


Practice Notes

Engaging Community Health Workers in the Centers for Disease Control and Prevention's COVID-19 Public Health Response to Address Health Disparities and Build Community Resilience

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In 2021, the Centers for Disease Control and Prevention's (CDC) National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) funded community health workers (CHWs) for COVID Response and Resilient Communities (CCR). CCR is a 3-year, \$350 million initiative to implement CHW strategies aimed at reducing COVID-19 impacts, building resilience, and improving health equity by addressing health-related social needs. This paper describes the CCR initiative and experiences to date, underscoring CHWs' critical role in CDC's pandemic response. CCR funds 67 recipients to reach communities who are disproportionately affected by long-standing health disparities (hereafter, priority populations). CCR aims to decrease the impact of COVID-19 and increase community resilience to respond to COVID-19 and future public health emergencies. Recipients implement three strategies: train CHWs to support the COVID-19 response, increase the workforce of CHWs to manage the spread of the disease, and improve utilization of community and clinical resources to engage CHWs to help strengthen communities' resilience

to mitigate the impact of COVID-19. We funded three additional organizations to provide technical assistance to CCR recipients and collaborate with us on a national evaluation of the program. CCR recipients hired about 950 CHWs and integrated these CHWs into over 1,000 organizations and care teams. At the end of the second program year, CHWs made over 250,000 referrals to social services and over 150,000 referrals to address specific health conditions. CCR demonstrates that CHWs can be quickly mobilized to participate in a public health emergency and reach those most affected by COVID-19.

Keywords: CHWs; health equity; SDOH; resilience; COVID-19; public health practice; communities; community engagement

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► ASSESSMENT OF NEED

The COVID-19 pandemic is the most significant public health event of the last century with over 1.1 million deaths in the United States (U.S.) since January 2020 (Centers for Disease Control and Prevention, 2024). Disparities in COVID-19 infections, hospitalizations, and deaths were observed among some racial and ethnic populations early on. These same populations often experience higher incidence of chronic diseases that increase the risk of severe illness from COVID-19. In addition, social conditions, also called social determinants of health (SDOH; e.g., living conditions, poverty, in-person work requirements, and access to health care), may have played a significant role in these populations' COVID-19-related health outcomes (Lopez et al., 2021).

Mobilizing community health workers (CHWs) is an evidence-based and cost-effective approach to prevent and manage chronic diseases, particularly among communities disproportionately affected by chronic diseases (Guide to Community Preventive Services, 2017). The American Public Health Association defines a CHW as “a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery” (American Public Health Association, 2014). To align with the Centers for Disease Control and Prevention's (CDC) National Center for Chronic Disease and Health Promotion's commitment to advance health equity by addressing SDOH negatively impacting communities and individuals, we used the 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act (see CARES Act [2020; 116th Congress S. 3548]; GovTrack.us) and developed a funding opportunity in 2021, CHWs for COVID Response and Resilient Communities (CCR). CCR supports implementation of CHW strategies aimed at reducing COVID-19 impacts among priority populations, that is, those who have been disproportionately affected by COVID-19 due to long-standing health disparities related to sociodemographic characteristics, geographic regions, and economic strata. We describe the CCR initiative and share experiences to date, underscoring CHWs' critical role in CDC's pandemic response.

► DESCRIPTION OF THE CCR INITIATIVE

We funded 67 recipients across the U.S. to implement CCR (Figure 1), including state and local health departments, U.S. territories and freely associated states, and tribes or tribal organizations. Nearly \$350 million

were awarded over the 3-year project period, September 2021 through August 2024. We funded three additional organizations under a separate funding announcement. One organization provides technical assistance to CCR recipients, and two collaborate with us to conduct a national evaluation of CCR that will be completed in 2025.

CCR includes three strategies. The first is to train CHWs to support the COVID-19 response. The second is to increase the workforce of CHWs to deploy to manage the spread of the disease, and the third is to improve utilization of community and clinical resources to engage CHWs to help strengthen communities' resilience to mitigate the impact of COVID-19. CCR recipients are required to work with CHWs, community coalitions, and other partners. CCR recipients are also encouraged to engage CHWs at all levels, including integration into organizations and care teams, to support the COVID-19 public health response. All recipients are required to document engagement of CHWs in the care, support, and follow-up of individuals across clinical and community settings, including tracking referrals to social and health services.

► INTENDED OUTCOMES

CCR aims to decrease the impact of COVID-19 on priority populations and increase community resilience to respond to COVID-19 and future public health emergencies. CHWs, as respected community members, are often able to overcome potential distrust of health care systems, which may help facilitate vaccination uptake (Capotescu et al., 2022). CHWs also carry out a range of activities including providing culturally appropriate health education and information, care coordination, and system navigation, building individual and community capacity, and providing direct services.

► EXPERIENCE TO DATE

CCR recipients have hired around 950 CHWs and incorporated them into over 1,000 organizations and care teams to tackle COVID-19 and other health and social issues. Over half of these CHWs have been integrated into community-based organizations, while health departments and community health centers have also included many CHWs. By the end of the second program year, CHWs had made over 250,000 referrals to social services, including for food and nutrition services, housing and shelter services, and government and legal services. In addition, CHWs have made over 150,000 referrals to address health conditions, including COVID-19-related care, maternal and child health, primary or specialty care, and chronic disease management. At least 125,000 of all referrals were

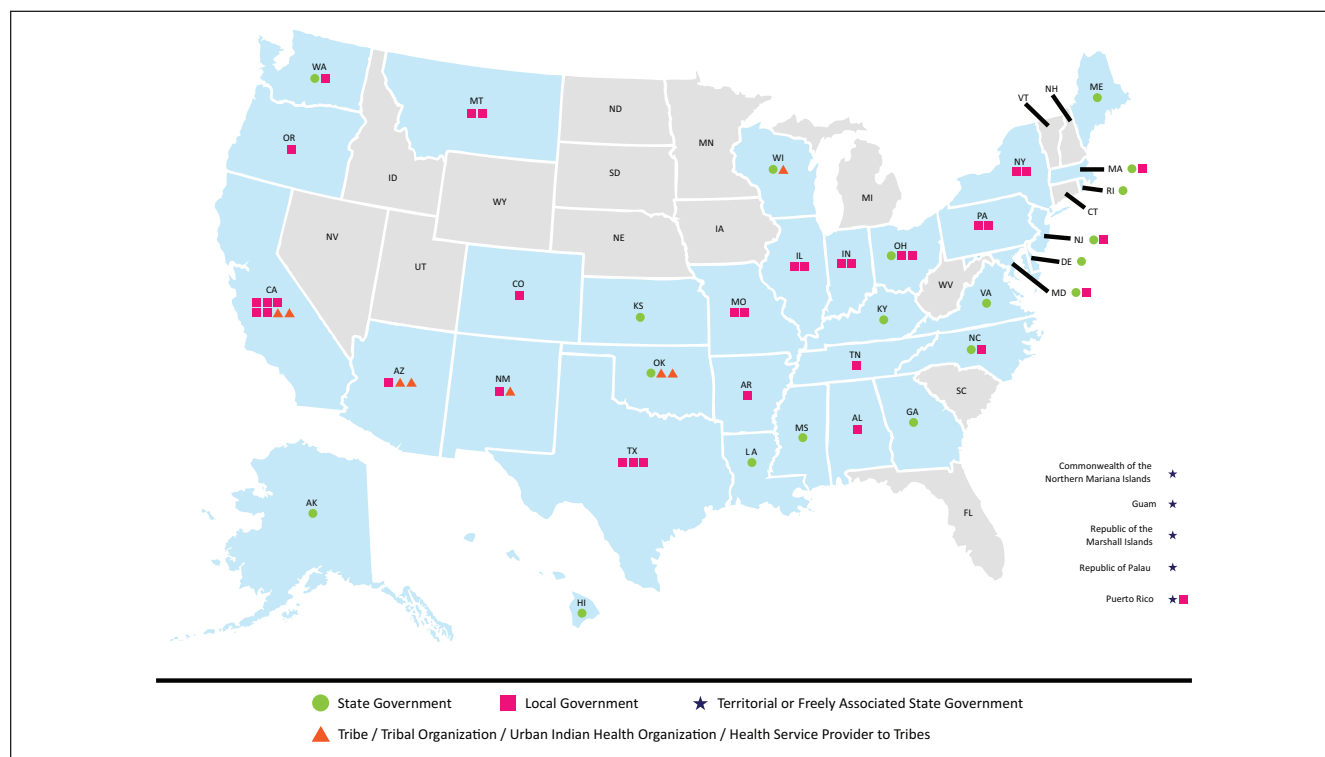


FIGURE 1 Map of CCR Award Recipients, 2021–2024

verified as complete, meaning CHWs successfully connected people in their communities with needed services.

► IMPLICATIONS FOR PUBLIC HEALTH PRACTICE

CCR's innovative approach, which involves CHW leadership at all levels, has proven effective in reaching individuals in their own communities, particularly those who have been disproportionately affected by COVID-19. In certain settings, CHW leadership positions were established in organizations so CHWs, rather than people of other disciplines, could oversee and guide frontline CHWs. Most recipients invited CHWs to participate in focus group discussions, interviews, and surveys to ensure that CHWs had the platform to advocate for the needs of both their communities and the CHW workforce. With their deep ties to the communities they serve, CHWs are critical members of the public health workforce. They can be effectively mobilized to assist in public health emergencies and have long been successful in preventing and controlling chronic diseases. Centering CHWs in public health programs could advance efforts focused on achieving health equity and alleviating SDOH within communities that are associated with negative health and social effects, helping

them become more resilient for future public health emergencies.

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