COVID-19 is surging unchecked in the United States with a host of devastating consequences, especially in disadvantaged communities. We need an operational, policy and financing approach to ramping up a ground-level health workforce that can address this pandemic and its impacts. This workforce will be most effective if it draws on the skills and abilities of contact tracers and community health workers.

Americans are **dying at startling rates not only of COVID-19, but all of its consequences:**

- **Infection:** The COVID-19 surge will continue without adequate testing and contact tracing.
- **Deferred preventive care:** Care for chronic conditions like diabetes, asthma or depression has been deferred due to loss of employer based health insurance or suspended appointments.
- **Financial strain:** 30 million Americans filed for unemployment, overwhelming traditional safety nets such as unemployment benefits or small business loans; they need food, housing and medication.
- **Stress and social isolation:** Prolonged lockdown have health tolls; stress-related habits like smoking and drinking are on the rise. Background checks for gun sales have reached an all-time high; experts worry that suicide deaths will track in tow.
- **Heightening of existing disparities:** In places like Chicago and Louisiana, African Americans account for 67 and 70 percent of COVID-19-related deaths respectively, while representing only 32 percent of the population. Multi-faceted factors contribute to this disparity -- economic barriers, impact of quarantine, lack of testing and structural inequities within healthcare.
The Building Blocks

Community Health Workers

Community health workers are trusted frontline workers who come from within the communities they serve. Community health workers can help to re-open our economy and restore normalcy in our communities through public health messaging and contact tracing, while also addressing broader social, economic, behavioral, and preventive health needs.

Community health workers have a strong scientific and economic evidence base behind them, including proven ability to save Medicaid $4,200 per beneficiary. Standardized tools and playbooks for hiring, training and deployment allow for rapid ramp-up of community health workers who can deliver high quality; the Penn Center for Community Health Workers has a turn-key model that has been utilized by public health, healthcare and community organizations across 20 different states. This center is partnering with the National Committee for Quality Assurance (NCQA) to translate best practices for community health worker programs into national standards for hiring, training supervision and work practice. The National Association for Community Health Workers – a membership organization of community health workers — is fully mobilized to have a voice in agenda-setting and decision-making.

Contact Tracers

Contact tracers are not defined by any particular identity or skill set, but rather simply by the function they perform: tracing contacts. They call individuals who have been diagnosed with COVID-19 and, based on a detailed history, make a list of other individuals who may have been exposed. They notify all exposed individuals and encourage them to quarantine. In many cases this function is supported by digital tools.

Partners in Health, a Boston-based international medical charity with more than 30 years of experience in global health, is managing a virtual support center in Massachusetts that will include upwards of 1,000 people when fully staffed. Student volunteers from schools of public health at the state’s colleges and universities are also participating in the contact tracing effort.
A Comprehensive Strategy: Combining the value of contact tracers and community health workers

Stratify populations by risk: COVID-19 “hotspot maps” mirror income distribution; income is a strong risk factor for every disease including COVID-19, and is a strong correlate of race, incarceration and other risk factors. States and local health departments should designate census tracts with high poverty levels as high-risk. Neighborhood racial and ethnic demographics, institutional facilities, or known COVID-19 burden could also be considered as risk factors.

Build community health worker programs in high-risk communities: High-risk communities should ramp up place-based community health worker programs by hiring from within disadvantaged communities. They should be trained and equipped to provide holistic psychosocial support; they can also do contact tracing or support it through referrals. Community health workers should have adequate supervision, appropriate staffing ratios and evidence-based work practices. These community health workers could be hired by and embedded within local public health departments, community-based organizations or health systems, which would allow for lasting infrastructure and capacity to address longer-term fallout of COVID-19 as well as longstanding social determinants of health. Payment would come from a combination of short-term dollars (i.e. stimulus and philanthropy) and longer term reimbursement through state Medicaid programs.
Deploy surge tracers in lower-risk communities: Lower-risk communities should ramp up surge tracers who just do light-touch contact tracing, referring individuals to community health workers only as needed. These tracers could be a combination of volunteer and paid individuals with minimal training, and direct supervision from public health professionals. Payment would come from stimulus dollars.

Financing and Policy Levers

- Short-term Funding: We support the Association of State and Territorial Health Officers call for a Public Health Infrastructure Fund and Emergency Supplemental Funding that could cover the costs of community health workers and surge tracers.

- Medicaid Reimbursement: We urge Congress to create an optional benefit in Medicaid for community health worker services, as well as provide increased FMAP to states and territories for these services. We urge the Centers for Medicare & Medicaid Services to quickly approve reimbursement for community health workers and align payment with evidence-based standards such as those being developed by NCQA.

Supporting Alliance

The Penn Center for Community Health Workers, the American Public Health Association, NAACP, the Community Health Acceleration Partnership, the Institute for Healthcare Improvement, National Association of Community Health Workers, the National Committee on Quality Assurance, the Society for General Internal Medicine, the American Diabetes Association, Last Mile Health and a growing coalition of health and community experts.