InCK Marks

Federal Opportunities for Financing Community Health Workers Focused on Child Health

InCK Marks Overview of Current and Emerging Federal Investments in Community Health Workers

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InCK Marks Reason for Focusing Upon Community Health Workers

The federal government is making potentially transformational investments in building a community health workforce to address health inequities.

Child health leaders recognize the essential role relational/ community health workers/ care coordinators play in improving healthy child development and reducing inequity -- but this is not (yet) reflected in federal thinking around CHW development.

InCK Marks is committed to making this connection and maximizing the investment in CHW for children.

Briefing Overview

1. Federal Commitments to Investing in a Community Health Workforce
2. Current CDC NOFO as First Funding Opportunity
3. The Case to Make for Children/Young Children as “Priority Population”
4. Options for ECCS, Help Me Grow, and DULCE Programs and Sites to Participate
5. The CDC Social Vulnerability Index as a Selling Point

1. Federal Commitments to Investing in Community Health Workforce

- President Biden has called for at least **$6.5 billion** in new funding annually to add 100,000 community health workers in high need/underserved neighborhoods and reduce health disparities
- The CARES Act of 2020 included **$300 million** of funding through the CDC (now the current NOFO)
- The American Rescue Plan Act of 2021 included **$7.66 billion** in additional funding, a significant share potentially for community health workers (potentially a much larger, second NOFO)
- The proposals for infrastructure legislation include funding for community health workers at an annual level of around **$7 billion**
- Congressional bills, resolutions, and sign-on letters call for even greater investments
- **This workforce is seen as consisting of workers with the trust of and deep understanding of the communities being served and responding to social determinants of health and serving as bridges to other health services**
- **This workforce can fill the role of relational care coordination/community health liaison, or family advocate in child health transformation efforts – but there is no specific reference to children as a priority population with respect to CHWs**

2. Current CDC NOFO as First Funding Opportunity

- Applicant must be a county/set of counties as catchment area (or the state, with identified focus counties), funding can go to community-based organizations
- Applicant must identify high priority population in catchment area
- Community coalition must provide oversight for the work
- Funding used to TRAIN, DEPLOY, and INTEGRATE CHWs
- Awards expected to vary from $350,000 to $3 million per year and in one of three categories – (1) capacity building, (2) implementation ready, (3) innovation
- Applicant must provide a maximum 20-page narrative describing approach, organizational capacity, and evaluation and performance measurement
- Very fast turnaround – issued March 25th and due May 25th (with letters of support due 30 days later)
- Likely will be the basis for subsequent NOFOs for Rescue Plan Act funding, so **important to show interest and demand**

3. Case to Make for Children/Young Children as Priority Population

- Responding to the impacts of COVID-19 over the next three years will include responding to disruptions and stresses on children and compromised health
- Responses to next pandemic or public health concern could have focus upon children (like polio), so capacity for serving children is needed
- Addressing health disparities should focus upon age groups that are most diverse and where long-term health impacts and returns are greatest (kids)
- High need/underserved/socially vulnerable neighborhoods where health inequities are greatest have disproportionately high percentages of children and need trusted CHWs with child development knowledge and skills
- Community coalitions and exemplary practices are on the ground to provide support, and are ready and eager to deploy CHWs as a key response

4. Options for ECCS, HMG, DULCE Sites to Participate

- Contact county health departments (state) to determine what response is underway and offer to lead application efforts if not now planning to apply or participate if application is underway
- Encourage applications to consider children as a priority population and offer to lead work on that area
- Offer to produce an innovation proposal on children if an implementation proposal is being developed
- Offer to provide information using the CDC Social Vulnerability Index to highlight the need for a focus upon priority populations by neighborhood (and children in those neighborhoods)
- Offer to be on the community coalition and provide a letter of support
- Emphasize interest and commitment to participate in subsequent funding rounds
- Advocate for greater attention to children and young children in future funding of CHWs

5. The CDC Social Vulnerability Index as a Selling Point: Place, Race, Poverty, and Children (Texas Data)

	Top 10% CVI Tracts	Mid 20% CVI Tracts	Bottom 10% CVI Tracts
Percent in Poverty	**36.4%**	**15.0%**	**4.1%**
Percent Unemployed	9.4%	5.5%	3.2%
Median Personal Income	$ 13,890	$ 26,232	$ 60,883
Percent over 25 No High School Diploma	39.4%	16.5%	3.1%
Percent under 18	**30.9%**	**24.1%**	**23.1%**
Percent over 5 with Disability	16.1%	13.3%	7.3%
Percent Single Parent	17.8%	11.4%	4.0%
Percent Minority	**90.9%**	**52.8%**	**29.5%**
Percent over 5 Limited English	19.4%	5.5%	11.0%
Percent Overcrowded Homes	11.7%	4.4%	0.8%
Percent Households No Auto	14.2%	5.0%	1.6%
Percent Uninsured	29.4%	.7.7%	5.5%


We
can achieve
collective
impact (if we
engage in
collective
advocacy)