



What We Have Learned From Community Health Workers Throughout the Pandemic: Recommendations for Policymakers

Deployment of community health workers (CHWs) has been limited in the United States for many years despite substantial evidence that shows the model's effectiveness in many health care settings.¹ During the coronavirus pandemic, the federal response in funding allowed for significant expansion.² This paper draws on listening sessions we conducted with CHWs to develop recommendations for maintaining and building on the CHW deployment gains of the last two years.

Policymakers should address CHW needs by:



Establishing a competitive state grant program that is informed directly by community stakeholders.



Creating a funding stream for public health departments to better train coordinated care teams.



Directing health systems to keep CHW trainings up to date.



Promoting sustainable funding pathways by leveraging current flexibilities within state Medicaid programs.

Background

It is well documented that health inequities are stark and growing. Black, Hispanic, and American Indian/Alaska Native people fare worse than white people across all measures of social determinants of health (SDoH), and this pattern is consistent across measures related to health coverage, access, and use, as well as health status, outcomes, and behaviors.³ Adults with disabilities also fare poorly on virtually all socially determined measures: They are less likely to be employed, to receive higher education, and to have access to basic services (such as internet service and transportation) than adults without disabilities.⁴

The coronavirus pandemic has further exacerbated longstanding health disparities and inequities across the nation. Hispanic, Black, and American Indian/Alaska Native people are more than twice as likely as white people to be hospitalized due to the virus, while death rates among Black and American Indian/Alaska Native people are nearly double and triple (respectively) the rate of white people.⁵ COVID-19 has had devastating impacts on people with disabilities as well: People with developmental disabilities are three times more likely to die following a COVID-19 diagnosis, while people with intellectual disabilities are almost three times more likely to die following a COVID-19 diagnosis as people who do not have disabilities.⁶

A variety of factors contribute to inequitable health outcomes, many having to do with the social drivers of health. These factors include housing, food security, and environmental safety. When incorporated into health care teams, CHWs improve health outcomes and prevent unnecessary health care utilization by addressing SDoH and other upstream factors.⁷

Who Are Community Health Workers?



CHW is an umbrella term for community-based workforce members who share life experiences, trust, compassion, and cultural and value alignment with the communities where they live and serve.⁸ CHWs can have different titles, such as promotores de salud, community health aides, community health advisors and patient navigators.⁹ CHWs work in a variety of settings, including state and local governments, clinics and hospitals, outpatient care centers, insurance companies, nursing care facilities, nonprofit groups, and faith and community-based groups.¹⁰ Their ties to the communities they serve grant them a unique position

within care teams, where responsibilities are tailored to meet the community's needs. Their services include offering culturally appropriate health promotion and education, assistance with accessing both medical and non-medical services and programs, translation and interpretation services, social-emotional support and patient advocacy.¹¹ For example, services provided by CHWs, including weekly home visits and telephone calls, have helped patients manage chronic conditions such as diabetes, and have been shown to reduce emergency room visits by 40%.¹²



Maria Peguero, Lead Community Health Worker

When I was working at the clinic, I was the only CHW, but I did get a lot of support, not only for my patients but for me as well. While working with my patients [during the pandemic], I was also very stressed out, and my supervisor provided behavioral health support, as well as mental health support. I also received trainings to help patients connect with SNAP [Supplemental Nutrition Assistance Program] and was able to work with [the Department of Health and Human Services] to help patients apply for food stamps and health insurance – a lot of resources that we didn't have before but were available during the pandemic.

CHWs are geographically close to the clients they serve, making them more accessible than most traditional medical providers. Their proximity also facilitates more frequent reinforcement of key health messages, like the importance of breastfeeding, and regular monitoring of the needs of the community. Their trust amongst the community and their cultural competence helps them to ensure that health information and messages are distributed regularly and that community members follow this health information. CHWs provide these critical services to communities that are often overlooked or underserved, ensuring that health is more readily attainable for all residents.¹³

One of the important contributions of CHWs during the pandemic was accurately communicating about the vaccines. As trusted members of the community, CHWs have effectively addressed vaccine concerns, misinformation, and stigma in a manner that a typical medical provider is sometimes not able to.

During the pandemic, CHWs have offered COVID-19 education, promoted vaccine confidence, enhanced vaccine distribution, distributed personal protective equipment (PPE) and identified community needs.

- » In New York, CHWs made door-to-door visits to clients to address vaccine concerns, provide timely health advice on COVID-19, encourage people to seek testing and to visit doctors as needed, and to help them follow health advice related to COVID-19.¹⁴
- » In Hawaii, CHWs frequently called on clients experiencing homelessness and provided home visits to those who were homebound to ensure they had access to food, water, medication, infant formula, PPE and education regarding COVID-19.¹⁵

- » In Virginia, CHWs used a community-based service approach to address language and access barriers by offering bilingual services, localized services, and weekend appointments for their Latinx community. This effort has been credited with assisting Virginia’s Latinx population become the second most vaccinated group in the state.¹⁶

Policy Landscape

As families endured the devastating effects of the pandemic, Congress passed the American Rescue Plan Act, which allocated \$7.4 billion for the public health workforce to better support pandemic relief efforts across the nation. This landmark law also allocated \$250 million toward community-based organizations to build their efforts to mitigate the effects of the pandemic. Through this legislation, Congress has very clearly recognized the crucial role that the community-based workforce plays in the health care delivery system, especially in times of crisis.

These time-limited funds allowed states to hire and deploy community-based workforces. However, the end of the public health emergency is fast approaching without a sustainable funding mechanism in place to ensure their continued employment. As our country considers how to apply lessons from the pandemic response to the broader health care system, this experience with deploying CHWs at scale offers important lessons.



Carrie Roberson, Community Health Worker

I worked at a clinic in Seattle, and in the first few months of the COVID-19 pandemic, they were furloughing us and even laying people off entirely instead of using the community health workers that had already been working in communities across the area. It wasn't until they needed us to help get the word out on COVID-19 that they realized we were the conduit to push all of these critical resources out into the community. It's good to be recognized and to see more funding come our way.

Listening Session Takeaways

In November 2021, Families USA hosted a listening session to hear directly from CHWs about their experiences during the pandemic and what they hope for the future. We heard several common themes throughout the session:

» **CHWs hope that the positive momentum gained during the pandemic continues.**

In general, most CHWs felt supported by their employers and the overall health care system during the pandemic, and they hope that this momentum continues beyond the end of the public health emergency. They hope that CHWs are recognized as a critical part of the health care workforce, and that policymakers prioritize the sustainable funding and support of the community-based workforce into the future.

» **CHWs need better mental health supports.**

Almost all CHWs agreed that working during the pandemic increased strains on mental health for themselves and their colleagues. They reported not having appropriate support and access to care that would help them deal with the effects of the pandemic on their communities and their clients. Because CHWs are deeply tied to the communities they serve, the losses they experience are particularly acute. CHWs all agreed that having a mental health support system and access to mental health resources is necessary to continue providing care to their communities.

» **Access to up-to-date public health education and training is critical.**

With trainings and information changing so rapidly during the pandemic, not all CHWs felt that new information was being passed on to them in a timely manner. Many used the Centers for Disease Control and Prevention (CDC) as a resource for updated information, but they could not rely upon it for timely updates given the ever-changing nature of the pandemic and frequently updated guidance. As the pandemic changed so rapidly, along with recommendations from public health officials, it was and is critical for CHWs to have access to updated information, as well as training and guidance on how to address needs as they arise.

» **Compensation remains uneven.**

A large majority of CHWs felt that they were not adequately paid for their work, both before and during the pandemic. Most CHWs at the listening session were very interested in engaging further on the topic of fair and sustainable payment for their services.

» **Health care providers sometimes don't respect or recognize the importance of CHWs.**

Most CHWs felt they were respected and recognized by their clients and supervisors, but some pointed out that health care providers did not know who CHWs were and did not understand the role they played in care teams. Traditional health care providers must be educated on the importance of CHWs, the resources that they are able to provide, and how to appropriately integrate them into medical care teams.

Policy Recommendations

Our learnings from the listening session provide important insights into how policymakers can best support the CHW workforce. Here are some ways that the Biden administration and state agencies can support CHWs:

» Congress should pursue sustainable funding

› Establish a competitive CDC state grant program to replace expiring American Rescue Plan funds

Congress should establish a CDC grant program for states that would directly engage with the community-based workforce on public health issues. This program should be used to train CHWs on emergency preparedness, increase communication with public health departments, connect the community to resources, offer peer support, and establish best practices. States should have flexibility, based on the needs of their CHW workforce, to tailor these funds to address pressing needs. These programs should be community-informed. That is, grantees should be required to engage community-based organizations (CBOs) and CHWs to understand their experiences during emergencies so that states can better understand the nuances of what CHWs face and how to appropriately support them.

› CHWs should be paid a fair, living wage

- It is critical for states to use their existing Medicaid authority to explore options to pay CHWs for their full scope of services. These options for incorporating sustainable funding mechanisms for CHWs include state plan amendments (SPAs), Section 1115 demonstration waivers, and value-based arrangements through value-based care contracts.¹⁷
- Congress should allocate sustainable funding streams to support the community-based workforce, and they should support the passage of the bipartisan S. 3479, [the Building a Sustainable Workforce for Healthy Communities Act](#). This bill would create a grant program allowing states to train and hire CHWs as a part of the regular public health system.

» Create a funding stream for training care teams on the CHW model

The CDC should create a funding stream for public health departments to start training programs that bring physicians, hospital staff, nurses, and CHWs together. CHWs are an invaluable resource and should be treated as such. However, CHWs are often inserted into care teams with little introduction. Providers should be educated on who CHWs are, what services they can provide, and how to best use them in the care team (recognizing that some of the best work done by CHWs happens outside the traditional confines of the clinic). The goal of this funding stream would be to increase understanding among CHWs and other health care providers, and to brainstorm how make the best use of each other's resources.

» Update information and training in a timely manner

Health systems and employers of CHWs should be quick to receive updated guidance from reliable sources and disseminate the knowledge accordingly. This could mean hosting regular trainings for the community-based workforce under their employment, or partnering with other groups, like CHW-led state associations, to ensure CHWs are provided with the most accurate and up-to-date guidance as possible. Access to relevant and new guidance is essential to the community-based workforce. The frequently changing guidance issued during the coronavirus pandemic is a perfect example of this need.

Conclusion

CHWs have played a pivotal role in the response to the coronavirus pandemic, and our health system is at an inflection point in finally scaling up the CHW model. Our listening session found that, by and large, CHWs need better access to mental health supports, access to timely education and trainings, fair compensation, better integration into care teams, and respect and recognition for their professional identity.

Policymakers should address the needs of this workforce by allocating flexible funds to states to best support them. As the country transitions out of the public health emergency, the Biden administration should take this opportunity to improve the health of communities across the nation by sustainably supporting the needs and growth of the CHW workforce.

Endnotes

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About the Project

The WK Kellogg Foundation has generously funded Families USA to host a series of listening sessions to better understand the barriers and solutions to sustainably funding and supporting the community health workforce. This is the first in a series of publications that will share the learnings from the listening sessions in the context of the current health policy landscape.

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