Checklist for Administrators, Managers, and Clinicians to Integrate Community Health Workers in Vaccine Outreach, Acceptance, and Distribution Strategies

Prepared for the Association of Clinicians for the Underserved
by the National Association of Community Health Workers
April 2021

Background

Since the early months of the SARS-CoV-2 pandemic, global health leaders, health providers, legislators, policy makers, and funders have called for the rapid scale up and integration of community health workers (CHWs) to strengthen public health and local and state COVID-19 response plans. On March 19, 2020, the U.S. Department of Homeland Security Cybersecurity and Infrastructure Security Agency (CISA) demonstrated the urgency to engage CHWs in a pandemic when it issued guidance to states, tribes and territories that classified CHWs as essential critical infrastructure workers during COVID-19.

"Community health worker" is an umbrella term that includes promotores, community health representatives, and many other job titles. The American Public Health Association defines CHWs as "frontline public health workers who are trusted members of their communities and/or have an unusually close understanding of the community served. This trusting relationship enables CHWs to serve as a liaison/link/ intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery."[1]

CHWs often share an identity or experience with the communities they serve such as race and ethnicity, diagnosis, socio-economic status, and geography. CHWs are disproportionately affected by inequities, often experiencing many of the same barriers to healthcare as other marginalized members in their communities.[2] As a result, CHWs are unique stakeholders, pursuing equity in system transformation and representing both provider and patient/community members' voices. As designated health professionals in the Patient Protection and Affordable Care Act, CHWs have proven effectiveness in reducing health equities, containing costs, and improving outcomes across a wide range of diseases and conditions.

Despite this national recognition, in the early months of the pandemic, many CHWs experienced layoffs and furloughs from their health systems and clinic employers who were unsure of how CHWs' qualities, roles, and skills could be leveraged during the pandemic. Administrators, human resource professionals, clinical directors, and all members of the care team need clear, actionable guidance to tailor and implement effective onboarding of community health workers into new vaccine initiative response roles.

Vaccine Distrust and CHWs' Roles in Supporting Equity in Vaccine Access and Distribution

The White House has committed to coordinating national strategies that will expand availability and access to vaccines through cross-sector partnerships and in multiple settings with an equity lens. Yet many rural residents (20%), Whites (15%), Blacks (10%), Hispanics (8%), and 18% of people age 30-49 do not intend to be vaccinated and many more intend to "wait and see." In these same demographic categories, a smaller percentage intend to receive the vaccination "only if required" with the exception of Hispanics (10%).[3]

Leaders in vaccine efforts must understand and respond to low trust, mistrust, and distrust among Black, Latinx, Native, and other communities of color who have historically experienced scientific and medical apartheid and harmful experimentation.[4]

While factual, non-partisan information about COVID-19 vaccines must be made available in a culturally and linguistically appropriate manner to every U.S. resident and especially marginalized communities, using terms like "vaccine hesitancy" or "vaccine confidence" reduces centuries of mistreatment to surface solutions and assumptions that more information will resolve these concerns.

Racism within the medical profession have included egregious practices such as robbing African American graves for research, withholding treatment to study disease, and doctors forcibly sterilizing thousands American Indian women denying their humanity, respect, and protection.[5] Importantly, unethical and harmful medical treatments are not a thing of the past. In 1996, the CDC issued an apology after conducting a clinical trial of two measles vaccines involving children in communities hardest hit by the disease, including East and West Los Angeles and Inglewood and failing to disclose to parents that one of the vaccines was experimental. The majority of the children were African American and Latinx.[6] Numerous other examples remain in the minds of adults of color today.

Without addressing the racially-based mistreatment of these communities and acknowledging deep and justified distrust of government, scientific, and medical systems – the national COVID-19 vaccination effort in the U.S. is destined to fail, further exacerbating racial health inequities. In addition to public recognition and apology for historical abuses, systems can support vaccination efforts by engaging CHWs who may be better able to respond to low trust, mistrust, and distrust due to shared languages, culture, and collective memory.

Adapting CHW Roles Within Your Organization

Adapting roles or re-assigning CHWs currently employed within a health system will be highly varied and will require a multi-team member approach to be successful. CHWs are likely to hold diverse job titles such as Outreach Worker, Enrollment Assister, Peer Specialist and Interpreter. Some CHWs may be serving in community-level chronic disease prevention interventions and have little interaction with clinical staff. Other CHWs may be interpreting or supporting care coordination efforts and work exclusively within the walls of the institution. It is likely that many services or systems could experience disruption as changes occur, enhancing existing concerns about consistent service delivery and patient satisfaction.

Reassigning existing CHW team member roles to support vaccine infrastructure will depend upon the design of your interventions, the communities and populations being engaged, availability of Personal Protective Equipment (PPE) and related supplies to protect staff, and your team's understanding and familiarity of CHWs. NACHW recommends using the Community Health Worker Core Consensus Project as a foundation to ensure awareness among your team of CHW qualities, roles, and skills and to clearly define the CHW scope of work within your vaccine initiatives.

A Checklist to Support CHWs Roles in Vaccine Distribution

The following checklist was developed using national CHW polls, member town hall listening sessions, and in consultation with CHW leaders and other experts working in diverse settings across the country.

Roles and Competencies: Define CHWs new titles, roles and adapted services to support vaccine outreach, acceptance and distribution initiatives to ensure CHW readiness and training needs.		
Guiding Questions	Y / N	Were new/adapted job titles, scopes of work or activities developed with CHW involvement/contributions?
	Y / N	Are news roles/activities aligned with nationally recognized CHWs roles and competencies from the CHW Core Consensus Project?
	Y / N	Have trainings been developed and implemented to adapt CHW roles and services?
	Y / N	Have new/adapted CHW roles for vaccine initiatives been clearly described based on the risk of COVID-19 infection? Risk examples include: community-level/in-person (high risk), in-office (moderate risk) or virtual/remote (low risk) engagement?
	Y / N	Have new/adapted CHWs received training to support consistent messaging around vaccine availability, possible side effects, and myths?
	Y / N	Do new/adapted CHW roles apply Culturally and Linguistically Appropriate Services (CLAS) standards and integrate other organizational best practices to eliminate cultural and linguistic barriers?
	Y / N	Do new/adapted CHW services apply a racial equity lens, incorporate community-defined needs, preferences and partnership?
	Y / N	Do employees serving as CHWs live in/share lived experience/culture/language with the communities/populations being serviced?
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.		
Guiding Questions	Y / N	Are policies in place to ensure CHWs' access to PPE (gloves, N95 masks, face visors, hand sanitizer, and related appropriate safety procedures based on work settings (in-person, in-office and/or virtual)?
	Y / N	Do supervisory staff/managers have training materials and resources to provide CHWs' with guidance in and to monitor appropriate PPE and related safety procedures usage?
	Y / N	Have all new protocols and decision tools been developed to assess the need for and safely deliver home and community-based services?
	Y / N	Have CHWs been trained in protocols for what to do if they, a co-worker and/or client tests positive for COVID-19 or has contact with an actual/perceived positive individual?
	Y / N	Do CHWs know how to access contact tracing services within your organization?
	Y / N	Are policies and procedures in place for CHWs to say "no" or refrain from providing services if they determine a location or environment is unsafe?
Infrastructure and support: Recognize and respond to infrastructure and support needs for CHWs.		
Guiding Questions	Y / N	Do CHWs have autonomy to design and implement social and material supports for themselves and other CHWs?
	Y / N	Are mental health and self-care resources and supports for CHWs designed to address unique stressors and traumas they experience as a result of working with under-resourced and marginalized communities?
	Y / N	Are CHW employees guaranteed a living wage, sick time off and COVID-19 hazard pay?
	Y / N	Are CHW supervisory sessions, check-ins and communications with employers adapted based on their unique engagement types (in-person, in-office and/or virtual service delivery)?
	Y / N	Does leadership and/or management show appreciation for the unique challenges CHWs will experience?
	Y / N	Does leadership and/or management champion the roles of CHWs as part of the COVID-19 response team?
	Y / N	Has leadership and/or management addressed culture change impacts to ensure CHW involvement in decision-making commensurate with their adapted roles?

Select Resources

- National Association of Community Health Workers. COVID-19 Resources.
- Joint Statement on Ensuring Racial Equity in The Development and Distribution of A COVID-19 Vaccine
- Health Leads, the National Association of Community Health Workers (NACHW), the Community Health Acceleration Partnership (CHAP), CONVINCE, Partners in Health and the Native Ways Federation. Vaccine Equity Resource Repository.
- The Community-Based Workforce Alliance. A Playbook for Local Health Departments to Advance CHW Engagement in COVID-19 Response Strategies
- The Centers for Disease Control and Prevention. COVID-19: Resources for Community Health Workers, Community Health Representatives, and Promotores de la Salud

Disclaimer

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $625,000 with 0 percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov

End Notes

[1] American Public Health Association. (2009). Support for Community Health Workers to Increase Health Access and to Reduce Health Inequities. Accessed April 7, 2021

[2] Families USA. (2018). A Framework for Advancing Health Equity and Value: Policy Options for Reducing Health Inequities by Transforming Health Care Delivery and Payment Systems. Accessed April 7, 2021

[3] Kaiser Family Foundation. Vaccine Monitor, 2021. Accessed April 7, 2021

[4] Griffith, D. M., Bergner, E. M., Fair, A. S., & Wilkins, C. H. (2021). Using Mistrust, Distrust, and Low Trust Precisely in Medical Care and Medical Research Advances Health Equity. *American Journal of Preventive Medicine, 60*(3), 442–445. https://doi.org/10.1016/j.amepre.2020.08.019

[5] Nuriddin, A., Mooney, G., & White, A. (2020). Reckoning with histories of medical racism and violence in the USA. *Lancet (London, England), 396*(10256), 949–951. https://doi.org/10.1016/S0140-6736(20)32032-8

[6] The Los Angeles Times. (1996, June 17). CDC Says It Erred in Measles Study. Accessed April 7, 2021