**Community Health Workers for COVID-19 Response and Resilient Communities (CCR) – Opportunities to Advancing Child Resilience in High Need Communities**

**Brief Outline from Charles Bruner and InCK Marks, April 20, 2021**

**Summary of Funding Opportunity.** Through funding in the CARES Act of 2020, the Center for Disease Control and Prevention (CDC) issued a Notice of Funding Opportunity (NOFO) for $300 million for “Community Health Workers for COVID-19 Response and Resilient Communities (CCR).” Applications are due May 24, 2021.

Three-year awards ranging from $350,000 to $3,000,000 per year will be awarded in three categories: Capacity Building, Implementation Ready, and Innovation-Demonstration Projects. Applicants are state or county/SMSA/or tribal governments. Catchment areas are defined as counties, with applicants directing their focus upon “priority populations” within those counties.

The NOFO “focuses on COVID-19 response and community resilience addressing Healthy People 2030 goals including emergency preparedness.” While the initial focus is upon responding to COVID-19 itself, its longer-term goals are to reduce health disparities generally and provide a more fulsome infrastructure for overall emergency preparedness.

In addition to providing a budget, an abstract, and letters of support (which can be secured up to one month after the application), applicants seeking either Capacity Building or Implementation Ready grants must provide a narrative of no more than 20 pages describing their approach, qualifications, evaluation plan, and a budget narrative. Only those applying for the Implementation Ready grants can apply for an Innovation-Demonstration Project, through providing an additional narrative of no more than 4 pages.

While states (designating a catchment area) or local governments (county governments or their bona fide agents) are the applicants, much of the funding is to be directed to organizations who will employ community health workers (CHWs). Applicants must show how they will integrate these workers into public health and health service systems at the local level. Applications must show how they will further three high level strategies: (1) TRAIN existing CHWs, (2) DEPLOY additional CHWs, and (3) ENGAGE community resources and services for those at highest risk. Applicants are required to establish a new or expand an existing community coalition “to serve as a formal arrangement for cooperation and collaboration among stakeholder groups to work together to achieve the short-term, intermediate-term, and long-term outcomes of this NOFO,” with diverse and multi-sector representation.

**Implications to Child Health and Child Health Equity.** This NOFO represents one opportunity to use federal funding directed initially to respond to COVID-19 but further directed at expanding care coordination and frontline community-based services to improve resilience and reduce disparities to advance primary, preventive, and developmental health responses to children and their families. It further is the first in an expected series of funding opportunities from the Center for Disease Control and Prevention directed to establishing an expanded community health workforce to focus upon areas of high need and opportunity. The American Rescue Plan Act of 2021 has a much larger pool of funding directed to this effort, and both Congress and the President are working on long-term federal funding to build a much larger community health workforce. While $300 million in funding is significant in its own right, this could lead the way to $6 billion or more in funding in the future.

The further expansion of CHWs as care coordinators and parts of child medical home teams has been recognized as a core element to developing a more preventive primary care system for children. Exemplary child health practices typically seek to incorporate a CHW (although sometimes called something else) either as part of primary practice or with strong and direct links from the practice to that CHW within a community-based organization.

**Ideally, there will be a significant number of applications for this round of CDC funding for community health workers that focuses upon their role in responding to and strengthening children and their families in responses to COVID-19 and beyond to other health vulnerabilities.**

**Developing a Child-Focused** Application. While there is no specific reference to children within the NOFO and no specific reference to identifying children and their families as a “priority population,” there is nothing that precludes doing so. Applicants are required to identify “priority populations” within their catchment areas (e.g. counties), and these priority populations could be defined geographically through application of the CDC’s Social Vulnerability Index (CDC), which provides a CVI for each census tract in the country, along with sixteen characteristics related to each tract. Census tracts with high CVIs (e.g. those in the top decile or quintile) generally are distinguished by being both very racially and ethnically segregated and having much higher percentages of children, and young children in particular. They also have different levels of access to resources and community-based organizations which serve them.

Often, there are existing community coalitions directed to improving child health and well-being (including but not limited to physical health) that have or could identify neighborhoods (as represented by census tracts) of particular concern and know the organizations with existing staff that would benefit from additional training or that could employ additional staff as CHWs. While they may have other names or designations (e.g. family service workers, family development specialists, promotores, care coordinators, and community outreach workers), they generally fulfill roles and assume the function of a CHW. Moreover, within those community coalitions there often is already a community coalition supporting coordination across community-based organizations that is geared both to contracting and to providing training and support across organizations.

**These community coalitions or specific organizations within those coalitions who provide CHW or CHW-related services have an opportunity to step forward by approaching their local governments and offering to lead efforts in applying for this funding. If their local governments already have initiated plans to apply, they can offer to participate in that process.** While the Announcement (52 pages) can seem daunting, the application really involves a relatively short narrative (no more than 20 pages). InCK Marks is working to develop a template and tools for producing applications that focus upon CHWs in high priority neighborhoods and directed to serving children and their families.

SAMPLE NARRATIVE OPENING – POLK COUNTY IOWA

Through its Early Childhood Iowa Community Coalition, the Polk County Board of Supervisors is submitting this application to the Center for Disease Control and Prevention for a CCR Intervention Ready grant. Polk County is Iowa’s largest and one of its most diverse counties. This grant will focus on a priority population of families with children in its highest poverty neighborhoods, the Making Connections Neighborhoods (encompassing census tract xxx, xxx) and constituting 32,000 of Polk County’s 480,000 residents. While Polk County itself does not have extreme rates of COVID-19 infections or poverty, if the Making Connections neighborhood were a county, it would be larger in population than 77 and the 99 Iowa counties. Further, it would have the highest poverty rate and highest percentage of minorities of all counties in the state, and its score on CDC’s Social Vulnerability Index would be at the top, as well. Moreover, it is home to a very large share of children (and very young children) and their families and represents much of Iowa’s future population growth.

Fortunately, the most several impacts of COVID-19 on morbidity and mortality have not been children, but ending the pandemic involves particular attention to stopping further spread of the disease that does involve children and their families. Further, one of the goals of the CCF is to be prepared for future pandemics and emergency preparedness – which may well have medical as well as other impacts. Further, in terms of long-term goals for reducing the impacts of COVID-19, children have experienced very significant disruptions and stresses and accompanying social and emotional issues that require attention. The Innovation-Dissemination application accompanying this Implementation Ready application speaks to the role CHWs can play in responding to child social determinants of health related to social and emotional impacts from COVID-19.

in funding to support a community health workforce comes from the CARES Act of 2020 but it may well be reflective of further and much more extensive funding for a community health workforce, as included in the American Rescue Plan Act of 2021 and as anticipated in subsequent federal infrastructure legislation.

It has the potential to provide this funding through community-based organizations in underserved and heavily impacted, poor neighborhoods and communities for a community-based workforce that better engages and supports residents – including families and their children – in advancing their own and the communities health.

While there is no specific reference to the role of this workforce in supporting children, the communities it targets have high percentages of children and children and their families in those communities face major challenges to their healthy development.

Community organizations and community collaboratives focusing upon strengthening families and advancing healthy child development should be major sources for receiving and administering these funds.