

**TOOLKIT**

# How to Advocate for Good Jobs to End the COVID-19 Crisis and Address Health Inequity with Recent Federal Funding



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## **ACKNOWLEDGEMENTS**

## Brief Overview

This document serves as a reference for community-based organizations and other advocates that seek to create a stronger local health workforce and address social inequities exacerbated by the COVID-19 pandemic. It was developed by the Global Health Justice Partnership at Yale Law School, a member of the [Public Health Jobs Now! \(PHJN\) Coalition](#), with input from members of that coalition.

### **ADVOCACY ONE-PAGERS**

A short list of PHJN coalition demands related to COVID-19 recovery funding, that can be useful as a quick reference to organizations seeking to promote health justice, a strong and inclusive COVID response, and social equity.

An overview of sources of federal funding for COVID-19 recovery and the public and community health workforce, which can be a reference for organizations seeking to have recovery funds directed to where they are most needed. The funding landscape is constantly changing, but this chart can serve as a visual overview to organizations that may not be familiar with the details of recent legislation.

### **SECTION 1: BACKGROUND**

This section contains additional information on the PHJN coalition principles, and describes how the toolkit can be used.

### **SECTION 2: ADVOCATING FOR THE WORKFORCE POSITIONS YOU NEED**

This section gives more detailed reasons why a stronger public and community health workforce is essential to addressing health crises like the COVID-19 pandemic, and health inequity over the long term. It includes some job descriptions of the public and community health workforce, and describes how cities and towns can benefit from these types of investments. A conversation guide provides some talking points that may be helpful when advocating for these resources with state and local officials.

### **SECTION 3: APPENDIX**

The appendix describes where advocates can find key data about their communities related to these issues, and lists other relevant resources.

This section also has more detail on the individual federal funding streams that are designed to address the COVID-19 crisis, particularly health inequities faced by underserved populations. Examples of funding streams discussed include the American Rescue Plan (ARP), Coronavirus Aid, Relief, and Economic Security Act (CARES), and recent CDC funds targeted to increase the delivery of vaccinations for influenza or COVID-19. These descriptions focus on funding streams that may be available, directly or indirectly, to support the work of community-based organizations and other local advocates.

# Advocacy One-Pagers

The Public Health Jobs Now! (PHJN) coalition developed a list of demands to help ensure that new federal COVID funds are used to promote health justice, a strong and inclusive COVID response, and social equity. We've adapted it for local use here, to try to assist local groups in their own advocacy around COVID and health justice. Next, there is an overview of federal funding streams for COVID-19 recovery and the public and community health workforce. This can be a reference for organizations seeking to have recovery funds directed to where they are most needed. See Section 1 below for background on the coalition.

# Public Health Jobs Now! Demands That Can Help Guide Local Work

## Any funding should:

- ✓ **Add to and not replace existing public health funding streams** to ensure that governments expand their public health and health equity efforts
- ✓ Be guided by input from local community groups, for example using a local planning council model like the one used in the [Ryan White program](#), to **ensure everyone is working together to improve health equity**
- ✓ Be directed in part to **local health departments**
- ✓ Be directed in part **directly to community based organizations** (CBOs), with the option of money being allocated up front, and available to build capacity and attend to administrative needs to meet the needs of small CBOs
  - a. CBOs with **demonstrated experience addressing health needs and working with BIPOC communities** to provide culturally and linguistically appropriate care should be given priority and support in accessing funding for CBOs
- ✓ States and local governments should make available one place where they provide detailed information about how the funding is spent, how many people are hired, and the aim of the programs.
- ✓ Fund a public and community health workforce. Most jobs created by the new funding should:
  - a. **be full-time, and longer term** (e.g. 2+ years) jobs. COVID will not be solved in a few months, and the health disparities that made it so devastating need sustained investment.
  - b. **require strong labor standards** and allow workers to build power (\$15/hr or prevailing wage for the applicable area and occupation in accordance with the Service Contract Act along with fringe benefits, including health, retirement, and paid family and medical leave, and have a choice to join a union.)
  - c. **be recruited from the communities most affected by COVID-19, structural racism, and the unemployment crisis**, both to facilitate their recovery and benefit from their expertise and trust.
  - d. **have strong protections against displacement** (recently laid-off or furloughed public health workers should also have a right to recall).
  - e. **have pathways for career development** for public health careers.
  - f. **avoid citizenship and excessive education/degree/licensure/certification requirements** that might exclude qualified candidates, particularly for community-based roles. Criminal legal system involvement should not remove a candidate from consideration.
- ✓ **Not be subgranted to for-profit organizations**, used to contract out to for-profit organizations, or used for any purpose other than employment, PPE, and administration by health departments and nonprofit private or public organizations.

## Funding Chart

This chart provides an overview of some of the funding streams that may be helpful. Details on each of the items below are in the Appendix. There are three major federal funding bills, which we will call

"CARES," the "Supplemental" and "ARP," as well as other funding streams. It may be helpful in your advocacy to be able to cite particular funds, and to find out what your local and state government is doing with each of these funds, so you can show how your priorities can be funded. These billions of dollars in new federal investment mean that state and local health departments devastated by years of reduced funding can finally reestablish critical health-promoting activities, and build on the successful model of community health workers to ensure an equitable response to the pandemic, with support from community-based organizations.

<b>NEW LAWS TO AID COVID-19 RECOVERY</b>		
<b>Legislation</b>	<b>Description</b>	<b>Target</b>
<b>American Rescue Plan (ARP)</b>	2021 law provides \$1.9 trillion in stimulus to aid COVID-19 response	Individuals, businesses, as well as multiple federal, state, local agencies and their partners and grantees (including non-profits and healthcare providers)
<b>Coronavirus Aid, Relief, and Economic Security Act (CARES)</b>	2020 law provides \$2.2 trillion in stimulus to aid COVID-19 response	Individuals, businesses, as well as multiple federal, state, local agencies and their partners and grantees (including non-profits and healthcare providers)
<b>Supplemental: Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA): Higher Education Emergency Relief Fund (HEERF II)</b>	2020 law provides \$82 billion in support for education	Funds will support educational institutions to address multiple COVID-19 related needs, including through increased testing capacity and other pandemic response activities

## EXAMPLES OF FEDERAL FUNDING PROGRAMS IMPLEMENTING THESE LAWS, AS OF MAY 2021

Program	Description	Target
<b>Partnering with National Organizations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Currently Experiencing Disparities</b>	2021 funding will provide \$17.5 million to national organizations to build capacity, including through sub-awards to local branches	Community-based organizations may use this funding to support community-level vaccination activities
<b>Community Health Workers for COVID Response and Resilient Communities</b>	2021 funding will provide over \$300 million to state and local governments or tribal governments, through three-year grants	This funding is intended to support community health workers to address disparities in access to COVID-19 related healthcare services, and to address risk factors for COVID-19 illness, such as chronic diseases, access to food, and smoking
<b>COVID-19 Vaccine Supplement 4</b>	2021 funding will provide \$3.15 billion through 2024 to 64 state or local government entities, but it may then be granted to local partners and CBOs	This funding is targeted to support local communities in increasing vaccine access, acceptance, and uptake among racial and ethnic minority communities
<b>Community-Based Workforce for COVID-19 Vaccine Outreach</b>	2021 funding will provide \$125 million to 10 nonprofit private or public national organizations with established relationships with state, territorial, or local health departments	This funding is targeted to national organizations to support the hiring of community health workers to educate and assist individuals with their vaccination-related needs
<b>Local Community-Based Workforce for COVID-19 Vaccine Access</b>	2021 funding will provide \$121 million to 121 nonprofit private or public organizations, including local and/or regional CBOs	The funding is targeted to help local CBOs hire and mobilize community health workers to educate and assist individuals with their vaccination-related needs

Please see the Appendix for more information, including links to relevant resources.

**SECTION 1**

# Background

# Public Health Jobs Now! Coalition Principles

**Public Health Jobs Now! (PHJN)** is a campaign of labor unions, community-based organizations (CBOs), faith based-organizations, and public health experts and advocates that worked for the inclusion of hundreds of thousands of good new jobs in public and community health in the American Rescue Plan Act (ARP). To address the COVID-19 pandemic and combat ongoing and future public health catastrophes, it is calling for a new Public Health Jobs Corps that is federally funded and locally managed. The goal is to create at least **1.6 million new permanent, quality jobs across America**, build a healthier and more equitable future for all Americans, and ensure that Black and Brown communities can thrive. A systemic investment in good jobs focused on the health of historically marginalized communities will address the immediate urgency of the COVID-19 pandemic, improve economic and health outcomes, and dismantle the structural and social factors that drive health inequity.

Jobs that align with PHJN coalition principles and the demands listed in this toolkit will enable communities to use their own knowledge and expertise to best address local needs. By applying for funding for good jobs, communities can address underlying issues that not only affect vulnerability to COVID-19, but to a range of other health outcomes.

## Who is this toolkit for and how do I use it?

This toolkit is for CBOs that wish to secure funding to expand the public health workforce in their communities and/or to hold recipients of these funds accountable for the distribution and use of federal COVID-related funding. You can use this toolkit as a reference document and/or a document to read through all at once. In this toolkit, you'll find tools to build and propose demands for your community, and respond to push back against your demands. You'll also find key information on federal funding streams and an appendix of helpful resources.

## HOW CAN COVID-19 RECOVERY FUNDS BE HELPFUL FOR MY COMMUNITY?

Recovery funding can be used for many different types of initiatives, as we will describe. You may be wondering about programs that have been successfully set up and that might be a kind of model. Here are a few examples of how organizations and governments have been able to work together to use the federal funding to fight against COVID-19, build a better care infrastructure, and create good jobs.

**Immokalee, FL:** Locally-recruited and trained *Promotoras* (“community health workers” in Spanish) are **collaborating with trusted local organizations** to connect vulnerable migrant farmworkers and essential workers with clinical and social support.

**North Carolina:** The state Department of Health and Human Services has **mobilized its decentralized public health system** to respond to COVID-19 with the help of \$14.7 million in CARES Act funding to hire and manage over 400 community health workers who earn living wages.

**Chicago, IL:** To build trust in the Chicago community around the COVID-19 vaccine, a group of like-minded organizations are collaborating with CBOs **to form a vaccine corps of credible messengers**. Individuals indigenous to and respected by the community where they work or live are supporting COVID-19 vaccination efforts and related health messaging.

**SECTION 2**

# Advocating for the Workforce Positions You Need

# Why is a public and community health workforce essential to stop COVID and combat health inequity?

The COVID-19 pandemic has exposed the inadequacies of our public health infrastructure, and the ways that social inequities have led to elevated mortality rates in the nation's most underserved communities. According to American Public Media's [Color of Coronavirus project](#), "when age is taken into account, Pacific Islander, Latino, Indigenous and Black Americans all have a COVID-19 death rate of double or more the rate of White and Asian Americans." As a result of historic disinvestment and systemic racism throughout the health care system, racial and ethnic minority communities struggle to access quality care and treatment.

Creating a new federally funded and locally managed public and community health workforce can help curb the COVID-19 pandemic, improve economic and health outcomes, and address the range of social and structural factors that drive health inequity. [Community health workers \(CHWs\)](#), for example, are particularly valuable to the nation's public health infrastructure, especially in underserved, rural, and other marginalized communities. As community advocates, CHWs are perfectly suited to assist with vaccine outreach, individual health appointments, resource navigation, and quarantine and isolation. Since CHWs work at the grassroots level, they are trusted by and connected with a variety of linguistic, racial/ethnic, and geographic communities. Thus, they are sensitive to what community members need, which would be crucial to better navigate services to vulnerable groups. CHWs have also been [found](#) to lower hospitalization rates and to increase patient satisfaction with primary care services, and President Biden has acknowledged the importance of CHWs and [promised](#) to add 150,000 of them.

By investing in a community-based workforce as a permanent fixture of our health care system, we can both tackle the COVID-19 crisis and rebuild our hollowed-out caregiving and public health infrastructure for the future.

## Conversation Guide

In the section above, we summarized the demands that PHJN has developed in order to help local groups ensure that hundreds of thousands of good new jobs in public and community health are prioritized by recent federal funding streams. To combat COVID-19 and advance health equity and racial justice, [certain approaches](#) to using the funding are essential. Here we try to answer specific questions you may face in advocating for these or similar goals at a local level.

These specific demands are reflective of people who are passionate about building a care infrastructure and taking care of their communities, including labor unions, community based organizations, faith based organizations, public health experts and advocates. We believe they are the

right demands to advocate for because they are backed by the lived experience of marginalized groups and those that support them.

These demands are important because some people might think that it makes sense to spend all the money quickly, hiring short-term workers and relying on the private sector to serve these core public health functions, and not paying attention to hiring from marginalized communities. But these schemes will fail to give states, localities, and CBOs the ability to build a trained and experienced workforce capable of addressing the long term public health impacts of COVID-19. The next section will describe the ways in which some object to these demands and the ways in which you can respond to make clear the pressing need for good public and community health jobs.

For more details and evidence on all of these questions, see the PHJN white paper, [COVID is the Sprint: Equity is the Marathon](#).

## Frequently Asked Questions

### **Why hire workers who come from the communities they are serving?**

Hiring health workers that share experiences with those they are serving, and in particular with marginalized communities, is important to delivering effective, high quality services to communities, and to bring good jobs to communities grappling with multiple, intersecting crises.

First, the public health workforce needs workers with the linguistic and cultural competence and lived experience to build trust with most-impacted communities. This trust, in turn, is essential to delivering effective and racially equitable public health services. A workforce that comes from, and knows, a specific community will be better able to serve it. Public health workers need to understand and build trust with those they serve. For community health workers to operate most effectively, for instance, they need to learn people's stories and understand complicated social needs. For communities that speak languages other than English, the workforce will need linguistic capability. An HHS [report](#) on minority health underscored the importance of workers' linguistic capability, while other [research](#) has found that language and communication barriers reduce the effectiveness of care.

Second, targeted hiring helps mitigate the economic harms of the COVID crisis on disproportionately impacted communities by providing an influx of federal investment in people, places, and communities.

### **Why long-term workers? Isn't COVID-19 a crisis to address today?**

We do need to hire quickly--but we also need these workers to stay on more than a few months. Long-term work is important for attracting a talented and rooted public and community health workforce. Critically, the public and community health workforce really can "build back better" if

they're recruited and trained with an eye on addressing underlying health inequities, as **called** for by the National Community-Based Workforce Alliance.

Building and sustaining a public health workforce is a critical goal that will ensure states and CBOs implement even more successful programs. The long-term nature of public health challenges aligns with the need to address COVID-19—the short-term skills and knowledge the workforce builds will be invaluable in addressing health equity now and in the future. Public and community health workers are critical to addressing the long-running health inequities that have made COVID-19 so deadly in communities of color, immigrant communities, and working class communities.

### **Why pay living wages and provide a path to unionization?**

Community and public health workers are essential, during both the pandemic and more normal times. Securing good wages, benefits, and working conditions for these workers is what they deserve. Moreover, when CHWs are recruited from the most-affected communities, investment in the workforce is also an investment in those communities. Public jobs have a high **multiplier effect**, meaning a relatively high positive impact on economic output per dollar spent. CHWs are particularly beneficial. A recent **study** found that every dollar spent on CHWs would have a return on investment of \$2.47.

Hiring entities might find it difficult to recruit people of necessary competence, experience, and background without offering prevailing wages. Prevailing wages will also create lower turnover, which improves the quality of services. Finally, although we rely on public and community health workers to attend to the health of others, these workers must also attend to their own health and wellness to be successful in their jobs. Workers with a collective voice on the job are in a better position to advocate for themselves and the communities they serve. Low wages adversely affect physical and mental health of workers through a variety of mechanisms, ranging from stress, lack of access to goods and services, to the feeling from workers that neither they nor their work is valued. A sufficient wage-and-benefit floor can ensure that workers are economically secure, motivated, and ready and able to do the important work the country needs.

### **How can we sustain these jobs?**

We need a long-term investment in community and public health workers, not a bandaid. While all the COVID funds are one-time funding bills, the most recent one, the ARP, was designed to allow multiple years of funding. We expect that guidance from the federal government will allow many of these funds to be used for positions that may last until 2024. We must take this opportunity to encourage long-term employment to address the long-term public health impacts of COVID-19, and to avoid creating short-term and precarious jobs. As the COVID-19 burden decreases, the COVID-19 response workforce should form the basis of a permanent community health workforce focused on chronic and preventative health priorities, social determinants of health, and advocacy on behalf of—and recruiting and hiring from—historically marginalized communities. That will take greater investment over the long-term, but there are many people working to ensure that future federal funding will be

made available. There are also other pathways to sustainability that can be worked out over time, including [funding CHWs by using Medicaid](#). Advocates expect this process may be made easier by federal rule changes.

### **What if public health departments don't have the capacity to hire?**

Because federal funding will likely support jobs that last several years, health departments are not going to be in the same crunch that they were for hiring contact tracers. This means outsourcing and the use of private sector hiring firms shouldn't be needed. Also, CHWs are not only employed by local health departments—they can also be hired by non-profit healthcare providers and local non-profits. For smaller CBOs and agencies, additional funding may need to be allocated up front to cover capacity expansion costs.

### **Our state wants to use the funds for priorities other than increasing and improving the public and community health workforce. Is there anything that prevents that, and why is that a bad idea?**

While some ARP funds could go toward priorities other than increasing and improving the public and community health workforce, some of the sections of the ARP addressed in this toolkit, as well as the other funding sources listed, designate funds specifically for the public and community health workforce and for COVID-19 response.

It is essential that we take advantage of the present opportunity to reimagine a public and community health system capable of curbing the COVID-19 pandemic now, preparing us for future catastrophes, and rebuilding critical public health infrastructure for the long term—particularly at the community level.

## Public and Community Health Workforce Job Descriptions

Federal funds can be used to create and expand a variety of positions in the public and community health workforce. As discussed above, these positions can initially respond to needs related to the COVID-19 pandemic and eventually transition to roles that reflect broader community priorities and address the upstream causes of health inequity.

To address needs arising from the COVID-19 pandemic, local and state governments can support the expansion of contact tracers, vaccine outreach workers, and care resource coordinators. These roles are best served by those who have the appropriate linguistic capabilities and shared lived experience of the community in which they work. In addition, workers in these positions should have a core set of transferable skills that will enable them to perform other functions as local needs change over time. These include qualities such as earned trust from the surrounding community, strong interpersonal and communication skills, and knowledge of local community-based resources.

COVID-specific roles in the community and public health workforce can gradually evolve to meet broader community goals and needs. This may include navigators who assist community members in applying for affordable or transitional housing, Medicaid, SNAP, and other benefits. Navigators may also assist people facing eviction by conducting outreach and connecting community members to legal aid services. Indeed, the public and community health workforce should be expansive and work to eliminate barriers to crucial social support services and care. This may include peer support specialists and patient advocates who accompany community members on doctor appointments or connect them to harm reduction services. People in these roles can provide or coordinate transportation to medical appointments, court dates, or support quarantined or other homebound community members by dropping off prescriptions, food, and other necessities.

Finally, positions within the community and public health workforce should be oriented toward building power and institutional knowledge within a given community. Community health workers can help organize tenant unions, engage in participatory defense for families impacted by mass incarceration, and build rapid response networks for ICE raids and other immigration emergencies.

For more information on which positions that the community and public health workforce can include see [Public Health Jobs Corps: Responding to COVID-19, Rebuilding the Community Health Workforce](#). You can find more resources about community health worker core competencies and descriptions in the [Community-based Principles for Pandemic Response and Resilience and the C3 Core Census Project](#).

## WHERE CAN I GET FURTHER INFORMATION?

To view more data on COVID and vaccine rates in your community, please check out the data section in the appendix.

For a fleshed out list of demands: [PHJN Coalition's Health and Human Services Recommendations](#)

For a longer justification of those demands: [COVID is the Sprint: Equity is the Marathon](#)

For an even more detailed list of specific priorities for ARP implementation sections on the Health Workforce: [Sens. Gillibrand, Bennett, Smith, Klobuchar, Van Hollen, and Booker: Letter to Secretary Becerra, HSS, and Director Walensky, CDC](#)

**SECTION 3**

# Appendix

## Where to Find Key Data About Your Community

Data, especially when broken down by descriptive elements such as age, race/ethnicity, gender, workplace, and neighborhood of residence, is critical to understanding how COVID-19 has impacted our communities, and the harms created by health inequity. Many public agencies and local organizations have collected data on marginalized and underserved communities that help highlight why the pandemic has impacted the health, economic, and social well-being of people and communities in different ways. The resources below provide a starting point for examining how these impacts have played out across your state.

We encourage community-based organizations to ask questions about why COVID-19 impacts may be so different from one place to another. Where data are unclear or unavailable for your area or community, we would recommend reaching out to the agencies that collect or publish the data, to any local journalists and researchers who may be familiar with it, and to other advocates to learn more. For example, why do some localities publish data disaggregated by race/ethnicity, while others do not? Highlighting this information and working with others to develop locally-meaningful answers to why such disparities exist can help lead to more effective and equitable strategies for COVID-19 recovery.

### **COVID-19 VACCINE ROLLOUT DATA**

[COVID Data Tracker](#) of the Centers of Disease and Control provides vaccination information at the county level, in long-term care facilities, and demographics trends.

The New York Times: [COVID-19 vaccine rollout – County and state tracker](#).

Bloomberg: [COVID-19 Tracker](#) provides not only U.S. vaccination progress, but also worldwide.

In many cases, vaccine rollout data are available at more local levels through state and local health departments. Examples include Baltimore's [COVID-19 vaccine city dashboard](#), Texas [COVID-19 Vaccine Administration Data by Zip Code](#) (Excel file), King County (Seattle)'s [vaccine administration dashboard by Zip Code](#), Massachusetts Department of Public Health [municipality-level data](#), Connecticut Department of Public Health's [vaccine distribution data page with town-level data](#), and Washington DC's [neighborhood vaccine coverage dashboard](#). These examples show that it is possible for states and localities to make critical local-level data on vaccine rollout available for public use and advocacy.

Kaiser Family Foundation (KFF) has an analysis of [COVID-19 vaccinations by race/ethnicity](#), with national and state-level estimates.

## HEALTH DISPARITY DATA

Kaiser Family Foundation (KFF) has [published an analysis of state-level data](#) on demographics, health coverage, health status, and race/ethnicity-specific and gender-specific health conditions to scrutinize health disparities in the U.S. It also supports compiling data to build a Custom State Report.

The Office of Minority Health (OMH) of the U.S. Department of Health and Human Services (HHS) developed a Health Disparities widget with a new [HealthyPeople.gov](#) data search function. It's beneficial and convenient to explore health disparity situations with the leading health Indicators (LHIs).

[HHS Protect Public Data Hub](#) visualized the current COVID state of the American health care system into metrics, maps and data tables.

[Behavioral Risk Factor Surveillance System \(BRFSS\)](#) is a series of national health-related telephone surveys that could provide insights into state data regarding health-related behavioral risk factors, chronic health conditions, and use of preventive services.

[State Emergency Department Databases \(SEDD\)](#) is one part of the Healthcare Cost and Utilization Project (HCUP) developed by Agency for Healthcare Research and Quality to capture discharge information on all emergency department visits, which would be informative to learn state-level emergency department issues such as access to care and community assessment and planning. It requires purchase.

[Mapping the New Politics of Care](#) is a site that links the effects of COVID-19 in the United States with social conditions alongside COVID-19 data and presents options for addressing the effects of the pandemic with a million new community health workers.

Additional local-level data on health disparities may be found on all [state health department websites](#), some [local health department websites](#), and in community health needs assessments (CHNAs), which are published every three years by all non-profit hospitals in the United States.

## Relevant Federal Websites & Fund Announcements

**CDC COVID-19 STLT Funding** dataset is a state-by-state dataset tracking the funding awarded to state, tribal, local and territorial (STLT) public health departments.

HHS Secretary Xavier Becerra Announces **Expansion of COVID-19 Vaccine Program** to All Community Health Centers Across the Country.

The Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC) launched a program to directly **allocate COVID-19 vaccine to HRSA-supported health centers**.

**Pandemic Response Accountability Committee (PRAC)** website. PRAC's mission is to promote transparency and ensure coordinated, comprehensive oversight of the government's spending and coronavirus response to prevent and detect fraud, waste, abuse, and mismanagement.

## Other Sources of Funding

Community foundations, United Ways, and some private foundations are active in funding COVID-19 response activities. There have been frequent calls for applications for projects related to addressing racial and ethnic health and economic disparities.

A national map of accredited community foundations may be found here:

<https://www.cof.org/page/community-foundation-locator> and a directory of United Ways may be found here: <https://www.unitedway.org/find-your-united-way>.

In addition to charitable organizations that serve your area, your local public library may have access to additional databases or resources related to community grantmaking. Some states also have local grantmaking councils that list grant opportunities.

## Individual Funding Streams

The following section contains frequently asked questions about the funding streams described in the funding chart above. This is not meant to be an exhaustive list of available funding streams.

## AMERICAN RESCUE PLAN ACT OF 2021

On March 11, 2021, President Biden signed into law the American Rescue Plan Act of 2021 (“ARP”). The ARP provides an estimated \$1.9 trillion in stimulus to aid in the COVID-19 pandemic.

The stated goal for this funding initiative is to provide additional relief to address the continued impact of COVID-19 (i.e., coronavirus disease 2019) on the economy, public health, state and local governments, individuals, and businesses.

There are a number of sections of ARP that are particularly relevant to CBOs. These sections include:

**Section 2501: Public Health Workforce**

**Section 2601: Funding for CHCs and Community Care**

**Section 2301: Funding for Vaccine Activities**

**Section 2401: Funding for COVID-19 Testing, Contact Tracing, and Mitigation**

**Section 11001: Funding for Indian Health Service**

Additional sections that may be useful areas for advocacy, but that are not covered in this toolkit, include:

**Section 9901: Fiscal Relief Funds** These funds are to be used to respond to COVID-19 including its negative economic impact, provide premium pay to essential workers, to provide government services, and to make necessary investments in water, sewer, or broadband infrastructure.

**Section 2706: Funds for Community-based SUD Services** These funds are to be used to prevent and control the spread of infectious diseases and the consequences of such diseases for individuals with substance use disorder. These funds are also for distributing opioid overdose reversal medication to individuals at risk of overdose, and connecting individuals at risk for, or with a substance use disorder to overdose education, counseling, and health education.

**Section 2707: Funds for Community-based Behavioral Health Needs** These funds are to be used for promoting care coordination among local entities, training the mental health workforce and community members, and expanding evidence-based integrated models of care. These funds are also for providing mental health services to individuals with mental health needs (including co-occurring substance use disorders) via telehealth services and supporting, enhancing, or expanding mental and behavioral health preventive and crisis intervention services.

**Connecticut:** Connecticut **is planning** to allocate \$33 million to community health workers from its fiscal relief funds!

**SECTION 2501: PUBLIC HEALTH WORKFORCE**

The stated goal for this Section is to establish, expand, and sustain a public health workforce.

**What kinds of positions can be funded?**

The type of jobs are not restricted – the bill says it can be used to recruit, hire, and train people “to serve as case investigators, contact tracers, social support specialists, community health workers, public health nurses, disease intervention specialists, epidemiologists, program managers, laboratory personnel, informaticians, communication and policy experts, and any other positions as may be required to prevent, prepare for, and respond to COVID-19.”

**Who can receive funding?**

The Public Health Workforce funds can be used to fund workers who are employed by the “state, territorial, or local public health department” or “a nonprofit private or public organization with demonstrated expertise in implementing public health programs and established relationships with such State, territorial, or local public health departments, particularly in medically underserved areas.”

**Can community-based organizations receive funds?**

Yes; “non-profit private or public organizations” would include all CBOs!

**How much funding is available?**

\$7.66 billion

**How long will the funds be in use?**

The \$7.66 billion is “to remain available until expended.” We expect that guidance from the federal government will allow many of these funds to be used for positions that may last until 2024.

### SECTION 2601: FUNDING FOR CHCS AND COMMUNITY CARE

The stated goal for this Section is to “hire and train laboratory personnel and other staff” to conduct “mobile testing or vaccinations, particularly in medically underserved areas” and “to establish, expand, and sustain the health care workforce to prevent, prepare for, and respond to COVID-19, and to carry out other health workforce-related activities.”

#### **What kinds of positions can be funded?**

Laboratory personnel and other staff to conduct mobile testing and others that would help establish, expand, and sustain the health care workforce.

#### **Who can receive funding?**

“State, territorial, or local public health department” or “a nonprofit private or public organization with demonstrated expertise in implementing public health programs and established relationships with such State, territorial, or local public health departments, particularly in medically underserved areas.”

#### **Can community-based organizations receive funds?**

CBOs who qualify as community health centers/federally qualified health centers can receive these funds. can receive funds so long as they are community health centers or federally qualified health centers. Organizations that provide primary health care can receive funds.

#### **How much funding is available?**

\$7.6 billion

#### **How long will the funds be in use?**

We expect that guidance from the federal government will allow many of these funds to be used for positions that may last until 2024. These funds have begun being dispersed; [click here](#) to see a map of award recipients.

[Click here](#) for an overview of this funding opportunity. [Click here](#) for an FAQ on this funding opportunity.

**SECTION 2301: FUNDING FOR VACCINE ACTIVITIES**

The stated goal for this Section is to “carry out activities to plan, prepare for, promote, distribute, administer, monitor, and track COVID–19 vaccines.” The goal is to conduct activities to enhance, expand, and improve nationwide COVID–19 vaccine distribution and administration.

**What kinds of positions can be funded?**

Vaccine distribution and administration roles, including for “the establishment and expansion, including staffing support, of community vaccination centers, particularly in underserved areas.”

**Who can receive funding?**

State, local, tribal, and territorial public health departments for vaccine distribution and administration.

**Can community-based organizations receive funds?**

CBOs cannot directly receive funds from this funding stream, however, CBOs may be able to receive subgrants from the state, local, tribal, and territorial public health departments that do directly receive funds.

**How much funding is available?**

\$7.5 billion.

**How long will the funds be in use?**

We expect that guidance from the federal government will allow many of these funds to be used for positions that may last until 2024.

**SECTION 2401: FUNDING FOR COVID-19 TESTING, CONTACT TRACING, AND MITIGATION**

The stated goal for this Section is to “carry out activities to detect, diagnose, trace, and monitor SARS-CoV-2 and COVID-19 infections and related strategies to mitigate the spread of COVID-19.”

**What kinds of positions can be funded?**

Positions that enhance the detection, diagnosis, tracing, monitoring, and testing of COVID-19.

**Who can receive funding?**

State, local, territorial public health departments, community-based testing sites, and community-based organizations.

**Can community-based organizations receive funds?**

Yes.

**How much funding is available?**

\$47.8 billion.

**How long will the funds be in use?**

We expect that guidance from the federal government will allow many of these funds to be used for positions that may last until 2024. Some of this funding has already been dispersed, for example, to schools.

**SECTION 11001: FUNDING FOR INDIAN HEALTH SERVICE**

The stated goal for this Section is to “establish, expand, and sustain a public health workforce to prevent, prepare for, and respond to COVID-19.”

**What kinds of positions can be funded?**

Positions that help prevent, prepare for, and respond to COVID-19. Public health workforce-related positions for the purpose of vaccine and contact-tracing, specifically, can be funded.

**Who can receive funding?**

The funds are allocated to the Indian Health Service (IHS).

**Can community-based organizations receive funds?**

This information is currently unknown.

**How much funding is available?**

\$240 million will be allocated to the Secretary of the United States Department of Health and Human Services (HHS).

**How long will the funds be in use?**

We expect that guidance from the federal government will allow many of these funds to be used for positions that may last until 2024.

For more information on the ARP, please see [this document](#).

# Recent ARP Announcement

*Last updated May 26, 2021*

On May 13, 2021, the Biden administration **announced** how ARP's Section 2501 workforce funds will be allocated. Out of \$7.4 billion in funding, \$3 billion will be allocated for federal investment in the community and public health workforce at the state and local level. The remaining \$4.4 billion will be used to support existing programs and create new initiatives detailed below.

## **Federal Grant Program for Community-Based Organizations**

The Biden administration announced that it will use **\$3 billion** to create a new **federal grant program** that “will facilitate federal investment in the people and expertise needed at the state and local levels to expand, train, and modernize the public health workforce for the future.” While no further details have been specified about the structure of the program, the announcement states that the White House intends to meet with public health experts to inform the structure and design of the program.

Some of these funds have already become available. On May 4, 2021, HHS **announced** that through HRSA it will grant \$250 million to 10 award recipients. The grant specifically requires that recipients engage with local and regional community based organizations, health centers, minority-serving institutions, and other health and social service entities. HRSA's purpose for this grant is “to help community-based organizations hire and mobilize community outreach workers and social support specialists to increase access to vaccinations in the hardest-hit and highest risk communities.”

On May 20, 2021, HRSA **announced** a follow-up opportunity of \$121 million to be divided among 121 grant recipients. Unlike the May 4th funding opportunity which focused on large, national organizations, this grant is **specifically aimed at local and regional CBOs**. For more information on these two grant opportunities, look to “Community-Based Workforce for COVID-19 Vaccine Outreach” and “Local Community-Based Workforce for COVID-19 Vaccine Access” sections in the appendix.

## **State and Local Health Departments**

The CDC will grant **\$3.4 billion to state and local health departments** for additional staffing to support COVID-19 response efforts. These roles will include positions for contract tracing, case management, and outbreak investigations.

## **School Nurses**

The CDC will allocate **\$500 million for school nurse positions** to help schools reopen and stay open.

### **Public Health Americorps**

The CDC and Americorps will use an additional **\$400 million** of these funds to create the “**Public Health Americorps**.” This program intends to build “a diverse pipeline for the public health workforce and provid[e] direct service to communities across the country.”

### **EIS and Public Health Fellowship Programs**

The CDC will allocate **\$245 million** to support the **Epidemic Intelligence Services**, and two pipeline fellowships programs, the Undergraduate Public Health Scholars Program and the Dr. James A. Ferguson Emerging Infectious Diseases RISE Fellowship, which offers students from underrepresented backgrounds the opportunity to study infectious diseases and health disparities.

### **Modernizing the Public Health Data Infrastructure**

The **Office of the National Coordinator for Health Information Technology** will use **\$80 million** “to train public health professionals to help modernize the public health data infrastructure, with a focus on recruiting from minority serving institutions and universities.”

### **Laboratory Workforce Pipeline**

The CDC will use **\$337 million** to “expand the current public health laboratory fellowship programs for laboratory science graduates and implement a new public health internship program for undergraduate students to gain experiences in public health laboratory settings.”

## CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT (CARES)

On March 27, 2020, President Trump signed into law the Coronavirus Aid, Relief, and Economic Security Act (CARES).

The stated goal of this funding was to provide a \$2.2 trillion economic stimulus to respond to the COVID-19 pandemic, mostly in 2020 and 2021. This included one-time cash payments, a Paycheck Protection Program and targeted loans for businesses, increased unemployment benefits, aid to local and state governments, and other provisions.

The bill included substantial funding for public health and community health programs that may be relevant to CBOs. These sections include:

**Section 3213: Rural Health Care Services Outreach**

**Section 3222: Nutrition Services**

**Section 3401-3404: Health Care Workforce Programs**

**Division B: Emergency Appropriations for Coronavirus Health Response and Agency Operations**

Several other provisions may be relevant, but are not covered here.

### **SECTION 3213: RURAL HEALTH CARE SERVICES OUTREACH**

#### **What kinds of positions can be funded?**

Workers who provide healthcare services or community engagement in rural areas, including those who work on care coordination.

#### **Who can receive funding?**

Grantees may be any entity with experience serving rural underserved populations.

#### **Can community-based organizations receive funds?**

Yes.

#### **How much funding is available?**

This section reauthorizes grant programs of \$79.5 million per year from 2021 through 2025.

## **NUTRITION SERVICES IN SECTION 3222**

### **What kinds of positions can be funded?**

Workers who provide support services to older adults, including those with special needs, that enable them to gain access to nutrition or other health promotion services.

### **Who can receive funding?**

Without prior approval, state or area agencies on aging may transfer the existing funds funds for these purposes.

### **Can community-based organizations receive funds?**

The state agency or area agency on aging may use funds in ways considered appropriate to meet local needs.

## **HEALTH CARE WORKFORCE PROGRAMS IN SECTIONS 3401-3404**

### **What kinds of positions can be funded?**

The Sections authorize support for workforce development in health professional programs.

### **Who can receive funding?**

Section 3401 states that grants and contracts may go to health professional schools and other public or nonprofit entities that support health professions education, especially for under-represented minorities or in rural areas. Sections 3402 cover workforce coordination, education related to geriatrics, and nursing workforce development.

### **Can community-based organizations receive funds?**

Certain entities are eligible for grants or contracts, at the discretion of the Secretary of Health and Human Services.

### **How much funding is available?**

In Section 3401, for example, the appropriation is \$24 million per fiscal year for grants and contracts.

### **How long will the funds be in use?**

From 2021 through 2025.

## **EMERGENCY APPROPRIATIONS FOR CORONAVIRUS HEALTH RESPONSE AND AGENCY OPERATIONS (DIVISION B) AND CORONAVIRUS RELIEF FUND IN SECTION 5001**

### **What kinds of positions can be funded?**

Division B of the CARES act contains appropriations for branches of the federal government, including an **estimated \$242 billion** in health-related activities, of which more than half is directed to HHS. Funds may flow to multiple agencies, state, and local governments that in many cases will have discretion in the notice of grant opportunities, hiring of key staff, and contracting with CBOs. Section 5001 provides for a Coronavirus Relief Fund with \$150 billion for payments to state and local governments for expenditures related to COVID-19.

### **Who can receive funding?**

This would depend on the specifics of the program, but examples of appropriations in Division B of the CARES Act include \$4.3 billion for CDC activities, including \$1.5 billion for grants for local and state government to conduct pandemic response activities; \$425 million for SAMHSA, including \$250 million for the Certified Community Behavioral Health Clinic Expansion Grant Program, \$50 million for suicide prevention programs, \$100 million for grants to public entities to enable mental health-related activities, \$15 million for tribes, urban Indian health organizations, and related entities; \$955 million for the Aging and Disability Services Program to support vulnerable or aging populations.

### **Can community-based organizations receive funds?**

Many community-based organizations have received support through these funding streams. For example, **Fresno County, California partnered with Fresno Economic Opportunities** to contract approximately \$5.5 million with 17 CBOs to expand contract tracing and community health workers in African-American, immigrant, and refugee communities.

### **How long will the funds be in use?**

This depends on the specifics of each funding stream.

## CRRSAA: HIGHER EDUCATION EMERGENCY RELIEF FUND (HEERF II)

The Higher Education Emergency Relief Fund II (HEERF II) is authorized by the Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (CRRSAA), Public Law 116-260, signed into law on Dec. 27, 2020.

The U.S. Department of Education's stated goal for this funding initiative is to defray expenses associated with the coronavirus pandemic, support students with needs related to the pandemic, and provide student financial aid. CRRSAA also authorizes funding for schools.

### **What kinds of positions can be funded?**

Higher education institutions receiving support have flexibility in terms of how to spend these grants locally, including staff hires or retroactive reimbursement for staff expenses. Provisions in the legislation potentially allow schools and colleges to use funding for supplies (PPE, etc.), ventilation systems, staff training, expanded COVID-19 testing capacity for students and staff, educational technology, the redevelopment of instructional plans and support for hybrid learning, leasing of new spaces, and transportation.

### **Who can receive funding?**

Educational institutions, schools.

### **Can community-based organizations receive funds?**

In addition to funding for large institutions, funding is targeted to Historically Black Colleges and Universities (HBCUs), Tribally Controlled Colleges and Universities (TCCUs), and Minority Serving Institutions (MSIs). CBOs could potentially contract with universities to provide services related to pandemic response and recovery.

### **How much funding is available?**

CRRSAA authorizes \$81.88 billion in support for education overall, including \$20.5 billion to colleges and universities and \$681 million to proprietary schools. Colleges can use these awards for student financial aid or selected other institutional costs (including "lost revenue"), while proprietary schools must use their awards only for student financial aid.

### **How long will the funds be in use?**

Duration of funding is mostly based on formula so allocation timelines and reporting are similar to those throughout other provisions of the legislation.

## CDC HEALTH EQUITY FUNDING

On March 17, 2021, the Center for State, Tribal, Local, and Territorial Support (CSTLTS) of the Centers for Disease Control and Prevention (CDC) announced a new funding initiative:

### **The National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities.**

The CDC's stated goals for this funding initiative are to reduce COVID-19-related health disparities; improve and increase testing and contact tracing among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities; and improve state, local, US territorial and freely associated state health department capacity and services to prevent and control COVID-19 infection (or transmission) among populations at higher risk and that are underserved, including racial and ethnic minority groups and rural communities.

#### **What kinds of positions can be funded?**

Within health departments, this initiative can fund the establishment, enhancement, or implementation of leadership-level health equity offices, workgroups, task forces, or positions to guide addressing COVID-19 among communities at higher risk and that are underserved. The initiative can also fund the creation and expansion of an inclusive public health workforce, including hiring people from the community (e.g., community health workers, social workers, other trusted community members) who are equipped to assess and address the needs of communities disproportionately affected by COVID-19.

#### **Who can receive funding?**

State, District of Columbia, U.S. territorial, and/or freely associated state health departments (or their bona fide agents). Local health departments (LHDs) or their bona fide agents are eligible if they serve a county population of 2,000,000 or more or a city population of 400,000 or more.

#### **Can CBOs receive funds?**

While CBOs are not eligible to receive funds directly, they can encourage health departments to design public health interventions that will be inclusive, community-oriented, and sustainable. In fact, the CDC strongly encourages applicants to develop partnerships and collaborate with key partners who have existing community or social service delivery programs for racial and ethnic minority groups or people living in rural communities.

#### **How much funding is available?**

\$2.25 billion dollars in total is available, but this will be divided into approximately 108 awards.

**How much money will my community's health department receive, on average?**

\$32,000,000 for state health departments; \$26,000,000 for LHDs in a county or city with over 2,000,000 residents; \$5,000,000 for LHDs in a city with between 400,000 and 2,000,000 residents, but less than 2,000,000; and \$3,000,000 for U.S. territories and freely associated states.

**How long will the funds be in use?**

This initiative funds two-year projects. Estimated start date is June 1, 2021, and estimated end date is June 1, 2023.

**More information**

Visit <https://www.grants.gov/web/grants/view-opportunity.html?oppld=332034>

## **PARTNERING WITH NATIONAL ORGANIZATIONS TO INCREASE VACCINATION COVERAGE ACROSS DIFFERENT RACIAL AND ETHNIC ADULT POPULATIONS CURRENTLY EXPERIENCING DISPARITIES**

On December 7, 2020, the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) announced a new funding initiative: **Partnering with National Organizations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Currently Experiencing Disparities.**

The CDC's stated goal for this funding initiative is to build the evidence base of effective interventions to improve vaccination coverage and to identify and implement strategies to reduce racial and/or ethnic disparities in adult vaccination coverage. Specifically, the CDC expects award recipients to increase the range of trusted community voices supporting vaccine education and delivery, the availability of community or population-specific messages, the number and diversity of vaccination opportunities, and the number of partnerships or collaborative activities between providers and community organizations.

### **What kinds of positions can be funded?**

Funded local entities are expected to identify and train trusted community-level spokespersons, such as community health workers, to communicate the burden of the flu and the importance of the flu and COVID 19 vaccination. They are also expected to work with vaccination service providers to expand the types of health professionals (e.g., community health workers, patient navigators, patient advocates) and administrative staff engaged in promoting vaccination and increasing referrals of individuals to flu and COVID-19 vaccination sites.

### **Who can receive funding?**

Specific national organizations were identified as eligible to apply for funding for either or both of the following two purposes: (1) to build their own infrastructure/capacity for and implement flu vaccination-related activities COVID-19 vaccination-related activities; and/or (2) to identify and sub-award 15-20 of its local branches, chapters, and/or formal, established affiliates to implement flu and COVID-19 vaccination activities at the community level. The organizations identified were the National Association for the Advancement of Colored People (NAACP), the Conference of National Black Churches (CNBC), the National Council of Negro Women (NCNW), the National Pan-Hellenic Council (NPHC), the National Urban League (NUL), Unidos US, the National Alliance for Hispanic Health, Tribal Epidemiology Centers, the Asian and Pacific Island American Health Forum, and the National Minority Quality Forum.

**Can community-based organizations receive funds?**

While community-based organizations are not eligible to receive funds directly, national organizations were able to propose funding a community-based organization as a local affiliate provided that the national organization demonstrated its ability to administer and manage funds distributed to the community-based organization.

**How much funding is available?**

\$17.5 million dollars in total is available, but this will be divided into approximately 10 awards.

**How much money will a national organization receive, on average?**

The average award is \$500,000 per year, but the precise amount of funding varies depending on the type of organization and the purpose(s) to which they will put the funding.

**How long will the funds be in use?**

This initiative funds five-year projects. Estimated start date is January 22, 2021.

**More information**

Visit <https://govtribe.com/file/government-file/925a9b9cb0c1e1165bfd08bae263cf80>

## COMMUNITY HEALTH WORKERS FOR COVID RESPONSE AND RESILIENT COMMUNITIES

On March 25, 2021, the Centers for Disease Control and Prevention (CDC) announced a **new funding initiative**: Community Health Workers for COVID Response and Resilient Communities.

The CDC's stated goal for this funding initiative is to scale up community health worker actions across the nation to support COVID-19 response efforts in the communities hit hardest by COVID-19 and among populations that are at high risk for COVID-19 exposure, infection, and outcomes. Specifically, the purpose of this grant is to address (1) disparities in access to COVID-19 related services (such as testing, contact tracing, and immunization services); and (2) health outcomes and factors that increase risk of severe COVID-19 illness (such as chronic diseases, smoking, and pregnancy) and poorer outcomes (such as health and mental health care access, access to healthy food, and health insurance).

### **What kinds of positions can be funded?**

Community health workers. Recipients of “capacity building” or “implementation ready” funds are required to identify and collaborate with community-wide efforts to ensure comprehensive acquisition of relevant knowledge, roles, and skills by community health workers as well as to integrate community health workers into organizations and care teams. Recipients of “innovation/demonstration” funds are also expected to train, deploy, and/or engage community health workers as an integral part of their projects.

### **Who can receive funding?**

Applicants for “capacity building” funding must have approximately one year of experience in implementing a community health worker program, which may have been limited in scope. Applicants for “implementation ready” funding must have approximately three years of experience in implementing a community health worker program, which must have been broad in scope. Applicants for “innovation/demonstration” funding do not need prior experience implementing a community health worker program. Applicants who apply for “capacity building” funding are not eligible to apply for “implementation ready” funding or “innovation/demonstration” funding.

### **Can community-based organizations receive funds?**

Not directly, but applicants are required to appropriately align their work with nongovernmental programs that support community health workers. Recipients are also required to collaborate with medical and essential support service providers. These collaborations will form part of a new or expanding community coalition, including, at a minimum, the recipient, a community health worker network representation, healthcare organization representative, local public health department representation, and community representation.

**How much funding is available?**

Over \$300 million dollars in total is available, but this will be divided into approximately 75 awards.

**How much money will a national organization receive?**

Awards will range between \$350,000 and \$3 million per year depending on the size and scope of activity. The average one-year award for “capacity building” projects will be \$600,000. The average one-year award for “implementation ready” projects will be \$2 million. The average one-year award for “innovation/demonstration” projects will be \$2 million.

**How long will the funds be in use?**

This initiative funds three-year projects. Estimated start date is August 1, 2021.

## COVID-19 VACCINE SUPPLEMENT 4

The CDC's stated goal for this funding initiative is to support local efforts to increase vaccine uptake by expanding COVID-19 vaccine programs and ensuring greater equity and access to the COVID-19 vaccine by those disproportionately affected COVID-19. Of the total funding, 75% must focus on specific programs and initiatives intended to increase vaccine access, acceptance, and uptake among racial and ethnic minority communities, and 60% must go to support local health departments, community-based organizations, and community health centers. [Click here for more information.](#)

### **What kinds of positions can be funded?**

Funding recipients are required to collaborate and/or contract with local community health workers, immunization coalitions, and patient navigators in the context of their support for local health departments. Recipients are also required to support increased staffing of culturally competent medical personnel at mobile or pop-up vaccine sites, which the CDC observed could include partnering with minority community health workers and/or nursing students, phlebotomy students, and residents from local black colleges or universities. Recipients are also required to fund and hire a dedicated health communicator to help improve and expand messaging and education around vaccination as well as an adult immunization coordinator to focus not only on COVID-19 but also on influenza and other necessary vaccines.

### **Who received funding?**

These funds were awarded to each current recipient of "IP19-1901 Immunization and Vaccines for Children" funding. [Click here to view the funding recipients.](#)

### **Can community-based organizations receive funds?**

Governments, not community-based organizations, are the current recipients of IP19-1901 funding and thus the recipients of the supplemental funding as well. Nevertheless, community-based organizations can gain access to these funds indirectly. A minimum of 60% of total funds awarded must support local communities, which can include working with community-based organizations that are new or established partners of the funding recipient.

### **How much funding is available?**

\$3.15 billion dollars in total was available, but this amount is divided across 64 jurisdictions.

### **How much additional funding will recipients be awarded?**

The amount available to each recipient was determined using a population-based formula with a statutorily-required adjustment to certain recipients.

### **How long will the funds be in use?**

The funding was made available on April 2, 2021, and will be available through June 30, 2024.

## COMMUNITY BASED WORKFORCE FOR COVID-19 VACCINE OUTREACH

On May 4, 2021, HHS announced a **new funding initiative** through HRSA: Community-Based Workforce for COVID-19 Vaccine Outreach.

The stated goal for this funding initiative is: to address persistent health disparities by offering support and resources to vulnerable and medically underserved communities. Specifically, the purpose of this grant is to help community-based organizations hire and mobilize community outreach workers to educate and assist individuals in getting vaccination information, help make vaccine appointments, and assist with transportation and other vaccination-related needs.

### **What kinds of positions can be funded?**

Community health workers, including patient navigators, community outreach workers, social support specialists, and others who can educate and assist individuals in getting vaccinated.

### **Who can receive funding?**

Eligible applicants include nonprofit private or public organizations with demonstrated experience in implementing public health programs and established relationships with state, territorial, or local health departments, particularly in medically underserved areas.

### **Can community-based organizations receive funds?**

These funds have been directed at large, national organizations; however, applicants are required to engage with multiple organizations and have existing relationships (or the capacity to form them) with regional and local community-based organizations. These organizations may opt to subgrant awards to smaller community-based organizations.

### **How much funding is available?**

\$125 million is available, but this will be divided into approximately 10 awards.

### **How much money will a national organization receive?**

Each organization can receive up to \$12.5 million.

### **How long will the funds be in use?**

Recipients are expected to complete their activities within a 6-month period, June 1, 2021 to November 30, 2021.

## LOCAL COMMUNITY BASED WORKFORCE FOR COVID-19 VACCINE ACCESS

On May 20, 2021, HHS announced a **new funding initiative** through HRSA: Local Community-Based Workforce for COVID-19 Vaccine Access.

The stated goal for this funding initiative is: to address persistent health disparities by offering support and resources to vulnerable and medically underserved communities. Specifically, the purpose of this grant is to help local and regional community-based organizations hire and mobilize community outreach workers to educate and assist individuals in getting vaccination information, help make vaccine appointments, and assist with transportation and other vaccination-related needs.

### **What kinds of positions can be funded?**

Community health workers, including patient navigators, community outreach workers, social support specialists, and others who can educate and assist individuals in getting vaccinated.

### **Who can receive funding?**

Eligible applicants include nonprofit private or public organizations, including local and/or regional CBOs, with demonstrated experience in implementing public health programs, particularly in medically underserved areas. This includes Tribes and Tribal organizations.

### **Can community-based organizations receive funds?**

Yes, this funding opportunity is specifically aimed at local and regional CBOs.

### **How much funding is available?**

\$121 million is available, but this will be divided into approximately 121 awards.

### **How much money will each organization receive?**

Each organization can receive up to \$1 million.

### **How long will the funds be in use?**

Recipients are expected to complete their activities within a 12-month period, July 1, 2021 to June 30, 2022.

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The GHJP, established in 2012, is a collaboration by Yale Law School and Yale School of Public Health that promotes interdisciplinary teaching, scholarship, and practice to address problems at the intersection of global health, human rights, and social justice. It seeks to address these issues by bringing together scholars and leaders with diverse backgrounds and expertise.

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