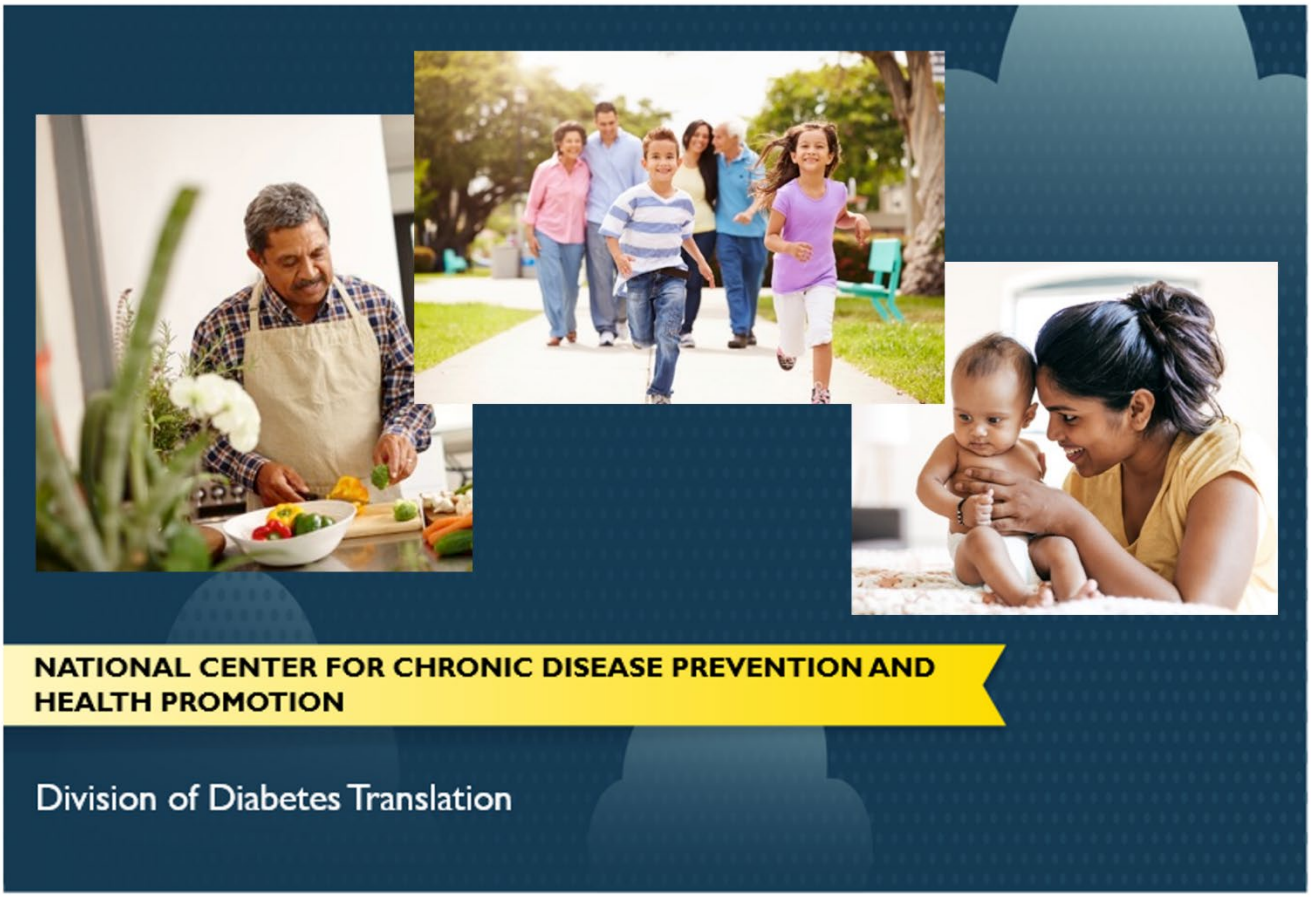

THE ROLE OF COMMUNITY HEALTH WORKERS IN ADDRESSING FOOD AND NUTRITION SECURITY AND SOCIAL SUPPORT DURING THE COVID-19 PANDEMIC

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

The Role of Community Health Workers in Addressing Food and Nutrition Security and Social Support During the COVID-19 Pandemic

For more than half a century, community health workers (CHWs)* have supported the health and social needs of local populations in the United States, including people living with and at risk for chronic diseases, racial and ethnic minority groups, and families with incomes below the federal poverty level.

As frontline public health workers who are trusted members of the community, CHWs understand the communities where they live and serve—a role that became even more critical during the COVID-19 pandemic. This relationship enables CHWs to connect individuals, communities, and local health and social service systems.[1]

In addition to providing culturally appropriate health education and information, CHWs serve as care coordinators, case managers, system navigators, and advocates. They can also assess individual and community needs, conduct outreach, offer coaching, make connections to social support, provide direct services, and build health infrastructure.[2]

In their many roles, CHWs improve health by helping people in communities affected by health disparities prevent and manage conditions that can lead to chronic diseases. They help build trust with people who doubt the medical community and help them get the right care and stick to their treatment plans.[3] Through outreach, community education, informal counseling, social support, and advocacy, CHWs are effective allies for addressing health disparities to achieve health equity.[4]

CHWs and the Social Determinants of Health

CHWs also work to improve the social determinants of health (SDOH). SDOH are conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes. These include education and employment, housing and transportation, neighborhood environment and pollution, and economic and social policies.[5] Socioeconomic conditions and the physical environment influence health equity, and ultimately health outcomes.[6, 7] As the COVID-19 pandemic intensified some negative SDOH,[8] CHWs already on the front lines were in positions to provide support in their communities.[9] Unfortunately, because CHWs live in the same communities, CHWs and their families often face the same socioeconomic threats as the people they serve.[10]

This paper focuses on CHW efforts in two areas: social support and food and nutrition security.[11, 12] CHWs have been frontline advocates for addressing these SDOH and alleviating the socioeconomic burden of COVID-19 pandemic in their communities.[13]

* In this paper, "CHW" is used to refer to community health workers, community health representatives, and *promotora/es de la salud.*

Social Support

Social support, a prominent SDOH, is the extent to which people or groups have and perceive the desired number, quality, and diversity of relationships that foster a sense of belonging and of being cared for, respected, and supported.[6] Such support is a key factor in protecting, improving, and maintaining mental and physical well-being.[12]

Food and Nutrition Security

Another SDOH is food and nutrition security, which means having reliable access to enough high-quality food to avoid hunger and stay healthy. Food and nutrition *insecurity* can lead to diabetes, heart disease, adolescent malnutrition, depression, and anxiety, among other negative life situations.[14,15,16,17,18]

The COVID-19 pandemic

The COVID-19 pandemic has made the effect of these SDOH worse and CHW support harder to offer.(8) Mitigation interventions, such as sheltering-in-place and social distancing, were effective in slowing the spread of COVID-19.[19] However, these interventions also had unintended consequences, some of which led to adverse psychological outcomes and quality of life.[10, 20] In a 2021 survey, 50% of American adults said they lacked access to affordable healthy foods during the pandemic.[21] The same survey showed that fewer than half of Latino and African American people knew someone in their community that they could turn to for help. Increased loneliness, depression, anxiety, financial hardship, and social isolation make underlying health disparities worse, leading to poorer health outcomes.[8]

To learn about the roles CHWs have played in addressing SDOH during COVID-19, the Centers for Disease Control and Prevention (CDC) collaborated with the National Association of Community Health Workers (NACHW) to understand CHWs' perspectives. CDC is the national public health agency of the United States. NACHW is the national professional organization for CHWs. A nonprofit membership-driven organization, its mission is to unify CHWs across sector, geography, ethnicity, and experience to support communities to achieve health, equity, and social justice.

The goal of this collaboration is to increase awareness among state health departments, employers of CHWs, community- and faith-based organizations, and other allies of CHWs about the roles CHWs can play in the areas of food and nutrition security and social support.

Approach

CDC's Division of Diabetes Translation (DDT) and the CHW Work Group at CDC collaborated with NACHW to better understand the roles of CHWs in food security and social support during the pandemic. CDC reviewed the literature to conceptualize the roles of CHWs and summarize current interventions related to their work in these two areas of SDOH. NACHW surveyed its membership to identify CHW roles in addressing food security and social support in the communities they serve and challenges that affect their work, such as the COVID-19 pandemic.

The online survey was open to members for 4 weeks (October 28 through November 30, 2020). In late 2021, CDC conducted discussion groups with nine CHWs focusing on the three major roles that CHWs identified in the NACHW survey, the major challenges they face in these roles while addressing SDOH in their community, and potential solutions to these challenges.

Summary of Findings

A total of 236 members and affiliates of NACHW responded to all the survey items. When asked about which of 14 SDOH they currently address in their communities, CHWs' leading responses included food and nutrition security (86%), access to health care (85%), community-clinical linkage (79%), social support (75%), health insurance (68%), and housing (68%) (Table 1).

Table 1. Social Determinants of Health Addressed by Community Health Workers during COVID-19

	N	**%**
Food and nutrition security	202	85.6%
Access to health care	201	85.2%
Community-clinical linkages (i.e., links between the community and healthcare system)	186	78.8%
Social support	178	75.4%
Health insurance	161	68.2%
Housing	160	67.8%
Transportation	157	66.5%
Education	132	55.9%
Economic stability	121	51.3%
Non-US-born people/documentation status	72	30.5%
Neighborhood and built environment	67	28.4%
Tobacco-free policy	67	28.4%
Religion/spirituality	47	19.9%
Other	34	14.4%

CHWs were presented with 11 options and asked to select all applicable roles they play in addressing food and nutrition security or social support (Table 2). Leading responses included advocate for individuals and communities (85%); provide care coordination, case management, and system navigation (78%); conduct outreach (73%); provide culturally appropriate health education and information (73%); and provide coaching and social support (70%). Survey respondents were asked to list the local, national, or faith-based programs, activities, and services that they engage in to address food and nutrition security or social support.

Table 2. Community Health Worker Roles When Addressing Food and Nutrition Security and/or Social Support

	N	**%**
Advocate for individuals and communities	200	84.7%
Provide care coordination, case management, and system navigation	184	78.0%
Conduct outreach	171	72.5%
Provide culturally appropriate health education and information	171	72.5%
Provide coaching and social support	165	69.9%
Act as cultural mediator among individuals, communities, and health and social service systems	151	64.0%
Provide direct service	140	59.3%
Build individual and community capacity	137	58.1%
Implement individual and community assessments	120	50.8%
Participate in evaluation and research	98	41.5%
Other	15	6.4%

Written responses to short-answer survey questions provided insights on the SDOH challenges CHWs face, especially during the pandemic. The most common challenge was the lack of face-to-face interaction and the need for virtual or telephone interaction. Respondents shared statements such as: "Virtual online interaction with community members, patients and other assets is quite difficult especially when trying to establish that connection of trust," "The clients have been harder to get in touch with and maintain contact with, especially when the CHW is not able to do an in-person visit," and "Community members are scared to have us visit with them face to face. Some have difficulty getting things they need and navigating telehealth visits."

Respondents also shared the collective theme of lack of resources and trouble getting resources because of agency closures. When asked about funding sources used to address food and nutrition security and social support, respondents said they were mainly supported by grants, donations, a health plan or clinic, private organizations or foundations, and interns or volunteers.

Reported Limitations and Needs

In the follow-up discussions, CHWs were asked about their challenges while fulfilling the three most mentioned roles identified in the survey: advocating for individuals and communities, acting as a case coordinator/case manager/system navigator, and conducting outreach. Most of the challenges the respondents discussed applied to all roles. Respondents mentioned lack of resources (e.g., insufficient funding, lack of healthy foods, clients not qualifying for services/programs) and language barriers as most commonly affecting all aspects of their work.

Infrastructure: Poor infrastructure (e.g., no paved roads, access to Internet/phone, plumbing, and electricity) in rural and tribal communities was a significant barrier for CHWs' efforts. They also found it hard to connect clients to services when clients lacked transportation to access services or resources.

Access to services: CHWs also noted that it was hard to serve clients who do not qualify for health or social services because their income is above the low threshold that qualifies them for services, a problem that became more pronounced during the pandemic when many people lost jobs or had reduced household income.

Client trust: CHWs said that even before the pandemic, they struggled to help their clients with social support, as many clients felt fear and mistrust of other people and did not understand the need for social support. But the pandemic made it harder for CHWS to provide social support because many community spaces such as senior centers, libraries, and community centers were closed. Social support activities were limited before the pandemic, but many were simply eliminated during the pandemic, and some still have not gone back to pre-pandemic levels.

CHWs noticed that clients with mental health challenges were sometimes unable to communicate their needs or access services. They noted it was hard to address food insecurity and social support when clients had more pressing problems or were experiencing homelessness or significant trauma or other mental health issues.

Access to healthy foods: Some CHWs' clients relied on food banks before and during the COVID-19 pandemic. CHWs mentioned that local food banks typically have limited healthy food options and that many options are not ideal for people with diabetes. While food banks are a vital resource to improving food security, there were typically limits to how often clients could go to the food bank (e.g., once a month). Clients occasionally would have long wait times (e.g., several hours), which worsened during the pandemic. CHWs also noted that clients often were unable to buy healthy foods at stores because they weren't available or cost too much.

Outreach: CHWs' role in conducting outreach was severely affected by COVID-19, with most outreach efforts ending or being drastically reduced during the pandemic. Outreach efforts, especially door-to-door or in-home outreach efforts, still are not back to pre-pandemic levels of 2019. These limitations meant that CHWs were unable to help clients who lost income get the benefits that they qualified for.

Health care provider understanding: CHWs reported that many health care providers did not understand CHW roles, particularly their advocacy role and the need to address adverse SDOH to improve their clients' health and well-being. CHWs also struggled to address the many gaps in communication across providers that served their clients.

For their role as a case coordinator/case manager/system navigator, a key challenge CHWs faced was not having a list of local social or health services with up-to-date contact information.

Suggested Solutions

Centralized resource hub: CHWs agreed that building trust with community members to foster open communication and understand community needs is one of the most important aspects of their jobs. To that end, they said that it would be easier to do their jobs if there was a central resource hub and point of contact that could maintain a list of local, up-to-date resources and services in the community. In lieu of such a hub, CHWs rely on partnerships with universities, health facilities, local and state public health departments, and medical and social service providers to stay up to date on what resources or services various organizations are providing.

Better availability of healthy foods and food benefit specialists: While food banks continue to be an essential resource, CHWs seek additional areas in the community where health food is easier to access. Suggestions included affordable food markets or SNAP specialists located at health clinics.

Health care provider education: Given that health care providers do not always understand CHWs' roles, CHWs felt it would be helpful to have a resource geared toward providers that explains what CHWs do and how they contribute to improved health and well-being. The resource should cover the following:

- What CHWs are good at, what they do not do, and how they differ from social workers
- Data on the benefits of working with CHWs
- The importance of SDOH to health

Training: CHWs also noted that they needed more training to support their skills, especially in grant writing, since funding is essential to support their work and the community.

Funding: Finally, CHWs suggested that additional funding would support their ability to serve and provide more resources to their communities.

Discussion

Social determinants of health contribute to the stark and persistent disparities in rates of chronic disease in the United States affecting many racial, ethnic, and socioeconomic groups. While public health crises and economic uncertainty may increase attention on health disparities, health inequities have persisted across generations because of structural policies and practices that limit health access and opportunities.[11]

Food and nutrition security and social support have been of special public health concern during the COVID-19 pandemic, as shelter-in-place and social distancing mandates to slow the spread of the disease had unintended consequences, especially on mental health and food security. A growing body of evidence suggests that CHWs play a vital role in better health through enhancing clinical outcomes and by addressing SDOH. That's because CHWs apply their unique understanding of the experience, language, culture, and socioeconomic realities of the communities that they serve—critical skills needed during stressful emergencies like the COVID-19 pandemic.[22] The NACHW survey helped us

identify the many roles of CHWs and their ongoing challenges, especially during the COVID-19 pandemic, and follow-up discussions highlighted how CHWs address SDOH, mainly food and nutrition security and social support.

The NACHW survey builds on limited research by providing a national perspective on CHWs' roles in addressing food and nutrition security and social support, and the factors that hinder their work. The findings from this survey and discussion can help us create strategies and resources to support CHWs and the populations they serve.

Findings from this work show how CHWs build health equity and reduce health disparities in the communities they serve. CHWs engage in multiple roles to address food and nutrition security and social support: advocates, care coordinators, case managers, and system navigators. They conduct outreach and provide culturally appropriate health education and information, along with coaching and social support. Research shows that CHWs in these roles improved clinical, behavioral, and psychosocial outcomes;[23] educated communities with standardized and consistent knowledge;[24] and strengthened the well-being of community members most affected by health disparities, such as older adults.[25]

The survey also highlighted challenges and limitations imposed by the COVID-19 pandemic. CHWs had to add COVID-19 support to their list of duties, often with fewer resources. In addition, the pandemic often led to their own hardships, such as being laid-off or navigating the dynamics of working remotely.

The survey also reported the populations served and outcomes resulting from CHWs addressing food and nutrition security or social support. Most survey respondents identified people with chronic conditions such as heart disease or diabetes as the main population they served. Improved health was the most commonly identified outcome of CHW support. These findings highlight the importance of maintaining a sustainable CHW workforce in communities with high rates of chronic health conditions.

Finally, this work describes ways that CHWs are funded to address food and nutrition security and social support. Most of the funding resources were from local and national services, such as government programs. This is consistent with other data that indicate CHWs are mainly funded through government grants and foundations. But this funding is often limited to short-term assistance rather than the long-term support needed to manage chronic diseases.[26] Sustainable engagement of CHWs requires funding that supports both the costs of services and the cost of CHW labor.([27]) CHWs can find it hard to help others if they lack adequate support themselves, as they also are members of the same under-resourced communities.[28] They need financial and social resources so that they in turn support others. Without financial support for the CHW workforce, health care and quality of life are diminished in communities affected by health disparities.[29, 30, 31, 32]

How to Support CHWs

CHWs across the country strive to address food and nutrition security and social support, two key SDOH that strongly impact the health and well-being of communities. These SDOH and the work that CHWs undertake to address them have been greatly affected by the COVID-19 pandemic. Increased awareness and resources to support the crucial role that CHWs play are imperative to ensure continued CHW assistance and support to community members, especially those living with chronic conditions. CHWs value the efforts of national partners in supporting their work and communicating to others who may not have a clear understanding of the role of CHWs. To support their work at the macro level, CHWs suggest the following actions that national partners can undertake:

- Highlight the role of CHWs in articles and reports and show the connection between their work, SDOH, and health outcomes.
- Communicate to health care and social service providers about the role CHWs can play to expand services and ensure that services are appropriate to the community.
- Involve CHWs in program planning and community outreach to build trust and community engagement.
- Provide resources through grants and other funding efforts to compensate CHW participation in program planning, implementation, and evaluation.

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The Role of Community Health Workers in Addressing Food and Nutrition Security and Social Support*

Who are Community Health Workers?

Community health workers (CHWs) are frontline public health workers whose shared culture, language, and experience support their unique role as mediators, bridge builders, and navigators between their communities and clinical, behavioral health, public health, and social services. CHWs play a key role in improving health by addressing adverse social conditions or social determinants of health.

85.6% of CHWs provide food & nutrition support

75.4% of CHWs provide social support

85.2% Access to Healthcare

78.8% Community-Clinical Linkages

68.2% Health Insurance

67.8% Housing

66.5% Transportation

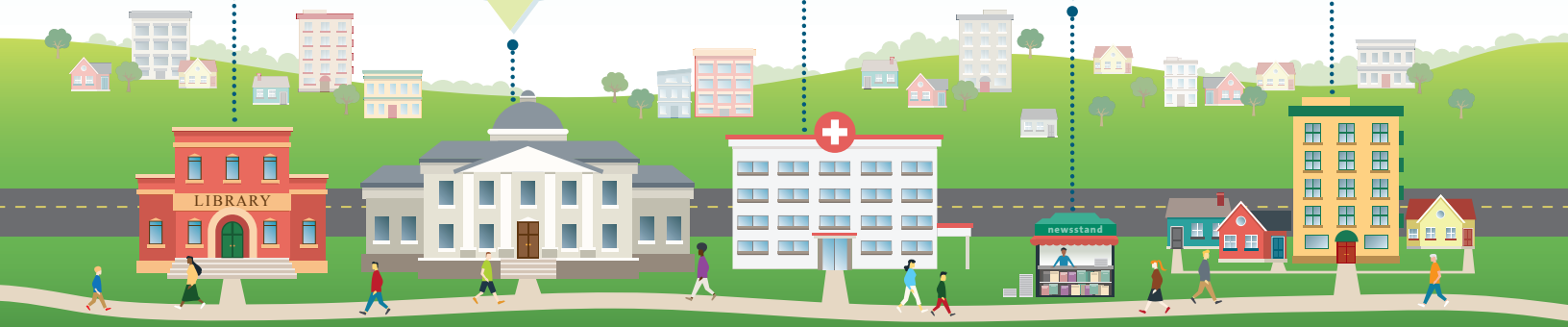
How do CHWs help improve food and nutrition security and social support?

Social factors such as where we live, our income, access to healthcare, education, availability of healthy food, and many other complex factors affect up to 80% of our health and well-being. Addressing these areas can help people be healthier. The National Association of Community Health Workers surveyed its membership to identify CHW roles in addressing food security and social support in the communities they serve and challenges that affect their work. The survey found that CHWs played a vital role in connecting community members to the key service areas during the COVID-19 pandemic, when the need for food and nutrition access and social support increased.

How can organizations better support CHWs?

Health is complex and is affected by multiple factors at the individual level, through relationships, within a community, and across society. This creates many opportunities for CHWs to support the work of organizations and make them stronger. According to surveyed CHWs, organizations can support and leverage the work CHWs are doing in several ways.

- Develop a resource hub with up-to-date resources and services in the community.
- Involve CHWs in program planning, implementation, and evaluation to build trust within the community and compensate them for their work.
- Integrate CHWs with health care, behavioral, and social service professionals to expand whole-person services.
- Demonstrate CHWs' unique contributions to health in published articles and reports.
- Mentor CHWs and train them to serve on boards and citizen and patient committees.



*This infographic accompanies the paper, "CDC and NACHW. *The Role of Community Health Workers in Addressing Food and Nutrition Security and Social Support During the COVID-19 Pandemic.* CDC Division of Diabetes Translation, Atlanta, GA, August 2022." All sources are listed in the paper.

Cómo contribuyen los promotores de la salud a la seguridad alimentaria y nutricional y la ayuda social*

¿Quiénes son los promotores de la salud?

Los promotores de la salud (*community health workers* o *CHWs* en inglés) son trabajadores de salud pública de primera línea con una cultura, idioma y experiencia similares a la de sus comunidades. Estas características compartidas les ayudan a cumplir con su exclusiva función como mediadores, constructores de puentes y navegadores entre sus comunidades y los servicios clínicos, de salud mental, de salud pública y sociales. Los promotores de la salud tienen una función clave en mejorar la salud ya que lidian con las condiciones sociales adversas o los determinantes sociales de la salud.

85.6%
de los promotores de la salud brindan ayuda alimentaria y nutricional

75.4%
de los promotores de la salud brindan ayuda social

85.2%
Acceso a la atención médica

78.8%
Vínculos entra las comunidades y servicios de salud

68.2%
Seguros de salud

67.8%
Viviendas

66.5%
Transporte

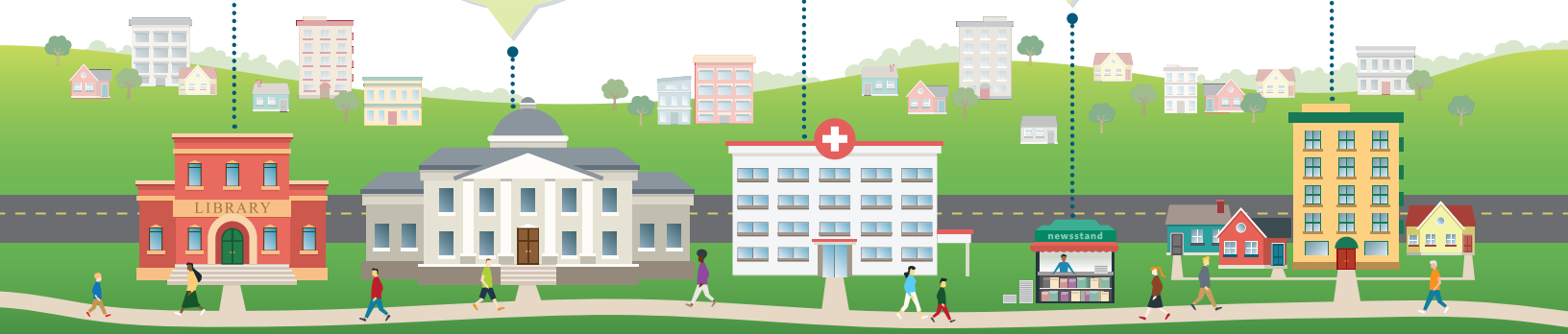
¿De qué forma contribuyen los promotores de la salud a mejorar la seguridad alimentaria y nutricional y la ayuda social?

Los factores sociales como el lugar donde vivimos, nuestros ingresos, el acceso a la atención médica, la educación, la disponibilidad de alimentos saludables y muchos otros factores complejos afectan hasta el 80 % de nuestra salud y bienestar. Presentarle atención a estas áreas puede ayudar a las personas a ser más saludables. La Asociación Nacional de Promotores de la Salud encuestó a sus miembros para identificar cómo los promotores de la salud contribuyen a la seguridad alimentaria y la ayuda social en las comunidades en las que prestan servicios y las dificultades que enfrentan en su trabajo. La encuesta determinó que durante la pandemia de COVID-19 —cuando aumentó la necesidad de acceso a alimentos y nutrición y ayuda social— los promotores de la salud tuvieron una función vital en conectar a los miembros de la comunidad con las áreas de servicio clave a continuación.

¿Cómo pueden ayudar las organizaciones a los promotores de la salud?

La salud es compleja y se ve afectada por múltiples factores a nivel personal, a través de las relaciones, dentro de una comunidad y en toda la sociedad. Esto crea muchas oportunidades para que los promotres de la salud apoyen el trabajo de las organizaciones y las fortalezcan. Según los promotores de la salud encuestados, las organizaciones pueden apoyar y aprovechar el trabajo que hacen los promotores de la salud de varias maneras.

- Desarrollar una central de recursos (o *hub*) con recursos y servicios en la comunidad actualizados.
- Involucrar a los promotores en la planificación, implementación y evaluación de programas para generar confianza y comunidad, y remunerarlos por su trabajo.
- Integrar a los promotores con los profesionales de atención médica, salud mental y de servicios sociales para expandir los servicios integrales.
- Demostrar las contribuciones únicas de los promotores a la salud en artículos e informes publicados.
- Asesorar a los promotores y capacitarlos para que formen parte de juntas y comités de ciudadanos y pacientes.



*Esta infografía acompaña al artículo "The Roles Community Health Workers Play in Addressing Food and Nutrition Security and Social Support During the COVID-19 Pandemic". Todas las fuentes están listadas en el artículo.