Housekeeping

• We will be recording this webinar, and the link will be posted on the NRC-RIM website: https://nrcrim.org/toolkits/community-health-workers

• Please stay on mute during the webinar

• Q&A will be at the end
Today’s Agenda

- **Introduction** (Megan Ellingson, CHW Solutions)
- **NRC-RIM Project Overview** (Erin Mann, NRC-RIM)
- **Webinar Overview** (Megan Nieto, CHW Solutions)
- **Planning for CHW Integration**
  (Cloe Destinoble and Alma Galvan, Migrant Clinicians Network)
- **Community Based Workforce Alliance CHW/LPH Playbook**
  (Alex Fajardo, Karl Timothy Johnson and Ashley Rodriguez, CBWA)
- **CHW LPH Integration Example: Minneapolis Public Housing Highrises**
  (Lara Pratt, Minneapolis Health Department)
  (Carrie Harris and Bill Melton, Volunteers of America Minnesota)
- **Q&A**
Today’s Webinar Presenters:

Erin Mann, Program Manager
National Resource Center for Refugees, Immigrants, and Migrants
University of Minnesota
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Alma Galván, Senior Program Manager
Migrant Clinicians Network
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Karl Timothy Johnson, PhD Candidate
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Alex Fajardo, Executive Director
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Ashley Rodriguez, Community Health Worker System Manager
Baylor Scott & White Health System
APHA CHW Section Chair
Texas Association of Promotores & Community Health Workers
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Lara Pratt, Senior Public Health Specialist
City of Minneapolis – Health Department
Lara.Pratt@minneapolismn.gov

Cloé Destinoble, Program Manager for Migrant and Immigrant Health
Migrant Clinicians Network
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Carrie Harris, Community Health Worker
Volunteers of America
carrie.harris@voamn.org

Bill Melton, Co Director Highrise Social Services
Volunteers of America
bmelton@voamn.org
NRC-RIM Background
About NRC-RIM

- National Resource Center for Refugees, Immigrants, and Migrants
- Funded by the CDC, housed at the University of Minnesota
- Goals:
  - Support health departments and CBOs that work with refugees, immigrants, migrants
  - Strengthen partnerships between health departments and communities
Our Partners

- CHW Solutions
- IDEO.org
- International Rescue Committee (IRC)
- Migrant Clinicians Network (MCN)
- Minnesota Department of Health (MDH)
- National Association of County and City Health Officials (NACCHO)
What We Do

- Health education and resources
- Online training
- Best and promising practices
- Technical assistance
- Pilot projects
- Advocacy
How to Reach Us

@nrc_rim

www.nrcrim.org

@nrcrim

nrcrim@umn.edu
Today’s Webinar Hosts

Megan Ellingson, CHW, MHA
Co-Founder CHW Solutions
Principal Consulting Services

Megan Nieto, CHW
Co-Founder CHW Solutions
Principal CHW Services
o Women-owned business launched in 2016
o Based in St. Paul, Minnesota with a state-wide service area and national presence
o Dedicated to developing sustainable models for Community Health Worker (CHW) services
o Service buckets:
  • Direct CHW services
  • Clinical oversight and claims submission
  • Technical assistance and consulting

TODAY’S WEBINAR:
• Share examples of integrating Community Health Workers into Local Public Health COVID response and rebuild efforts
• Overview the Community Based Workforce Alliance’s CHW/LPH integration playbook to help Local Public Health and CHW community based organizations advance CHW integration efforts
Integrating Community Health Workers (CHWs) into Local Public Health COVID-19 Response and Rebuild Efforts

Migrant Clinicians Network experience

Alma R. Galván, MHC
Cloé Destinoble, MPH
June 29, 2021
A Force for Health Justice
Creating practical solutions at the intersection of migration, health and vulnerability

Somos una fuerza dedicada a la justicia en salud
Objectives

Identify community health workers roles and challenges in the health care system the US.

Identify structural barriers in the health system related to the use of the CHW model

Present an example of promising practices in CHW intervention related with COVID-19
## Community Health Workers roles

<table>
<thead>
<tr>
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<tr>
<td>Lay Health Advisors</td>
<td>Opinion Leader</td>
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<tr>
<td>Change Agents</td>
<td>Knowledge brokers</td>
</tr>
<tr>
<td>Health Educators</td>
<td>Gate Keepers</td>
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<tr>
<td>Outreach</td>
<td>Cultural Translators</td>
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<tr>
<td>Part of the Health Team</td>
<td>Interpreters</td>
</tr>
<tr>
<td>Health Promoters</td>
<td>Opinion Leaders</td>
</tr>
<tr>
<td></td>
<td>Navigators</td>
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</tbody>
</table>
• Mexico and other developing countries in 1960’s & 1970’s
• Experiential learning
• Peer education
Educación Popular or Non-formal, Participatory Education
Educational Messages in Popular Media
43 Million Immigrants in US
13.5% US population

- 50% Latin America
- 28% Asia

Visas & Entries Per Year
- 675,000 Permanent Resident Visas
- 3-4 Million Temporary Workers
- 50-80,000 Refugees
3-4 Million Temporary Worker Admissions, 2015

- North America, 1,542,691
- Asia, 910,611
- Europe, 633,256
- Oceania, 75,745
- South America, 111,647
- Unknown, 1,021
- Other North America, 45,255
- Canada, 1,122,523
- Mexico, 771,598

http://www.dhs.gov/yearbook-immigration-statistics
~11 Million Unauthorized Immigrants in US

50% Mexico

16% Central America

6% South America

4% Caribbean
Mixed Immigration Status Households Common

• 16.7 million live with at least one unauthorized family member.
• 5.9 million US citizen children live with at least one unauthorized family member.
• 1 million US Citizens have unauthorized spouse.
Systemic Barriers

• Health system
• Immigration system
• Academic system
• Public policies
Barriers

• Literacy health system
• Health beliefs
• Family structures
• Language and literacy issues
• Discrimination
• Fear of immigration control
• Distrust of the government
• CHW-provider patient – can block the communication
CHW Role with Mobile Patients

- Constant mobility
- Language
- Health care beliefs and practices
- Food habits and practices
- General education
- Health knowledge
- Health system knowledge
- Immigration status
- Structural racism

© Earl Dotter
How CHWs Contribute to Promote Health and Enhance Health Equity

• Integrate health model
• Capitalize on health promoter's role
• Training and easy navigation of the health system
• Partnership with local government
• Customize health education to incorporate the culture and beliefs systems in the communities they serve.
• CHWs build advocacy coalitions that put power and tools in hands of the communities impacted most by disparities.
Experience with COVID-19 in Delmarva

• Building Capacity
• Stronger Alliances with Health Departments
• Communication Campaign
Building Capacity

• Using Community Health Worker model

• Building individual and community capacity by increasing health knowledge and providing technical assistance to CHWs.

• Providing training and a bi-directional curriculum for CHWs on:
  • Outreach strategies
  • Community education
  • Monitoring and evaluation (M&E)
Stronger Alliances with Health Departments

- Maryland’s Lower Shore COVID-19 Vulnerable Populations Taskforce (VPTF) (+100 organizations).
  - Addressing COVID-19’s impact on the community
  - Better meet the needs of the vulnerable populations who disproportionately suffer from COVID-19
- Community mobilization strategies to create linkages between the vulnerable communities and local and state health departments.
Communication Campaign

• Collaboration between MCN and National Resource Center for Refugees, Immigrants, and Migrants (NRC-RIM), utilized design work by IDEO.org.

• With the purpose of creating an organized and powerful effort to expose the community with inspiring and positive COVID-19 vaccine content, and to combat local vaccination myths and hesitancies.

• Involved CHW from local Latinx and Haitian communities in each step.

• Campaign materials were community-specific.
Thank you for your participation!

¡Muchas gracias! Merci!

www.migrantclinician.org

@tweetMCN
@migrantclinician
@migrantcliniciansnetwork
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Senior Program Manager
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Cloé Destinoble, MPH
Program Manager for Migrant and Immigrant Health
Cdestinoble@migrantclinician.org
Alma Galván, MHC is MCN’s Senior Program Manager of Environmental and Occupational Health in the Maryland office. Ms. Galván has a bachelors in Educational Psychology and Public Health, as well as a Master in Health and Communication. She has expertise in training, technical assistance, and development and evaluation of programs relating to promotores de salud, border health issues, and indigenous communities in relation to pesticides, water and sanitation, drug prevention, cultural competency, and community mobilization.

Cloé Destinoble is MCN’s Program Manager for Migrant and Immigrant Health. She has a master’s degree in Public Health with a concentration in Maternal and Child Health. Ms. Destinoble is a strong advocate for achieving health equity, eliminating disparities, and improving population health. She has worked as an HIV peer educator for the department of health in Florida. Ms. Destinoble has also worked with a few health departments and contributed as a Biological Scientist in their epidemiology departments by investigating COVID-19 cases and assisting in the control of infections. As a biological scientist, Cloé aimed to promote health and prevent the spread of COVID-19 by identifying, assessing, and managing people or contact who have been exposed to the virus. Cloé is passionate about serving the underserved vulnerable populations and advocating for them.
Community-Based Workforce Alliance
CBWA Presenters

Ashley Rodriguez, CCHW, CCHWI
Community Health Worker System Manager, Baylor Scott & White Health System; APHA CHW Section Chair; President of the Board of Directors, Texas Association of Promotores & Community Health Workers

Alexander Fajardo, MCP, CFC
Executive Director, El Sol Neighborhood Educational Center

Karl Johnson
PhD Candidate, UNC Gillings School of Public Health
<table>
<thead>
<tr>
<th>Description</th>
<th>Percentage</th>
<th>Detail</th>
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<tbody>
<tr>
<td>Blacks represent</td>
<td>13%</td>
<td>Hispanics represent</td>
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<tr>
<td>of the total U.S. population</td>
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<td>18%</td>
</tr>
<tr>
<td>Blacks represent</td>
<td>26%</td>
<td>Hispanics represent</td>
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<tr>
<td>of ALL U.S. COVID-19 cases</td>
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<td>30%</td>
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<tr>
<td>Black people are dying at</td>
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<td>2.5 x</td>
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<tr>
<td>the rate of white people</td>
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Local Health Departments (LHDs) must engage the necessary channels to center and advance **racial equity** across all facets of their COVID-19 response strategy.

**How?**
Promotores, CHWs, CHRs - Who We Are

A CHW is a:
- Trusted member of, or deeply understands, the community he/she serves
- Liaison between health and social services and the community

A CHW builds individual and community capacity through:
- Outreach
- Community education
- Informal counseling
- Social support
- Advocacy

Act as a liaison between the healthcare system, patients, and families/caregivers
In 17th century Russia, lay people/outreach workers called “feldshers” were trained to care for civilians & military personnel.

In the 1960s, Chinese farm workers were trained as “barefoot doctors” to provide health care in rural communities.

Heightened political activism across Latin America in the 1960s & 1970s = increased # promotores trained by orgs/church groups

In the U.S., the first formal CHW programs est. in 1950s to deliver accessible and appropriate health resources to communities not being served by the traditional medical system.
COVID-19 CHW Response Activities

- Providing Coaching and Social Support
- Implementing Individual and Community Assessments
- Participating in Evaluation and Research
- Providing Direct Service

- Cultural Mediation Among Individuals, Communities, and Health and Social Service Systems
- Building Individual and Community Capacity
- Providing Culturally Appropriate Health Education and Information
- Care Coordination, Case Management, and System Navigation
- Advocating for Individuals and Communities
- Conducting Outreach
- Cultural Mediation Among Individuals, Communities, and Health and Social Service Systems
Brining it all together: LHDs & CHWs

Community Health Workers are Essential to States’ COVID-19 Contact Tracing Efforts

As states and communities continue to reopen, the term contact tracing, like flatten the curve, has become part of our national dialogue. Although new to the conversation, contact tracing has a long history as a public health prevention and mitigation strategy including for smallpox outbreaks, sexually transmitted diseases, HIV/AIDS, and SARS. As states quickly ramp up these critical and labor-intensive programs to help address COVID-19, community health workers (CHWs) are essential components of a contact tracing strategy because of their relationships with both individuals and health care systems in the community, their understanding of community culture, and their knowledge of social supports needed to help people through this pandemic.

What Is Contact Tracing?
Contact tracing is a core prevention strategy that has been used around the world, and in local and state health departments in the United States, for decades. The goal of contact tracing — in conjunction with widespread testing, case investigations, isolation, and quarantine — is to prevent the further spread of disease. Contact tracing accomplishes this by identifying individuals who have been exposed to a person with a confirmed positive COVID-19 case and notifying them of their exposure and the need to self-quarantine for 14 days.

Why Is Contact Tracing Important?
Current estimations show that in individuals with COVID-19, the virus is most likely to spread to those in close contact. Contact tracing is a critical tool to reduce the spread of COVID-19 by spreading it as little and as soon as possible. If symptoms are present, it increases the need for efficient and well-organized contact tracing processes so exposed individuals can quarantine. States, territories, and communities have used contact tracing to dramatically slow the spread of the disease.

States Engage Community Health Workers to Combat COVID-19 and Health Inequities

June 21, 2020 / by Eliseon Higgins

As recent data shows, COVID-19’s infection and death rates illustrate the profound racial and ethnic disparities in the nation’s economic inequalities that affect health outcomes. To curb COVID-19 and improve the quality of care delivered to communities of color, a few states are bolstering their community health workforces.

Community health workers (CHWs), are culturally competent, frontline public health workers who are trusted by the community to engage individuals benefit from relationships with people who have similar lived experiences and are members of their community. CHWs are often tasked with addressing barriers that traditionally underserved communities face when seeking medical care and services. CHWs centered approaches to care and generate cost savings for state programs.

History of State CHW Initiatives
Before the pandemic, many state programs enlisted CHWs to address challenging aspects of their health improvement initiatives, such as facilitating care coordination, enhancing access to community-based services, and addressing social determinants of health. Payment strategies for CHWs vary: a majority of services are grant-funded with some states reimbursing for CHW services through their Medicaid programs or hire CHWs as part of managed care organizations.

As states work to address COVID-19, they are leveraging the public health infrastructure created by CHWs who were deemed essential critical infrastructure for recovery across demographics.

State Examples of CHW Engagement to Combat COVID-19

- **Delaware**: In May, Gov. John Carney established the Delaware Community Foundation to coordinate the effort in partnership with the Delaware Health and Social Services. The Delaware Community Foundation is a philanthropic organization that mobilizes and manages resources to improve the condition of Delaware’s communities. The Delaware Community Foundation is a philanthropic organization that mobilizes and manages resources to improve the condition of Delaware’s communities. The Delaware Community Foundation is a philanthropic organization that mobilizes and manages resources to improve the condition of Delaware’s communities. The Delaware Community Foundation is a philanthropic organization that mobilizes and manages resources to improve the condition of Delaware’s communities.

FOUR WAYS THAT CHWS STRENGTHEN PUBLIC HEALTH CAPACITY

1. **Develop and provide compassionate community engagement.**
   - Screen communities for social and behavioral health needs and help them navigate services.

2. **Lead workforce development activities for contact tracing.**
   - Build community capacity for recovery and rebuilding.

The mission of the National Association of Community Health Workers is to unify the workforce to support communities in achieving health equity and social justice.
The CBWA Origin Story

The U.S. is surging various community-located efforts (e.g. contact tracing, testing) to mitigate COVID-19, but leaders are often missing the opportunity to connect these efforts with the existing community-based workforce (CBW).

On May 22nd, several organizations with a proven history of working alongside and advocating for the CBW came together around a shared conviction to engage the CBW in future COVID-19 response efforts. An Alliance was formed with the mission to:

“Ensure that COVID-19 response and rebuild efforts are equitable, effective, and involve, fund, strengthen and elevate trusted community-based workers.”
All Alliance organizations have endorsed a set of key principles (originally drafted by HealthBegins)...

Recruit with a racial equity framework
Apply a racial equity lens to recruit contact tracers from highly impacted communities. Pay a living wage. Include residents, trusted workers & leaders in governance & advisory groups.

Invest in trusted workers, including CHWs
Response & recovery will move at the speed of trust. Pay and expand the authority of trusted, trained community health workers & promotores (CHW/Ps) to support and join contact tracers.

Strengthen connections with psychosocial services
Use social vulnerability data and proven tools to identify household psychosocial needs among isolated/quarantined contacts and to connect them to community nonprofit resources.

Launch a community-based jobs program
Leverage existing and expected federal funds to engage unemployed or dislocated workers with living wage jobs that meet contact tracing & other community needs.

Embed job training & pipelines to local careers
Engage nonprofit workforce training partners to address basic skills gaps and create a pipeline to careers in local health departments, community-based organizations, and local businesses.

Strengthen community infrastructure & financing
Braid funds to sustain essential nonprofits and invest in outcomes funds, wellness trusts, and other place-based payment models that align with long-term community health outcomes.

bit.ly/Pr1nc1ple
Advancing CHW Engagement in COVID-19 Response Strategies

A Playbook for Local Health Department Strategies in the United States

Community-Based Workforce Alliance
CHW Engagement Playbook

Advancing CHW Engagement in COVID-19 Response Strategies: A Playbook for Local Health Department Strategies in the United States

• Developed with contributions from Alliance member organizations

• Goal: facilitate both the conceptualization and operationalization of CHW engagement to advance health equity throughout all COVID-19 response activities

• Two major parts:
  • Part 1: Framework for Engagement across 10 key areas
  • Part 2: Strategic Recommendations for Advancement
Strongly informed by the 2018 CHW AIM

Community Health Worker Assessment and Improvement Matrix (CHW AIM)

Updated Program Functionality Matrix for Optimizing Community Health Programs

CHW AIM 2018: Revised Programmatic Components

1. Role and Recruitment: How the community, CHW, and health system design and achieve clarity on the CHW role and from where the CHW is identified and selected.
2. Training: How pre-service training is provided to the CHW to prepare for his/her role and ensure s/he has the necessary skills to provide safe and quality care, and how ongoing training is provided to reinforce initial training, teach CHW new skills, and to help ensure quality.
3. Accreditation: How health knowledge and competencies are assessed and certified prior to practicing and at regular intervals while practicing.
4. Equipment and Supplies: How the requisite equipment and supplies are made available when needed to deliver expected services.
5. Supervision: How supportive supervision is carried out such that regular skill development, problem solving, performance review, and data auditing are provided.
6. Incentives: How a balanced incentive package reflecting job expectations, including financial compensation in the form of a salary, and non-financial incentives, is provided.
7. Community Involvement: How a community supports the creation and maintenance of the CHW program.
8. Opportunity for Advancement: How CHWIs are provided career pathways.
9. Data: How community-level data flow to the health system and back to the community and how they are used for quality improvement.
10. Linkages to the National Health System: The extent to which the Ministry of Health has policies in place that integrate and include CHWIs in health system planning and budgeting and provides logistical support to sustain district, regional and/or national CHW programs.

Role & Recruitment

How the community, CHW, and health system design and achieve clarity on the CHW role and from where the CHW is identified and selected.

1. Non functional
   - Community has no CHW role.
   - Community places no role in recruitment.
   - CHW and community do not always agree on role expectations.
   - CHW expectation for CHW role and responsibilities influence role among CHW, community, and health system.

2. Partially Functional
   - CHW is recruited from community.
   - Some CHWs are role integrated in their roles.
   - CHW does not completely understand the role assigned to them.
   - CHW role is clearly defined and documented in community and health system.

3. Functional
   - CHW roles in clearly defined and documented agreements among CHW, community, and health system.
   - CHW role is clearly defined and documented between CHW, community, and health system.

4. Highly Functional
   - CHW role is clearly defined and documented agreements among CHW, community, and health system.
   - CHW roles are clearly defined and documented agreements among CHW, community, and health system.

CHW roles are clearly defined and documented agreements among CHW, community, and health system.

CHW roles are clearly defined and documented agreements among CHW, community, and health system.

CHW roles are clearly defined and documented agreements among CHW, community, and health system.

CHW roles are clearly defined and documented agreements among CHW, community, and health system.
A Playbook for Advancing CHWs Engagement in COVID-19 Response Strategies

https://www.youtube.com/watch?v=64MlBPF75fl&t=22s
CBWA Playbook Areas of Engagement

The Playbook’s 10 Key Areas of Engagement

- Role Definition
- Recruitment
- Training and Professional Development
- Community Partnerships
- Supervision
- Compensation
- Healthcare Integration
- Career Investment
- Program Evaluation
Structure of the Playbook

Part 1: Framework for Engagement

Limited or Harmful CHW Engagement → Moderate CHW Engagement → Robust CHW Engagement

Part 2: Strategic Recommendations for Advancement
### Part 1: Framework for Engagement

<table>
<thead>
<tr>
<th>Area of Engagement</th>
<th>Limited or Harmful Engagement</th>
<th>Moderate Engagement</th>
<th>Robust Engagement</th>
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<tbody>
<tr>
<td><strong>Role Definition</strong></td>
<td>No mention of CHWs within any CRS documentation, or a brief mention of CHWs are provided but without further guidance. CHWs are not relied upon to design roles and expectations of CHWs within the contact tracing strategy.</td>
<td>CHWs are mentioned within some features of the CRS but there is not a clear role for them or acknowledgement of expertise. Without being explicit, the CHW role reflects several of the recognized roles and competencies of CHWs as outlined by the CHW Core Consensus Project.</td>
<td>The roles and capacities of CHWs are explicitly recognized by other members of the CRS. The role of CHWs includes all items from the CHW Core Consensus Project, including those specific to COVID-19. Explicit recognition is given that CHWs can execute all such roles and competencies. There is an explicit emphasis on a holistic conception of the CHW role, which prioritizes their ability to know their clients as people. The role of CHWs, as formally articulated, is flexible enough to provide tailored support across a range of services depending on individual client needs, including those which address upstream determinants of health. The role of CHWs is designed using evidence-based work practices and direct input from participating CHWs.</td>
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### Part 2: Strategic Recommendations for Advancement

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<th>Area of Engagement</th>
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<td>No mention of CHWs within any CRS documentation, or a brief mention of CHWs are provided but without further guidance. CHWs are not relied upon to design roles and expectations of CHWs within the contact tracing strategy.</td>
<td>Make clear to all members within the CRS that CHWs are expected to execute any and all roles and competencies identified by the CHW Core Consensus Project. We also recommend LHDs to consult this resource put out by ASTHO on CHW Training and Core Competencies across different states. Require that all CHW hiring decisions be made only after approval by peer CHWs or organizations that work in that community or neighboring ones, for purposes of ensuring that the diversity of hired CHWs reflects the diversity of the communities they are serving. Provide scripts, interview guides, and a documentation platform that support CHWs in getting to know and supporting their patients in a holistic way.</td>
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# The Importance of Moving from Harmful Engagement to Robust Engagement (two examples)

<table>
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| **Role Definition** | • No mention of CHWs within any CRS documentation, or a brief mention of CHWs are provided but without further guidance.  
• CHWs are not relied upon to design roles and expectations of CHWs within the COVID-19 response Strategy | • The roles and capacities of CHWs are explicitly recognized by other members of the CRS.  
• The role of CHWs includes all items from the CHW Core Consensus Project, including those specific to COVID-19. Explicit recognition is given that CHWs can execute all such roles and competencies.  
• There is an explicit emphasis on a holistic conception of the CHW role, which prioritizes their ability to know their clients as people.  
• The role of CHWs, as formally articulated, is flexible enough to provide tailored support across a range of services depending on individual client needs, including those which address upstream determinants of health.  
• The role of CHWs is designed using evidence-based work practices and direct input from participating CHWs. |
| **Supervision** | • CHWs are not supervised by anyone with experience overseeing CHW-led activities or who understands CHW roles and competencies.  
• Supervisors don’t have the optimal background (e.g. heavy clinical background, lack of familiarity with community engaged work). | • Supervisor is dedicated exclusively to CHWs and receives training on effectively supporting CHWs.  
• Community Health Nurses may supervise CHWs and accompany them into the field, which adds credibility for community members and allows supervisors to better understand challenges faced by the CHWs  
• Supervisors are experienced CHWs or have a passion for CHW role and understand the significance to both CHWs and their patients/clients.  
• Supervisors have the capacity to both meet regularly with CHWs for one on one reviews of cases and convene team meetings which consist solely of CHWs.  
• Supervisors ensure recognition, collaboration, and support between CHWs and other members of the response effort (i.e. this should be included as part of their job description  
• Supervisors have a system for assessing performance and supporting any needed improvement on an ongoing basis.  
• In addition to CHW supervisor, the LHD recruits a program coordinator who manages infrastructure issues (data and reporting, communication about cases between CHWs and others on a contact tracing team, new information coming about test sites, resources, etc.)  
• Supervisors receive effective supervision and support from a local/ regional director |
How to use the Playbook

**Step 1:** Identify where one currently exist on the continuum and where they would like to be (Part 1).

### PT 1: Framework for Engagement

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<th>Area of Engagement</th>
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<tbody>
<tr>
<td>Role Definition</td>
<td>Red</td>
<td>Green</td>
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<tr>
<td>Recruitment</td>
<td>Red</td>
<td>Green</td>
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<tr>
<td>Training and Professional Development</td>
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<tr>
<td>Safety and Supplies</td>
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<td>Supervision</td>
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<td>Program Evaluation</td>
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_Red_ = Current position; _Green_ = Desired Position

**Step 2:** Consider strategic options available to advance oneself appropriately (Part 2).

### PT 2: Strategic Recommendations for Advancement

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<thead>
<tr>
<th>Area of Engagement</th>
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<th>Moderate → Robust Engagement</th>
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Red circles indicate areas where changes are recommended.
## Appendix A: Summary Version

Community Health Workers (CHWs) include promoters de salud and community health representatives; engagement is critical for local Health Departments (LHDs) and other healthcare or public health institutions that wish to advance health and social equity in the COVID-19 Response Strategies (CORS). As trusted members of the community and experts in community health, CHWs build relationships with community members and bridges to medical, health department and social support systems with historic structural barriers. During the pandemic, more practical guidance is needed on how LHDs and others can integrate CHWs into CORS. Inspired by HealthEmerge’s Community-Based Workforce Principles for Complete, Resilient and Healthy Systems and the National Community-Based Workforce Alliance have developed an extensive playbook to articulate strategic recommendations across a continuum of CHW engagement that amplify the roles of CHWs and draw on CHW best practices and workplace policies. This one-page document provides summary highlights from the document.

### Area of Engagement | Items Necessary for Engagement | Strategies to Advance Engagement
---|---|---
1. **Role Definition** | The role of CHWs is broadly defined and includes the range of activities (social support, advocacy, navigation, etc.) from the CHW Core Competencies Project. | Consult nationally recognized CORE CHW Competencies: roles, qualities, skills and competencies. Align with state-recognized certifications, certification or training standards.
2. **Recruitment** | Recruitment is grassroots, drawn from communities to be served, builds barriers to entry, and involves CHWs in the selection process. | Ensure hiring practices prioritize qualities essential for the role e.g., trust-building skills, empathy, problem-solving skills, knowledge of the local community.
3. **Training and Professional Development** | Training includes extensive practical time and ongoing professional development. Training is co-created by CHWs. | Work with local and state CHW CORE associations and organizations with a history of providing CHW training to identify the best available training curricula.
4. **Safety and Supplies** | Necessary supplies/protection equipment are provided: self-care, mental health, and the prevention of burn-out is prioritized. | Consult regularly with CHWs to assess equipment and supplies needed to assure safety and provide the best care. Ensure compliance with COVID-19 workplace guidelines.
5. **Supervision** | Supervisors are experienced CHWs or have a background in community/social services and meet with CHWs in individual and team settings. | Screen supervisors using criteria such as understanding and importance of the CHW role, familiarity with the community CHWs will be working in, and the lived experience of community members.
6. **Compensation** | CHWs are compensated at a competitive rate for all work they do and are given employee benefits which they can negotiate. | Guarantee CHWs a living wage, using the NED Living Wage Calculator. Advocate for moving from fee-for-service to value-based payment and integration of CHWs into operating budgets.
7. **Healthcare Integration** | Healthcare professionals champion CHW involvement | Develop personal contacts between CHWs and individual members of local health and social services systems.
8. **Community Partnerships** | CHWs engage existing multilevel community structures such as CBOs, departments of social services, and faith-based institutions. | Develop personal contacts between CHWs and individual members of CBOs and other community institutions. Work with local and state CHW associations to identify these institutions.
9. **Career Development** | Employment for CHWs is guaranteed after the COVID-19 contract has expired. CHW Professional Development opportunities are provided for career advancement. | Identify CBOs, community health centers or hospitals that can employ CHWs to respond to other health issues after COVID-19 activities are over; identify additional funding through the I&I or SD to sustain program activities.
10. **Program Evaluation** | Patients’ clients, community members, partners, and CHWs are involved in all phases of the evaluation of the CORS, including design, data collection, analysis and interpretation. | Develop an evaluation committee which consists of community-engaged scientists, CHWs, and community members; include social return-on-investment and equity outcomes as key metrics within the evaluation.

Community Wisdom: CHWs are positioned to deliver the wisdom of the communities being served to the health system, not only health services to unserved communities.
Where to use the Playbook

Users

Local Health Departments

Community-Based Organizations

Community Health Clinics

Uses

Survey

Compared CHW services provided by LHDs to identify gaps and needs

Planning and Review

Inform and Review CHW Program design

Assessment

Assess a CHW program in its entirety, within a locality and/or over time

Improvement

Guide action planning and improvement

Capacity Building

Orient program staff to the issues and elements they need to consider in planning, managing, and assessing a CHW program

Adapted from CHW AIM, 2018 edition
Prior/Current Playbook Usages

- National Emerging Special Pathogen Training and Education Center
- Manufacturing extension centers
- Midlands region of South Carolina
- University of North Texas Health Science Center, TAPCHW
- Louisiana Office of Public Health
- Health Officials in Immokalee, FL
- Office of Rural Health, North Carolina
Community-Based Workforce Alliance

http://communitybasedworkforce.org/
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Minneapolis Health Department

Partnerships to increase Community Health Worker services
Minneapolis Health Department

**Serves** ~420,300 residents

**Mission** Improve the quality of life for all people in the city by protecting the environment, preventing disease and injury, promoting healthy behaviors, and creating a city that is a healthy place to live, work, and play.

**Healthy Living Team:** Affordable and accessible opportunities for healthy eating, physical activity and smoke-free living for all ages and abilities
CHW Integration

Locations
• Community clinics
• Public housing highrise buildings

Common threads programs
• 1-on-1 assistance with self-management support and social needs
• Capacity to access Medicaid reimbursement for CHW services

MHD roles
• Strategic thought and planning partner
• Funder
• Champion
Public Housing Highrise Buildings

Why?
Convergence of learning, need and opportunity

How?
• Technical assistance
• Experimentation with billing
• Start-up and supplemental funding for CHWs
CHW Integration @ VOA

**Challenges**

- CHWs were a new concept for our Social Service Department
- Separation of duties between CHWs, and 17 Licensed Social Worker and other social service staff
- Billing and revenue
- Complicated service delivery due to resident demographics: 5000 residents; most elderly or disabled; 50% immigrants with limited English
- COVID vaccine hesitancy

**Successes**

- CHWs successfully integrated; have served 300+ residents
- 1514 residents received 1\textsuperscript{st} and 2\textsuperscript{nd} COVID vaccine doses
- Obtaining Medicaid reimbursement via CHW Solutions
CHWs during COVID & social unrest

MHD provided
• COVID surveillance
• Advising
• Testing and vaccines

VOA CHWs and Social Service Staff
• Served as trusted liaisons
• Provided basic needs support

Future idea
• Engage CHWs to support residents in isolation, quarantine and post-hospitalization.
Highrise Health Alliance

Cross sector collaboration

• Members include public health, healthcare providers, social service providers, MCOs and residents

Goal

• Improve health outcomes by making it easier and more efficient for MPHA residents to get the care they need.

Priority

• Communication and coordination between CHWs in the buildings and care organizations
https://nrcrim.org/toolkits/community-health-workers