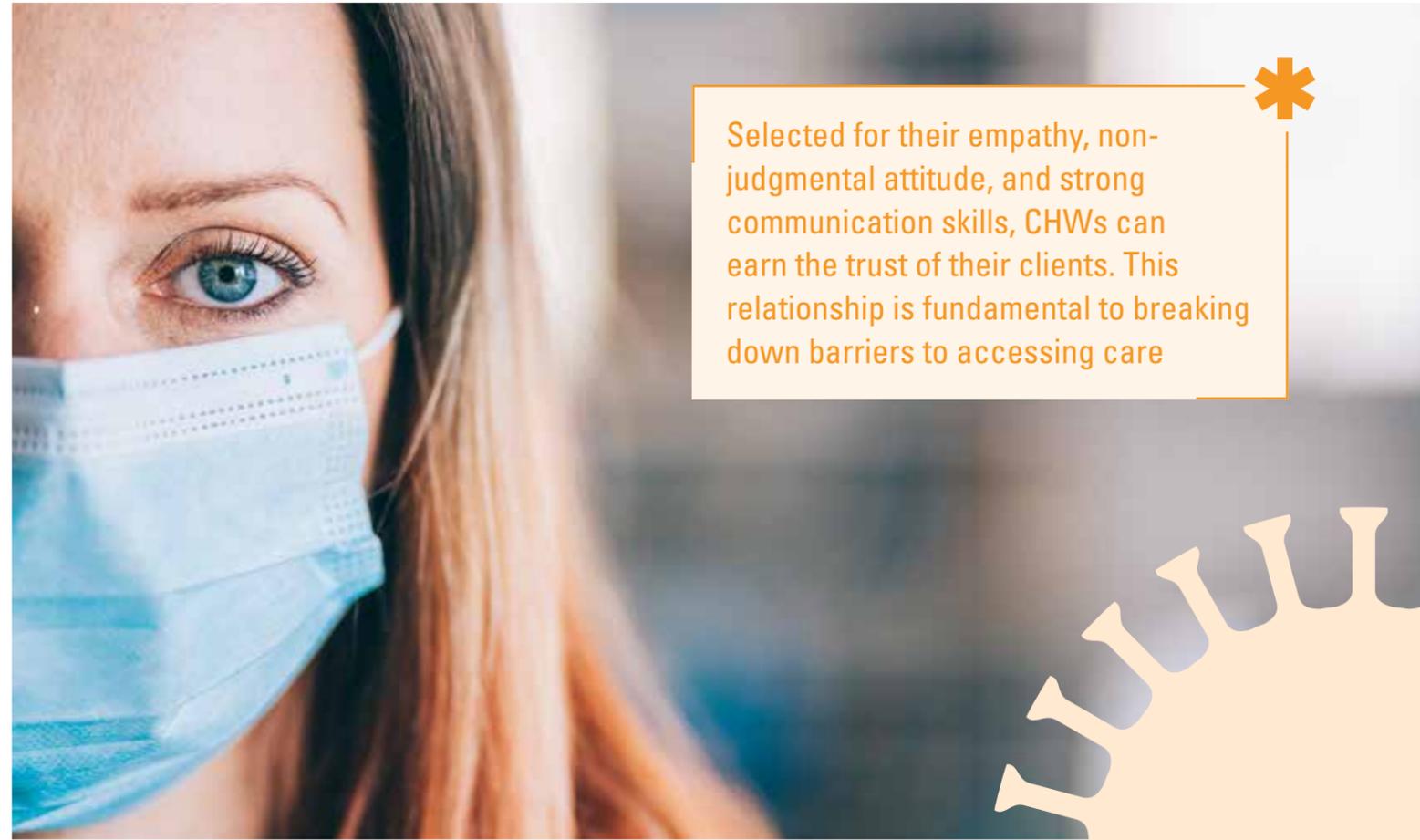


# HOW COVID-19 MADE COMMUNITY HEALTH WORKERS ESSENTIAL



Selected for their empathy, non-judgmental attitude, and strong communication skills, CHWs can earn the trust of their clients. This relationship is fundamental to breaking down barriers to accessing care



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**North Carolina's COVID-19 response was progressive, yet prudent, by providing guidance to all sectors impacted by the disease where Governor Cooper and Secretary Cohen announced a combination of key metrics that the state is watching to inform decisions to ease restrictions. Key metrics, such as COVID-like illness surveillance, laboratory confirmed-cases, positive tests, hospitalizations, personal protective equipment, and our capacity to conduct testing and tracing determine whether social distancing will be a thing of the past or our indefinite future. The demand to build the state's capacity to compile data is at an all-time high, calling for trained public health professionals or "contact tracers" to identify individuals who have COVID-19 and those whom that individual may have been in contact with to avoid infecting others.**

Currently, North Carolina has recruited over 1,500 full-time and part-time staff supporting contact tracing efforts at the local health department level, including the additional 398 Community Care of North Carolina (CCNC) contact tracers enlisted to notify, interview, and advise close contacts with confirmed or probable COVID-19 cases. With clear protocols, contact tracers

may need to link, follow-up, and/or monitor clients to ensure that other social needs and serious health conditions are met. Even with robust capacity building and clear protocols, many health and social needs will go un-addressed in some racial and ethnic minority groups due to long-standing systemic health and social inequities that directly impact underlying conditions of daily life. Indeed, it is no secret that certain minority groups are at increased risk of acquiring COVID-19 or experiencing severe medical conditions, regardless of age. However, I suggest instead of looking at the "tip of the iceberg," North Carolina must begin to look past COVID-19 at the "base of the iceberg" to address the gaps in health care and service delivery. Who else better to fulfill that role but the community health worker?

According to the American Public Health Association, a community health worker (CHW) is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This relationship allows the CHW to serve as a liaison between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

As members of the communities they serve, CHWs have the inside knowledge and cultural competency that enables them to build relationships with their clients. Selected for their empathy, non-judgmental attitude, and strong communication skills, CHWs can earn the trust of their clients. This relationship is fundamental to breaking down barriers to accessing care (e.g., mistrust of the health care system, healthy literacy, language, and cultural barriers).

CHWs provide a variety of services in a variety of settings. Their roles are, but not limited to: outreach and community mobilization, case management and care coordination, home-based support, health promotion and health coaching, system navigation, and participatory research. A CHW's contribution to the healthcare team can help primary care providers understand the real problems that clients face on a daily basis. They are the ones that communities trust to solve every day problems and lean on to comprehend their clinical care plans. CHWs contribute to overall health system savings through their impact on 1) improved prevention and chronic-disease management, which reduces costly inpatient and urgent-care costs; 2) cost-shifting, with increased utilization of lower health services; and 3) indirect savings with reallocation of ex-

penditures within the health care system. In fact, CHWs can boost North Carolina's Staying Ahead of the Curve efforts through individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, and social support. With all of the given benefits, why has the profession not gained enough traction?

Unfortunately, one of the major pitfalls is inadequate funding. CHWs need clear support from other health-care professionals, public and professional recognition, career advancement, and, most importantly ... reliable funding to succeed. While COVID-19 has strained many industry sectors, it does in fact solve the CHW funding conundrum. North Carolina, in particular, should enlist the help of CHWs as contact tracers from a variety of settings to combat this pandemic. Specifically, enlisting those that reflect the racial and ethnic minority communities being impacted by the virus as this will ensure trust and transparency, assure compliance with any mitigation efforts for those at risk, and work to address the systemic health disparities and inequities that plague underserved communities of color.