



Community-Based
Workforce Alliance

Live Webinar

HRSA \$121M funding opportunity for local Community-Based Workforce

WEDNESDAY, JUNE 2ND

12:30PM - 2:30PM PT
3:30 PM - 5:30 PM ET



REGISTER NOW

Joined by National Experts:

HRSA, Partners in Health,
Health Leads, HealthBegins,
NACHW

- ✓ Learn about the HRSA grant opportunity for "Local Community-Based Workforce to Increase COVID-19 Vaccine Access".
- ✓ Discuss the review criteria that HRSA will use and hear/share ideas for strengthening your application.
- ✓ Identify technical assistance resources and opportunities.
- ✓ Connect with peers in the Community-Based Workforce Alliance.

Webinar Agenda

Part 1: The Opportunity

- ❑ **Welcome** (12:30-12:40pm PST / 3:30-3:40pm EST)
- ❑ **Presentation with Fraser Byrne, HSRA grant representative** (12:40-1:00pm PST / 3:40-4:00pm EST)

Part 2: Strengthening your Proposal

- ❑ **Tips for budget development** (1:00-1:20pm PST / 4:00-4:20pm EST)
- ❑ **Tips for identifying service area/target population** (1:20-1:40pm PST / 4:20-4:40pm EST)
- ❑ **Tips for strengthening project approach** (1:40-2:00pm PST / 4:40-5:00pm EST)

Part 3: Conclusion and Connecting with the CBWA

- ❑ **Collective Action to Advance Equitable Impact of the ARP Funding** (2:00-2:10pm PST / 5:00-5:10pm EST)
- ❑ **Conclusion** (2:10-2:30pm PST / 5:10-5:30pm EST)

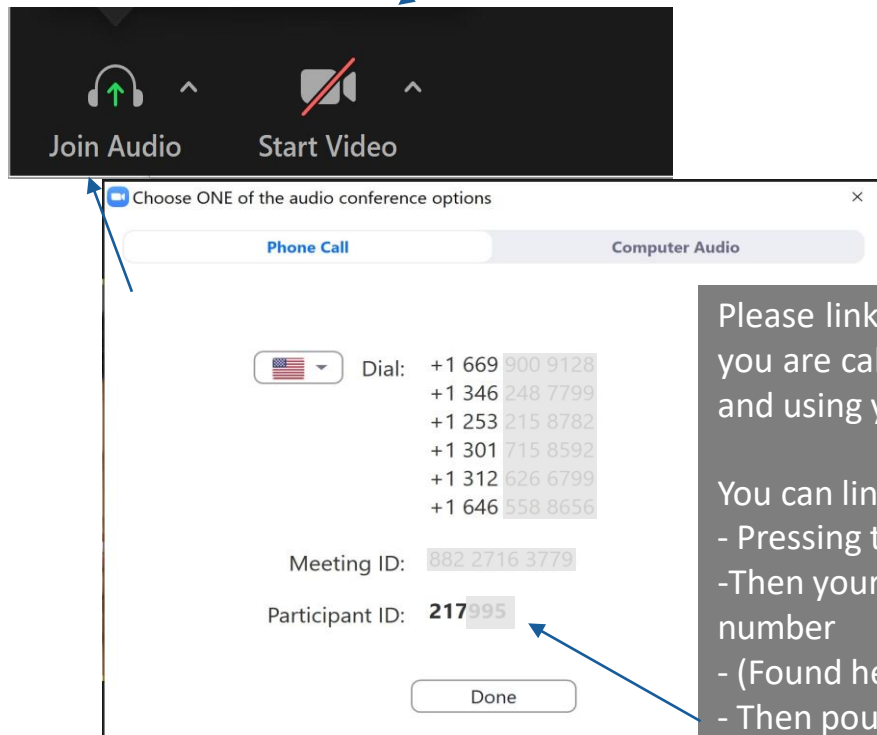
Part 4: TA "Office Hours"

- ❑ **Various Technical Resource Presentations** (2:30-3:30pm PST / 5:30-6:30pm EST)

Zoom housekeeping

Turn on video and link your audio to your video:

Please turn your video on if you are able to and feel comfortable doing so.



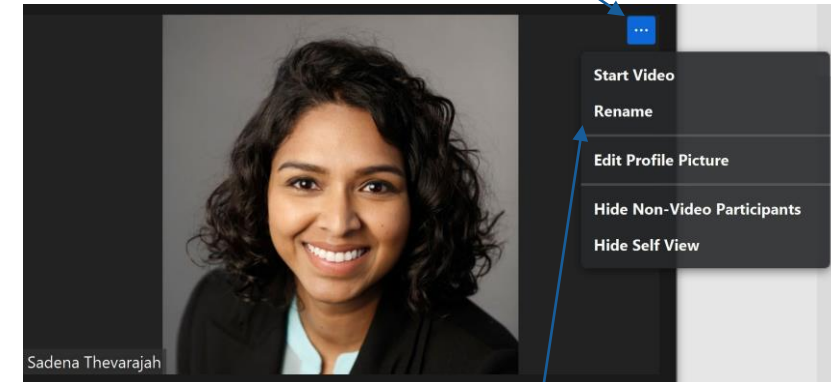
Please link your audio to your video if you are calling in from your telephone and using your computer for video.

You can link audio by:

- Pressing the pound sign (#),
- Then your unique participant ID number
- (Found here)
- Then pound sign again (#)

To rename yourself:

If you hover over your image, you will see ellipses appear. Clicking on the ellipses will reveal a menu.



In that menu, you can select "Rename" to have your name appear the way you would like to be referred.

The Community-Based Workforce Alliance Origin Story

The U.S. continues to surge various community-located efforts (e.g. contact tracing, testing) to mitigate COVID-19, but leaders are often missing the opportunity to connect these efforts with the existing community-based workforce (CBW)

On May 22nd 2020, several organizations with a proven history of working alongside and advocating for the CBW came together around a shared conviction to engage the CBW in future COVID-19 response efforts. An Alliance was formed with the mission to:

“Ensure that COVID-19 response and rebuild efforts are equitable, effective, and involve, fund, strengthen and elevate trusted community-based workers.”



**Community-Based
Workforce Alliance**

All Alliance organizations have endorsed a set of key principles (originally drafted by HealthBegins)



Recruit with a racial equity framework

Apply a racial equity lens to recruit contact tracers from highly impacted communities. Pay a living wage. Include residents, trusted workers & leaders in governance & advisory groups.



Invest in trusted workers, including CHWs

Response & recovery will move at the speed of trust. Pay and expand the authority of trusted, trained community health workers & promotores (CHW/Ps) to support and join contact tracers.



Strengthen connections with psychosocial services

Use social vulnerability data and proven tools to identify household psychosocial needs among isolated/quarantined contacts and to connect them to community nonprofit resources.



Launch a community-based jobs program

Leverage existing and expected federal funds to engage unemployed or dislocated workers with living wage jobs that meet contact tracing & other community needs.



Embed job training & pipelines to local careers

Engage nonprofit workforce training partners to address basic skills gaps and create a pipeline to careers in local health departments, community-based organizations, and local businesses.



Strengthen community infrastructure & financing

Braid funds to sustain essential nonprofits and invest in outcomes funds, wellness trusts, and other place-based payment models that align with long-term community health outcomes.

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The Moment to the Movement



Denise Octavia Smith
Founding Executive Director,
National Association of Community
Health Workers



**Community-Based
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Part 1: The Opportunity



**Community-Based
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Local Community-Based Workforce to Increase COVID-19 Vaccine Access Overview for CBW Alliance

June 2, 2021

Health Resources and Services Administration (HRSA)

Vision: Healthy Communities, Healthy People



Health Resources and Services Administration (Overview)

- HRSA supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically vulnerable.
- HRSA does this through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities
- Every year, HRSA programs serve tens of millions of people, including people living with HIV/AIDS, mothers and their families, and those otherwise unable to access quality health care



Overview: Local Community-Based Workforce to Increase COVID-19 Vaccine Access

Funding Opportunity Title:	Local Community-Based Workforce to Increase COVID-19 Vaccine Access
Funding Opportunity Number:	HRSA-21-140
Due Date for Applications:	June 9, 2021
Anticipated Total Annual Available FY 2021 Funding:	\$121,000,000
Estimated Number and Type of Award(s):	Approximately 121 grant awards
Estimated Award Amount	\$1,000,000 per awardee
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2021 – June 30, 2022 (12-months)
Eligible Applicants:	<p>Eligible applicants include nonprofit private or public organizations, including local and/or regional community-based organizations, with demonstrated experience in implementing public health programs, particularly in medically underserved areas.</p> <p>See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.</p>



Purpose & Expectations

The purpose of this program is to establish, expand, and sustain a community outreach workforce to educate and assist individuals in accessing and receiving COVID-19 vaccinations.

- HRSA will fund recipients that have demonstrated experience and expertise in implementing public health programs particularly in medically underserved areas
- Award recipients will need to clearly describe how the funding will directly serve and impact vulnerable communities
- Award recipients will need to demonstrate how they will prioritize hiring individuals from the communities they will serve by providing outreach, education and assistance related to the COVID-19 vaccine
- This program will focus on providing resources to local and/or regional community-based organizations (CBOs). CBO applicants may engage as individual organizations or create a network of multiple eligible organizations partnering together to complete program activities (i.e. one award recipient with multiple subrecipient organizations).



Eligible Applicants

Eligible Applicants (as specified in the NOFO):

Eligible applicants include **nonprofit private or public organizations**, including local and/or regional community-based organizations (CBOs), with demonstrated experience in implementing public health programs, particularly in medically underserved areas.

Examples of eligible applicants:

- Nonprofit organizations (e.g. with 501C3 IRS Status)
- Community-based organizations with nonprofit status (e.g. faith-based organizations, social service CBOs)
- Institution of Higher Education with nonprofit status
- Public/State Controlled Institution of Higher Education
- Local/city government entity (e.g. health department, etc.)
- Tribes/Tribal organizations



Partnering Organizations and Entities may include:

- Community-based organizations (including faith-based organizations, social service organizations)
- Local chapters of national associations
- Local health departments
- Health centers and other community-based health providers
- Minority-serving organizations or institutions
- Tribes and Tribal organizations
- Philanthropic organizations
- Local municipal entities, such as fire and EMS departments
- Social service providers (e.g. food banks, community transportation, childcare)
- Community Action Coalitions, Chambers of Commerce, Health Equity Councils, and other community groups



Anticipated Target Populations

Data Driven:

- Using CDC's Social Vulnerability Index or other data sources to demonstrate need for the identified target population
- Areas with lower vaccine rates and/or vaccine confidence

Local Coverage:

- Anticipating local, community-level coverage and outreach activities
- Specific subpopulations and/or geographic areas

Capacity to Reach:

- Leverage regional and local community-based partners or collaborators
- Proposed organizations or partners should fit target population



Anticipated Activities

Anticipated activities include but are not limited to:

- Mobilizing community outreach workers (e.g. community health workers, patient navigators, and social support specialists) to educate and assist individuals in accessing and receiving COVID-19 vaccinations.
- Conducting face-to-face, virtual, phone/texting outreach directly to community members to educate them about the vaccine.
- Organizing pop-up or mobile vaccination sites
- Providing information on the closest vaccine locations.
- Assisting individuals in making a vaccine appointment, making vaccine reminder calls/texts, and arranging for transportation and childcare assistance to vaccine appointments, as needed.



Allowable Costs

Allowable costs including but not limited to:

- Personnel (salary/fringe, fair hourly wages, contractors, etc.)
- Supplies to conduct proposed activities (e.g. tablets for outreach workers to make vaccination appointments on-the-spot),
- Reasonable incentives for individuals to get vaccinations (gift cards, food or food vouchers, grocery store coupons, etc.)
- Equipment (mobile units, handicap-accessible vans, etc.)

Unallowable costs (Funding Restrictions Section IV.6 of the NOFO):

- Construction (e.g. no major renovations)
- Real Property (e.g. no purchasing property/land)
- Equipment unrelated to project activities (e.g. no x-ray machine for vaccine outreach)



Sample Budget Justification

A sample budget justification for this funding opportunity will be available to guide applicants on [Grants.gov](https://www.grants.gov).

From the Grants.gov page for opportunity HRSA-21-140,

VIEW GRANT OPPORTUNITY

HRSA-21-140
Local Community-Based Workforce to Increase COVID-19 Vaccine Access
Department of Health and Human Services
Health Resources and Services Administration

« Back | Link

Apply Subscribe

SYNOPSIS VERSION HISTORY RELATED DOCUMENTS PACKAGE

Print Synopsis Details ?

General Information

Document Type:	Grants Notice	Version:	Synopsis 1
Funding Opportunity Number:	HRSA-21-140	Posted Date:	May 20, 2021
Funding Opportunity Title:	Local Community-Based Workforce to Increase COVID-19 Vaccine Access	Last Updated Date:	May 20, 2021
Opportunity Category:	Discretionary	Original Closing Date for Applications:	Jun 09, 2021
Opportunity Category Explanation:		Current Closing Date for Applications:	Jun 09, 2021



Reporting

Progress reports: Due five (5) days following the end of the previous month. Include both quantitative data and brief narrative, for EX:

- Number of community outreach workers hired to date
- Number of individuals hired from the communities served by this project
- Number of individuals directly assisted
- Number of individuals that received vaccine outreach and education.

Further information will be available in the Notice of Award.

Review Criteria

Objective Review Committee: External experts review all eligible applications, provide a scores and comments based on these Review Criteria included in the NOFO:

1. Service Area/Target Population (35 points)
2. Project Approach (45 points)
3. Budget (20 points)

Application Components

- Recommendation of 10-15 pages – can be over or under without penalty
- Application attachments **required**:
 - ✓ Attachment 1: Project Narrative
 - ✓ Attachment 2: Budget Narrative
 - ✓ SF-424 Application Form
 - ✓ SF-424A Budget Form
- **Optional** Application Attachments:
 - Indirect cost rate agreements
 - Proof of non-profit status
 - Letters of support/commitment from partners



Reminder

The Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet
(<http://fedgov.dnb.com/webform/pages/CCRSearch.jsp>)
- System for Award Management (SAM)
(<https://www.sam.gov>)
- Grants.gov
(<http://www.grants.gov/>)

Submitting an Application

Application Due Date:

June 9, 2021 at 11:59 p.m. ET.

Submit through Grants.gov by the deadline

Contact for Grants.gov Help Desk:

1-800-518-4726

support@grants.gov



Awards

- Project Start Date: July 1, 2021
- Notice of Award (NoA) to awardee/applicant
- Letters to all applicants with Summary Statement

Questions?

Review the recorded HRSA TA Webinar from 5/25:

<https://hrsa.gov.zoomgov.com/rec/share/CVY-br2E-sHqRFdLNyfyH5IAbZzmLKrNtoy25lxlqY52vYmXdeGKqDaR7Np2Qmju.QQ0tu6AHtY9gewl2> ; also available on Grants.gov under blue Related Documents tab for funding announcement [HRSA-21-140](#)).

Contact HRSA for budget, eligibility, or content clarification questions:

CBOVaccineOutreach@hrsa.gov

Contact Grants.gov Help Desk for tech support:

1-800-518-4726

support@grants.gov



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Learn more about our agency at:

www.HRSA.gov



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Part 2: Strengthening your Proposal



**Community-Based
Workforce Alliance**

Tips for budget development, alignment, and narrative



Denise Octavia Smith
Founding Executive Director,
National Association of Community
Health Workers



Katie Adamson
Vice President, Health Partnerships and Policy,
YMCA of the USA



**Community-Based
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Budget Guidance

Section 4 of HRSA's *SF-424 Application Guide* provides instructions for the budget, budget narrative.

Things to keep in mind:

- Total project costs: must include direct and indirect costs
- Justification: How the funds will be used over the 12-month period of performance
- Clear indication of how funds will be distributed across partner organizations (if any)
- Salary limitation
- Budgets must be well justified in the budget narrative AND clearly related to the activities listed
- Allowable costs—see Application Guide



Allowable Costs

Allowable costs including but not limited to:

- Personnel (salary/fringe, fair hourly wages, contractors, etc.)
- Supplies to conduct proposed activities (e.g. tablets for outreach workers to make vaccination appointments on-the-spot),
- Reasonable incentives for individuals to get vaccinations (gift cards, food or food vouchers, grocery store coupons, etc.)
- Equipment (mobile units, handicap-accessible vans, etc.)

Unallowable costs (Funding Restrictions Section IV.6 of the NOFO):

- Construction (e.g. no major renovations)
- Real Property (e.g. no purchasing property/land)
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Sample Budget Justification

ATTACHMENT 2: BUDGET JUSTIFICATION - HRSA-21-140

XYZ Northern Medical (SAMPLE)

✚ Total Requested - \$1,000,000

Category	Budget (1-Year)
Salaries & Wages	\$286,500
Fringe Benefits	\$100,275
Total Personnel:	\$386,775
Travel	\$5,200
Equipment	\$75,000
Supplies	\$1,000
Contractual	\$462,257
Other	\$6,800
Total Direct Costs:	\$937,032
Indirect Costs (14% of MTDC)*	\$62,968
Totals:	\$1,000,000



Budget Justification

- **Personnel** – Staff may be salaried, hourly, etc. All should be paid fair wages. Federal cap on Executive Salary (see NOFO Section IV.2)
- **Travel** – Must be listed according to local and long distance. Estimate costs including mileage, list of travelers, description of travel and destination.
- **Equipment** – Any item with a per unit cost of \$5,000 or greater. (Must be related to CBO activities)
- **Supplies** – Must include description, costs and justification.
- **Contracts** – Include clear explanation and purpose to CBO objectives, description of how costs were estimated, including contractual staff.
- **Other** – Zoom or teleconference costs, printed materials, incentives (must be reasonable) etc.,
- **Indirect Costs** – Use negotiated rate provided by DCA, or the de minimis rate of 10% of salaries and wages, per 45 CFR 75.414



Other Clarifications

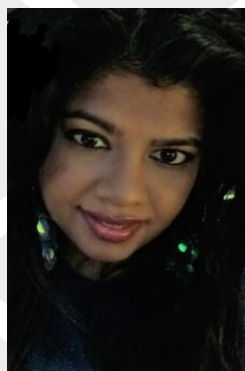
- Partner organizations can receive funding (subawards, contracts, mini-grants, etc.) as outlined in your proposed approach and your proposed budget
- Cost sharing-not required
- Multiple applications from an organization---not allowed
- When more than one version of the same application is submitted, the last submission prior to the due date will be reviewed



Tips to clarify your service area and target population



Charles Bruner
Executive Director,
Integrated Care for Kids



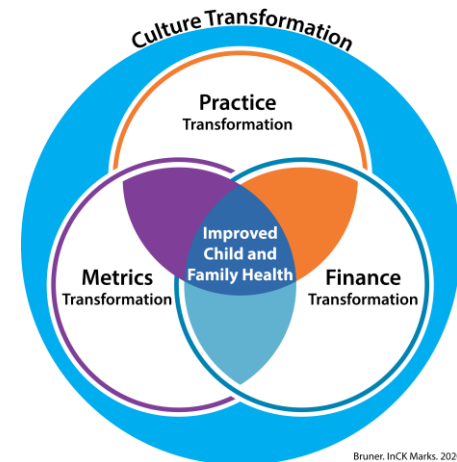
Rumana S. Rabbani
RWJF Health Policy Research Scholar,
Chair, Policy & Awards Committee,
APHA CHW Section



**Community-Based
Workforce Alliance**

THE ABC'S OF USING THE SOCIAL VULNERABILITY INDEX (SVI) FOR HRSA GRANT HSRA 21-140

Opportunities for Community-Based Organizations That Serve Historically Marginalized Communities



Bruner, InCK Marks, 2020

AGENDA: THE ABC'S OF USING THE SOCIAL VULNERABILITY INDEX FOR HRSA GRANT 21-140

1. What the Grant Says About Underserved and High SVI Communities
 - Grant Narrative Scoring Criteria and Emphasis on the SVI
 - What the Purpose of the SVI Is
 - What Information the SVI Provides
2. How to Define a High Vulnerability Population Area with the SVI
3. How to Develop an SVI Table Making Full Use of the SVI
4. How to Augment the SVI and Make the Case for Your Organization

HRSA GRANT AND ITS FOCUS UPON UNDERSERVED AND HIGH SOCIAL VULNERABILITY COMMUNITIES

The program intends to address persistent health disparities by offering support and resources **to vulnerable and medically underserved communities**, including racial and ethnic minority groups and individuals living in areas of high social vulnerability.

This program will target resources to the most vulnerable and medically **underserved communities within counties**.

Recommended data sources for identifying your proposed target population(s) and service area(s): Centers for Disease Control and Prevention (CDC) **Social Vulnerability Index**.

-- HRSA 21-140 NOFO

GRANT NARRATIVE SCORING CRITERIA – 35 OF 90 POINTS

Service area/target population (35 total points)

1. To what extent does the application clearly identify vulnerable target population(s) using data from a reliable and recent data source such as the CDC **Social Vulnerability Index**? (20 points)
2. To what extent does the application outline the needs of the population to be served? (10 points)
3. To what extent does the application provide a demographic overview of the service area and target population to be served? (5 points)

WHAT THE PURPOSE OF THE SVI IS

Social vulnerability refers to the potential negative effects on communities caused by external stresses on human health.

The CDC/ATSDR Social Vulnerability Index uses U.S. census variables to help local officials identify communities that may need support before, during, or after disasters.”

-- CDC/ATSDR website

WHAT INFORMATION THE SVI PROVIDES

- The SVI includes sixteen data elements (indicators) from the American Community Survey (ACS) at both the census tract and the county levels
- The SVI provides a vulnerability index from these elements calculated (0 to 1) at a census tract and a county level.
- The ACS data is a five-year average from 2014-2018.
- Data files (a cvs file which can be converted to excel) can be downloaded by state – one for counties and one for census tracts.

THE SVI'S SIXTEEN INDICATORS

Percent Poverty	Percent Minority
Percent Unemployed	Percent Over 5 Limited English
Median Per Capita Income	Percent Multi-Unit Housing
Percent 25+ No HS Diploma	Percent Overcrowded Homes
Percent over 65	Percent Mobile Homes
Percent under 18	Person Households No Automobile
Percent Over 5 with Disability	Percent Group Quarters
Percent Single Parent Households	Percent No Health Insurance*

* Not used in calculating SVI but included in data.

HOW TO DEFINE A HIGH VULNERABILITY POPULATION AREA WITH THE SVI

- Community-based organizations have expertise/deep knowledge of different neighborhoods and communities within a county (which can be approximated by census tracts).
- The SVI index varies much more by neighborhood/census tract than by county. Drilling down to the census tract/aggregation of tracts is essential, in most instances.
- **A first step for CBOs is to define neighborhoods by census tracts and look at SVI scores by census tracts within counties.**

HOW TO DEVELOP A CVI TABLE TO MAKE FULL USE OF THE CVI

Get information on all sixteen indicators:

- for the state as a whole
- for the county or counties of interest
- for different neighborhoods of special focus (aggregations of contiguous census tracts) within the county or counties.

Display in a way that shows the overall index but also the indicators available through the SVI.

Social Vulnerability Index Data for Harris County, Texas, and Houston Highest SVI Tracts

				SVI .9-1.0	Texas	Harris
				Harris	Total	County
Population				492,854	27,885,016	4,602,503
Percent Poverty				35.1%	15.0%	16.2%
Percent Unemployed				9.5%	5.5%	6.1%
Median Personal Income				\$ 14,329	\$ 26,232	\$ 31,901
Percent over 65				8.8%	13.7%	9.8%
Percent under 18				31.5%	24.1%	26.9%
Percent Minority				94.3%	52.8%	69.9%
Percent over 5 Limited English				23.9%	5.5%	11.7%

Social Vulnerability Index Data for Harris County, Texas, and Houston Highest SVI Tracts, Cont.

				SVI .9-1.0	Texas	Harris
				Harris	Total	County
Percent over 25 No High School Diploma				39.2%	16.5%	19.1%
Percent over 5 with Disability				11.7%	13.3%	9.2%
Percent Single Parent				19.2%	11.4%	11.4%
Percent Multi-Unit Housing				34.5%	12.7%	25.8%
Percent Mobile Homes				3.9%	10.5%	2.5%
Percent Overcrowded Homes				12.9%	4.4%	5.6%
Percent Households No Auto				15.0%	5.0%	6.0%
Percent Group Quarters				.9%	3.1%	.9%
SVI Score				0.94	0.50	0.64
Percent Unins.				32.7%	17.7%	20.2%

HOW TO AUGMENT THE SVI AND MAKE THE CASE FOR YOUR ORGANIZATION

- Add specific information about the racial and ethnic composition (and show how your organization connects)
- Add other information (including ACS information) on hand and relevant to describing the neighborhoods in relation to the county and state, including your own work
- Enlist a data nerd (including a NNIP partner, if one exists) to do the technical work on the SVI data and to incorporate other relevant ACS and other data

BE PREPARED! ENTER INTO COUNTY PLANNING FOR THIS AND FUTURE OPPORTUNITIES

While one-time funding, new federal funding is expected that further will focus upon a community-based public health workforce and good to get into discussion now!

“Invest \$3 Billion to Prepare for Future Pandemics and Modernize the Public Health Workforce: CDC will create a new grant program to provide under-resourced health departments support to build a strong public health workforce. This grant program will offer **community health workers** ... an opportunity to continue their careers beyond the pandemic as public health professionals, particularly in lower-income and underserved communities.”

May 13 White House Fact Sheet on Use of ARPA Funds

DETERMINING WHERE MY ORGANIZATION FITS AND WHAT TO DO

Ongoing and Post-June 9 Tools to Support Work

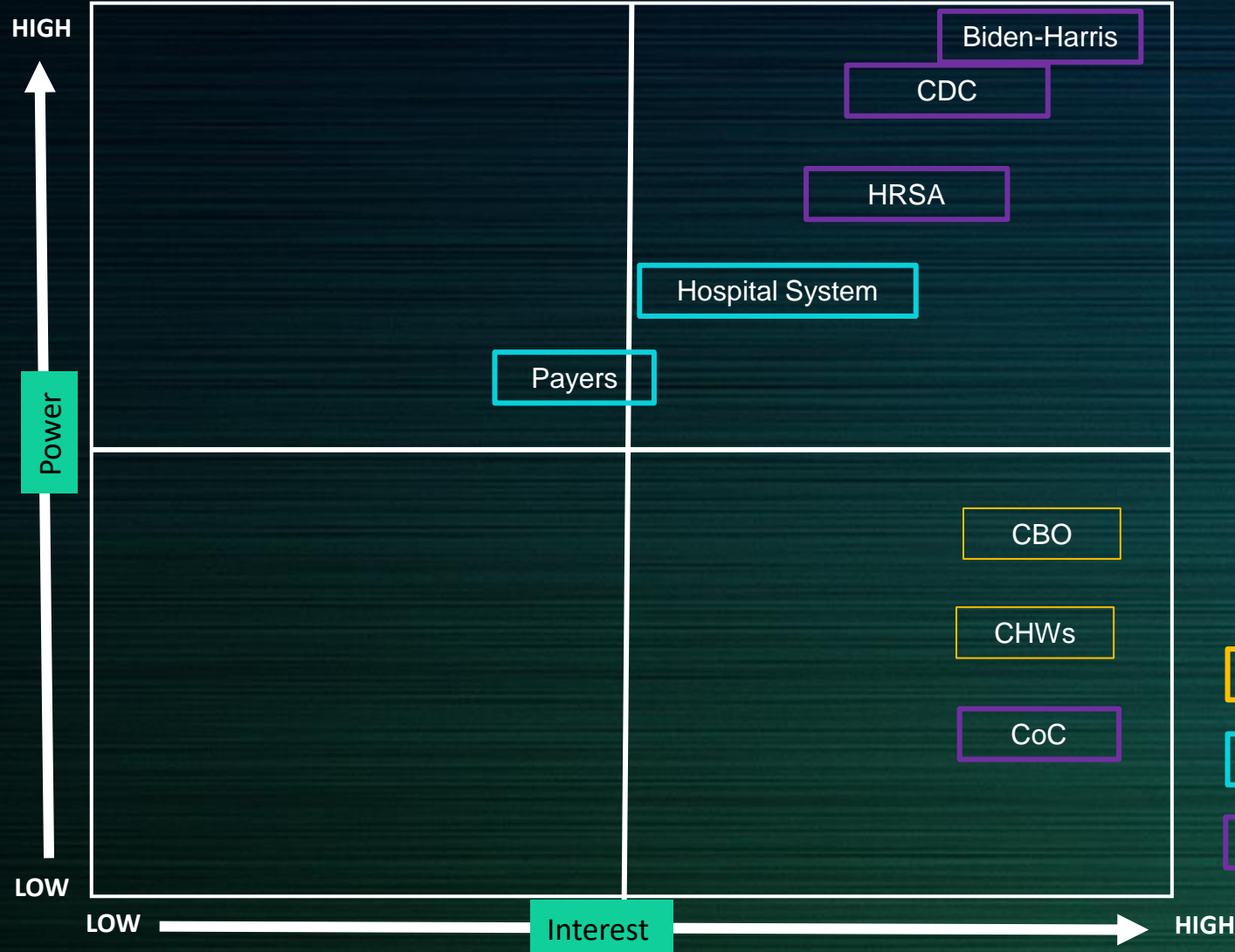
- Using the SVI and Other Data to Focus Attention on CBO Community, its Needs and Strengths
(bruner@childequity.org)
- Conducting a Community Stakeholder Analysis
- Conducting other Community Asset and Resource Mapping
- Developing an Evaluation System
(empowerment/interactive/continuous improvement models)

Stakeholder Assessment



Stakeholder	Status	Reason	Strength	Resources	Local Community-Based Workforce to Increase COVID-19 Vaccine Access
CBO	Internal	Understands the disparities in communities of color	Strong	Access and trust with communities	Partnerships into communities
CHWs	Internal	Understands the disparities in communities of color, direct frontline	Strong	Trust + Lived experience with CoC	Able to establish trust with CoC and understand issues of equity
Executive Director	Internal	Face of hospital. daily operations and strategy for hospital system	Strong	Leadership Strategy	Decisions made by the Executive Director impact the success of the hospital
Vaccine manufacturers	Internal	Controls operation and direction of vaccinations	Strong	Leadership Strategy	Decisions made by the drug companies effect distribution of vaccinations
Doctors/Physicians	Internal	Provide services for hospitals Jobs depend on success of organization	Medium	Revenue generating services	Doctors provide services to patients are critical to success Well-know/high quality doctors may attract patients from large geographic regions
Dieticians	Internal	Provide services for Cancer Centers Jobs depend on success of organization	Weak	Revenue generating services	Provide supplemental services required for well-rounded care
Financial Counselors	Internal	Provide services for Cancer Centers Jobs depend on success of organization	Weak	Patient satisfaction Improve collection rate	Improve financial performance by ensuring eligibility for payment (insurance), setting up payment plans and explaining options
Media	External	Provide marketing and can sway public opinion	Weak	Marketing	Affects the success Covid vaccinations by providing marketing (commercials) and swaying public opinion (news stories)

Stakeholder Mapping



- TA office hrs. with Charles + Rumana at 5:30 PM today
- Strategic tools from CQI & Improvement science
- Other questions to clarify your **service area/target population**

Tips to strengthen your project approach



Alexander Fajardo
Executive Director,
El Sol Neighborhood Educational Center



Tene Hamilton Franklin
Vice President, Health Equity and Stakeholder Engagement,
Health Leads



**Community-Based
Workforce Alliance**

Objectives

- **Readiness**
- **Timeline**
- **Workforce**

Sample Readiness Checklist

What does success look like?

- ↳ What is your problem statement?
- ↳ Do you have strong project management capabilities?
- ↳ Have you considered how you will engage and support your community-based workforce?
- ↳ Do you have a fiscal management requirement?
- ↳ Is your proposed budget realistic?
- ↳ Do you have the time to do it?

Timeline

- ↳ List 12-month project activities & timeline (by quarter) to address COVID vaccination needs
- ↳ Plans to monitor progress and adjust as needed (PDCA)
- ↳ List and LOIs from all partners or collaboratives
- ↳ What are your activities & staffing approach

Community-Based Workforce (CBW)

- ↳ Definition of a CBW?
 - ↳ Community health workers; promotores de salud; community-based social workers; community-based, non-governmental nonprofit staff and human services providers; and other trusted community-based professionals (e.g. doulas, peer specialists, recovery coaches).
 - ↳ unemployed residents and retirees, students or recent graduates, and lay community-based leaders (i.e., faith-based leaders, barbershop owners, leaders of neighborhood mutual aid groups, etc.).
- ↳ Have you identified capacity & the experience of your organization to address increase vaccine access
- ↳ Strategies to hire from marginalized communities with DEI commitment
- ↳ Capacity to rapidly hire CBW, engage target population, and assist with COVID vaccinations

Part 3: Conclusion



**Community-Based
Workforce Alliance**

Collective Action to Advance Equitable Impact of the ARP Funding on CBOs and the Community Based Workforce



Justin Mendoza

Advocacy Manager,
Partners in Health



**Community-Based
Workforce Alliance**



Community-Based Workforce Alliance | June 2, 2021

Collective Action to Advance Equity

The situation: A history of neglect

A history of neglect:

- Public Health and Community Health investments have decreased over the past decades, since 1980 even state and public health workforces have been cut from 500,000 to under 200,000 jobs.

Needs in the workforce

- Community-Based organizations have been the forefront of the COVID-19 response, but often times smaller CBOs lack the resources and capacity to take on the massive challenges of today.



The American Rescue Plan Act (ARP)

“The American Rescue Plan is a beacon of hope for America’s families and a sign that, as President Biden has promised: Help Is On The Way.”

Speaker Pelosi, March 6, 2021

The American Rescue Plan is delivering direct relief to the American people, rescuing the American economy, and starting to beat the virus. The plan includes funding to:

- Provide direct relief to Americans
- Safely reopen schools
- Mount a national vaccination program and contain COVID-19

Public Health Workforce Funding

Bucket	Amount	Timeline
HRSA - Small CBOs (Pass Through)	\$125 million (10 grants)	June Disbursement
HRSA - Small CBOs (Direct)	\$125 million	July Disbursement
CDC funding for states	\$3.4 billion	Immediate (June)
Public Health AmeriCorps	\$400 million	Unkown/Immediate – surge capacity
CDC funding grant opportunities	\$3 billion (multi-year)	Rollout later this year, only area CHWs are named
CDC workforce programs	\$245 million + \$337 million + \$80 million	Unknown timelines
Total	\$7.71 billion	

Other Buckets of Funding for Workforce in ARP

Bucket	Amount	Workforce Tie-In
CDC to plan, prepare for, promote, distribute, administer, monitor, and track COVID-19 vaccines	\$7.5 billion	Staffing support at community vaccination centers
For Community Health Centers (also referred to as Federally Qualified Health Centers)	\$7.6 billion	Expanding the health care workforce
Testing, contact tracing, and COVID mitigation activities	\$47.8 billion	Expanding the public health workforce
Genomic sequencing and surveillance for SARS-COV-2	\$1.75 billion	Expanding informatics capabilities of workforce
Elementary and secondary school re-opening	\$122.8 billion	Indicated in May 13 announcement that this can be used for nurses as well (not clarified in text).
Non-public schools	\$2.75 billion	<i>Not explicit, but we assume similar to the above</i>
Higher education	\$39 billion	<i>Also not explicit</i>
Total	\$229.2 billion	

Progress

This funding opportunity

Past funding for local CBOs informed this process:

- Grants are up front, not reimbursed
- Grants are focused on local CBOs
- Grants are *not* for large consulting groups

What is next?

- Supporting permanent funding for health equity efforts.
- Sharing the success of CBOs working across the country.
- Targeting specific roles and support for communities:
 - Mental health, housing, addiction, etc.

What you bring to the table.

Next Step for you:

Join the conversation



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Moderated Q&A



Denise Octavia Smith
Founding Executive Director,
National Association of Community
Health Workers



**Community-Based
Workforce Alliance**



CBO Summit Resources

1. [Community Based COVID-19 Vaccination Manual](#)
2. [Vaccine Equity Cooperative Resource Repository](#)
3. [Advancing CHW Engagement in COVID-19 Response Strategies](#)

communitybasedworkforce.org/ → Content & Resources → CBO Summit

Part 4: Technical Assistance “Office Hours”

Strategies and Tools to Enhance Equity in Community-Based COVID-19 Response Efforts

Time & Location	Technical Assistance Content:	Facilitator(s)
June 3rd (2-3pm PST / 5-6pm EST) zoom link: https://pih.zoom.us/j/99961036229?pwd=NHFvdnRGN29GU0MydTFBMFRPaEV6dz09	Resource Review: Community Based COVID-19 Vaccination Manual , developed by Partners in Health	Katie Bolbach (Partners in Health)
June 3rd (10-11 am PST / 1-2pm EST) zoom link: https://uncsph.zoom.us/j/91930674822	Resource Review: Vaccine Equity Cooperative Repository , developed by Health Leads	Jeremy Schiffberg (Health Leads)
Close of webinar → Breakout Room 1	Resource Review: CBWA Playbook: Advancing CHW Engagement in COVID Response , developed by the Community Based Workforce Alliance	Alex Fajardo (El Sol Neighborhood Center) and Karl Johnson (CBWA)
Close of webinar → Breakout Room 2	Resource Review: Resources for COVID-19 Response , developed by the National COVID-19 Resiliency Network and Morehead School of Medicine	Aurora GrantWingate (National Association of Community Health Workers)
Close of webinar → Breakout Room 3	Resource Review: How to Advocate for Good Jobs to end the COVID-19 Crisis and Address Health Inequity with Recent Federal Funding , developed by the Global Health Justice Partnership at Yale Law School	Briana Moler (Yale Law School)
Close of webinar → Breakout Room 4	Messaging on COVID-19 and vaccinations, especially for Spanish-speaking communities	Maria Lemus (Visión y Compromiso)
Close of webinar → Breakout Room 5	Additional resources for stakeholder analysis, evaluation, and using SVI measures	Rumana Rabbani (APHA CHW Section) and Charles Brunner (Integrated Care for Kids)



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