Community-Based Workforce Alliance

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

Summary Version

Community Health Workers (CHWs includes promotores 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 racial equity in their COVID-19 Response Strategies (CRS). 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 CRS. Inspired by HealthBegin's Community-Based Workforce Principles for Pandemic Response and Resilience, the National Community-Based Workforce Alliance has developed an extensive playbook to articulate strategic recommendations across a continuum of CHW engagement that amplify the roles of CHWs and draw from CHW best practices and workforce policies. This one-page document provides summary highlights; click here for the full report, which includes detailed indicators, links to CHW policies and resources, and examples of best practices.

Critical Areas to Advance CHW Engagement in COVID-19 Response Strategies

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 Consensus Project.	Consult nationally recognized CHW Core Consensus Project roles, qualities, skills and competencies. Align with state recognized credentialing, certification or training standards.
2. Recruitment	Recruitment is grassroots, draws from communities to be served, limits barriers to entry, and involves CHW in the selection process.	Ensure hiring rubrics prioritize qualities essential for the role (e.g. trust-building traits, empathy, problem-solving skills, knowledge of the local community).
3. Training and Professional Development	Training includes extensive practicum time and ongoing professional development. Training is co-created/co-led by CHWs.	Work with local and state CHWs, CHW associations, and organizations with a history of providing CHW training to identify the best available training curricula.
4. Safety and Supplies	Necessary supplies/protective 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 ensure safety and provide the best care. Ensure compliance with OSHA workplace guidelines for COVID-19.
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 communities 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 MIT Living Wage Calculator. Advocate for moving from fee-for-service to value-based payment and integration of CHWs into operating budget.
7. Multisector Integration	CHWs engage existing multisectoral community structures and other healthcare professionals champion CHW involvement	Develop personal contacts between CHWs and individual members of CBOs and local health and social services systems
8. Career Investment	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 LHD or SHD to sustain program activities.
9. Program Evaluation	Patients/clients, community members, scientists, and CHWs are involved in all phases of the evaluation of the CRS, 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 unreached communities.		