

A Guide to Community-Based Workforce Principles for Contact Tracing

Updated May 19, 2020

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



This guide accompanies a set of recently released community-based workforce principles

Visit bit.ly/Pr1nc1ple

to view and individually endorse these community-based workforce principles.

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



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 19, 2020
HealthBegins

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Health equity priorities

As national calls for a surge in contact tracing 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

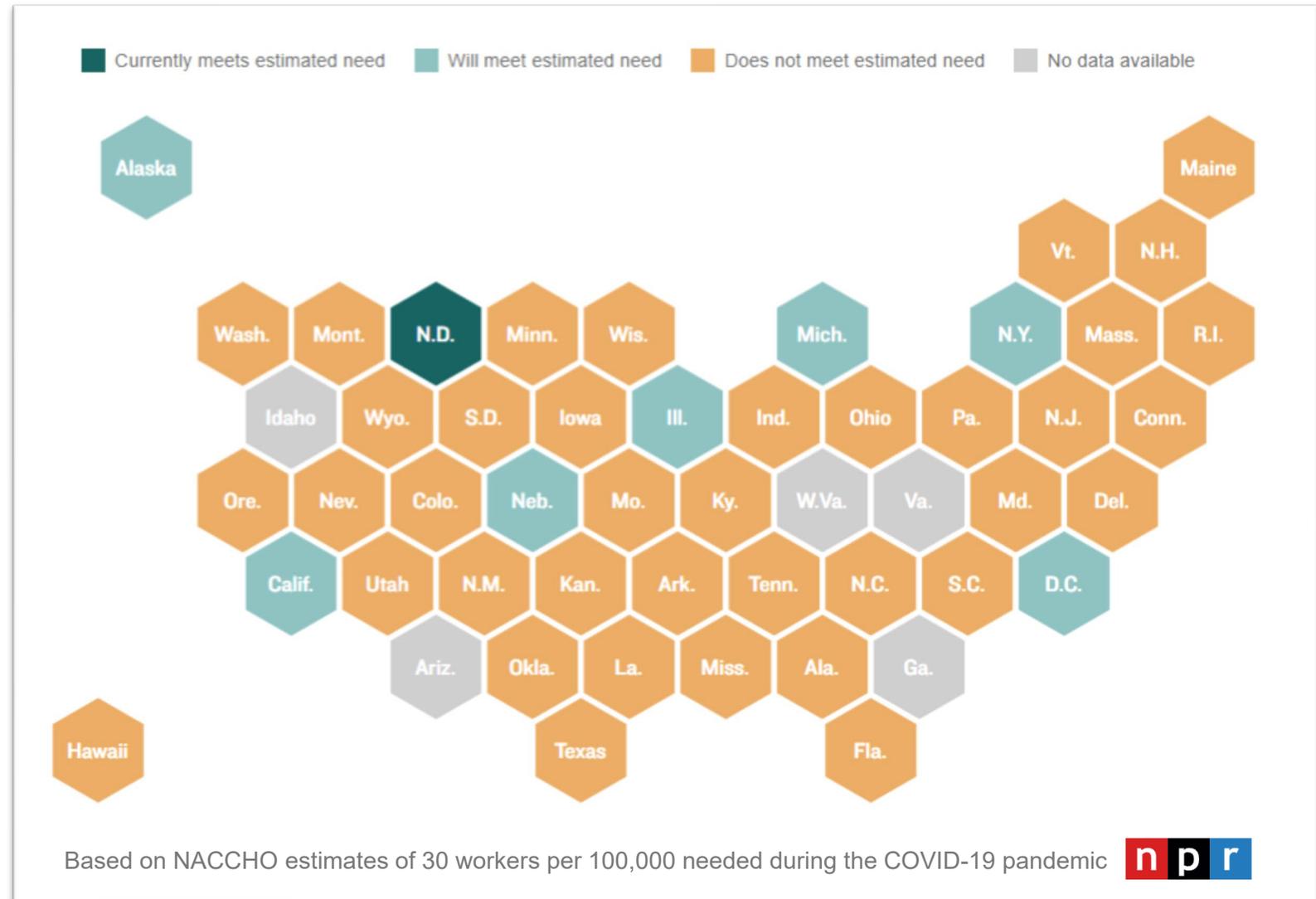
+ engage community health workers



States are starting to scale their own contact tracing workforce

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)
- State command centers and departments of health are actively developing plans to scale contact tracing

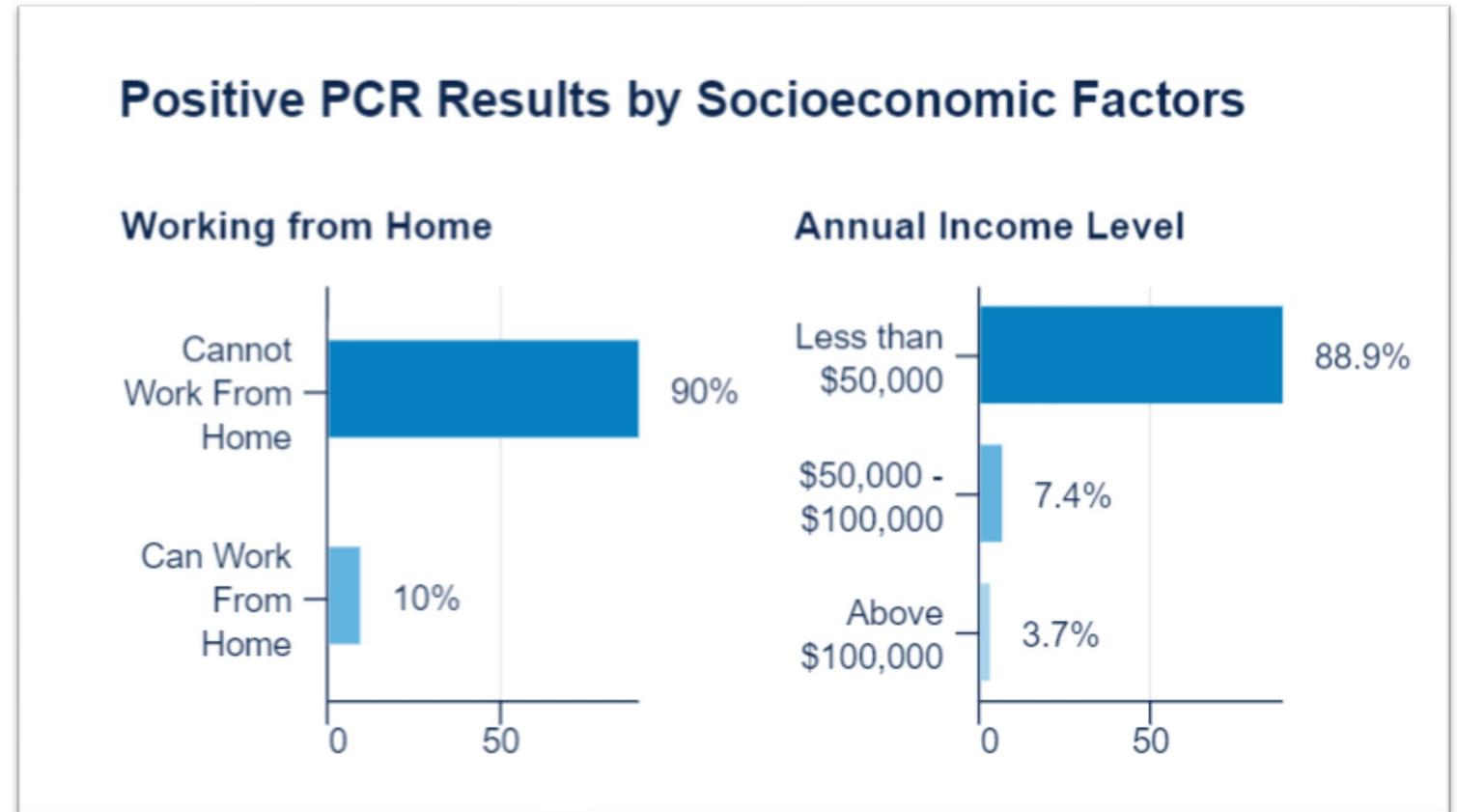


States Nearly Doubled Plans For Contact Tracers Since NPR Surveyed Them 10 Days Ago.

<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)

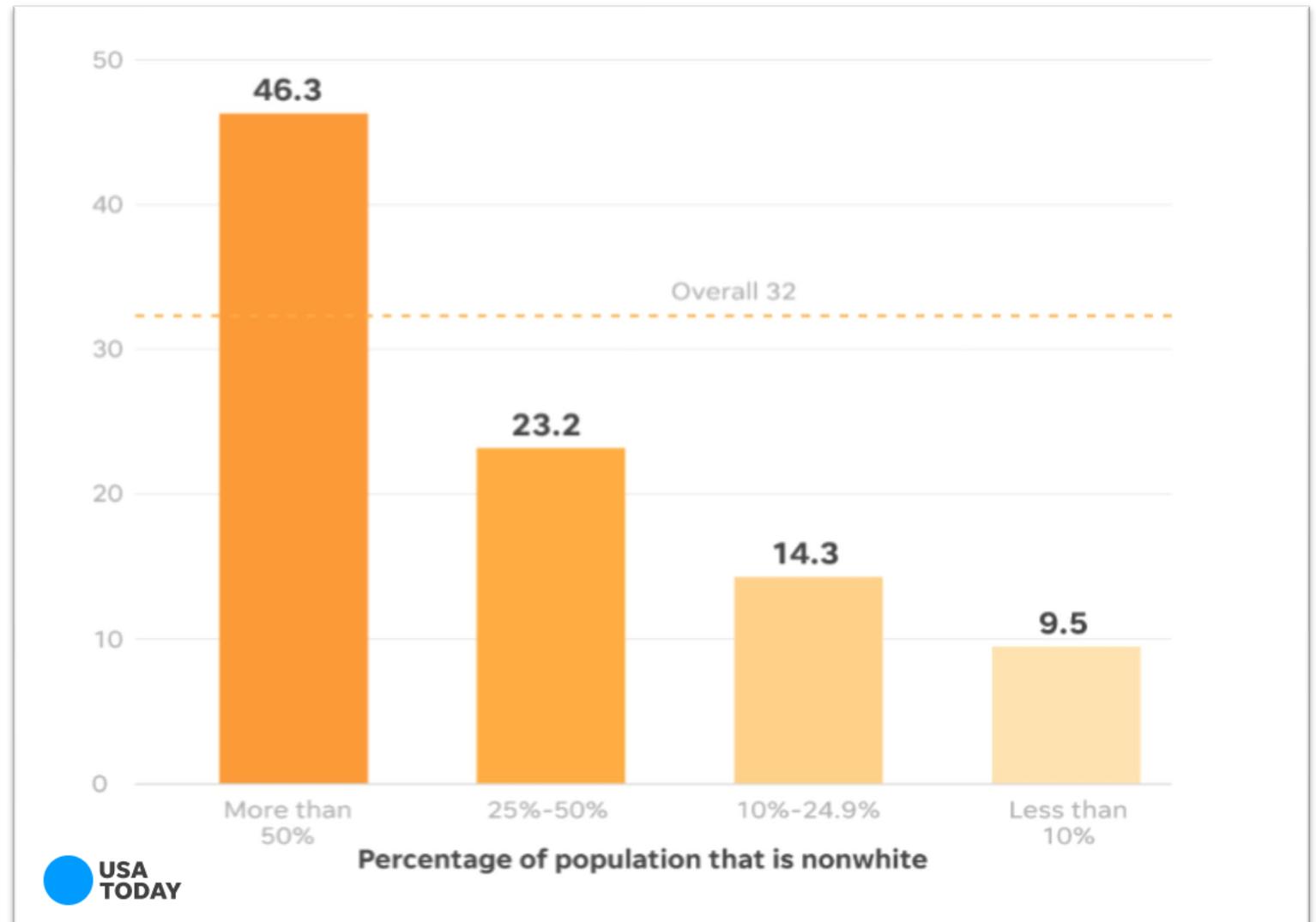


Preliminary results from a study in Mission District census tract in San Francisco. UCSF/ Unidos de Salud. <https://www.ucsf.edu/news/2020/05/417356/initial-results-mission-district-covid-19-testing-announced> Accessed May 10, 2020

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

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 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 may 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 strategies

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

Trained community-based professionals:

- Community health workers
- Promotores
- 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, lay workers or “natural helpers” who live in highly impacted communities can support and join 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
- Posses strong relational expertise and interpersonal communication skills
- Have relationships with and knowledge of local community-based resources
- Demonstrate a long-standing commitment to living and working in their communities
- Are recognized by CDC and other emergency preparedness experts as an essential component of community recovery capabilities

Community-Based Workforce

Principles

+ Suggested Strategies & Resources
(Updated May 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

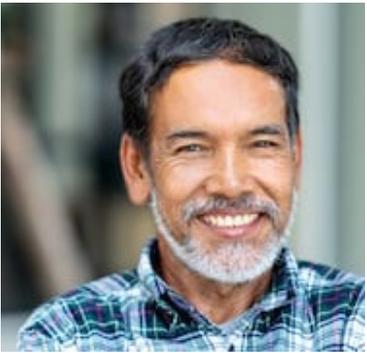
Include a racial & gender equity policy & adhere to national best practices in recruitment and hiring of workers from low-income, minority, and immigrant populations, including people with disabilities.

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).



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 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 (NACHW) [COVID-19 Resources](#) & [3 ways to amplify CHWs](#)
 - 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 and households to community resources.

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)

*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

- Monitoring Tool for Community-Based Workforce Principles in States 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 (Visit bit.ly/Principle to learn more)												
Recruit and Manage with a Racial Equity Lens				Invest in Trusted Workers, including Community Health Workers				Connect with Psychosocial Services		Embed Job Training and Pipelines to Local Careers		
Is racial equity an explicit goal in recruitment and hiring plans?	Are individuals from highly impacted communities involved in contact tracing governance or advisory groups?	Is state adhering to national best practices for hiring minority & immigrant populations & individuals with disabilities?	Is state providing a living wage to contact tracing workers?	Is there an explicit strategy to recruit from vulnerable and highly impacted communities?	Is there a clear strategy to recruit & involve CHW/Ps and other trusted community-based professionals in contact tracing and response efforts?	Has the state taken steps to expand the roles and ranks of CHWs and other community-based workers?	Are national and state CHW groups and other community nonprofits involved in planning, training and support?	Are CHW/Ps and other community-based workers being paid a living wage?	Is there a plan to connect contact tracing efforts with screening and referrals for psychosocial needs?	Is the state using interoperable technology to screen and refer individuals with psychosocial needs to resources?	Are states and/or counties using validated, evidence-based psychosocial screening items?	Do contact tracing programs including training on how to identify and connect individuals with psychosocial needs to community resources?

CONTACT TRACING WORKFORCE ESTIMATOR
County, State, & National

United States Results Panel

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	178,995
CTs Needed per 100,000	53
Number of CT Supervisors Needed	17,900

Monitoring Contact Tracing by Community-Based Workforce Principles. Managed by HealthBegins. [Google Sheet](#).

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.

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

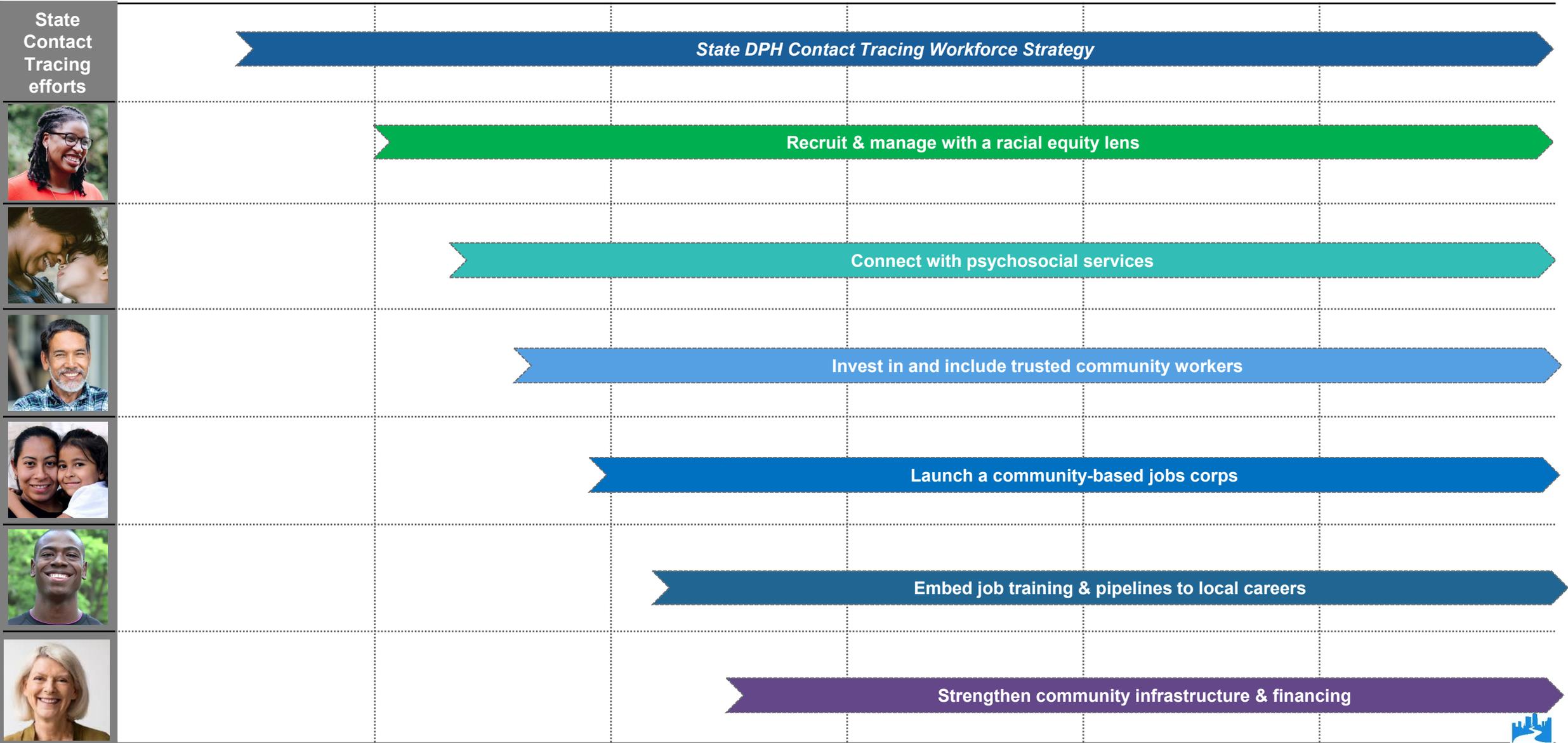
Next steps to align initial contact tracing strategies with a community-based workforce

<p>1 Set recruitment targets</p>	<p>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.</p>	<p><i>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?</i></p>
<p>2 Map recruitment partners</p>	<p>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.</p>	<p><i>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?</i></p>
<p>3 Grow state program office*</p>	<p>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.</p>	<p><i>How will community voices be included? Which technical partners can ensure community-based workforce principles are integrated in workflows and data systems?</i></p>
<p>4 Apply principles</p>	<p>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.</p>	<p><i>How will we ensure that community-based workforce principles are adopted? What dashboard and measures can we use to track progress?</i></p>
<p>5 Coordinate hiring & training</p>	<p>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.</p>	<p><i>How is hiring and training going? Are the most vulnerable populations and high-need communities receiving effective tracing and support? How can we improve?</i></p>

*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)

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



State Contact Tracing efforts



Appendix:

Why do we need a community-based workforce?

Community-based workforce strategies are emerging

HealthBegins is working with a growing group of allies and leading organizations to elevate and advance community-based workforce principles and strategies.

Strategies to advance community-based workforce

- Urgent Medicaid state plan amendments (SPAs)
- States should recognize CHW/Ps as "essential critical infrastructure workers" per DHS/CISA guidance
- Leverage federal disaster funds to support community-based workforce (e.g. Disaster Workforce Grants (DWGs), Administration for Community Living (ACL), Community Development Block Grants (CDBGs), Emergency Solutions Grants)
- Leverage national service corps expansion efforts
- Pool seed grants from private foundations, corporate donors, and donor-advised funds
- Align COVID Community Response Funds with long-term community health financing models (e.g. Wellness Trusts)
- Leverage health care payers and/or health system funding (e.g. community benefits funds)
- Align all these with investments in governmental public health infrastructure
- Engage CBOs, CHW/Ps, and health equity organizations in governance

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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.” (Health Affairs Blog, May 9, 2020)

HEALTH AFFAIRS BLOG

RELATED TOPICS:
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Three Workforce Strategies To Help COVID Affected Communities

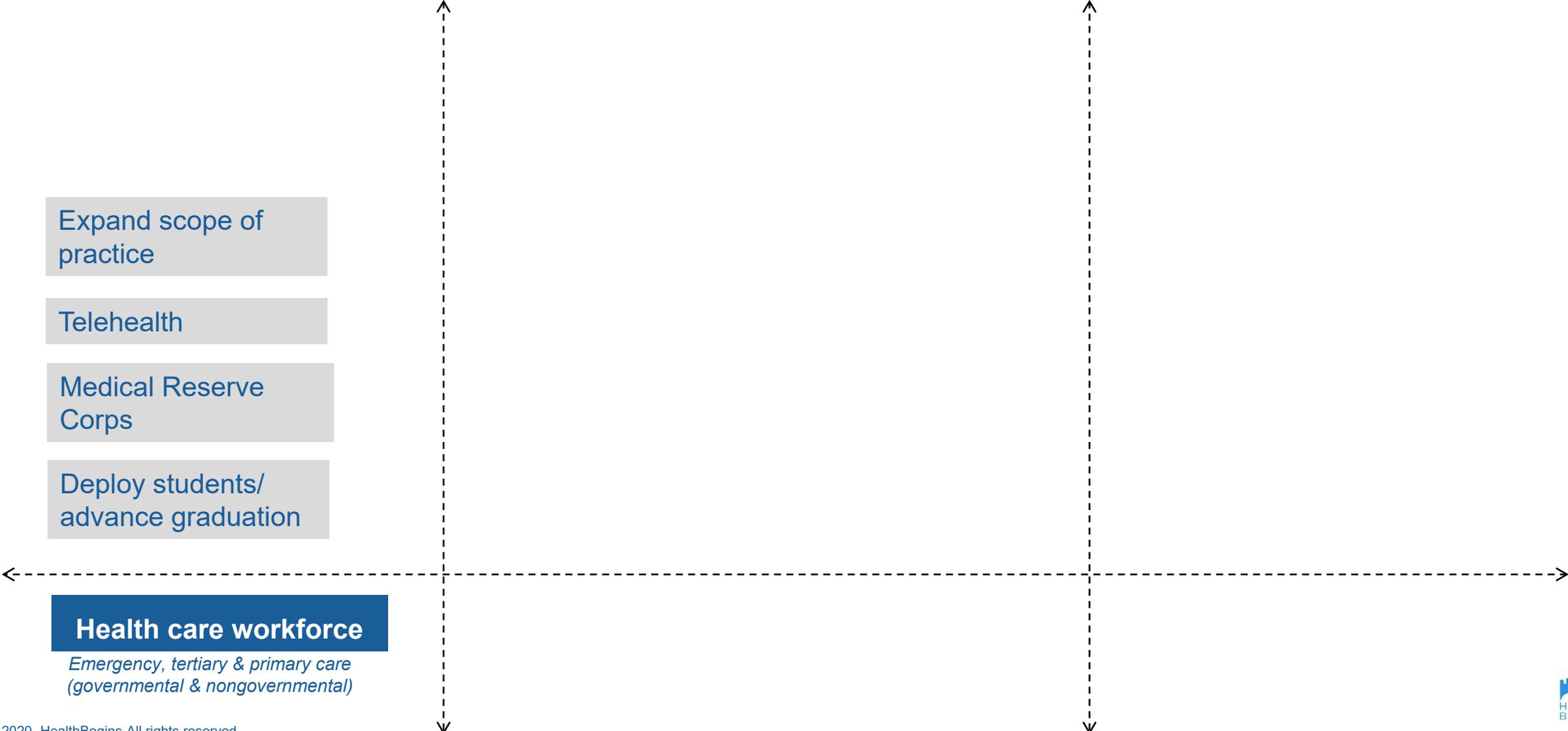
Rishi Manchanda

MAY 9, 2020

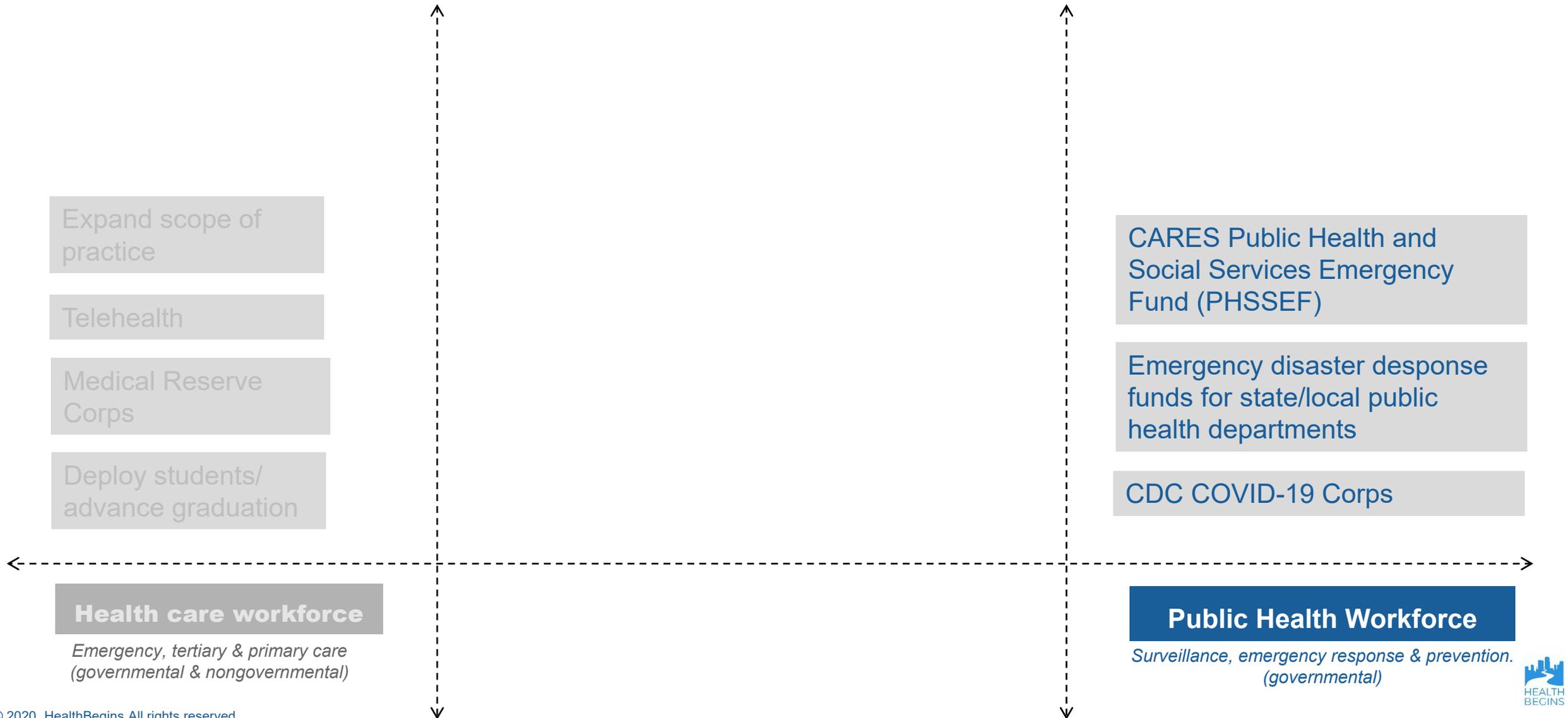
10.1377/hblog20200507.525599

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/>

State workforce scaling strategies in response to COVID-19



State workforce scaling strategies in response to COVID-19



A community-based workforce can advance equity & accelerate response efforts



A community-based workforce is critical to equity-based crisis response

Community-based Workforce Roles

Address emerging psychological, social & primary care needs

Expand contact tracing & identify household psychosocial risks

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

Joint statement

Scaling up the community-based health workforce for emergencies

Public Health Emergency Preparedness and Response Capabilities

National Standards for State, Local, Tribal, and Territorial Public Health

adpc **care** **global health workforce alliance**

International Federation of Red Cross and Red Crescent Societies **International Medical Corps** **IOM • OIM**

RESCUE **International Strategy for Disaster Reduction (ISDR)** **MEDECINS DU MONDE** **MERLIN** **Save the Children**

unicef **UNHCR The UN Refugee Agency** **World Health Organization**

CDC EMERGENCY PREPAREDNESS & RESPONSE

About HealthBegins

An independent, national mission-driven consulting and training firm dedicated to improving care and social drivers of health and equity.

We help partners & communities move upstream to:

- Design bold strategies
- Drive major improvement
- Transform systems & structures

Using an equity lens and working closely with allies and partners, we can provide state command centers with strategic consulting & facilitation, technical assistance, and partnership development to help integrate community-based workforce and concrete upstream strategies in contact tracing and other response efforts.



Client partners range from health systems and plans to foundations and self-insured employers.