

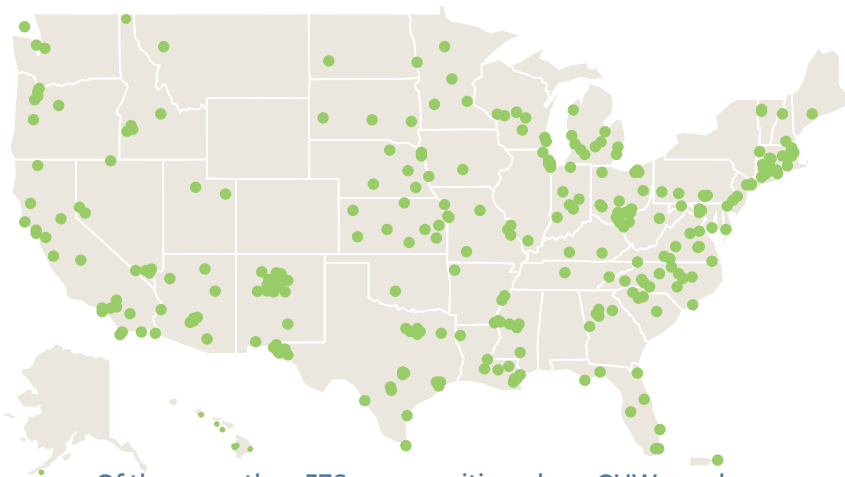
CHWs' PERSPECTIVES ON THE IMPACT OF THE COVID-19 PUBLIC HEALTH EMERGENCY UNWINDING

For CHWs
and their
Communities

The National Association of Community Health Workers (NACHW) surveyed Community Health Workers across the nation and sector to understand their experiences with the unwinding of the COVID-19 public health emergency in the United States that began in May 11, 2023. Four-hundred eighty-six Community Health Workers (CHWs) completed the survey. CHWs is an umbrella term and includes community health representatives, promotores, peers and other workforce members who are frontline public health professionals

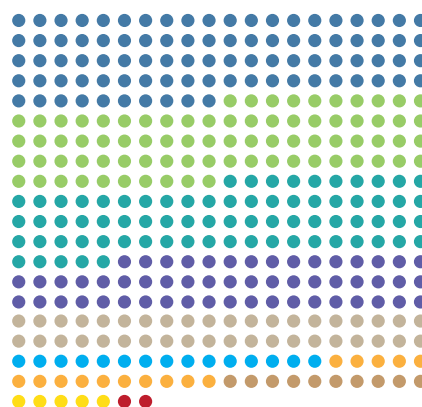
that share life experience, trust, compassion, cultural and value alignment with the communities where they live and serve. This infographic provides an aggregated snapshot of our findings and promotes a call to action for public and private institutions and allies to partner with and fund CHWs and their organizations to protect communities who experience social and health vulnerabilities, to strengthen the public health workforce infrastructure and to advance racial and health equity.

Where CHW Respondents Are Working



Of the more than 376 communities where CHWs work, nearly half (47%), work in high socially vulnerable communities¹.

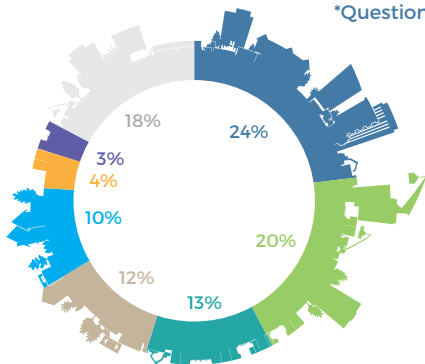
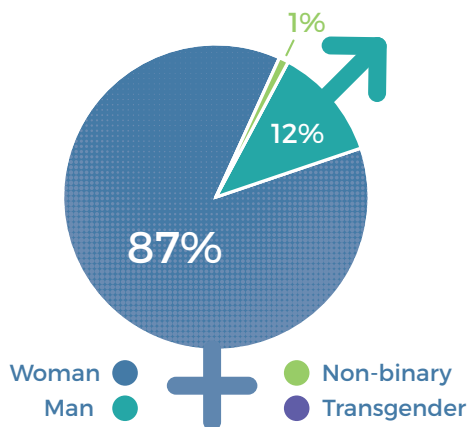
Self-Identified Race/Ethnicity*



- White (18%)
- Hispanic/Latino(a) (16%)
- Black/African American (15%)
- more than 1 race/ethnicity (11%)
- Native American/Indigenous (8%)
- Asian/Pacific Islander (5%)
- African/Caribbean (3%)
- European (2%)
- Middle Eastern (1%)
- Native Hawaiian (4%)

*Question provided option to select all that apply.

Gender Identity



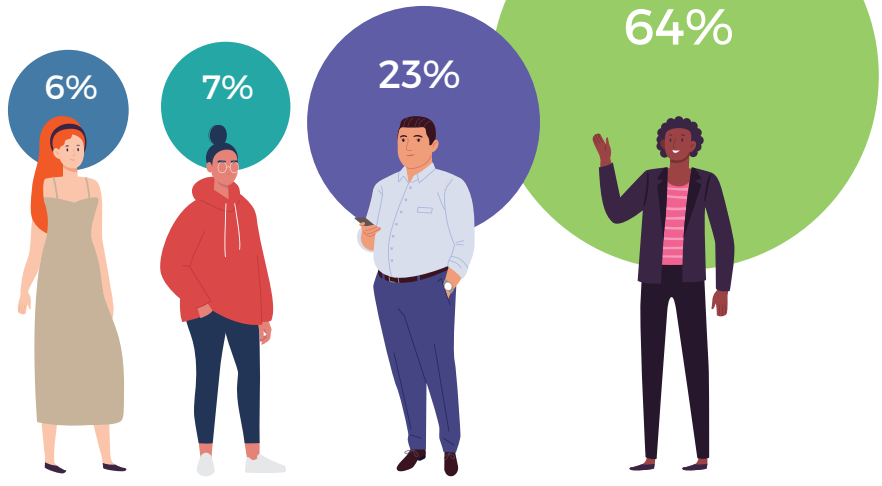
During the Pandemic, I Primarily Worked/Volunteered for:

- A Non-Profit (Local, State, or National) (24%)
- A Community-Based Organization (20%)
- A Federally Qualified Healthcare Center (13%)
- A Local Health Department (12%)
- A Hospital or Health System (10%)
- A CHW Network or Association (4%)
- A State Health Department (3%)
- Other (18%)*

*18% of CHWs indicated a range of work during the pandemic through a write-in option. In summary, CHWs also worked for Tribal nations, universities, K-12 school systems, assisted living facilities, was a student, worked within vulnerable communities such as queer and transgender communities, worked for multiple organizations and agencies, or indicated that they were a student and/or not working.

During the Pandemic, I...

- ...lost my job and spent most of the COVID-19 Public Health Emergency
- ...volunteered for a COVID-19 focused initiative, where I was not a paid employee
- ...was hired into a new job to work in a COVID-19 focused initiative
- ...continued with my normal job/employer, but I added in COVID-19 related activities



My BIGGEST CONCERNS about the ending of the COVID-19 Public Health Emergency are (select all that apply):



CHWS ARE THE WORKFORCE WE NEED FOR THE WORLD WE WANT. PARTNERING WITH AND FUNDING CHWS AND THEIR ORGANIZATIONS ENSURES SUPPORT FOR VULNERABLE POPULATIONS, STRENGTHENS THE PUBLIC HEALTH WORKFORCE AND ADVANCES RACIAL AND HEALTH EQUITY.

- Use the NACHW National CHW Policy Platform² to ensure policies respect, protect and authentically partner with Community Health Workers as a unique, effective and essential workforce.
- Promote the use of the NACHW Six Pillars³, to deepen understanding of the history, diversity, community connectedness, effectiveness and precariousness of CHWs.

- Leverage public health infrastructure investments from the Centers for Disease Control and Prevention and others to establish capacity and infrastructure to sustain CHWs.
- Eliminate structural funding barriers⁴ for CHW-led Associations, Networks and trusted community-based organizations.
- Invest in CHW-led Associations, Networks and trusted Community based organizations (that preserve and promote the fidelity of the CHW profession with respect to scope of practice
- Urge state, federal and tribal governments and private insurers to provide direct reimbursement⁵ (preferably through a value-based care payment model) for CHW services as an integral part of the Medicare, Medicaid, SCHIP, and tribal health programs.
- Explicitly identify Community Health Workers (CHW) in legislation, regulation, funding announcements and models.
- Acknowledge the global history, values, self-determination, commitment to equity, diversity and inclusion and unique culturally appropriate and trusting relationships of the CHW workforce with the communities where they live and serve.
- Guarantee CHWs an equitable employment package including a living wage, paid sick time and hazard pay, health care coverage and transportation reimbursement.

References:

¹ ATSDR. CDC's Social Vulnerability Index (SVI). www.atsdr.cdc.gov. Published October 15, 2020. <https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>

² National Association of Community Health Workers. The National Association of Community Health Workers Calls on Public and Private Institutions to Respect, Protect, and Partner with Community Health Workers to Ensure Equity during the Pandemic and Beyond.: 2021. <https://nachw.org/wp-content/uploads/2021/03/NACHW-National-Policy-Platform-2021.pdf>

³ National Association of Community Health Workers. The Six Pillars of Community Health Workers – NACHW. Published 2023. <https://nachw.org/the-six-pillars-of-community-health-workers/>

⁴ Vaccine Equity Cooperative. Community-based Workforce Alliance. Blog: Addressing Systemic Inequities and Racism in Community-Based Organization Funding. Vaccine Equity Cooperative. Published November 15, 2021. Accessed July 22, 2023. https://vaccineequitycooperative.org/news/blog_cbo_funding/

⁵ Rush C, Smith D, Allen C, Mavhungu B. Sustainable Financing of Community Health Worker Employment Leaders in Community Health.: 2020. <https://nachw.org/wp-content/uploads/2020/10/SustainableFinancingReportOctober2020.pdf>