

A Guide to Community-Based Workforce Principles for Contact Tracing & Recovery

Updated June 18, 2020

A guide to help state and local leaders
and allies advance urgent health equity
priorities as part of COVID-19 response
and recovery efforts



Table of Contents

- › Background
- › Health Equity Priorities
- › Community-Based Workforce Principles
 - › Suggested Strategies & Resources
- › Roadmap & Monitoring Tool
- › Appendix

Background

Why do we need a community-based workforce?

This Guide accompanies a set of six Community-Based Workforce Principles

Three steps to applying these principles:

1) Review the Community-Based
Workforce **Principles**

<https://www.healthbegins.org/Community-Based-Workforce-Principles.html>

2) Complete the online **Assessment
Form** to identify opportunities and
track progress to advance these
Principles in your state, county or city

3) Review this **Guide** for suggested
strategies and resources to advance
these principles in your state, counties
and cities. We will update and share
new versions of this Guide.



Restore Hope & Health: Community- Based Workforce Principles for Contact Tracing Efforts

Dear state and local leaders,

We, the undersigned, write in support of the principles described below, which outline ways to help contain COVID-19, advance equity, and ensure safer, healthier, and more resilient communities.

Community-Based Workforce Principles.

Released May 18, 2020

<https://www.healthbegins.org/Community-Based-Workforce-Principles.html>

If your organization is interested in officially endorsing these principles, please email
rishi@healthbegins.org

A community-based workforce is critical to ensuring that response and recovery efforts are equitable and effective

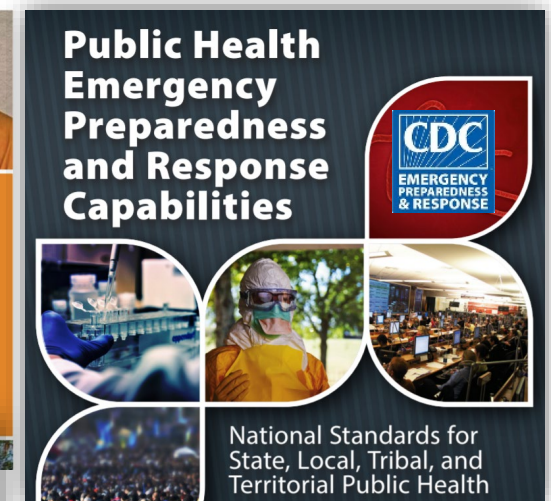
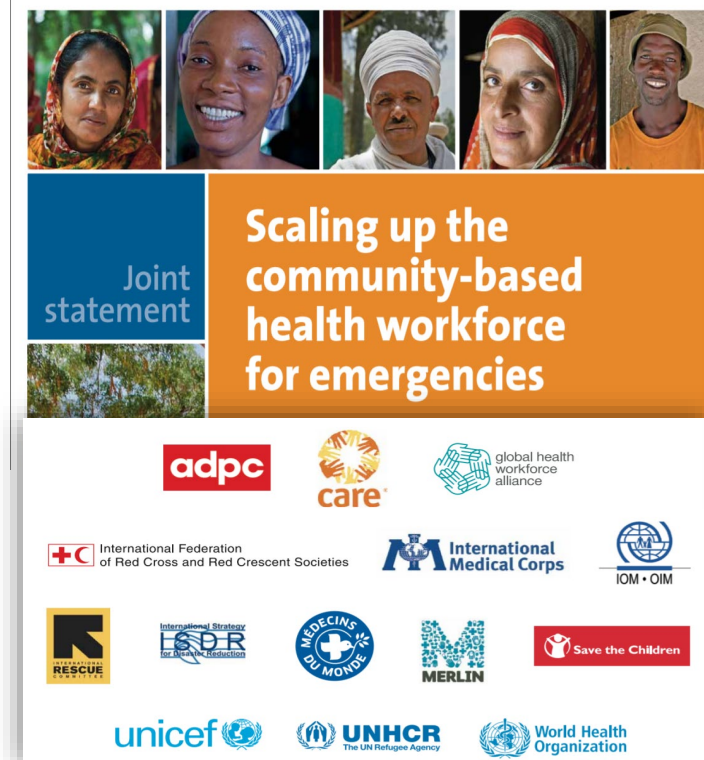
Community-based Workforce Roles

Expand contact tracing & identify household psychosocial risks

Address emerging psychological, social & primary care needs

Mitigate socioeconomic impact of massive unemployment

- + International consensus, the CDC, & the US Community Preventive Services Task Force recognize that nonprofit community-based organizations, community health workers, and local volunteers are critical to supporting vulnerable populations at every stage of disaster response



Who is part of a trusted “community-based workforce”?

Trained community-based professionals:

- Community health workers
- Promotores
- Community-based social workers
- Community-based, nongovernmental nonprofit staff and human services providers
- Other trusted community-based professionals (e.g. peer specialists, recovery coaches, doulas)

Note: With specialized training from community-based professionals, lay workers or “natural helpers” who live in highly impacted communities can support and pursue careers in a community-based workforce.

- Unemployed residents & retirees
- Students/ recent graduates
- Lay community-based leaders (e.g faith-based leaders, barbershop owners, leaders of neighborhood mutual aid groups)

While skills and roles vary, members of a “community-based workforce” share common experiences and traits:

- Live in and share culture, language, and life experiences with the members of the communities they serve
- Have earned and enjoy a deep level of trust with peers and neighbors
- Possess strong relational expertise and interpersonal communication skills
- Have relationships with and knowledge of local community-based resources
- Demonstrate a long-standing commitment to and solidarity with historically marginalized communities

Organizations that have endorsed Community-Based Workforce Principles to date (June 18, 2020)



HealthBegins is honored to work with and support a growing group of allies who share a commitment to these Community-Based Workforce Principles. This growing group of state and national allies is ready to support state, county and city leaders, as well as community-based advocates and funders, who want to adhere to the Community-Based Workforce Principles in contact tracing and broader response efforts.

This growing group of allies can provide a range of support services to help state and local leaders apply the strategies and resources outlined in this Guide in contact tracing and other response and recovery efforts. Services include strategic consulting, facilitation, technical assistance, peer-to-peer connections and/or partnership development support.

To learn more, please contact info@healthbegins.org with “TA for CBW Principles” in the subject line.

Emerging Bright Spots for Community-Based Workforce Principles



Baltimore, MD

Baltimore will recruit, train, and employ more than 300 residents, including 276 CHWs, including 38 supervisors, for these roles. In addition, there are 10 employment development, 7 managerial, and 10 administrative roles

<https://www.baltimorecorps.org/baltimore-health-corps>



Chicago, IL

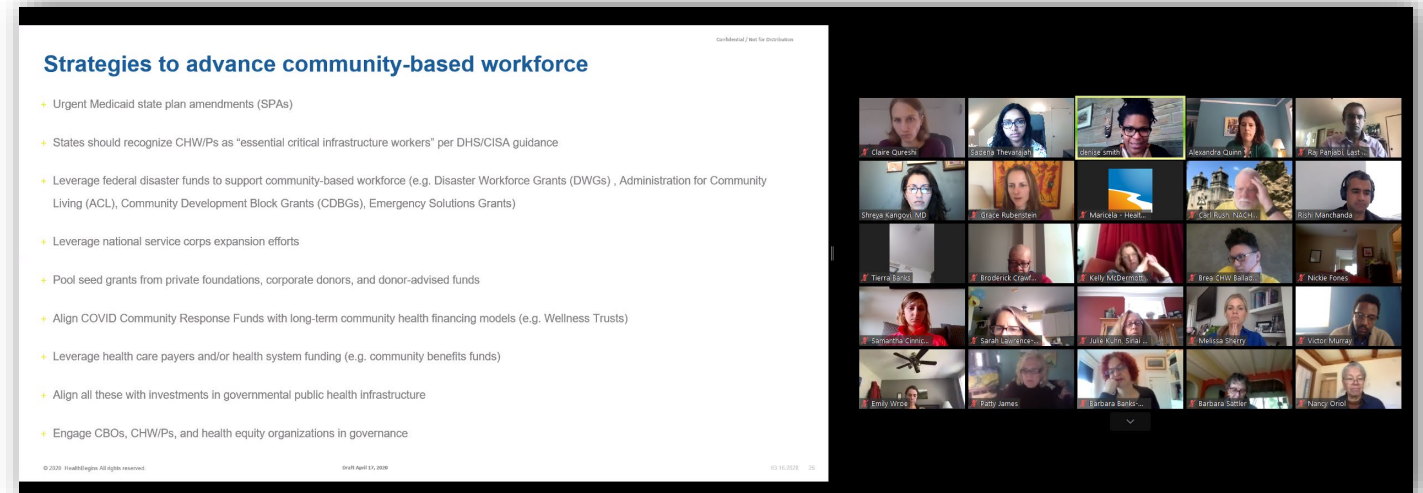
Chicago announced a \$56 million two-year grant for community-based organizations (CBOs) to hire, train and support 600 individuals to conduct contact tracing.

<https://www.chicago.gov/city/en/site/covid-19/home/chicago-covid-contact-tracing-corps.html>

We are beginning to identify, map and connect **Bright Spots** – states, counties and cities whose contact tracing and response efforts are being developed and deployed consistent with some or all of the Community-Based Workforce Principles.

Allies are coming together to advance and support a community-based workforce

HealthBegins is working with the **Community-Based Workforce Alliance** - a newly formed and growing group of allies and leading organizations that is working to elevate and advance community-based workforce principles and strategies in COVID-19 response and recovery.



National Strategy Call, 4/23/20. Over 400 attendees. Organized by HealthBegins. Co-hosts: National Association of CHWs, Last Mile Health, Health Leads, Penn Center for CHWs, Partners in Health, Community Health Acceleration Partnership. Recording available at <https://www.healthbegins.org/a-community-based-workforce-strategy.html>

“Now more than ever, we need to support our clinical and public health response by swiftly launching forward-looking, community-level strategies. That starts with a community-based workforce.” (R. Manchanda, Health Affairs Blog, May 9, 2020)

HEALTH AFFAIRS BLOG

RELATED TOPICS:
COVID-19 | NONPROFIT STATUS | PUBLIC HEALTH | COMMUNITY HEALTH | COMMUNITY HEALTH WORKERS
| LOW INCOME

Three Workforce Strategies To Help COVID Affected Communities

Rishi Manchanda

MAY 9, 2020

10.1377/hblog20200507.525599

R. Manchanda. Three Workforce Strategies to Help COVID Affected Communities. Health Affairs Blog. Accessed May 11, 2020. <https://www.healthaffairs.org/doi/10.1377/hblog20200507.525599/full/>

Health equity priorities

As national calls for a surge in contact tracing continue to grow...

We support and applaud emerging Congressional proposals and private sector calls for a surge in contact tracing efforts.

Pandemic Response and Opportunity Through National Service Act

- U.S. Sens. Coons, Reed, Klobuchar, Duckworth, Heinrich, Markey, Van Hollen, Blumenthal, and Durbin
- 750,000 national service positions
 - Includes surge capacity for up to 300,000 public health workers

Bipartisan Public Health Leaders Letter on COVID19 Tracking and Tracing

- Expand contact tracing workforce to 180,000
- Calls for \$12 billion

“Health Force”

- U.S. Sens. Gillibrand & Bennett
- Conduct contact tracing; administer COVID-19 tests; & provide COVID-19 vaccinations (when available);
 - Share COVID-19 public health messages with community members
 - Provide data entry for epidemiological surveillance;
 - Provide community-based and home-based services, including food and medical supply delivery to elderly and immunocompromised individuals;
 - Provide palliative and hospice care;
 - Provide other public health-related services, as needed.

ASTHO/ NGA Roadmap to Recovery

- At least 100,000 workers
- Calls for \$3.6 billion in emergency Congressional funding
- Encourages states to include community health workers (CHWs)



Expand public health capacity + national service programs

+ address emerging community needs

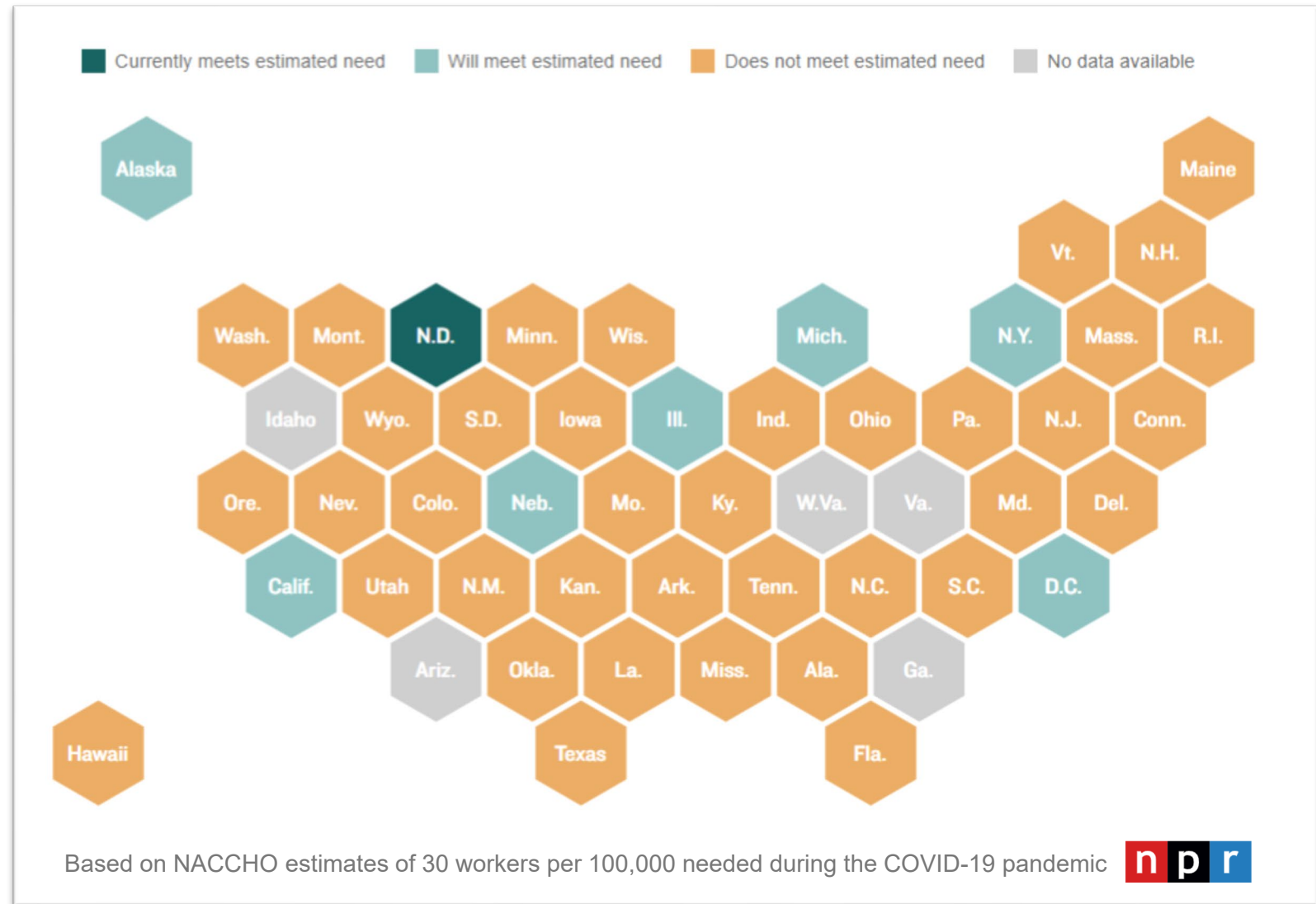
+ engage community health workers



States, counties and cities have started to deploy contact tracing workforces

Estimates of how many contact tracers are needed range from 100,000 to 300,000.

- Based on data from 44 states and the District of Columbia, states reported having at least 11,142 contact tracers working now (NPR, May 2020)
- State command centers and departments of health are actively developing plans to scale contact tracing

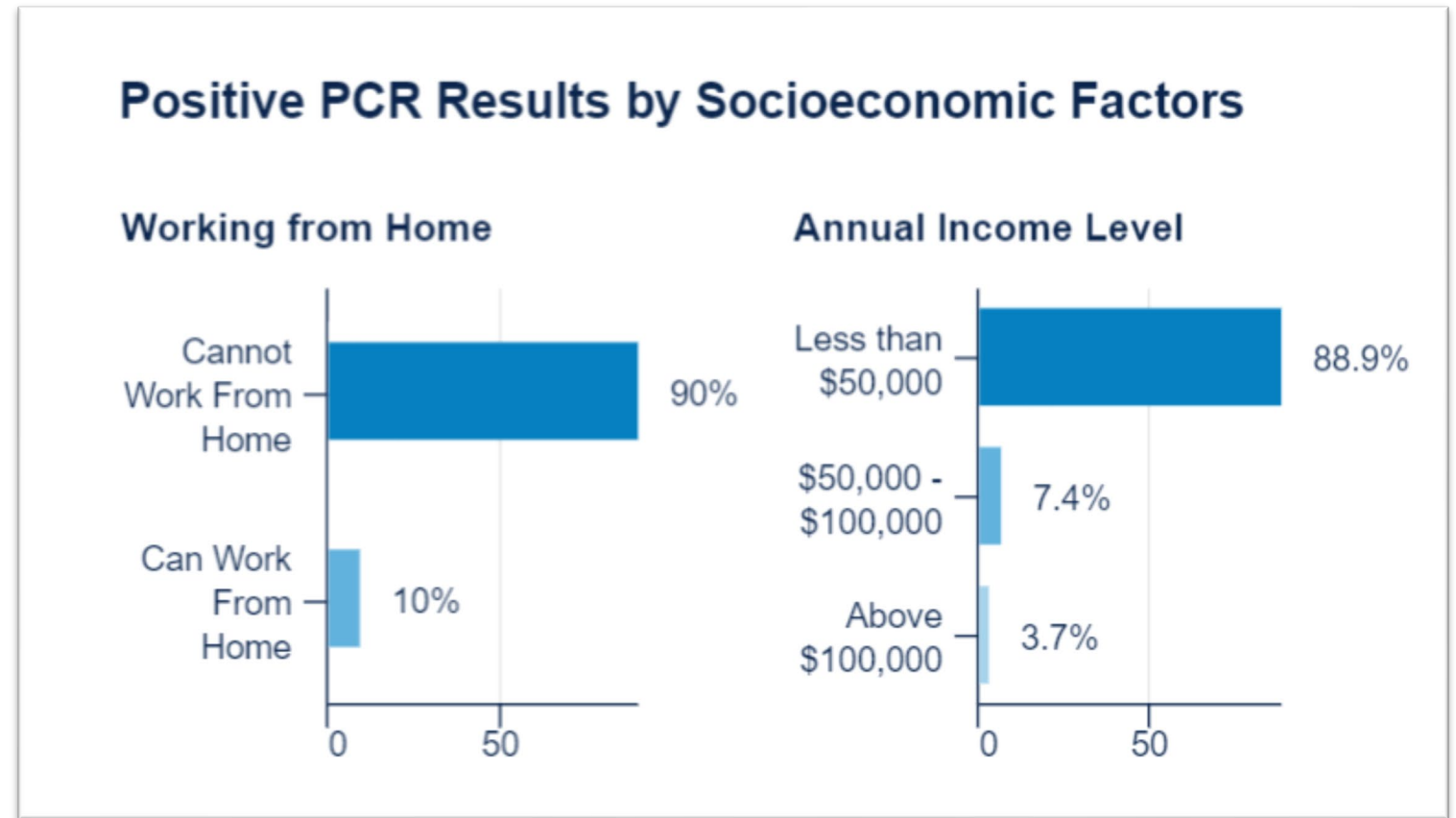


States Nearly Doubled Plans For Contact Tracers Since NPR Surveyed Them 10 Days Ago.

<https://www.npr.org/sections/health-shots/2020/04/28/846736937/we-asked-all-50-states-about-their-contact-tracing-capacity-heres-what-we-learned> Accessed 5/11/20.

Meanwhile, like many infectious diseases, COVID-19 is exploiting economic inequity

- “Those who are at highest risk for infection are those who cannot easily shelter in place due to job loss, furloughs, or because they are providing essential services”
- The majority of those who tested positive (82%) reported having been financially affected by economic fallout of the pandemic. (UCSF)

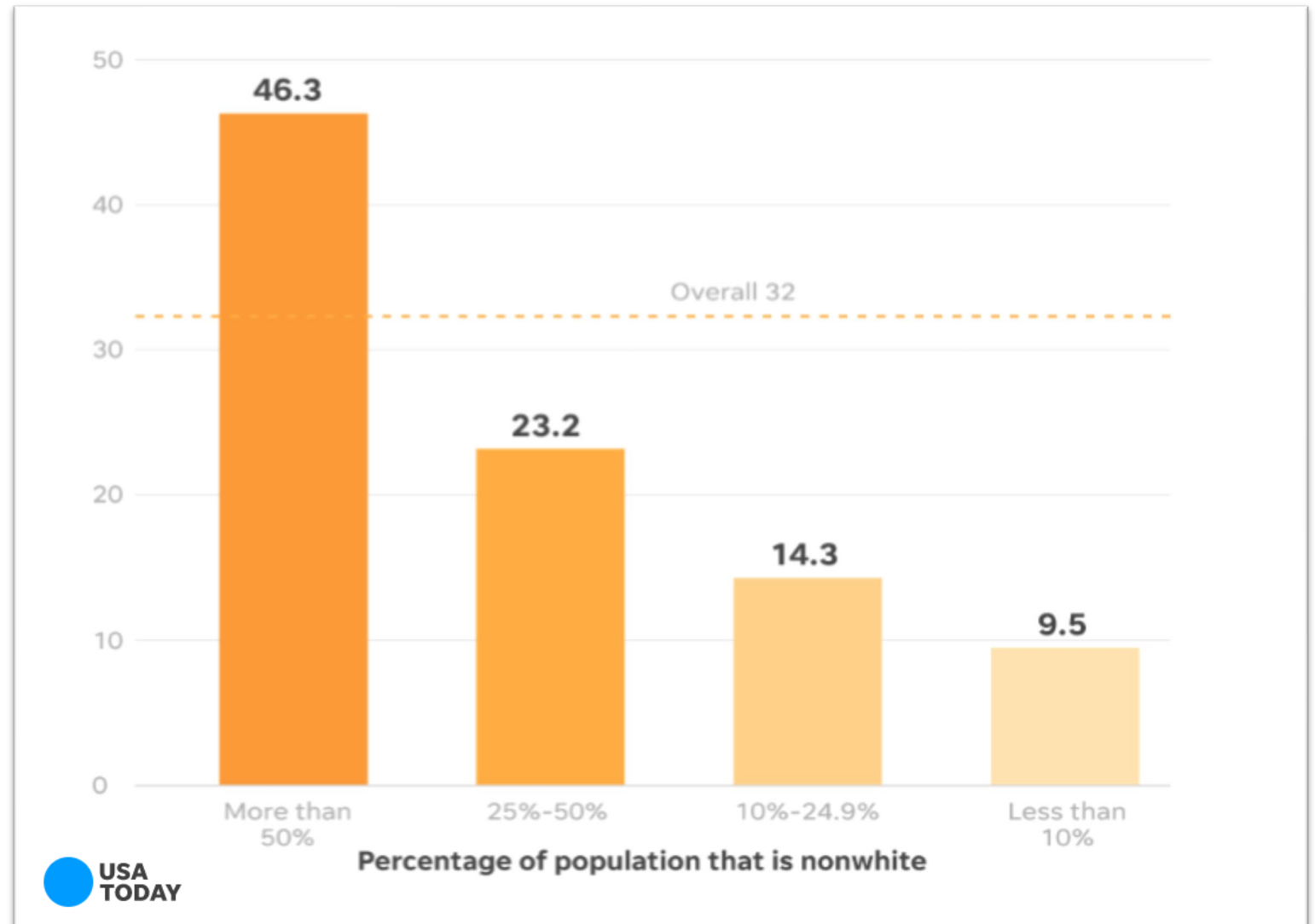


Preliminary results from a study in Mission District census tract in San Francisco. UCSF/ Unidos de Salud. <https://www.ucsf.edu/news/2020/05/417356/initial-results-mission-district-covid-19-testing-announced> Accessed May 10, 2020

And the legacy of structural racism is shaping how COVID-19 spreads

Based on state and county health department COVID-19 case data through 4/20/20:

- Infection rates were **five times higher in majority-minority ZIP codes** than in ZIP codes with less than 10% nonwhite population.
- In the poorest neighborhoods, the COVID-19 infection rate was twice as high as in the nation's wealthiest ZIP codes. (USA Today)



Coronavirus spares one neighborhood but ravages the next. Race and class spell the difference. G. Hauck, M. Nichols, M. Marini and A. Pantazi, USA TODAY <https://www.usatoday.com/in-depth/news/nation/2020/05/02/coronavirus-impact-black-minority-white-neighborhoods-chicago-detroit/3042630001/> Accessed May 9, 2020

There are at least three urgent health equity priorities

Amid the COVID pandemic, state command centers are mobilizing rapid response capabilities and, increasingly, looking for ways to protect and restore health and economic opportunity.

This is especially true for Black, Latinx, immigrant and low-income communities, which face disproportionate risks due to structural racism, economic inequality, and health inequity.

To restore health and economic opportunity, especially among populations at disproportionate risk of COVID-19 and its fallout, there are at least three urgent health equity priorities

1. Urgently expand testing and contact tracing to decrease community transmission & identify psychosocial needs
2. Scale up psychological first aid, social supports, & primary care services
3. Mitigate the economic and health fallout of rising unemployment

For minority, low-income communities & other vulnerable populations

Expand contact tracing & identify risks

Support psychological, social & primary care services

Mitigate the impact of unemployment

What happens if evolving contact tracing strategies are not embedded in communities?

Risk

Rapidly evolving state and local contact tracing and public health response efforts fail to include clear strategies and mechanisms to advance urgent health equity priorities for disproportionately impacted and vulnerable communities.



Adverse impacts

- Low community engagement
- Less effective contact tracing
- Preventable spikes and persistence of COVID-19 community transmission
- Increased strain on state budgets
- Worsening health and economic disparities
- Deepening of structural racism and economic inequity

Solution

To increase the odds of success, states and local leaders should adopt and apply community-based workforce principles in the next phases of contact tracing and broader response and recovery efforts

Community-Based Workforce Principles

+ Suggested Strategies & Resources
(Updated June 18, 2020)

To scale contact tracing successfully, adopt these community-based workforce principles



Recruit with a racial equity framework

Apply a racial equity lens to recruit contact tracers from highly impacted communities. Pay a living wage. Include residents, trusted workers & leaders in governance & advisory groups.



Invest in trusted workers, including CHWs

Response & recovery will move at the speed of trust. Pay and expand the authority of trusted, trained community health workers & promotores (CHW/Ps) to support and join contact tracers.



Strengthen connections with psychosocial services

Use social vulnerability data and proven tools to identify household psychosocial needs among isolated/quarantined contacts and to connect them to community nonprofit resources.



Launch a community-based jobs program

Leverage existing and expected federal funds to engage unemployed or dislocated workers with living wage jobs that meet contact tracing & other community needs.



Embed job training & pipelines to local careers

Engage nonprofit workforce training partners to address basic skills gaps and create a pipeline to careers in local health departments, community-based organizations, and local businesses.



Strengthen community infrastructure & financing

Braid funds to sustain essential nonprofits and invest in outcomes funds, wellness trusts, and other place-based payment models that align with long-term community health outcomes.



Recruit & manage with a racial equity framework

A contact tracing workforce should reflect communities disproportionately impacted by COVID-19.

Suggested strategies

Include an equity, diversity and inclusion policy & adhere to national best practices in recruitment and hiring of workers from low-income, minority, and immigrant populations, including people with disabilities.

Provide a living wage and enabling supports like child care to contact tracers from highly impacted communities.

Include individuals who live and work in impacted communities in contact tracing governance & advisory groups. This includes community health workers & promotoras (CHW/Ps), nonprofit staff, community leaders, and residents with disabilities.

Resources

- Hiring:
 - US Department of Justice [Best Practice Standards: Proper Use of Criminal Records of Hiring](#)
 - National HIRE Network [Best Practice Standards](#)
- PolicyLink [COVID-19 & Race Principles](#)
- MIT [Living Wage Calculator](#)
- Virginia Department of Health - [Health Equity Workgroup](#)
 - Established March 11, 2020. Embedded at the senior-level of the State Agency-wide Coronavirus Unified Command. Meets virtually every week to review policies and determine how vulnerable populations in the Commonwealth are (or are likely to be) impacted).
- Human Impact Partners [Policing During COVID-19: A Public Health Messaging Toolkit to Invest in Health, Not Punishment](#)



Invest in trusted voices, including Community Health Workers

Expand the roles and ranks of CHW/Ps & other trusted community-based workers

Suggested Strategies

Expand CHW/P authority with Medicaid state plan amendments, and “essential critical worker” recognition.

Include the National Association of Community Health Workers, state networks of CHW/Ps, & other community-based workers as partners in planning, training and support of contact tracing & response efforts.

Apply CDC and other funds (e.g. section 1115 waivers, Dislocated Worker Grants) to pay CHW/Ps & other community-based workers a living wage to support a broad range of activities, including contact tracing.

Provide LHDs & CBOs with advance payments to support CHW/P activities in highly impacted communities

Resources

- [2018 Bureau of Labor Statistics for CHWs](#) (Suggest surge to 2x current baseline by 2022)
- National Association of Community Health Workers [Amplify CHWs During COVID-19](#) and [Partner with CHWs During COVID-19](#)
 - Department of Homeland Security [Memorandum on Essential Critical Infrastructure Workers](#)
- NGA / ASTHO [Roadmap to Recovery: A Public Health Guide for Governors](#)
 - See sections related to CHWs as well as Dislocated Worker Grants and other funding streams
- Medicaid state plan amendments
 - Penn Center for CHWs [Letter to CMS](#)
 - National Center for Healthy Housing [Advancing the Role of CHWs: Engaging State Medicaid Offices](#)
 - Families USA [How States can Fund CHWs through Medicaid](#)
- [CHW Core Consensus Project \(C3\) Roles and Competencies & Checklist](#)

*As trusted public health workers who live in and share culture, language, and life experiences with the members of the communities they serve, CHW/Ps leverage their training, unique skills, relational expertise, and a [range of activities](#) to improve health and build individual and community capacity.



Strengthen connections with psychosocial services & systems

Integrate response efforts with systems to address psychosocial needs in highly impacted communities.

Suggested Strategies

Use geospatial, social vulnerability, and race/ethnicity data to deploy a community-based workforce to hardest-hit and most vulnerable communities.

Integrate validated, standardized screening items in case investigation systems to identify psychosocial needs* & use interoperable referral platforms to connect contacts to community resources.

Involve residents and adhere to community-based data governance, accountability and privacy standards.

Engage CHW/Ps & other community-based professionals to provide ongoing psychosocial support & care coordination for high & rising risk populations.

Resources

- Data on community-level social vulnerability
 - State and county DPH data
 - CDC's [Social Vulnerability Index \(SVI\)](#)
 - Geocoded, risk-stratified data from claims databases, EHRs, & HIEs
 - Geospatial software: ESRI, MySidewalk
- Social Needs Screening Tools:
 - CMS Accountable Health Communities [Screening Tool](#)
 - UCSF SIREN Social Needs Screening Tools [Comparison Table](#)
- Community resource databases & referral platforms (e.g. 211, AuntBertha) & community information exchanges (e.g. UniteUs, San Diego CIE)
- Best practices for community-based data governance, accountability and privacy standards
 - [A Human Rights-based approach to data](#)
 - National League of Cities & Stewards of Change [Sharing Data for Better Results](#)
 - CHOIR & Berkeley School of Public Health [ACH Data Sharing Toolkit](#) (see pg 16)

*Work with vendors of case investigation / management software to integrate psychosocial needs. With training, Contact Tracers and/or Resource Coordinators can then screen contacts for household acute psychosocial needs using validated screening items. In addition to counseling contacts on quarantine and referring them for COVID-19 testing, refer people with identified psychosocial needs to Resource Coordinators (ideally trained CHW/Ps). They, in turn, use community resource & referral platforms to support households.



Launch a community-based jobs program as a force multiplier

Boost response & recovery with a jobs program for unemployed workers from highly impacted communities.

Suggested Strategies

Leverage federal funds and national and state-based service programs to deploy a community-based jobs program.

Develop a state interagency plan (i.e. public health, workforce development, education) to launch a jobs program to support contact tracing, other response efforts, and long-term community recovery activities.

Recruit and pay unemployed, dislocated and other struggling workers from highly impacted communities with living wage jobs that meet contact tracing & other community needs.

Resources

Leverage private foundation and corporate giving, as well as national service programs (which Congress is currently considering expanding), [National Dislocated Worker Grants](#) from the Department of Labor, and other federal disaster relief funds.

- National service programs
 - Corporation for National & Community Service (AmeriCorps, Senior Corps)
 - HHS (National Health Service Corps, Medical Reserve Corps)
 - CDC (Funding workers to support state health departments)
- Congressional proposals
 - “[Health Force](#)” Bill (U.S. Sens. Gillibrand & Bennett)
 - Pandemic Response and Opportunity Through National Service Act (U.S. Sens. Coons, Reed, Klobuchar, Duckworth, Heinrich, Markey, Van Hollen, Blumenthal, and Durbin)



Embed job training & pipelines to local careers

Provide job training to improve opportunities for long-term health and economic recovery.

Suggested Strategies

Use state and federal workforce development funds and programs to provide job and skills training to support contact tracers and other individuals in community-based jobs programs.

Include nonprofit workforce training partners, CBOs and community colleges to address basic skills gaps and prioritize training of individuals from disadvantaged communities and those facing barriers to employment.

Create a pipeline to local careers in local health departments and community-based organizations.

Resources

- [National Dislocated Worker Grants](#) from the Department of Labor
- National nonprofit workforce training and development partners
 - [LISC Bridges to Careers Opportunities](#)
- State health workforce development agencies
- State and local workforce training and career development nonprofits
- Community colleges
- PolicyLink: [Building an Inclusive Health Workforce in California](#)



Strengthen community infrastructure & financing

Align incentives and invest in local infrastructure for long-term health and community development

Suggested Strategies

Support federal and state action to fund and preserve community nonprofits & mission-driven financial institutions that serve highly impacted communities and vulnerable populations.

Pay essential nonprofits in highly impacted communities per contracts even if operations are affected. Preemptively convert funding to unrestricted funds during the response phase.

Braid funds and invest in wellness trusts, outcomes funds & other place-based financing models that are aligned with achieving long-term health outcomes in historically redlined and marginalized communities.

Resources

- National Council of Nonprofits
 - [Letter to Congress](#)
 - State sign-on letters
 - [Nonprofits and COVID-19 Resources](#)
- CDFI (Community Development Financial Institutions)
 - US Department of Treasury [CDFI Fund](#)
 - LISC [Rapid Relief & Resiliency Fund](#)
 - [Grow with Google Small Business Fund](#) (Opportunity Finance Network)
- Nonprofit Finance Fund
 - Chronicle of Philanthropy article: [A New New Normal for Foundation Giving & Assessments of Grant Proposals](#)
- Map of COVID Community [Response Funds](#)
- Wellness Trusts
 - Funders Forum on Accountable Health: [Inventory](#)
 - Models from [New York](#), [California](#), [Washington](#)
- Three Workforce Strategies to Help COVID Affected Communities, [Health Affairs Blog](#)
 - Note section titled '*Strengthen Community-Based Services And Advance Equity*'

Community-based workforce

Monitoring Tools and
Roadmap

General resources

- Assessment Tool for Community-Based Workforce Principles in Contact Tracing efforts (HealthBegins)
- Contact tracing workforce estimator (Mullan Institute for Health Workforce Equity)
- Contact Tracing Staffing Calculator (Resolve to Save Lives)
- A Coordinated, National Approach to Scaling Public Health Capacity for Contact Tracing and Disease Investigation (ASTHO)

Contact Tracing Workforce Estimator. Fitzhugh Mullan Institute for Health Workforce Equity, in partnership with ASTHO, & NACCHO.
<https://www.gwhwi.org/estimator-613404.html> Accessed 5/11/20.

Community-Based Workforce Principles

START ASSESSMENT (SIGN-UP REQUIRED)

SIGN-IN

Assessment Form for Community-Based Workforce Principles. Managed by HealthBegins.
<https://www.healthbegins.org/Community-Based-Workforce-Principles.html>

CONTACT TRACING WORKFORCE ESTIMATOR
County, State, & National

In partnership with **astho** **NACCHO**

Show Alaska
Show Hawaii
Show PR
(hide before selecting another)

Case Interview: 6
Contact Notification: 12
Contact Follow-Up: 32
% Contact Follow-Up: 100%
Follow-Up Frequency (per week): 7
CT Supervisors (per 10 CT workers): 1
Set COVID Case Count: *

COVID-19 Resources

Contact tracing staffing calculator

APRIL 27, 2020

Resolve to Save Lives

The excel calculator helps estimate staff resources needed for scaling up contact tracing.

United States Results Panel

United States	
CTs Needed (at set baseline)	51,936
CTs Needed (based on case counts)	
Case Interview	13,246
Contact Notification	66,229
Contact Follow-up	88,671
Number of CTs Needed	178,905
CTs Needed per 100,000	53
Number of CT Supervisors Needed	17,900

Daily Case Count

Apr 26 May 1 May 6

Contact Tracing staffing calculator. Resolve to Save Lives Spreadsheet. Available for download at
<https://preventepidemics.org/covid19/resources/contact-tracing-staffing-calculator/>

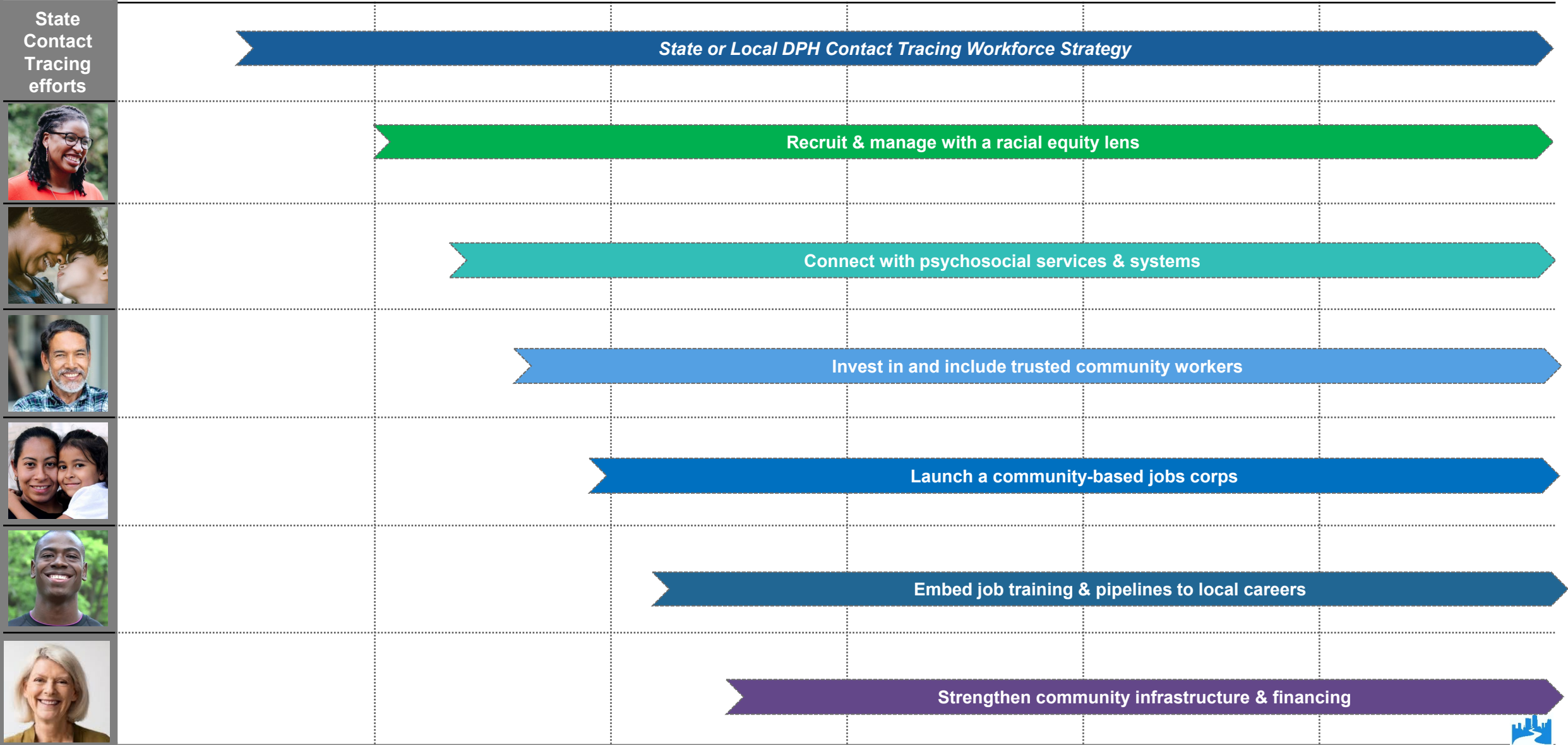
Initial steps to align contact tracing strategies with a community-based workforce

1 Set recruitment targets	To ensure the workforce is representative of local communities, generate recruitment targets specifying number of staff needed by county. Coordinate recruitment and hiring in collaboration with local public health.	What are the main job types? How many contact tracing and other positions need to be filled? What are skill level and attrition rate assumptions?
2 Map recruitment partners	To get to scale, contact tracers will need to be recruited from a diverse pool of community-based partners. Identify and assess capacity of state and national recruitment partners. Form or grow health equity workgroup.	What is the capacity of state community-based workforce partners? What number and mix of CHW/Ps, unemployed, students / recent graduates, and service corps members can be recruited?
3 Grow state program office*	Build capacity of state program office to coordinate with community leaders and providers of technical assistance, training, and technology to support a community-based workforce.	How will community voices be included? Which technical partners can ensure community-based workforce principles are integrated in workflows and data systems?
4 Apply principles	Coordinate with state program office, state and county hiring bodies, partners (recruitment, technical assistance and technology), health equity workgroup to endorse and adopt community-based workforce principles.	How will we ensure that community-based workforce principles are adopted? What dashboard and measures can we use to track progress?
5 Coordinate hiring & training	Work with state and local health departments and partners to inform and align planning and hiring & training practices with community-based workforce principles. Apply continuous quality improvement.	How is hiring and training going? Are the most vulnerable populations and high-need communities receiving effective tracing and support? How can we improve?

*Contact Tracing State Program Office roles (adapted from California Health Care Foundation)

- Local/state health department technical assistance and capacity building
- Standard operating procedures
- Recruitment and staffing supports (e.g., guidelines, qualifications, supervision structures)
- Training (curriculum, online training platform)
- Identification and deployment of supportive technology and ensure data integration
- Legal/privacy (establish guidelines and guardrails, surface issues)
- Program evaluation and continuous quality improvement (e.g. via statewide dashboard)

Sample roadmap to accelerate contact tracing with a community-based workforce (Illustrative. Will vary by state)



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