



In This Brief

Health policy researchers from IMPAQ and the American Institutes for Research® (AIR®) describe how community health workers can support the COVID-19 pandemic response and propose best practices for sustainable incorporation of community health workers into our health systems.

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This brief examines

- The impact of community health workers on the COVID-19 response
- Evidence for the expansion of public health frameworks to include community health workers in health care delivery
- Federal and state actions to fund community health workers to provide ongoing care during and after the COVID-19 pandemic

Overview

As a result of the COVID-19 pandemic, our health system is under increasing pressure: Public health departments have insufficient staff to address population needs. Especially in communities with significant socioeconomic disparities, health care personnel are overwhelmed both physically and mentally, and social distancing guidelines have impacted access to care. As a result, reliance on community health workers in the prevention, testing, and treatment of COVID-19 has dramatically accelerated. As the pandemic continues to hinder in-person access to care, it is important to understand how community health workers can fill critical gaps during the pandemic to reduce the number of COVID-19 infections and prevent unnecessary deaths.

This brief provides key insights and recommendations into:

- The role of community health workers in the community.
- The importance of community health workers in the COVID-19 response.
- Next steps to ensure continued funding for community health workers.

Importance of Community Health Workers

The Centers for Disease Control and Prevention defines community health workers as trained public health workers who serve as a bridge between communities, health care systems, and state health departments.

The term community health workers references multiple positions with similar roles but different titles, such as promotores, community health aides, family health workers, and more. Each of these positions is responsible for enhancing community capacity. They can be employed by government agencies, nonprofit organizations, or health care facilities such as nursing homes to work in case management.



The Association of State and Territorial Health Officials promotes the Core Consensus Project recommendations for community health worker core competencies, which include the following:¹

1. Cultural mediation among individuals, communities, and health and social service systems.
2. Culturally appropriate health education and information.
3. Care coordination, case management, and system navigation.
4. Coaching and social support.
5. Advocate for individuals and communities.
6. Build individual and community capacity.
7. Provide direct services.
8. Implement individual and community assessments.
9. Conduct outreach.
10. Participate in evaluation and research.

Community health workers typically need to have at least a high school diploma and must complete a brief period of on-the-job training. However, some states have certification programs for community health workers, such as the Certified Health Education Specialist. Health educators need a bachelor's degree.

Public health frameworks have been essential in reducing the spread of COVID-19 by filling in the gaps in care that occurred as public health resources were depleted. Community health workers, who work with health care centers, public health organizations, and nonprofit organizations, play an important role in outreach to vulnerable populations, especially racial and ethnic minorities and low-income populations. As part of the COVID-19 response, community health workers have been the initial contacts for contact-tracing services, effectively tailoring public health messages to their community and aiding social service experts who help people exposed to the virus isolate. Additionally, community health workers are skilled at building operational community interventions that minimize barriers to health care access by educating patients on adherence to treatment plans and improving retention in care through outreach to reduce noncompliance by promoting patient

engagement.² As states spearhead the immediate development of programs to address the COVID-19 pandemic, community health workers can assist resource-strapped public agencies in implementing contact-tracing strategies by acting as key executors and data collectors in this effort.

At the policy level, community health workers can inform state and local agencies on effective decisionmaking processes that best benefit the community, and subsequently they can serve as community messengers to inform the community about important policies, COVID-19 testing and treatment locations, and other health care services. Community health workers usually live in the communities where they personally deliver care, and therefore have an intimate understanding of the different places and events regularly attended by the community. They are familiar with the culture, language, and lifestyle of the community. Being part of the demographic allows community health workers to serve as a trusted resource, providing outreach and care as a member of community, for the community.³

Advancing Health Equity

Racial and ethnic minorities and low-income populations have been disproportionately affected by COVID-19, exposing inequities related to structural racism, ineffective community-level interventions, inefficient service coordination, and compromised trust between residents and service providers. Communities and vulnerable populations that faced systematic and socioeconomic barriers to health prior to the COVID-19 pandemic are now experiencing intensified challenges related to health care access while also being exposed to situations (e.g., job loss, anxiety, and social isolation) likely to negatively impact behavioral health. Since the COVID-19 pandemic began, health disparities have been highlighted across minority populations, specifically African American and Hispanic populations. Detroit, Chicago, and New Orleans all have documented a pronounced racial disparity in deaths from COVID-19. In each of these areas, African Americans account for more than 70% of coronavirus-related deaths despite only representing 30% to 40% of the total population.⁴

These disturbing outcomes are largely the result of longstanding inequities in an array of health determinants, including limited access to health care, especially preventive care. Vulnerable populations are more likely to seek treatment in the hospital emergency room as opposed to being seen by a primary care provider, and often they defer care until their needs are more acute and require immediate care. Additionally, vulnerable populations such as African Americans and Latinos have higher rates of chronic illness such as hypertension and diabetes, which contribute to their increased risk of severe symptoms for COVID-19.

One contribution to health care disparities is unequal access to care. Access issues can include limited availability of medical facilities in an area, transportation situations that make it difficult to get to medical facilities, or a work schedule that does not align with the hours a medical facility is open. A strong body of evidence demonstrates the effectiveness of community health workers in improving health outcomes and advancing health equity among different communities, in various settings, and across a number of health conditions. By employing community health workers, communities can expand COVID-19 response efforts within these higher-risk groups and establish longer-term relationships focused on decreasing inequities.



Evidence supporting the incorporation of community health worker interventions into health care delivery systems includes the following:⁵

- Asthma was reduced by 35% in adolescents working with community health workers, which resulted in health care savings of over \$5 per dollar spent on the intervention.
- African American patients with diabetes who participated in an integrated care group facilitated by community health workers had greater declines in blood pressure and blood sugar values than those receiving routine care.
- Life expectancy increased by six months for Hispanic men with colorectal cancer who were part of a community health worker colorectal cancer navigation program; the program achieved over \$1,000 in health care savings per participant.

Community Health Workers in the Time of COVID-19

As the global pandemic continues, community health workers must be incorporated into COVID-19 response strategies in order to connect patients to the health care system and to tackle the long-existing racial disparities that have been highlighted by COVID-19. Community health workers can support both short- and long-term efforts to address community needs both during and after the pandemic.

IN THE SHORT TERM

Community health workers can act as a valuable resource by connecting patients in their community to services and collaborating with health care systems to reach vulnerable populations in the community. This connection to services is especially important given that many health care providers have increased their use of telehealth modalities to deliver health services in response to COVID-19 shutdowns and fear. This delivery

approach may not be widely accessible or trusted by certain populations, such as the elderly or [minority groups](#).

Community health workers can be leveraged to mitigate this challenge through community outreach and education on how to use telehealth technologies; by connecting vulnerable community members to resources including health care, food, and housing; and by incorporating home-based ambulatory care. Community health workers can effectively support contact tracing and disease surveillance. Because these individuals speak the language and understand the culture of the community, they can reach groups in contact tracing that may not be as open and responsive to health care workers from outside of the community.



Current use in COVID-19 response:

At the time of this writing, at least four states have incorporated community health workers into their contact tracing plan.

- Health systems such as New York–Presbyterian Hospital and the New York University Grossman School of Medicine have incorporated community health workers into their multidisciplinary health care team to connect vulnerable populations and socially isolated groups with important community resources.
- Kaiser Permanente and the Public Health Institute have committed a \$63 million grant to strengthening and supporting California’s contact tracing efforts using 500 full-time community health workers from local communities. Public Health Institute’s Tracing Health program are incorporating these community health workers into clinics based in high-need and targeted communities.
- Baltimore, Maryland, has created a Baltimore Health Corps with the goal of hiring 300 community members facing unemployment in the wake of the pandemic to work as community health workers. These individuals will work as contact tracers and will be trained in care coordination and outreach.

IN THE LONG TERM

Community health workers should be leveraged to address the burden of chronic diseases and other underlying health issues that persist in vulnerable communities and to improve the community’s overall health. In the midst of a pandemic, it is more important than ever to begin tackling these underlying issues to reduce health disparities.

Community health workers can provide long-term support by helping vulnerable patients establish long-term relationships with health care providers, working with health care providers to improve the quality and cultural competence of care, and increasing patients' ability to understand and manage chronic conditions. Although community health worker programs have been very successful where they have been implemented, community health workers continue to be underutilized. As we navigate health care during the COVID-19 pandemic, the need for community health worker programs becomes more and more urgent and valuable.



Additionally, community health workers are a valuable asset in the distribution of COVID-19 vaccines by:

1. Addressing vaccine hesitancy and safety concerns within the community.
2. Communicating vaccination schedules, sign-ups, and locations.
3. Following up with individuals to ensure adherence to vaccination schedule (e.g., administration of a second dose).
4. Supporting administrative needs at vaccination locations.

Funding to Build a Community Health Workforce

The barriers mentioned previously contribute to the difficulties in procuring funding to maintain a stable community health workforce. Community health worker programs run by community health centers and community-based organizations have historically relied on either their own operating budgets or specific grants to fund community health worker-specific programs. These sources of funding can be unpredictable, time-limited, and generally insufficient to sustain the full breadth of services and supports that community health workers can provide. The lack of sustainable funding is a major barrier to expanding community health worker programs and integrating community health workers into the health care system. Without sustainable funding, community health worker programs are often limited both in longevity and in scope. State and local governments are rapidly evolving their public health response efforts to address the surge of support required to conduct contact tracing services, provide social services, and deliver treatment support. The Coronavirus Aid, Relief, and Economic Security (CARES) Act; Medicaid; and grant funding can assist in funding community health workers during the COVID-19 response.

Barriers to Widespread Leverage of Community Health Workers

Despite this large body of evidence and urgent need, community health workers have not been widely integrated into the U.S. health care system for a variety of reasons.

- **Funding streams:** The lack of sustainable funding is the biggest barrier to implementing long-term community health worker programs. Much of the funding used for current community health worker budgets comes from individual community-based organization budgets or small grants, which greatly limits the capacity of the programs and the ability for them to be sustained. Reimbursement for the programs is limited by the varying scopes of practice for community health workers.
- **Payment of community health workers:** Currently, 19 states have developed certification processes with a clearly defined role for community health workers to address the challenge of payment for these workers. To address funding gaps, this model should be used by other states for reimbursement and payment. The current model of unit fee-for-service reimbursement for individual services through Medicaid reimbursement is not enough for a community health worker to make a living. To be successful, all community health worker programs need additional funding streams in order to capture the full scope of work being done and pay community health workers enough to stay engaged.
- **Recruitment and certification of workers:** Currently, the role of community health workers does not have a unified definition or scope of practice. Recruitment and certification can be challenging because community health workers' roles can be defined and implemented in different ways across different states.
- **Where to begin:** Many states and communities have a challenging time figuring out where to begin and whom to engage in order to get community health worker programs off the ground in terms of how and whom to recruit, how to get them connected with the currently existing community resources, and how to define their scope of practice.
- **Professional territory war:** Many physicians do not have a strong working knowledge on how community health workers fit into treatment plans, resulting in some resistance in their inclusion for multidisciplinary treatment teams.

Recommendations for State and Local Health Agencies to Expand and Optimize the Use of Community Health Workers

- The roles and capacity of community health workers must be explicitly outlined and defined in order to streamline recruitment and reimbursement for services.
- Recruitment of community health workers should be done at the local community level and barriers to entry should be reduced as much as possible.

- Community health workers must be compensated at a competitive rate and should be compensated for the full range of services they provide.
- Community health workers need to be incorporated into existing multidisciplinary health teams as opposed to stand-alone projects.
- It will be essential to the long-term success of community health workers to create adequate and long-term funding streams.
- All programs should include a monitoring and evaluation component in order to effectively improve upon programs in the future.

Conclusion

Community health workers have the capacity to increase overall community health and improve health care outcomes by reducing complications related to chronic illness, enhancing patient education and involvement in their health care, and contributing to reductions in health care costs.⁶ As community members themselves with lived experiences reflecting those of the community they are serving,

community health workers are uniquely situated to be connectors compared with traditional health care workers; they speak the same language and can bridge the cultural divide between patients and physicians. They have the capacity to identify the gaps within the service delivery model of their community, allowing them to connect individuals to health services who may not usually have access and to educate health care providers about their communities' unique needs.

Community health workers have proven to be particularly effective in supporting minority communities in both rural and urban areas that struggle with limited access to the health care system due to barriers like inadequate transportation, limited income, lack of trust in medical providers, and an insufficient number of providers. Community health workers' ability to work as connectors and educators has been shown to increase the access and overall quality of care in these high-risk populations, thereby increasing community resilience to future disease outbreaks.⁷

Endnotes

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