs*

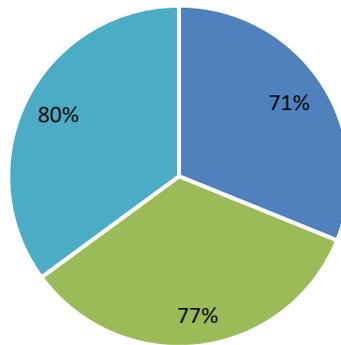
Training and support were selected by almost 90% of respondents. Training for CHWs happens in many different ways. Training is provided by training centers, community colleges, employers, and more. Training includes on-the-job training and apprenticeships. Employers may outsource training or collaborate with partners to provide training. Training will be discussed in greater detail in the following sections.

*“Training and understanding the tracking process as it relates to CHW and critical skills.” – Survey respondent*

## **RESPONDENTS RECOMMEND THAT RESOURCES FOR EMPLOYERS HIGHLIGHT BEST PRACTICES, ARE CULTURALLY RELEVANT AND EASILY ACCESSIBLE**

*“Contact tracing and best practice stories highlighting how to create successful collaborations for rolling out public health efforts.” – Survey respondent*

**Question 3: When developing a COVID-19 resource for employers of CHWs/CHRs/Promotores which of the following attributes/features should be taken into consideration?**



- Available in other languages
- Instructions/guidance on accessibility to COVID-19 resources
- Implementation of best practices

n= 69

Responses do not sum to 100% because respondents were able to select more than one answer.

**Summary: Respondents endorsed all three attributes listed as important components of COVID-19 resources for employers. Responses indicated that resources for employers should be available in multiple languages and contain instructions and guidance around accessing materials related to COVID-19. Resources related to implementing best practices were also seen as important.**

For this question, respondents were able to check all that apply and given the opportunity to add additional attributes. Almost half (48%) of respondents endorsed all options, suggesting that each of these attributes is seen as important to incorporate into COVID-19 information for employers.

*Implementation of best practices*

The majority (80%) of respondents indicated that employers should have resources that focus on implementing best practices. Best practices include methods and approaches that have been effective in real-world settings, and that can be anticipated to be useful in other environments, with necessary adaptation for local settings. Information and examples of best practice information for CHWs can be found in the *Resources* section, including the [CDC Toolkit](#), [C3 Project](#), and [MHP Salud](#) guidance on supervising CHWs.

Implementation of best practice relates to the need for technical assistance or concrete recommendations to operationalize the best practices (e.g. see the [Community-Based](#)

[Workforce Alliance Playbook](#)). This report uses the terms “bright spots” and “emerging best practices” to describe those practices which have anecdotal support but lack scientific study to support efficacy.

### *Instructions and guidance on accessibility*

Over 75% of respondents endorsed a need for employers to have guidance around accessing information and guidance. Despite the abundance of COVID-19 resources on official websites such as the CDC website, CHWs and employers can have difficulty quickly navigating the large amount of resources and finding those that are most accessible to CHWs or clients. Materials and designs that are user friendly and accessible might help audiences to identify the most relevant materials for their needs (e.g. plain language, instructions, video introductions, easy navigation and browsing).

### *Available in other languages*

Many respondents (71%) indicated a need for resources to be accessible for clients who speak languages other than English. A small number of respondents wrote in specific languages. Respondents indicated interest in materials in languages including Spanish, Mandarin, and Cantonese.

Additional responses for important attributes included statistics and trends related to COVID-19, community resources, and accessible for the deaf and hard-of hearing community.

*“Information that is coming from one source. There is so much information out there and this can be confusing at times.” – Survey respondent*

**RESPONDENTS INDICATE THAT RESOURCES FOR EMPLOYERS SHOULD FOCUS ON SAFETY GUIDANCE AND BEST PRACTICES FOR ADAPTING CHW PRACTICE SO CHWS CAN DELIVER HIGH QUALITY SERVICES TO COMMUNITY MEMBERS.**

*“PPE gear and a meeting space to meet with Consumers. You can only isolate for so long in this job before it effects consumer progress made before COVID-19.” – Survey respondent*

**Question 4: Are there any other suggestions or ideas of what should be included in a COVID-19 resource for organizations that work with CHWs/CHRs/Promotores?**

*Key themes from narrative responses:*

- Health and safety guidance and PPE
- Strategies for adapting CHW practice during COVID-19
- Social support for CHWs and clients
- Technology and remote work guidance
- Information about resources for clients
- Training for CHWs

**Summary: Survey respondents discussed needs related to the purchase, use of and disposal of PPE, indicating that the entire continuum of access to and training in PPE use has not been adequately addressed for many CHWs. CHWs' equal emphasis on strategies to safely engage community members while providing prevention and social needs services confirms CHWs' commitment to overcoming barriers to reconnecting with clients and maintaining vital services.**

This open-ended question returned a wide range of suggestions. The most common theme was a need for PPE and safety guidance, which included the need for employers to provide PPE to CHWs, as well as guidance on purchasing masks and information about how to dispose of PPE and how to use PPE while in the community. In line with discussion about adapting CHW practice in Question 2, CHWs indicated a need for strategies to engage communities and individuals safely or virtually and conduct outreach to those most vulnerable to COVID-19. Also discussed were needs for guidelines and material support for working from home, including for technology equipment.

Discussion of social support for CHWs and clients included online and phone support groups, support systems in the workplace or outside of the workplace, and other support for CHWs. Responses did not always indicate whether support was for CHWs or clients but support for both groups was discussed.

Additional responses included access to resources for clients such as transportation, food, and testing, and information about communicating the importance of masks and other COVID-19 precautions. Needs for training resources for CHWs in topics such as in telehealth were also mentioned.

*“How to conduct outreach in place of face-to-face outreach. What CHWs can help with besides SDOH items.” – Survey respondent*

**RESPONDENTS SAY EMPLOYERS CAN SHOW THEY CARE BY ADDRESSING NEEDS FOR SAFETY POLICIES AND PROCEDURES, INFRASTRUCTURE AND SUPPORT FOR CHWS, AND OTHER POLICES AND PROCEDURES.**

*“Extra PPE and different types of masks to have on hand to be able to use for yourself and also clients in need of PPE masks... extra hazard pay when working in the community.” – Survey respondent*

**Question 5: What types of information or resources could your employer provide to you to show you that they care about your well-being (i.e. tips on how to protect yourself and your clients, what to do when a client reports symptoms of COVID-19)?**

*Key themes from narrative responses:*

Safety guidance and PPE

Clear workflows and guidance for urgent situations

Information about COVID-19 and resources

Infrastructure and support for CHWs

Technology and remote work guidance

**Summary: Respondents discussed themes including the importance of safety and health guidance and resources; social, mental health and material support for CHW employees; inclusion of CHWs in decision-making; and workplace policies and procedures.**

## National Association of Community Health Workers

One common theme included that employers already show that they care about CHW well-being. Other responses closely followed the previous questions. The most frequently discussed resources were guidance and safety policies for protecting CHWs and clients from COVID-19 along with PPE. This included enforcing health and safety policies and providing testing or information about accessing testing. Respondents also discussed informing CHWs if they come into contact with an individual with COVID-19.

Infrastructure and support for CHWs included self-care policies, policies supporting work-life balance, work from home, and hazard pay, as well as mental health services and resources for CHWs. A need for mental health resources for clients was also discussed.

Other policies, procedures and resources discussed included:

- Guidance on what to do if a client has symptoms.
- Workflows (e.g. who to contact with urgent questions)
- Technology and guidance for working remotely (e.g. performing case management remotely).
- Information, such as insurance coverage related to COVID-19, transportation to testing.
- Resources for clients (e.g. list of testing centers, food resources, housing resources, etc.)

Consistent communication from employers, as well as checking in and showing appreciation was also seen as important. Information from one source, or succinct information was seen as important due to the large amount of information available. CHWs also discussed the importance of being involved in decision-making and being listened to by employers.

*“My organization is asking us how we feel, if we agree with steps that are being taken, are we comfortable with steps that are being taken. My employer has been great in considering the CHWs and our clients. They understand that no one knows our clients like we do. I know they care because they listen to me.” – Survey respondent*

## Recommendations for CHW Employers

On March 19, 2020, the U.S. Department of Homeland Security CISA issued guidance that classified CHWs as [essential critical infrastructure workers](#) during COVID-19. Since that time [providers who were already working to promote partnership with CHWs to achieve equity in health service access, delivery and outcomes](#), have called for CHW engagement in COVID-19 response efforts.

## National Association of Community Health Workers

To be effective in COVID-19 response, they must have the resources, support and information they need. This survey sought to elevate CHW voices from the field and hear from CHWs who are involved in service delivery about what they need from their employers. The recommendations are designed to help employers to understand the needs of CHWs and to guide next steps in improving CHW access to resources.

Based on the findings discussed above, key recommendations were identified that can be used to guide employers to better mobilize and support CHWs.

Recommendations include:

- Health and Safety: Ensure adherence to OSHA guidelines and develop and implement other health and safety policies and practices to ensure CHW and community safety.
- Recognize and respond to infrastructure and support needs for CHWs.
- Partner with CHW employees to identify best practices for CHW practice during COVID-19 and adapt existing practices to respond to changing needs.
- Provide Training for CHWs in best practices for meeting client and community needs during the COVID-19 pandemic.

### **Health and Safety: Ensure adherence to OSHA guidelines and develop and implement other health and safety policies and practices to ensure CHW and community safety.**

A need for health and safety policies and guidance for CHWs was a main theme in survey responses. Health and safety guidance includes topics such as proper use of PPE, social distancing, protocols for conducting home or field visits, and guidance about what to do if a CHW or client tests positive, has contact with a case, or has symptoms of COVID-19. Employer contact tracing was seen as important for keeping CHWs safe. CHWs described a need for PPE as well as information on accessing PPE. One way employers can address health and safety needs is by providing PPE to CHWs working in the field along with guidance about using PPE.

While specific guidance may vary by employer and location, general guidance around safety practices may be useful for employers of CHWs working directly with clients and communities. Employers must ensure that they are following OSHA standards. OSHA guidelines, which are not legally required, are additional sources of guidance for employers. Lack of funding for PPE and lack of hazard pay/adequate compensation must be addressed. Additional guidance includes decision tools to assess safety before a home visit and protocols for home visits. In addition, CHWs may require information about when and how to say “no” to employers regarding administering close contact services or recommendations for adapting these services.

Health and safety policies should account for the different settings in which CHWs work. The Bureau of Labor Statistics<sup>1</sup> data indicates that the top industries with concentrated employment of CHWs are local government (excluding schools and hospitals (likely health

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<sup>1</sup> <https://www.bls.gov/oes/current/oes211094.htm>

departments)) individual and family services, general medical and surgical hospitals and physicians offices, outpatient care centers and social advocacy organizations.

- Links to OSHA resources are included in the resources section below.

### **Recognize and respond to infrastructure and support needs for CHWs.**

Workplace infrastructure, policies, and practices are essential for enabling CHWs to carry out their work effectively. Specific workplace needs discussed in the survey included social and material support such as mental health resources, sick and hazard pay, ensuring CHWs are paid a living wage, employer communication, check-ins and showing appreciation, and CHW involvement in decision-making. Respondents emphasized support for CHW mental health and self-care in addition to material factors like compensation as important for supporting CHW employees. Responses suggest that these factors are not interchangeable, rather both types of support are critical for ensuring CHWs are able to continue to provide high-quality services in the midst of the pandemic and ongoing health and social inequity. Material conditions such as hazard pay and a living wage are necessary for ensuring equity and valuing of CHW labor.

### **Recognize impact of service disruption on clients**

Organizations can also support CHWs by recognizing their unique relationship and shared experiences with clients, and the impact that disruption of services has on this relationship and on the wellbeing of the CHW. A related theme in survey responses included organizational empathy for clients and concern about the impact of pandemic related organizational disruption on clients. For example, one CHW described concerns that client needs were set aside when home visiting was stopped. Responses indicate that CHWs are important advocates for client needs within organizations. Listening to and addressing CHW concerns related to the impact of organizational changes on clients is an essential component of supporting CHWs and should be a regular part of organizational cultures. Working with CHWs to identify and develop ways to meet client needs safely can help ensure that organizations are aware of and addressing changing client needs, which in turn supports CHW ability to successfully carry out their roles.

### **Partner with CHW employees to identify best practices for CHW practice during COVID-19 and adapt existing practices to respond to changing needs.**

CHWs have been faced with significant changes to their work due to the COVID-19 crisis. Many home visits have been suspended, CHWs have been working remotely and using telehealth, and clients face financial crises and added stress and isolation. Employers have also had difficulty determining how to most effectively utilize the unique skills of CHWs.

The United States lacks a national coordinated strategy to adapt CHW practice in the context of COVID-19. Employers must understand their role in developing and/or disseminating adaptations to CHW practice. Yet, organizations, employers, and program managers may not know how to adapt their existing policies and procedures for CHWs. Toolkits and evidence-based interventions may be difficult to adjust, or it may be unclear what can be changed while retaining fidelity. A desire for information on best practices discussed in survey responses suggests a need for greater guidance around CHW practice in this changing public health landscape.

## National Association of Community Health Workers

*Best practices* describes approaches that are seen as effective or likely to be effective for CHW practice. Best practices generally refers to practices that have some empirical support and have been researched using scientific methods. Due to the quickly changing landscape due to COVID-19, development and sharing of emerging strategies and best practices for adapting CHW work are required. Best practices may include modifications to traditional practices (e.g., engaging with clients virtually) that ensure standards of care, or may include more robust interventions. For purposes of this report, best practices also includes “bright spots” or innovative and noteworthy approaches which might not yet have research evidence.

Many CHWs have developed strategies to respond to changing needs and limitations due to the quickly changing nature of CHW work during the pandemic. Organizations and CHWs can learn from one another to identify promising practices and adaptations. Guidance for developing and implementing these practices can help employers and CHWs to adapt their approaches to meet the demands of this new environment.

Best practices are needed for CHW tasks including conducting home visits, transporting patients to and from doctor appointments, adapting services during COVID-19, and telehealth.

*Findings from the survey indicate that employers and CHWs are likely to benefit from including CHWs in design, development, identification, and decision-making related to COVID-19 response strategies and best practices.*

### **Identify national and local best practice information**

Developing and identifying best practices presents a challenge for CHW leaders and researchers. Leaders must solicit and evaluate best practices from diverse settings and communities to identify best and promising practices. This requires understanding what is necessary to define an approach as a “best practice.” For example, it is important to assess whether a best practice is deemed such because it achieves a set of criteria and/or if it reflects and actualizes the full range of CHW roles and qualities.

NACHW is working to gather best practice information in response to these needs that aims to be reflective of the diverse roles of CHWs and communities.

NAHCW has identified bright spots and emerging best practices to adapt roles, promote health and safety practices for the CHW workforce, and to guide employers. NACHW is expanding its research on best practices emerging during the pandemic and will promote these tools and resources to CHW employers directly on its website and/or through trainings and webinars.

Best practices for CHW practice have been developed and adapted. The [CDC CHW Toolkit](#) includes examples of best practices for primary care settings but is not COVID-19 specific. The Community-based Workforce Alliance has developed a [resource](#) and a NACHW webinar series has discussed examples of bright spots.

Additional national and local resources for identifying emerging best practices and strategies may be available through CHW networks, health departments, and other

sources. The *Resources* section below includes some key resources related to best practices and health and safety.

**Work with CHW employees to identify strategies and areas of need for adapting existing practices.**

Survey responses discussed needs for adapting CHW practice to deliver high quality services while ensuring safety. Needs included material and training support for carrying out CHW duties virtually, guidelines for in-person visits, reaching clients who are vulnerable, connecting clients with resources, and more. As experts in their work and communities, CHWs can collaborate with employers to identify needs and develop strategies. By partnering with CHWs to learn about their needs, challenges and concerns, employers can ensure they are effectively supporting CHWs. Any best practices identified through national or other local sources may need to be adapted to each local context, and CHWs are best positioned to make these adaptations to their work.

**Identify and implement best practices for navigating mental health services, and addressing needs related to isolation, stress and coping due to COVID-19.**

CHWs shared concerns about clients who are isolated and/or experiencing mental health difficulties exacerbated by the COVID-19 crisis. The need for mental health and support resources and information for clients was highlighted, including support for identifying mental health services for clients at low or no cost and enhancing CHW skills to address these challenges. Respondents also discussed the need for employer mental health and self-care policies. Responses in this category highlighted the need for CHW mental health to be supported, as well as for CHWs to be trained effectively to best access services and resources for clients in a context of scarce and continually changing service systems.

**Identify and develop community outreach materials.**

CHWs discussed a need for materials that are available in multiple languages and for the deaf and hard of hearing community. Materials discussed included information on accessing resources and basic needs (e.g., transportation, food) and general COVID-19 information. A need for materials for educating clients on COVID-19 related topics was discussed in addition to information about Medicare and Medicaid and telehealth.

**Provide Training for CHWs in best practices for meeting client and community needs during the COVID-19 pandemic.**

CHWs expressed interest in training and adding capacity to address client and community needs. Specific needs for training included helping CHWs advance their skill sets to respond to client needs and environmental changes (e.g. mental health, contact tracing, telehealth, medical terminology), adapting CHW practice, and emerging best practices.

Challenges related to providing training and support include a large variation in training centers or employer training, and different mechanisms for training CHWs at the state level. Training must account for cultural and linguistic diversity, and/or be tailored to specific cultural and linguistic backgrounds. Additional investigation may determine the specific areas of policy and procedures in which training is most needed.

## National Association of Community Health Workers

Traditionally, CHW training is conducted in-person. Relationship building is a key component of CHW work, and thus is central to training. Due to COVID-19, organizations must shift traditionally in-person training to virtual models. They may or may not have the capacity and background required to adapt trainings quickly and effectively. As leaders in other fields [require guidance and best practices](#) to shift to virtual trainings, CHWs and CHW employers experience the same needs.

As new best practices for CHW practice during COVID-19 are developed, trainings on emerging practices will also be necessary. Trainings related to COVID-19 concepts (e.g. history, who is at increased risk, virus transmission, safety behaviors) must come from experts in the scientific community. Initially the focus of national training efforts was on medical professionals and first responders. As more knowledge was developed and coordinated responses considered, there was increased recognition of a need for more robust dissemination of training for other providers and workforces.

One respondent expressed a need for “guidance for organizations in terms of managing CHWs.” While this sentiment was not expressed by other respondents, it is included in this training section to highlight the opportunity for organizations to consider training in a larger context that includes not only training of CHWs in their roles and interventions, but also training for managers and supervisors of CHWs. Undoubtedly, any new training that affects CHWs services will require corresponding training and new learning and skillsets for their supervisors.

### **Mobilizing CHWs to address health inequities**

In response to COVID-19, gaps in the public health infrastructure and health inequalities have become increasingly evident and of concern to public health officials and the public at large. CHWs can be mobilized and supported as a key workforce to address some of these gaps, but employers require guidance around ways to best utilize the unique strengths and skills of CHWs and to support CHWs to carry out this work. Along with developing best practices, guidance for CHWs and employers on how to effectively mobilize CHWs and adapt CHW practice is critical for addressing these inequities.

## Resources for employers

The following list includes resources that may be useful to employers of CHWs. Additional resources are available on the [NACHW COVID-19 webpage](#).

[Resources for Community Health Workers, Community Health Representatives, and Promotores de la Salud for COVID-19](#) - A new CDC website for CHWs and employers contains specific guidance and resources that employers can utilize to address CHW support needs.

### *OSHA Resources*

- [Control and Prevention \(COVID\)](#)
- [Additional Resources \(COVID\)](#)
- [Emergency Preparedness](#)
- [Personal Protective Equipment](#)
- [Home Healthcare](#)
- [OSHA Worker Rights and Protections](#)
- [OSHA State Plans](#)
- [Right to Refuse](#)

### *COSH Resources*

- [Coronavirus: Resources for Workers](#)
- [COVID-19 Resources](#)
- [Report: Safe and Just Return to Work](#)
- [Benefits and Paid Time Off](#)

### *Other Resources*

- [American Diabetes Association CHW Resources](#)
- [CDC CHW Toolkit](#)
- [CDC CHW Guidance](#)
- [C3 Project](#)
- MHP Salud: [Supervising CHWs](#)
- [Community-based Workforce Alliance Playbook](#)
- [Community Health Toolkit](#)

In addition to these resources, survey respondents were invited to share resources with NACHW. Please visit the [NACHW COVID-19 webpage](#) to view resources which are updated regularly. Resources can also be shared with NACHW through the [Connect with Us](#) page.

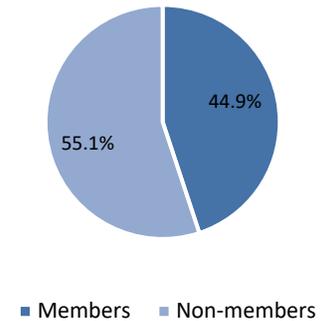
## APPENDIX 1: METHODS

NACHW issued a survey in June 2020 to CHWs and CHW employers through our nationally distributed newsletter. The survey sought to better understand CHW needs and considerations for CHW employers during COVID-19. The survey was open for two weeks. Participation was voluntary and the views expressed may not represent the views of all CHWs across the United States.

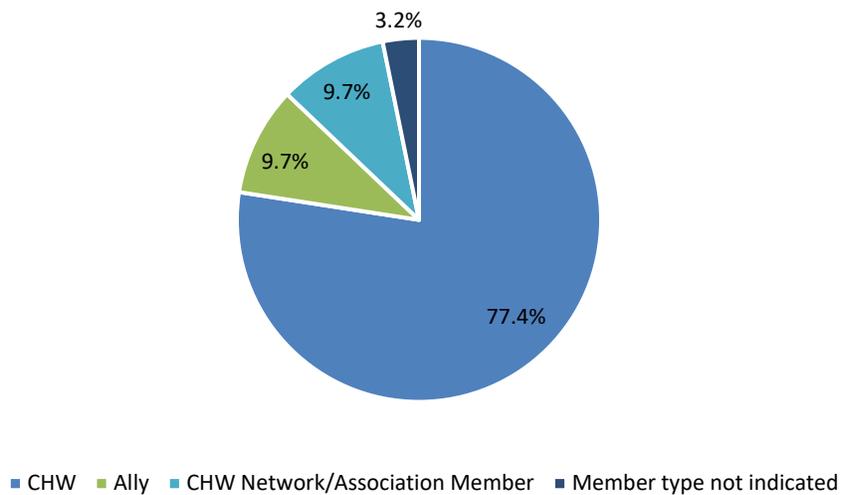
There were 69 respondents as of June 30, 2020, when the window to provide feedback closed. Almost half (45%) of respondents were NACHW members. Data was available for NACHW member respondents about their roles and work settings. Among the NACHW members, 19 states were represented.

The majority of NACHW member respondents were CHW members, followed by Ally and CHW Network/Association members. A small number did not have data available.

Resopndents by NACHW Membership Status

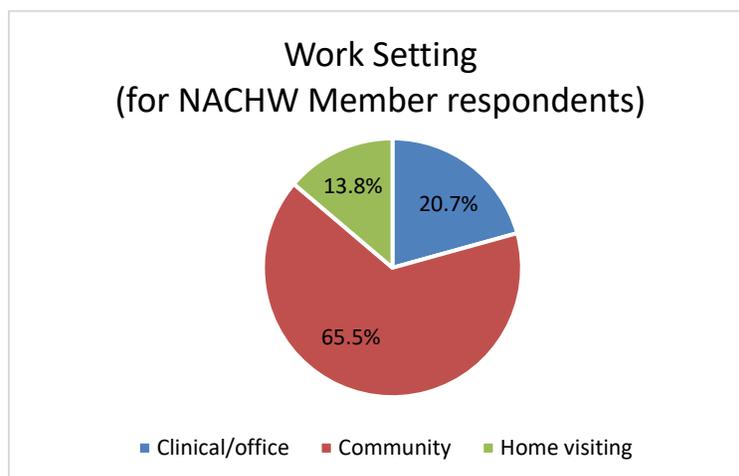


NACHW Member Type



## National Association of Community Health Workers

NACHW member respondents worked primarily in community settings, followed by clinical or office settings and home visiting.



### Survey Questions

The survey explored key issues related to CHW practice and employment during COVID-19. The questions included in the survey are listed below.

1. In what aspect(s) of your job as a CHW/CHR/Promotor(a) during the COVID-19 pandemic do you wish you had more guidance from your organization? (open-ended)
2. Which COVID-19 resources do you think would be most valuable to employers or program managers of CHWs/CHRs/ Promotores? (closed-ended)
3. When developing a COVID-19 resource for employers of CHWs/CHRs/ Promotores, which of the following attributes/features should be taken into consideration? (closed-ended)
4. Are there any other suggestions or ideas of what should be included in a COVID-19 resource for organizations that work with CHWs/ CHRs/ Promotores? (open-ended)
5. What types of information or resources could your employer provide to you to show you that they care about your wellbeing (i.e. tips on how to protect yourself and your clients, what to do when a client reports symptoms of COVID-19)? (open-ended)

For closed-ended questions, responses are presented as percentages of total number of responses. For open-ended questions, responses were reviewed to identify common themes. Percentages of respondents who discussed each key theme for some open-ended questions are included in the report, but these should be interpreted with caution as no answer options were provided.

## APPENDIX 2: ABOUT NACHW

The National Association of Community Health Workers (NACHW) was launched in April 2019 to unite community health workers (CHWs) nationally to support communities in achieving health equity and social justice. NACHW is a 501(c)(3) nonprofit serving CHWs across the country and CHW allies.

The NACHW Board has developed values to guide NACHW's work, including self-determination and self-empowerment of our workforce; integrity of character; dignity and respect for every human being, social justice, and equity to ensure fair treatment, access, opportunity and outcomes for all individuals and communities; and CHW unity – across ethnicity, culture, job title, sector and geography. These values are north stars which we will use to support our members, foster partnerships, advocate nationally, develop strategic objectives, and assess our impact.

In the last year, NACHW has pursued Core Activities: Movement Building, Policy Development and Advocacy, Research and Education Professional Development. This work has been inspired by the vision of our founding Board of Directors, support from our fiscal sponsor Health Resources in Action, and anchored in CHW values of self-determination, integrity, social justice, dignity, and respect of all human beings.

During the COVID-19 pandemic, NACHW has been at the forefront of amplifying the roles and capacities of the CHW workforce nationally. We have presented our CHW workforce promotion materials to thousands of participants through national webinars with the Centers for Disease Control and Prevention (CDC), the HHS Interdepartmental Health Equity Collaborative, American Diabetes Association, the Association of State and Territorial Health Officials (ASTHO), National Network of Public Health Institutes and others, and offered strategies for public and private institutions to strengthen public health capacity and advance health equity and social justice for communities impacted by COVID-19. NACHW provides project management support to the [Community Based Workforce Alliance](#), launched in May 22, 2020 who create communication, advocacy, technical assistance and monitoring materials and opportunities to ensure that the COVID-19 pandemic response and rebuilding efforts are equitable and effective and involve, fund, strengthen, and elevate trusted community-based workers.

### ENDNOTES

This report presents a collaboration between NACHW and CDC to develop a website, tools for response/build awareness and support CHWs in their work. It is also part of a larger effort of NACHW to amplify the voices, perspectives, and experiences of CHWs during the pandemic and generate more support in the workplace.