Essential Partnerships: Healthier Together and Community Health Workers in North Carolina’s COVID-19 Equity Efforts

Overview of CHW Initiative and COVID-19 Response

Carolinas Pandemic Task Force Meeting
February 2022
WHAT IS HEALTHIER TOGETHER?

Healthier Together is a public-private partnership between NCDHHS and NC Counts Coalition (a 501(c)3 nonprofit) to increase the number of individuals who are Black, Indigenous, and People of Color (BIPOC) and from other historically marginalized populations receiving COVID-19 vaccinations across the state of North Carolina.

- Immediate Goals: Vaccine Equity
  - Build and earn trust between trusted messengers (nonprofit/grassroot orgs) and HMPs
  - Education, outreach, and eliminating barriers to vaccination
- Long-Term Goal: Advance Health Equity
WHY HEALTHIER TOGETHER?

Inequities are driven by many factors that are rooted in centuries of systemic racism and structural inequity.

Healthier Together is a down payment on a long-term Departmental commitment to health equity, with an initial focus on vaccine equity.

Communities know best – and need capacity (people, funds, resources) to act on locally developed solutions.

We are investing in state, regional, and local community partners led by and serving Black, Indigenous, and People of Color (BIPOC) and other historically marginalized communities.

While vaccine equity has been a priority for NCDHHS and some progress has been made, more work and investment is needed:
HEALTHIER TOGETHER: CURRENT FOCUS

- Co-create strategies in collaboration with nonprofit, grassroots, and community partners rooted in BIPOC and other historically marginalized communities
- Fund and build capacity at community-based organizations (CBOs)
- Mobilize CBOs to do outreach/scheduling in priority communities
- Build and earn trust on the ground with BIPOC and other historically marginalized communities and the organizations that are led by and support them
- Reduce access barriers and engage in strategies to increase acceptance and confidence
- Use data on vaccination efforts to inform planning and investment of resources
- Engage providers and communities to increase child vaccination rates
Priority Counties & Funded CBOs

Updated October 22, 2021

Funded CBOs
Priority Counties
Cumulative HT Status Report – demand (Nov 2021 – Jan 2022)

**TOTAL # OF INTERACTIONS, CONTACTS, OR TOUCHES ENGAGED:** 368,903

**PRIVARY SUBJECTS OF COMMUNICATIONS**
- Vaccination safety, side effects & necessity
- Child Vaccines and Booster Shots
- Do mask protect you from the omicron variant?
- Education on vaccine, COVID testing, and importance of booster
- Covid-19 Vaccine and N95 Masks

**METHODS OF OUTREACH**

- Door Knocks
- Literature Drops
- Phone Calls
- Text Messages
- Direct Messages
- Relational Contacts
- Site Based Contacts
- Events Based Contacts

**INDIVIDUALS SCHEDULED FOR APPOINTMENTS:** 14,229

**NUMBER OF INDIVIDUALS CONNECTED TO TRANSPORTATION:** 1,611

**NUMBER OF INDIVIDUALS CONNECTED TO CHWS:** 8,413
CHWs and Healthier Together (February 2022)

**Region 1**
- Counties: Buncombe, Henderson, Madison, Mitchell, Rutherford, Swain, Watauga
- CHW Subcontractors: KePro, Vecinos, Promise Resource Network, Symmetry Behavioral Health Systems

**Region 2**
- Counties: Alamance, Forsyth, Guilford, Rockingham, Stanly
- CHW Subcontractors: Southeastern Healthcare, AMEXCAN, GRRO, Surry Medical, Ground Water

**Region 3**
- Counties: Cabarrus, Mecklenburg, Union
- CHW Subcontractors: El Centro Hispano, GRRO, Poor People’s Campaign, Fiesta Cristian Fairview

**Region 4**
- Counties: Caswell, Orange, Person, Rockingham, Vance
- CHW Subcontractors: Southeastern Healthcare, AMEXCAN, GRRO

**Region 5**
- Counties: Columbus, Duplin, Hoke, Sampson, Robeson, Union
- CHW Subcontractors: UNETE: Pigeon Community Multicultural Development
Introduction to Community Health Workers

Definition
Community Health Workers (CHWs) are frontline public health workers who are trusted members of and/or have an unusually close understanding of the community served.

CHWs also build individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.
CHWs are diverse, trusted members of the community

There are 526 Community Health Workers working to connect individuals with resources and educate their local communities on the COVID-19 vaccine.

Community Health Workers by the Numbers

- 82% of CHWs are women
- 98% are dedicated to vaccine work (registration, scheduling, education)
- 91% identify as Hispanic/Latinx or African American
- 81% of CHWs have received the vaccine
- 158 CHWs speak Spanish
- 80% completed, enrolled, or future-enrolled for SCCT

Data as of February 25, 2022
CHW Roles and Skills

General Roles/Skills

• Screen for Social Determinants of Health needs and connect individuals with necessary social support resources
• Serve as linkages to healthcare (connection to medical home, facilitate appointment attendance)
• Provide culturally and linguistically appropriate context for health decisions and education
• Meet people where they are (e.g., in their homes, communities) to understand social vulnerability and barriers to care
• Provide individualized support to health goals and help to identify and address environmental factors that affect health
• Help people to manage chronic conditions
• Provide COVID-19-related support for vulnerable populations (including Medicaid recipients)

Evolution of CHW Initiative in North Carolina

2014
- NCDHHS leads CHW Committee Formation
- "CHWs in North Carolina: Creating an Infrastructure for Sustainability" Final Report delivered

2015
- NCDHHS Statewide CHW Coordinator Hired
- Statewide listening sessions to refine recommendations
- NC CHW Workforce Survey implemented
- NC Medicaid transformation begins
- CHW Standardized Core Competency Training (SCCT) developed
- First instructors trained to pilot SCCT curriculum

2016
- First CHW Initiative Statewide Stakeholder meeting with formation of workgroups
- Roles/Responsibilities
- Core Competencies / Training
- Certification Process

2017
- NCDHHS leads CHW Committee Formation
- Draft recommendations for roles, core competencies, training, and certification presented at statewide summit
- "CHWs in North Carolina: Creating an Infrastructure for Sustainability" Final Report delivered

2018
- SCCT piloted at 6 community colleges
- CHW/CHWI launches COVID-19 Program (deploying CHW workforce in 55 counties) to support COVID-19 response among HMPs
- COVID-19 CHW Program pivots to support vaccine equity (February), expands statewide to 100 counties (August-October)
- SCCT Evaluation completed by UNC-Pembroke
- CDC CCR-2109 CHW Grant awarded to develop CHW infrastructure 2021-2024
- NC CHW Association formalized
- NC transitions to Medicaid Managed Care

2019
- NC CHW Program Inventory implemented
- First CHW Initiative Statewide Stakeholder meeting with formation of workgroups
- Roles/Responsibilities
- Core Competencies / Training
- Certification Process

2020
- NC CHW Association formalized
- NC transitions to Medicaid Managed Care

2021
- COVID-19 CHW Program pivots to support vaccine equity (February), expands statewide to 100 counties (August-October)
- SCCT Evaluation completed by UNC-Pembroke
- CDC CCR-2109 CHW Grant awarded to develop CHW infrastructure 2021-2024
- NC CHW Association formalized
- NC transitions to Medicaid Managed Care

2022
- CHW Certification process opens
- Launch of CHW specialty training, AMH integration pilots
- Statewide COVID-19 Program scheduled to end June 30
CHWs have been trained on the following tools and capabilities

CHWs are trained on core tools and capabilities to best serve their communities

<table>
<thead>
<tr>
<th>Tool/Program</th>
<th>Description</th>
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<tbody>
<tr>
<td>NCCARE360</td>
<td></td>
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<tr>
<td>COVID-19 Vaccine Management System (CVMS - statewide location managers)</td>
<td></td>
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<tr>
<td>Vaccine 101 education (monthly)</td>
<td></td>
</tr>
<tr>
<td>Testing site support experience</td>
<td></td>
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<tr>
<td>Vaccine site support experience</td>
<td></td>
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<tr>
<td>CHW training (Through AHEC and a 96-hour Core Competency training at Community Colleges)</td>
<td></td>
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<tr>
<td>COVID-19 Community Team Outreach (CCTO - Contact Tracing)</td>
<td></td>
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<tr>
<td>Support Services Program 2.0 Referrals (food insecurity)</td>
<td></td>
</tr>
</tbody>
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### Requested social support needs as identified by CHW NCCARE360 referrals

**Top 5 requested services across all counties**

1. Food Assistance (33%)
2. Income (23%)
3. Individual/Family Support (15%)
4. Housing/Shelter (12%)
5. Utilities (8%)

CHWs identified community needs during the pandemic and linked individuals to resources ranging from food and income support to transportation and healthcare – all aspects of the social determinants of health.

**CHWs are the interface between community and complex systems, helping vulnerable populations to navigate them and successfully address whole person care.**

<table>
<thead>
<tr>
<th>Requested Services</th>
<th>Referrals per 100k</th>
<th>% of Referred Services</th>
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</thead>
<tbody>
<tr>
<td>Food Assistance</td>
<td>541</td>
<td>32.62%</td>
</tr>
<tr>
<td>Income Support</td>
<td>386</td>
<td>23.30%</td>
</tr>
<tr>
<td>Individual &amp; Family Support</td>
<td>255</td>
<td>15.42%</td>
</tr>
<tr>
<td>Housing &amp; Shelter</td>
<td>193</td>
<td>11.65%</td>
</tr>
<tr>
<td>Utilities</td>
<td>136</td>
<td>8.19%</td>
</tr>
<tr>
<td>Clothing &amp; Household Goods</td>
<td>62</td>
<td>3.74%</td>
</tr>
<tr>
<td>Employment</td>
<td>41</td>
<td>2.50%</td>
</tr>
<tr>
<td>Physical Health</td>
<td>18</td>
<td>1.09%</td>
</tr>
<tr>
<td>Transportation</td>
<td>15</td>
<td>0.88%</td>
</tr>
<tr>
<td>Benefits Navigation</td>
<td>5</td>
<td>0.33%</td>
</tr>
<tr>
<td>Education</td>
<td>3</td>
<td>0.20%</td>
</tr>
<tr>
<td>Spiritual Enrichment</td>
<td>1</td>
<td>0.04%</td>
</tr>
<tr>
<td>Entrepreneurship</td>
<td>0</td>
<td>0.02%</td>
</tr>
<tr>
<td>Money Management</td>
<td>0</td>
<td>0.01%</td>
</tr>
<tr>
<td>Wellness</td>
<td>0</td>
<td>0.01%</td>
</tr>
<tr>
<td>Social Enrichment</td>
<td>0</td>
<td>0.01%</td>
</tr>
<tr>
<td>Sports &amp; Recreation</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1657</strong></td>
<td><strong>100.00%</strong></td>
</tr>
</tbody>
</table>
### COVID-19 CHW program impact data since inception (August 2020-February 2022)

#### Referral Impact

<table>
<thead>
<tr>
<th>Question</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many individuals were served by CHWs?</td>
<td>1,811,988</td>
</tr>
<tr>
<td>How many NCCARE360 referrals were made?</td>
<td>148,887</td>
</tr>
<tr>
<td>How many telehealth encounters did CHWs perform?</td>
<td>486,842</td>
</tr>
<tr>
<td>How many households received social supports (food boxes, financial relief, transportation, medication assistance)?</td>
<td>42,000+</td>
</tr>
</tbody>
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#### Vaccine Impact

<table>
<thead>
<tr>
<th>Question</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many community or online vaccine education events did CHWs help plan and/or host?</td>
<td>8,322</td>
</tr>
<tr>
<td>How many people attended the education events?</td>
<td>801,623</td>
</tr>
<tr>
<td>How many vaccination clinics or events did CHWs help plan and/or work?</td>
<td>3,508</td>
</tr>
<tr>
<td>How many people were scheduled to receive a COVID-19 vaccine?</td>
<td>48,996</td>
</tr>
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CHWS and Healthier Together vaccination efforts work synergistically to reach HMPs

CHWS have been a strong partner in COVID-19 vaccination. They have scheduled for vaccines even when faced with barriers including high vaccine and booster hesitancy and difficulty in access.

Vaccines scheduled by CHWs Feb 2021 - Feb 2022

48,996 Total Vaccines Scheduled
CHW Program Evaluation

This is a unique opportunity to better understand the large-scale and rapid deployment of CHWs across the state to meet social and health needs of vulnerable North Carolinians

**Evaluation Components**

1. Qualitative/Quantitative Program Analysis  
   Duke and UNC-Chapel Hill collaborators

2. Impact Analysis  
   Partners In Health collaborators

3. Gap Analysis  
   Partners In Health collaborators

4. Training and AMH Integration Evaluation  
   CDC grant collaborators (UNC-P, CHASM, PIH)

**Evaluation Aims**

1. Understand CHW and CHW vendor perspectives on access to social services, health behaviors, community collaborations, and career trajectory

2. Quantify impact of CHW efforts on vaccination and resource coordination as well as COVID-19 outcomes and return on investment

3. Identify network of populations served and resources available as well as gaps across counties, vendors to inform program strengthening

4. Provide data to support long-term investments in CHWs across the state
CHW activities during COVID-19 and beyond

CHWs have focused on providing wraparound services for those impacted by COVID-19. Their work is foundational to a sustained health equity response and lays the groundwork to serve an endemic COVID-19 state and a future community-based, public health response.

Flexible, Community-Based Workforce
CHWs are a flexible workforce that are trained to provide contact tracing, case investigation, testing, vaccination, and care management support to assist with the State’s COVID-19 response and public health goals.

Equity-focused Vaccine Support
CHWs provide valuable COVID-19 vaccine support via education, community vaccine events, and connections to appointments. Collaboration with Healthier Together will ensure deeper reach and stronger response in vulnerable communities across the state.

Care Resource Coordination Support
CHWs provide access to social support resources for vulnerable communities during and beyond the scope of COVID-19. CHW can accurately and precisely identify gaps and strengthen referral networks to address SDoH and provide whole person care.

Primary Care and Behavioral Health Linkages
CHWs can increase the number of primary care and mental health referrals made in the community, and can address barriers that prevent individuals from accessing care, ensuring that community members have care coverage from multiple angles.
CHW Integration into Whole Person Care Framework

CHWs are advocates who serve as a bridge between community and healthcare, and inherently work through an equity lens. CHWs are well-positioned and have the skills to ensure that each family receives the right services, at the right time, in direct support of the State's framework for "whole person care".

Community-based, Community Voice
CHWs are members of the communities they serve and can provide specific skills as well as language-specific resources to their communities. They are the best-positioned to identify and represent the needs of their communities, inform health and public health responses in their counties, and improve or expand upon existing programs in order to further an equity agenda.

Trained, Supported, Equity-focused Workforce
Through Standardized Core Competency Training and specialty training as well as adequate mentorship and supervision structures, CHWs will have the necessary support to ensure program success. Expansion of a statewide CHW workforce can meet the diverse needs of HMPs, increase investment into those communities and build community resilience.

Resource Coordination and Advanced Medical Home Integration
CHWs are essential to expanding the network of NCCARE360 social support referrals and informing the need for additional resource availability. Integration into Healthy Opportunities and Advanced Medical Home models via care resource coordination referrals will leverage the proximity of CHWs to screen, refer, and deliver on Social Determinants of Health in the community.

Healthcare Integration
CHWs are crucial to maintaining connections to healthcare including primary care and behavioral health. Inclusion in prepaid health plans (PHPs) and tailored plans will allow CHWs to have significant impact on health conditions ranging from chronic disease to mental health.
CHWs and Connections to Care and SDoH