COMMUNITY HEALTH WORKERS

The Public Health Workforce Needed to Fight
COVID-19

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Executive Summary

The disruption caused by the COVID-19 pandemic is a clear example of why we need to invest in a stronger public health infrastructure with community health workers playing a key role in Utah's response efforts. Infectious disease epidemiologists, virologists, and public health professionals expect that we cannot return to a normal way of life until a vaccine is widely available. In order to reopen the economy sooner while protecting the health of Utahns, we need to implement a combination of aggressive widespread testing strategies, contact tracing, individual self-isolation, and technology-dominated surveillance. Community health workers should be an important part of the solution moving forward. These workers can help to preserve healthcare capacity, assist in testing and contact tracing, serve vulnerable communities, decrease inequitable outcomes from the pandemic, and educate the public.

Preserve Healthcare Capacity

One of the pillars of managing a pandemic is to preserve healthcare capacity. In order to save lives, our healthcare system must be able to manage the number of people infected with the novel coronavirus, while also meeting the medical needs of others in the community. Preserving healthcare capacity is essential to public health and safety and may include canceling elective procedures and nonessential medical care, redeploying healthcare workers throughout the system, and seeking to keep healthcare workers protected from the virus. Messages like "stay safe, stay home" and "don't flood the emergency departments" are important for preserving healthcare capacity, but may be misinterpreted by members of the community who conclude that the hospital is not a safe place. This misconception is leading many Americans with urgent medical needs to neglect treatment or emergency care, as observed by physicians and hospital administrators across the country. As written by Dr. Harlan Krumholz in a recent New York Times op-ed:

> Investigators from Spain reported a 40 percent reduction in emergency procedures for heart attacks during the last week of March compared with the period just before the pandemic hit. The most concerning possible explanation is that people stay home and suffer rather than risk coming to the hospital and getting infected with coronavirus. This theory suggests that Covid-19 has instilled fear of face-to-face medical care. As a result, many people with urgent health problems may be opting to remain at home rather than call for help. And when they do finally seek medical attention, it is often only after their condition has worsened. [1]

Not only do healthcare systems and state leaders need to be prepared for the first wave of COVID-19 related cases and hospitalizations, but also subsequent waves due to individuals who may be delaying emergent healthcare or whose conditions get worse due to missed treatment. Other healthcare capacity planning needs should include the increase of mental health and stress-related conditions from the economic and social impacts of the pandemic and continued support and promotion of healthy behaviors.

Health Disparities in COVID-19

As the pandemic has swept across many urban centers in the United States, there are emerging health disparities based off race, age, language, immigration status, health status, and disability.[2] The Centers for Disease Control and Prevention defines health disparities as "preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially

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[1] https://www.nytimes.com/2020/04/06/well/live/coronavirus-doctors-hospitals-emergency-care-heart-attack-stroke.html

[2] https://www.jhsph.edu/podcasts/public-health-on-call/

disadvantaged populations."[3] Clear, culturally competent messaging from trusted members of the community is an essential tool to mitigate health disparities. Actions by government and private partners will be most effective when conducted in a way that acknowledges the needs of all our residents and relies upon evidence-based public health messaging strategies. As Utah develops comprehensive response efforts, state leadership must prioritize preventing and addressing health disparities. A response that aims to meet the needs of all communities gives Utah the best chance to drive equitable health outcomes, preserve healthcare system capacity, and ensure that all Utahns participate in the economic recovery.

Policy Efforts for the Health and Economic Security of Utahns

The early response to a pandemic often requires aggressive protective measures to mitigate worst case scenarios. These protective measures in Utah have included shutting down public schools, closing the dine-in area of restaurants, a "stay home" directive, and recommending the public wear cloth masks in grocery stores. These aggressive measures will not be in place for the entire 18-24 months until an effective vaccine is widely available. In the meantime, Utah must adopt a strategy to optimize public health and economic recovery efforts. Policymakers are discussing three main policy proposals[4] to facilitate the reopening of the economy: aggressive testing[5], digital surveillance[6], and/or increased contact tracing[7] and isolation of individuals. These strategies will be in addition to a continued need for clear messaging related to hand washing, social distancing, wearing masks, and other protective measures.

Any effective strategy to control the spread of the virus will require all members of our community to trust their government and public health institutions. The strategy will also require a stronger and larger public health workforce that can be deployed without abandoning other critical public health needs. Director Robert Redfield recently stated, "we are going to need a substantial expansion of public health fieldworkers...this along with testing is what will be needed to make sure that when we open, we open for good."[8] A failure to execute this strategy could lead to a spike in COVID-19 infections that will undermine the public's trust in its leaders and will likely harm economic recovery efforts as Utahns voluntarily retreat to the safety of their homes.

Community Health Workers

The American Public Health Association defines a community health worker (CHW) as a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community being served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. In addition, a CHW builds individual and community capacity to improve health outcomes by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, the provision of social support and advocacy.[9]

Community health workers possess valuable skills, like problem solving, leadership, and interpersonal communication skills. They also serve as less formal public health experts. While they are not appointed

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[3] https://www.cdc.gov/healthyyouth/disparities/index.htm#1
[4] https://www.vox.com/2020/4/10/21215494/coronavirus-plans-social-distancing-economy-recession-depression-unemployment
[5] https://paulromer.net/covid-sim-part1/
[6] https://www.americanprogress.org/issues/healthcare/news/2020/04/03/482613/national-state-plan-end-coronavirus-crisis/
[7] https://www.npr.org/sections/health-shots/2020/03/10/814129534/how-the-painstaking-work-of-contact-tracing-can-slow-the-spread-of-an-outbreak
[8] https://www.npr.org/sections/health-shots/2020/04/10/831200054/cdc-director-very-aggressive-contact-tracing-needed-for-u-s-to-return-to-normal
[9] https://www.apha.org/apha-communities/member-sections/community-health-workers

government officials, many community health workers have a developed a deep understanding of relevant health issues because of their lived experience. These workers prioritize the safety, security, and wellness of their family, friends, and neighbors in the community.

In 2018, Utah's Department of Health released a brief co-authored with Leavitt Partners to help increase attention for community health workers. The report states that:

> CHW interventions have been shown to improve outcomes for patients with chronic conditions, enhance disease prevention, reduce 30-day hospital readmissions, improve mental health, promote positive lifestyle behavior change, increase linkages to primary care, decrease hospital costs, and increase patient and provider satisfaction. Addressing these factors ultimately reduces the burden on the healthcare system and healthcare professionals. Estimated savings from national CHW interventions range from $1.81 to $5.58 for every $1.00 spent. [10]

Integrate Community Health Workers into Utah's Pandemic Response Efforts

Utah has the opportunity to take a leadership role in using community health workers to combat the COVID-19 pandemic. So far, only one other state has implemented such an approach. Scott Gottlieb, lead author on the American Enterprise Institute (AEI) roadmap[11] to reopen the economy, highlighted[12] Massachusetts as an example of how to create the public health workforce needed to implement AEI's recommendations. Massachusetts began a partnership between Partners in Health (PIH)[13] and state agencies to contain the spread of COVID-19 by utilizing community health workers to help address testing, contact tracing, and providing support to the members of the community who will be required to self-isolate. These community tracing teams have divided the responsibilities into three different job positions: contact tracer, care resource coordinator, and case investigator. A recent article[14] in the World Economic Forum outlined what a COVID-19 community health worker job description could look like and categorizes the responsibilities into prevention, detection, and response.

Prevention

- Create social media campaigns to promote healthy behaviors like social distancing, hand washing, and appropriate mask wearing.
- Utilize virtual resources to foster social connectedness and promote mental and physical health and community resilience.
- Arrange and deliver food and medications to the elderly, low-income, disabled, immigrants, and other vulnerable residents.

Detection

- Distribute culturally competent messages about signs and symptoms and assist in staffing the coronavirus hotline and chatroom.
- Refer probable COVID-19 patients to their nearest testing site and set up transportation, based on the state's testing priorities.

[10] https://choosehealth.utah.gov/documents/CHW/lp_udoh_chw_white_paper_final_9-18.pdf
[11] https://www.aei.org/research-products/report/national-coronavirus-response-a-road-map-to-reopening/
[12] https://www.vox.com/2020/4/14/21219021/scott-gottlieb-coronavirus-covid-19-social-distancing-economy-recession
[13] https://www.pih.org/ma-response
[14] https://www.weforum.org/agenda/2020/03/retraining-unemployed-fight-covid-19/

- Support targeted epidemiological testing efforts by communicating with the Epi team about possible hotspots.

Response

- Stay in contact with people with COVID-19 who are in self-isolation with mild symptoms and monitor them for worsening symptoms. Work with nurses to determine referral for hospitalization.
- Coordinate the resources-i.e. food, medication- needed to support those who have COVID-19.
- Team up with other public health workers to assist in contact tracing, symptom reporting, and monitoring of contacts of COVID-19 patients to ensure access to testing and treatment for people who develop signs and symptoms.
- Act as health system traffic controller for non COVID-19 individuals with complex conditions who need to continue getting appropriate care.

Recommendation

Community health workers have the relevant public health knowledge and connections within communities to deliver tremendous value in fighting the pandemic. Community health workers have strong leadership skills and can inform policy makers on how to better meet the needs of all Utahns. Policy solutions to combat COVID-19 should utilize existing community health workers in both the clinical and community settings, while also expanding new capacity by creating a pipeline for more community health workers to enter the workforce. Policymakers can work towards this objective by working towards the following goals.

- Building the workforce pipeline includes promoting CHW training and education curriculum in communities where there is significant economic hardship, such as tourism and hospitality industries.
- Supporting workforce development by recruiting community health workers to the public health workforce in counties and state levels.
- Empowering existing community health workers by funding community-based organizations to do outreach and public health messaging campaigns.

The public health workforce necessary to control the pandemic will require significant financial investment. Utah should push the federal delegation to request additional funding in the next stimulus package for states to hire community health workers. Funding will also be needed for personal protective equipment for our community health workers. In addition to seeking enhanced federal funding, Utah policymakers should evaluate existing financial resources and channel investment towards community health workers who can deliver strong value and cost savings as Utah seeks to mitigage the effects of the pandemic and reopen the economy.