

## 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,<sup>1</sup> sexually transmitted diseases,<sup>2</sup> HIV/AIDS,<sup>3</sup> and SARS.<sup>4</sup> As states quickly stand 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 tests, case investigations, isolation, and quarantine — is to prevent the further spread of disease. Contact tracing accomplishes this by first identifying individuals who have tested positive (in this case, for COVID-19). Testing is critical to begin the chain of containment; without widespread, accessible, and accurate testing, the subsequent strategies in this interdependent system, which includes contact tracing, will be less effective. Once an infected individual is identified, a contact tracer

will reach out to learn whom they have been in recent and close contact with<sup>i</sup> and then contact the identified individuals to notify them of their exposure and the need to self-quarantine for 14 days.<sup>5</sup>

### Why is Contact Tracing Important?

Current estimates show that an individual with COVID-19 is likely to spread it to two or three others.<sup>6</sup> Contact tracing is essential to reduce that spread. COVID-19 spreads quickly and sometimes before any symptoms are present; this increases the need for an efficient and well-organized contact tracing process so exposed individuals can quarantine. Korea, Taiwan, and other countries have used contact tracing to dramatically slow the spread of the disease.<sup>7,8</sup>

<sup>i</sup> Although guidance continues to evolve, the US Centers for Disease Control and Prevention currently recommends that individuals who have been in close contact (within six feet and for more than 15 minutes at a time) with the infected patient within two days prior to symptom onset and onward be contacted.

When done effectively, contact tracing can allow communities to continue to function, schools to remain open, and businesses to operate, preventing the need for a full community-wide shut-down and quarantine.<sup>9</sup> As a result, contact tracing not only protects health but also is one of our best defenses against the potential economic damage of the COVID-19 pandemic.

### How Can States Stand Up an Effective Contact Tracing Program?

There is abundant guidance on standing up effective contact tracing programs. A brief overview of many of the plans can be found in [Appendix A of the National Governors Association’s Roadmap to Recovery](#).<sup>10</sup> The National Association of State Health Policy (NASHP) developed a comprehensive overview of [what states are doing](#) — their models, workforces and training, technology, and funding.<sup>11</sup>

A core component of each plan is to expand the capabilities of existing contact tracing staff and to hire and train new contact tracers in short order. Although there are no specific or standard licensure requirements or credentials for contact tracers, the work requires specialized skills. In particular, because contact tracing requires probing conversations with individuals, the US Centers for Disease Control and Prevention (CDC) recommends that contact tracers have “[e]xcellent and sensitive interpersonal, cultural sensitivity, and interviewing skills such that they can build and maintain trust with patients and contacts.”<sup>12</sup> Fortunately, an existing workforce in all states comes directly from the communities they serve and can fulfill these requirements: CHWs.

### Who Are CHWs, and How Do They Operate Within the Context of the Health Care System?

CHWs are trusted members of their communities who, through their relationships and training, are able to provide effective education and support to improve the health of individuals, families, and communities as a whole. CHW is an umbrella term for a variety of positions that go by different names, such as *promotores*, community health representatives, and others.



*Many CHWs are already experienced members of the healthcare team. We have proven skills in data collection, knowledge of health privacy laws, and proficiency in health education and outreach, problem solving and more. It makes sense to utilize CHWs as contact tracers. We have proven to be an important part of the public health system. It is important to train the workforce already in place — and not duplicate efforts or workforces.*

— Adrienne Serrano Proeller, CHW, Morehouse School of Medicine Prevention Research Center

*CHWs' unique skill sets, along with their shared experience with the patients they serve make them particularly effective in addressing health disparities.*

CHW positions vary from state to state, but they share a common set of core roles and competencies and a community-based approach to improving the well-being of people and communities. CHWs provide a wide range of services, such as advocating on behalf of patients, translating and explaining health care information, directly providing preventive services, helping patients manage chronic conditions and coordinate their care, leading community-level health education initiatives, connecting families to social and community services, conducting personal and community-level assessments, and collecting and reporting data for research and evaluation. They work in homes, community clinics, schools, and other community settings.

Some states have used Medicaid to fund CHWs, but most CHW programs have historically been run by community health centers and community-based organizations (CBOs) that fund CHW programs either from their operating budgets or through specific grants.<sup>13</sup> Currently, at least 17 states have training programs and certification processes for CHWs.<sup>14</sup>

### **How Do CHWs Address Health Disparities?**

There is a strong body of evidence that demonstrates the effectiveness of CHWs in improving health outcomes and advancing health equity among different communities, in various settings, and across a number of health conditions.<sup>15, 16</sup> CHWs' unique skill sets, along with their shared experience with the patients they serve — whether because they live in the same community; have common demographic characteristics and shared experiences of institutional racism and sexism, language barriers, and other challenges; have been patients with similar diagnoses or recovery goals; or have navigated the same health systems —make them particularly effective in addressing health disparities.

## How Can CHWs Make an Impact on COVID-19?

A recently released Families USA report, [The Fierce Urgency of Now: Federal and State Policy Recommendations to Address Health Inequities in the Era of COVID-19](#), points out the extreme racial and ethnic disparities in COVID-19 cases in the United States.<sup>17</sup> Data captured by the COVID Racial Data Tracker report a disproportionate impact on Black Americans in particular, who account for about 24% of COVID-19 deaths (where race is known) although they make up only about 13% of the US population.<sup>18</sup>

These shocking disparities also bring to the fore the longstanding socially and structurally determined health inequities that put communities of color at increased risk for infectious diseases like COVID-19. Given CHWs' proven effectiveness working within underserved communities to address the social and structural drivers of health inequities, states should include them in their responses to the COVID-19 crisis, particularly in contact tracing.

NASHP [shows](#) that at least four states are transitioning current CHWs or hiring new ones as part of their contact tracing programs. But many more states have yet to integrate CHWs into their plans.

If states are developing a tiered contact tracing program with entry-level staff (Tier 1), specialists and supervisors (Tier 2), and advanced professionals (Tier 3) as outlined in the [model](#) from the Association of State and Territorial Health Officials, CHWs who already know and understand their community can quickly and effectively step into the Tier 1 role. In addition to knowing the community and local



*Being a 'contact tracer' could raise suspicions in marginalized communities — those where COVID-19 might be more prevalent. CHWs can help reduce the mistrust factor. It is important to acknowledge the realities of racial and socially vulnerable populations who at times of public health crisis are understandably skeptical of 'outsiders' from what is perceived to be a system that has more often than not left them out.*

— Adrienne Serrano Proeller, CHW, Morehouse School of Medicine Prevention Research Center

culture (including the languages spoken) they have a sense of the existing health care and public health infrastructure and the social support services with which individuals in quarantine, in particular, may need to connect.<sup>19</sup> They can also serve as mentors for new CHWs hired from the community for COVID-19 contact tracing efforts.

## Recommendations for States

### 1. States should include CHWs in targeted, community-based contact tracing initiatives.

- » States that conduct contact tracing virtually, through call centers, and with mobile apps may not be able to reach patients who do not have phones or internet access, have low digital literacy, or do not speak the same language as the contact tracer.<sup>20</sup> Therefore, it is imperative that states develop initiatives that enable contact tracers to go to communities to connect with hard-to-reach patients. CHWs are uniquely suited for these initiatives.
- » At the same time, states must take all measures necessary to ensure that CHWs participating in community-based contact tracing are protected and compensated.<sup>21</sup> CHWs participating in community-based contact tracing initiatives must receive personal protective equipment (PPE), living wages and full benefits, proper training and access to workflow protocols, appropriate supervision from qualified professionals, and manageable schedules and caseloads.<sup>22</sup>

### 2. States must dedicate current and new funding to including CHWs in their contact tracing efforts.

- » State [public health departments should use CARES Act funding awarded by the CDC](#) to recruit, train, and hire CHWs for contact tracing. States such as [Massachusetts](#), [New Mexico](#), [Wisconsin](#), and [Pennsylvania](#) have committed CARES Act funding to contact tracing. Funding



*In some states, CHWs involved in contact tracing are being asked to volunteer their services or work reduced hours, which limits the viability of their profession and undervalues their work. In many cases, CHWs are already a precarious workforce. In recruiting them, employers must consider the safety issues associated with contact tracing, include PPE and compensate CHWs with hazard pay.*

— Denise Octavia Smith, MBA, CHW, PN,  
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for contact tracing should be allocated specifically to recruit, train, and hire CHWs who can work in affected communities to trace the contacts of people diagnosed with COVID-19.

- » State public health departments should also use [CDC Public Health Emergency Preparedness funding](#) to develop a contact tracing workforce that includes CHWs.<sup>23</sup>

- » Federally qualified health centers (FQHCs) can use Health Center Program, COVID-19, CARES, and Expanding Capacity for Coronavirus Testing funds to conduct COVID-19 contact tracing for their patients, as long as these activities are within the health center’s scope of project. FQHCs with CHWs on staff can use these funds to hire them for contact tracing roles.
  - » As legislation for the next round of COVID-19 funding is finalized and states decide how to allocate funding, they should assess their contact tracing needs and identify where they can include CHWs.
    - › Families USA has encouraged Congress to provide more than \$46 billion to states to support test, trace, and quarantine efforts across the country, including a living wage for the contact tracing workforce.
    - › In addition to recruiting and hiring CHWs for a contact tracing workforce, states should use new funding to provide wraparound services (e.g., housing, utilities, nutrition, transportation, and other social services) for patients to facilitate their compliance with isolation and quarantine directives.<sup>24, 25</sup> States should use new funding to hire CHWs who already have experience providing these services, which are key to effective contact tracing.
- 3. States should both tap into the existing CHW workforce and certify, train, and hire new CHWs for contact tracing.**
- » States must develop a culturally responsive contact tracing workforce that can work effectively and appropriately in communities that are hit hardest by COVID-19.<sup>26</sup> Because CHWs have many of the skills needed for effective, equitable contact tracing, including intimate understanding of affected communities, cultural and linguistic competencies, and a working knowledge of the health system and social services,<sup>27</sup> states should tap into this workforce for contact tracing.
  - » Many states already have programs for training CHWs and certifying them to provide clinical and social services, which can be adapted to recruit and train CHWs for contact tracing.
    - › Existing CHW certification courses are often provided by state educational institutions, which also provide training and certification for contact tracing. For example, the San Diego (California) County Health and Human Service Agency partners with San Diego State University to train and recruit CHWs to support the state’s contact tracing efforts in underserved communities.<sup>28</sup> The Hawaii Department of Health is using a new program at the University of Hawaii to train CHWs and Department of Health personnel in contract tracing.<sup>29</sup>



*Some CHWs at FQHCs and health clinics have been fired or furloughed due to COVID-19 budget constraints, which creates a gap in the public health workforce. These CHWs are no longer reachable through their work emails or at their places of work, which makes it nearly impossible for them to be contacted and mobilized for COVID response work.*

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» The existing CHW workforce cannot be mobilized effectively for contact tracing if it is depleted during the COVID-19 crisis. Therefore, states must ensure that CHWs in their states are classified as essential workers during the pandemic so they can remain in the workforce and on the payroll.<sup>30, 31</sup>

**4. States should engage CBOs, state and local CHW networks and associations, and county health departments in developing a contact tracing workforce that includes CHWs.**

» Funding for COVID-19 response and implementation of contact tracing initiatives at the community level is often concentrated

within county health departments. State and county health departments should contract with CBOs experienced in recruiting and deploying CHWs to serve communities that experience inequities. The professional associations that CHWs have created in many states can provide technical assistance for identifying, recruiting, and deploying the CHW workforce in affected communities.

» As part of its contact tracing staffing plan, the [Oregon Health Authority](#) has created a framework and a pool to support county-level health department contact tracing efforts, which focus on partnering with CBOs, advocates, and CHWs.

**5. States should hire and recruit CHWs for roles beyond contact tracing to ensure that COVID-19 patients' additional health and social needs are met.**

- » Contact tracing reveals the need for additional services to support patients who are in isolation and quarantine. CHWs are trained to provide these services and should be fully funded to provide all services within their scope of practice.<sup>32</sup>
- » CHWs' broad skill sets make them valuable additions to the COVID-19 response workforce in a number of roles, not just as contact tracers. In addition to serving as contact tracers, the CDC lists community health outreach workers, *promotores*, and patient navigators (all of whom can be considered CHWs) as possible members of a surge capacity workforce in other COVID-19 response roles, such as case investigator, care resource manager, and self-isolation and self-quarantine monitor.<sup>33</sup>
- » Kentucky is using \$112 million in CARES act funding to staff a contact tracing workforce that includes disease investigators, contact tracers, and social support connectors, who provide services such as “coordinating grocery and prescription delivery, locating resources, and managing referrals in the local area.”<sup>34, 35</sup>



*CHWs work with the whole person, and on a long-term basis. There is an established, well-recognized CHW scope of practice and CHWs should always be supported to practice all roles within that scope of practice. That should not change when we put CHWs in jobs that include contact tracing. Contact tracing needs to be framed and thought of as a CHW activity that is an additional area of focus — not something that supplants the other core CHW roles.*

— Angie Kuzma, MPH, CHW,  
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## Endnotes

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