



# HHS Public Access

Author manuscript

*J Ambul Care Manage.* Author manuscript; available in PMC 2024 April 12.

Published in final edited form as:

*J Ambul Care Manage.* 2023 ; 46(3): 203–209. doi:10.1097/JAC.0000000000000466.

## Community Health Workers During COVID-19:

### Supporting Their Role in Current and Future Public Health Responses

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### Abstract

Community health workers advance health equity and foster community-clinical linkages. By promoting culturally relevant care, sharing their own stories, and bridging gaps, they can reach populations burdened with higher rates of chronic diseases due to adverse social determinants of health and structural racism. Given the disproportionate impacts of COVID-19, lessons learned from a forum, an expert group, and a survey showed a need by community health workers for (1) training, (2) health and safety practices, (3) workplace guidance, and (4) mental health resources. Community health workers are integral to expanding access to services and require a robust infrastructure for their growth.

### Keywords

chronic disease; community health workers; coronavirus disease 2019; COVID-19; diabetes; food insecurity; health disparities; social determinants of health

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Covid-19 has heightened the focus on the chronic disease burden in the United States, wherein as many as 6 in 10 adults are living with a chronic disease and 4 in 10 adults have 2 or more chronic diseases (Community Preventive Services Task Force [CPSTF],

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2021). In addition to being disproportionately burdened with chronic disease, people living in communities of color in the United States experience greater and more compounded challenges related to the social determinants of health (SDOH), including limited access to nutritious food, quality health care, and trusted sources of health-related information (CDC, 2021a). These communities have been physically, socially, and economically devastated by COVID-19. Compared with non-Hispanic White persons in the United States, hospitalizations from COVID-19 are 3.4 times more frequent for American Indian/Alaska Native non-Hispanic persons, 2.8 times more frequent for non-Hispanic Black persons, and 2.8 times more frequent for Hispanic or Latino persons (CDC, 2021b).

One group that has served these communities particularly well is community health workers, also known as community health representatives or *promotores de la salud*. Community health workers advance health equity and foster community-clinical linkages. By promoting culturally relevant care, sharing their own stories, and bridging service gaps, they can reach populations burdened with higher rates of chronic diseases due to adverse SDOH. Community health workers have been instrumental during the COVID-19 pandemic in addressing misinformation and connecting people to social support (Peretz et al., 2020).

To prevent the further spread of COVID-19 and better ensure that community health workers are equipped for the next public health crisis, it is critical for this essential workforce to have access to resources to support and manage the needs of the communities they serve.

## COMMUNITY HEALTH WORKERS: BRIDGING THE GAPS FOR INDIVIDUALS AND FAMILIES

Community health workers are frontline public health workers and trusted members of their communities (American Public Health Association [APHA], 2009). They often benefit the individuals they serve by sharing culture, language, and their own (or their family's) life experience with a health condition or social challenge. Community health workers provide "cultural mediation among individuals, communities, and health and social service systems," culturally appropriate health information and education, care coordination, and more (Rosenthal et al., 2018). They help with access to food and supplies, can lead community needs assessments, and provide case management and other services to members of their communities (MHP Salud, 2021; Corporation for Supportive Housing [CSH], 2021).

A wealth of evidence demonstrates the effectiveness of community health workers in managing a variety of chronic disease conditions, including diabetes and cardiovascular disease (Association of State and Territorial Health Officials [ASTHO], 2020; CPSTF, 2012, 2015, 2016, 2017) and preventing breast, cervical, and colorectal cancers (CPSTF, 2017). Community health workers can meet diverse needs within their communities by guiding service delivery that is culturally competent, bridging gaps between community members and health care services, and building capacity of community members through increasing health knowledge and self-sufficiency skills (APHA, 2009; Cosgrove et al., 2014).

On March 28, 2020, in the early days of the COVID-19 pandemic, the Department of Homeland Security (DHS) recognized community health workers as essential infrastructure

workers critical to the pandemic response and community health worker-led organizations took immediate action to deliver training and resources to community health workers (Krebs, 2020). While this declaration signaled the important role community health workers play in their communities during a public health crisis, the support for and availability of community health workers nationally to support the COVID-19 response has not been consistent (Smith & Wennerstrom, 2021). Instead of engaging community health workers and integrating them into the pandemic response, many community-based organizations laid off community health workers as COVID-19 began to spread (Smith & Wennerstrom, 2021).

An examination of the roles of community health workers during the pandemic has revealed their contributions to be ongoing and critical. For example, during the earliest days of the COVID-19 pandemic in New York City, community health workers proactively reached out to socially isolated patients, connected families to food pantries and enrolled them in the Supplemental Nutrition Assistance Program (SNAP), and provided education on unemployment resources and vocation training opportunities (Peretz et al., 2020). They were called upon to help with contact tracing, resource coordination, risk mitigation, and provision of nonpharmaceutical interventions throughout the United States (Mayfield-Johnson et al., 2020). They expanded community partnerships to address adverse SDOH, supplied personal protective equipment (PPE), facilitated transportation services, and provided education on COVID-19 (including safety, symptoms, and testing) (CSH, 2021). Despite the DHS charge and the rapid response of community health workers when able, there was a lack of guidance for community health workers on how to adapt their services for physical distancing guidelines, safely conduct home visits, and meet the needs of their communities in a rapidly evolving environment.

## BRIDGING GAPS FOR COMMUNITY HEALTH WORKERS

To address the need for a coordinated federal-level resource for community health workers and their employers (ie, government agencies, nonprofit organizations, and health care entities), the Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion's (NCCDPHP's) Division of Diabetes Translation (DDT), with support from FHI 360, and in partnership with the National Association of Community Health Workers (NACHW), collaborated to curate content to help guide community health workers and the organizations that engage them in working safely during the COVID-19 pandemic. Recognizing the adage value of "Nothing About Us, Without Us," CDC leveraged lessons learned from its previously held Community Health Worker Forum, as well as conducted an expert work group, and in conjunction with a survey led by NACHW mapped out a content development plan for a Web page of resources for community health workers and their employers on COVID-19.

### **Understanding challenges to capacity building and sustainability: 2018 Community Health Worker Forum**

A 2018 forum for community health workers, community health worker champion organizations, and state health departments was hosted by DDT to better understand and think through ways to maximize the impact of community health workers on diabetes

outcomes. The forum addressed the value and sustainability of community health workers as a workforce and highlighted the significance of prioritizing and leveraging community health worker leadership. Participants shared the value of utilizing community health worker experiences and best practices in the development and enhancement of programs. They also cultivated a call to action and called for community health workers to be included in the design and implementation of the services they provide as a way of proactively planning for and responding to challenges that arise. An overview of key lessons learned from the forum can be found in Box 1.

One outcome of the forum was the creation of a job aid, “Increasing Capacity to Engage and Sustain Community Health Workers in Diabetes Management and Type 2 Diabetes Prevention” (CDC, 2019c), that incorporates lessons learned. This resource was published on the CDC Web site “to support CDC grantees, policymakers, health system leaders, researchers, evaluators, and program health consultants (project officers) in their efforts to engage and sustain community health workers in supporting diabetes management and type 2 diabetes prevention services, whether they are new to working with community health workers or have done so for decades” (CDC, 2019b). The forum summary report can be also found on the CDC Web site (FHI 360, 2019). This forum took place 2 years before the COVID-19 crisis. Since that time, community health workers have proven to be an invaluable part of the COVID-19 response. Lessons learned from the forum have demonstrated applicability to supporting community health workers during the COVID-19 pandemic.

### **Capturing community health workers training and resource needs: 2020 webinar, survey, and workgroup**

Community health workers are critical to the efforts of CDC to strengthen community-clinical linkages, apply a framework for addressing SDOH, and promote health equity (CDC, 2019a). A Community Health Worker work group at CDC has as its mission “to create and support community health worker programs that help meet public health goals” (CDC, 2018). This framework better positioned CDC and NACHW to expedite efforts to reach community health workers and their employers early in the pandemic. Through application of an inclusive and equitable approach that actively engaged diverse voices of community health workers and champions throughout the process, CDC and NACHW set out to strengthen the platforms by which community health workers could be supported during COVID-19.

In April 2020, CDC and NACHW jointly planned and delivered a webinar to address what community health workers needed to know about COVID-19 and their roles during the emergency response efforts (Smith & Barbero, 2020). Its large audience (>1000 viewers) and active question and answer session offered insights from community health workers and their champions. A follow-up environmental scan, as well as direct e-mail to more than 200 community health worker-related organizations, coordinated by FHI 360 in collaboration with CDC and NACHW, identified resources—primarily from state and local health departments and other government agencies—that provide guidance for health care professionals on safely conducting home visits during the COVID-19 pandemic, since

community health workers often meet in their clients' homes. The scan found few resources specific to community health workers. Those identified were mainly from state health departments and coalitions, and there was no centralized location for resources related to COVID-19 for community health workers.

In July 2020, NACHW developed and distributed a qualitative survey to its membership to ascertain their experiences and needs at that point in the pandemic. The goal of the survey was to understand the areas of work where community health workers would like more guidance, the resources they want their employers to have access to—or develop—to support their work, and the critical attributes that could be included in new resources during the pandemic.

When asked to provide suggestions on content that should be included in a COVID-19 resource for organizations that work with community health workers, a wide range of responses were submitted. Examples of common resources shared are highlighted in Box 2. The complete survey findings are available on the NACHW Web site.

Community health workers who participated in the survey were also asked what their employers could provide to show them that they cared about their well-being. The most requested resource was tips on how to protect community health workers and their clients from COVID-19. Mental health services for community health workers and resources for their clients were also listed.

CDC convened an expert work group to offer subject matter expertise for the development of a Web page to synthesize resources and provide critical information to community health workers. This group included representatives from NACHW, Visión y Compromiso, Illinois Community Health Workers Association, Día de la Mujer Latina, and Arizona Community Health Workers Association. The resulting Web page, guided by community health workers, employers such as community-based organizations and health departments that work with community health workers, and community health worker allies, was published on CDC's COVID-19 Web site on November 18, 2020 (CDC, 2020). The Web page was divided into sections based on the survey results: Personal Protection, Adapting Practices for COVID-19, Stress and Coping, Training and Support, Communication Tools, and Information for Employers.

## **PUTTING IT ALL TOGETHER: ADVANCING RESOURCES FOR COMMUNITY HEALTH WORKERS**

To prevent the further spread of COVID-19 and better ensure that community health workers are equipped for the next public health crisis, it is critical for this essential workforce to have access to resources to support and manage the needs of the communities they serve. This includes protecting and elevating the physical and mental health of people who are medically underserved, being able to offer equitable access to ongoing COVID-19 testing and vaccination, and making medical care centers (especially those for mental health care) a place of trust and care for all.

Several states continue to build and sustain an infrastructure for community health worker engagement to facilitate care coordination, enhance access to community-based services, and address SDOH (National Academy for State Health Policy [NASHP], 2021). Employers of community health workers can maintain and even enhance the provision of current guidance and resources so that community health workers can continue to address COVID-19 and chronic conditions, improve overall health promotion, and help individuals and families that are disproportionately burdened by health and social disparities. NACHW will continue to serve as a national clearinghouse for best practices, policies, training, and research related to community health workers and foster opportunities for professional development and collaboration.

Through engagement with NACHW and other partners and ongoing efforts to monitor data, trends, and best practices related to the community health worker workforce and programming, CDC continues to provide more tailored and effective guides and technical assistance tools for funding recipients and partners during the COVID-19 pandemic and beyond. In the area of chronic disease prevention and management, CDC continues to identify and support efforts to engage community health workers in type 2 diabetes prevention programming, such as the National Diabetes Prevention Program, and the provision of diabetes self-management education and support services. As a provider and connector of care, community health workers are crucial allies for the work of CDC and its national, state, and local collaborators. Community health workers are first responders, and their programs and practices have the capacity to help all individuals and families thrive where they live, learn, work, play, and worship.

## Acknowledgments

The authors thank all the community health workers, partners/program managers, and state health department representatives who participated in the Community Health Worker Forum. The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

The Community Health Worker Forum was funded by the Centers for Disease Control and Prevention through the Diabetes Education and Marketing Support (200-2017-F-94772) contract with FHI 360.

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**Box 1.****Forum Key Lessons Learned**

- **Define roles and educate leaders and decision makers:** It is important to increase understanding of who community health workers are and what they do among state health department staff, health systems, policy makers, and others who may be involved in engaging with community health workers. Establishing a consistent scope for community health workers in the organizations they are serving and involving community health workers in the development and ongoing refinement of that scope can better allow for their full range of skills, roles, and responsibilities to be utilized.
- **Develop the workforce:** Barriers such as disagreement on training and certification and limited funding for community health worker professional development and network organizations place limitations on capacity building and sustainability. Regional and national efforts that bring community health workers together to further learning and to share best practices can enhance the profession and strengthen the communities they serve.
- **Increase integration of community health workers in health care systems:** Some forum participants shared that they felt that community health workers belong within the fabric of health care and should be integrated into planning in that sector from the beginning. Participants suggested that providing community health workers with access to electronic health records similar to other providers on the health care team could help better integrate them within care teams.
- **Foster community health worker involvement in community-based organizations:** Participants shared that to enhance community health worker integration, it is imperative to identify and widely disseminate methods that work while also exploring new strategies. One method suggested was fostering “champions”—staff who understand and value community health workers’ contributions and can communicate that information effectively. Another approach shared was strengthening partnerships between health care entities and community-based organizations as a mechanism to promote integration of community health workers.

**Box 2.****Community Health Worker Recommended Resources From Survey**

- Guidance on PPE
- Strategies to engage communities virtually
- Local COVID-19 data
- Self-care resources including online support groups
- Trainings for community health workers
- Basic needs assistance for clients

Abbreviation: PPE, personal protective equipment.