



Recommendations from Community Health Workers and Community Based Organizations to Improve COVID-19 Testing and Mask Distribution at the State and Federal Level

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NACHW
NATIONAL ASSOCIATION OF
COMMUNITY HEALTH WORKERS

LEADERS IN
COMMUNITY
HEALTH

Recommendations to Improve COVID-19 Testing and Mask Distribution at the State and Federal Level

In response to the White House COVID-19 Response Team's launch of www.covidtests.gov, the National Association of Community Health Workers (NACHW) developed and implemented a multi-level initiative to recruit, build skills, and provide access to resources, tools, and strategies for community health workers (CHWs) and members of community-based organizations (CBOs). NACHW disseminated information regarding www.covidtests.gov to its national network of CHWs and Community-based Organizations (CBOs) operating on the frontlines of the COVID-19 pandemic in vulnerable and underserved communities, diverse in language, culture, ethnicity, and geography.

From our data collection from CHWs and CBOs during the rollout of covidtests.gov and the 2021 White House [COVID-19 Health Equity Task Force](#), NACHW has developed seven recommendations on how states and the federal government can improve COVID-19 testing and mask distribution. For more information on our data collection, please see page 5.

01

Establish a single, centralized coordinating body to develop partnerships, implement strategy and provide information about all available testing programs to increase access and accessibility to Community-Based Organizations (CBOs) and Community Health Workers (CHWs).

- Participants in our daily covidtest.gov orientation calls expressed confusion and difficulty in finding information on the different testing programs. These programs are managed by a variety of different agencies and organizations such as the White House, the CDC, IHS, and HRSA, making it difficult for CBOs and CHWs to figure out where to direct community members to access testing.
- **NACHW had to engage contacts at different federal agencies to get information about four national free testing initiatives.** We developed handouts, FAQs and webinars to help thousands of CHWs and CBOs gain access to free tests – but this is not sustainable.
- A centralized coordinating body to a) maintain updated lists of testing programs and resources, b) to be a single point of contact for questions, and c) confirm eligibility and enroll CHWs/CBOs in these programs would increase equity by streamlining access for CBOs and CHWs as well as the populations they serve.

At this point in the pandemic, given all that's been invested in prevention, diagnosis, and treatment, we should be taking every opportunity to simplify and consolidate both resource and communication streams related to everything from testing to masks to vaccines - to make it easier for public health and so many other local organizations and workforces to do the critical work of tailoring information and resources to protect their communities in the way that works for them." - Vaccine Equity Cooperative

02

Share information about testing programs in plain language with clear actionable steps to engage with the programs, and available in multiple languages and reviewed for cultural competency.

- During NACHW's daily calls, participants asked for resources in many different languages such as Spanish, Chinese, Korean, Haitian Creole, Vietnamese, Ukrainian, Arabic, and Marshallese.
- **NACHW translated our website into English, Spanish and Mandarin and made printable flyers available in English, Spanish, Arabic, Korean and Haitian Creole.**
- Plain language materials that include high impact graphics and "how-to" infographics increase the opportunities for diverse adults to understand these critical public health messages and act upon them, protecting themselves, their families and communities.

03

Integrate the CHW and CBO expertise to design, implement, monitor, and improve COVID-19 testing and mask distribution programs. Programs should not be designed prior to requesting feedback and asking communities to alter their responses around them.

- CHWs are defined by their lived experience and trusting relationships with marginalized communities. CBOs are critical and hyper-local anchor organizations with expertise in their communities. Together they form a community-level workforce and infrastructure to ensure cultural, linguistic and social accessibility.
- **CHWs and the CBOs know what works for their community members; they are well-versed in designing programs, creating outreach materials, and overcoming structural barriers to reach vulnerable communities with education and skills.**
- State and federal agencies should establish contractual partnerships to work with CHWs and CBOS in their communities to design programs that lift up community assets and address community needs.

04

Leverage CBO and CHW community relationships, trust, language diversity and engagement strategies to quickly distribute thousands of tests and masks.

- NACHW distributed a capacity assessment survey to understand CHWs and CBOS access and readiness to distribute covid tests and masks in their communities.
- We received 717 responses, with 55.5% of the respondents identifying as organizational leaders.
- Of those leaders, **95.7% stated they would be interested in distributing test kits, and 96.0% of the respondents are interested in distributing N95 or KN95 masks.**
- Out of 7,015 responses to our partner sign-up initiative, 23.3% of the respondents were interested in distributing N95 or KN95 masks if they became available for distribution.
- This data highlights that there are thousands of community organizations, connected to thousands of frontline workers, with a significant capacity to distribute masks quickly and to our most vulnerable communities. Yet many of these organizations are not prioritized to receive masks and test kits. Without high-level partnerships and flexible funding, these organizations are unable to quickly access and distribute these lifesaving tools.

Throughout the COVID-19 pandemic, **Faiths4Vaccines supported the capacity of faith actors to implement COVID-19 response efforts within their community, including encouraging vaccine acceptance and uptake, increased testing and wearing masks.**

Faith actors are often influential and trusted sources of leadership within a community. During the pandemic, they have played a pivotal role in utilizing their moral and trusted voice to share messaging around the intersection of faith and science to reduce hesitancy and the importance of following COVID-19 protocols to prevent the spread of the virus, including wearing a mask and frequent testing. Government and health officials must view faith communities as key partners to support COVID-19 mitigation efforts, including utilizing houses of worship as COVID-19 vaccination and testing sites.

05

Fund CBOs and CHWs to supply their communities with tests and masks.

- The COVID-19 pandemic has exposed deep under-investment and under-valuing of community-based organizations (CBOs) and workforces across the United States – however our roles, community trust and capacities are critical to for federal and state COVID-19 response, including to disseminating information about and increasing access to their testing programs.
- **CBOs and CHWs should receive funding to support these initiatives instead of being asked to volunteer.**
- **76.9% of respondents to our survey on CHW and CBO access to masks and tests were interested in funding or grant opportunities related to COVID-19 response.**

06

Enforce a data ecosystem that promotes equity-driven and community level decision-making.

- An ecosystem is interdependent, interrelated and shares in the benefits of the other aspects of the system. However, most communities experience data collected by the federal government only from the perspective of having their data and their stories, extracted from them through surveys and listening sessions.
- **Communities rarely co-develop the data collection tools and strategies, see the data that points to their successful strategies or that could help them improve their community work.**
- **Data collected without community involvement often omits cultural, linguistic, gender, spiritual or other “real-time and hidden” nuances experienced by communities.**
- Enforcing an equitable decision-making process as it relates to data ensures that diverse community members are educated, included, and leading all phases of data activities, including data analysis.

Increase accountability for health equity outcomes and include community in the evaluation of public health programs.

- Government agencies implementing public health interventions require community trust to implement effectively. However, many of these interventions have their own measures of success and ignore what matters most to community members.
- Increasing accountability for health equity outcomes means bringing community experts into the design, development, implementation, monitoring activities, lead in the definition of success and have the agency to evaluate these activities.
- **The 2021 COVID-19 Health Equity Task Force recommendations provide critical action points and objectives that should be funded and implemented with broad community collaboration**

NACHW Data Collection during COVIDTESTS.gov Initiative

NACHW Daily Orientation Calls:

From January 14th to January 18th NACHW hosted daily calls to promote covidtests.gov and other government testing programs.

- 1610 total registrants
- Registrants from 49 states, excluding Wyoming, as well as Washington DC, Puerto Rico, and the Northern Mariana Islands.
- Responses were from 1216 individual organizations and 1174 individual zip codes.
- Organizations included CHW networks and associations, state primary care associations, faith-based organizations, ally organizations, and local community-based organizations and businesses.



NACHW Partner Sign-Up Form:

NACHW utilized a form to generate interest in the distribution initiative hosted by the White House.

- 7,015 responses: forms were available in English (4190 responses), Mandarin (2386 responses), and Spanish (439).
- 22.1% are community health workers (CHWs), and 86.4% of the responses were from non-members of NACHW.
- 87.9% were planning to order test kits for themselves while 24.2% planned to assist others in ordering test kits.
- 23.3% of the respondents were interested in distributing N95 or KN95 masks if they become available for distribution.
- Respondents were from 49 states, not including Wyoming, as well as from Samoa, Guam, and Washington DC.



Capacity Assessment Survey on CHW and CBO Access to COVID Tests and Masks

NACHW launched a capacity assessment survey conducted via Survey Monkey to ask people to join in advocating for additional COVID-19 resources. Respondents were able to provide feedback on the types of additional resources NACHW could provide around COVID-19 in addition to the rapid test kits initiative.

- 717 total responses, 80.3% identified as CHWs.
- Responses from all states, excluding Wyoming and including Washington DC and Puerto Rico.
- 41.7% worked at a community-based organization, 6.3% were affiliated with a CHW network or association, 3.9% were affiliated with a college or university, 14.0% worked at a federally qualified health center (FQHC), 11.0% worked at a hospital or clinic, 6.3% worked at a national nonprofit organization, and 6.6% were affiliated with a state or local health department. Additional responses included primary care associations, insurance providers, faith-based organizations, individual CHWs and other health practitioners, and other local businesses.



Thank you to our partners!



About The National Association of Community Health Workers

Founded in April 2019 after years of planning and organizing by CHWs and allies, NACHW launched as a 501(c)(3) nonprofit membership driven organization with a mission to unify Community Health Workers across geography, ethnicity, sector and experience to support communities to achieve health, equity and social justice.

Community Health Worker is an umbrella term and includes community health representatives, promotores, community health representatives from tribal nations, peers and other workforce members who are frontline public health professionals that share life experience, trust, compassion, cultural and value alignment with the communities where they live and serve.

Our organizational values - 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 - guide our work. They are north stars we will use to support our members, foster partnerships, advocate nationally, develop strategic objectives, and assess our impact.

NACHW is led by an Executive Director who is also a CHW and enjoys governance from a national Board of Directors of predominately CHWs and allies with decades of research and practice expertise in CHW training and workforce development, community organizing and engagement, intervention design, equity and social justice advocacy, research and policy leadership.



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