

Issue Brief

Public Health Workforce Funding Available through the American Rescue Plan and Coronavirus Aid, Relief, and Economic Security Act

May 19, 2021

Background

The Biden-Harris Administration has announced significant investments to expand the public health workforce through the [American Rescue Plan \(ARP\) Act of 2021](#) and the [Coronavirus Aid, Relief, and Economic Security \(CARES\) Act of 2020](#). On May 13, 2021, the White House [announced \\$7.4 billion](#) from ARP would be invested to hire and train public health workers in response to COVID-19. This follows a [March announcement of \\$10 billion](#) from the CARES Act and ARP to support COVID-19 vaccinations in part through significant investments in community-based public health workforces, including community health workers (CHWs). The Biden Administration has given states significant flexibility on how to plan programs and direct funding.

As of May 19, 2021, CDC has two active notices of funding opportunities focused on expanding community-based public health worker and CHW involvement in the COVID-19 response, vaccine administration, and disparity reduction. States poised to rapidly respond to these funding opportunities during this time of competing demand for staff time and resources share some characteristics:

- *State Health Agency CHW Leadership:* An established Office of Community Health Workers in the state health agency, or a designated lead employee embedded in a bureau of primary care, health equity, or population health responsible for developing the agency's CHW strategy.
- *CHW Job Description and Training Framework:* A consistent definition of CHW roles and responsibilities across public health divisions, as well as clear objectives for training once CHWs have been hired.
- *Formal Stakeholder Network:* A coalition of CHW stakeholders or CHW association to ensure alignment with local needs and interests in development of the state CHW strategy.
- *Sustainable Financing:* Reimbursement for CHWs in the State Medicaid Plan, investment in CHWs by payors or health systems, or state general funds formally dedicated to CHWs for underserved or uninsured populations.
- *Investment in CHWs to Support Contact Tracing:* Established human resources protocols, job descriptions, and contracts that are ripe for increasing funding to continue CHWs' existing pandemic response roles and/or provide a clear hiring pathway for recruiting and onboarding additional CHWs.

Immediate Actions for State Health Official Consideration

- *Be aware of CDC notices of funding opportunities and other upcoming funding announcements:* CDC CARES Act applications are due May 24, 2021.
- *Consider designating an agency CHW lead:* Designating an employee to track or lead CHW work will be critical to ensure visibility of which groups (internal and external to state government)

are receiving CHW funding, and for tracking expenditure, which will play a major role in reporting requirements.

- *If applicable, consider developing a collaborative strategy to meet the training and certification needs for CHWs:* As CHWs onboard into state health agencies and community-based organizations, there will be a need for formal training related to population health, disease-specific care coordination, and public health core competencies. This training could serve the dual purpose of professional development and preparing CHWs for other roles in public health.

Available Technical Assistance and Support from ASTHO

- ASTHO will continue to advocate for flexible funding for states as new notices of funding opportunities are developed and workforce needs are assessed.
- The ASTHO population health and innovation team is developing recommendations to support states in managing the following:
 - Templates for state human resources departments to use for CHW job descriptions.
 - Providing recommendations for CHW recruitment, hiring, and onboarding.
 - Collaboration with state Medicaid agencies, payors, and health systems on CHW financing.
 - Ensuring CHW representation and leadership in policymaking.
- If technical assistance related to CHW strategy development would be helpful for your teams, please refer them to Anna Bartels, abartels@astho.org, director of clinical to community connections at ASTHO.

Table A: Active Funding Opportunities for Community-Based Public Health Workforces (as of May 19, 2021)

	CDC-RFA-DP21-2109 CHWs for COVID Response and Resilient Communities (CCR)	CDC-RFA-DP21-2110 CHWs for COVID Response and Resilient Communities - Evaluation and Technical Assistance (CCR-ETA)
Eligible Recipients	State governments, county governments, Native American tribal organizations/ governments.	State governments, county governments, Native American tribal organizations/ governments.
Deadline	May 24, 2021	May 24, 2021
Award Date	Aug. 1, 2021	Aug. 1, 2021
Award Range	\$350,000-\$5,000,000	\$1,000,000-\$3,000,000
# of Years	3 years	4 years
# of Awards	70 awards	5 awards
Participation Requirements	Three tracks of work: 1. Building capacity for CHW efforts. 2. Enhancing/expanding CHW efforts. 3. Developing innovative demonstration projects to strengthen the use of CHWs.	Evaluation and technical assistance to CCR recipients.

In addition to the above, CDC released [CDC-RFA-OT21-2103](#), **National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved**, which was open to state and local governments and closed May 3, 2021. Two-year awards of \$500,000-\$50 million are expected to be made by June 1, 2021.

HRSA released [HRSA-21-136, Community-Based Workforce for COVID-19 Vaccine Outreach](#), which closed May 18, 2021. This funding opportunity was open to nonprofit private or public organizations with demonstrated experience implementing relationships with state, territorial, or local public health entities.

Table B: Anticipated Funding to Become Available for Public Health Workforce for COVID-19 Response

All funding recipients will be asked to prioritize recruiting individuals from the communities they will serve and from backgrounds underrepresented in critical public health professions.

Program	Description	Anticipated funding
Increase Public Health Staffing in State and Local Governments	Funds will address understaffing of public health departments. Increased staff will support the COVID-19 response through vaccination outreach, testing, and contact tracing. At least \$500 million will be available for hiring of school nurses.	\$3.4 billion
Public Health AmeriCorps	CDC and AmeriCorps will launch the Public Health AmeriCorps to respond to various public health needs. The goal is to build a diverse workforce and provide services directly to communities across the country.	\$400 million
Recruit and Train Public Health Leaders	CDC will expand its current workforce, including the Epidemic Intelligence Service, a national workforce that has responded to various public health outbreaks. The Office of the National Coordinator for Health Information Technology will invest \$80 million to train public health professionals to modernize the public health data infrastructure.	\$245 million
Building Laboratory Workforce and Capacity	CDC will use these funds to strengthen the public health laboratory workforce pipeline to respond to future public health emergencies. CDC will expand the public health laboratory fellowship program and implement a new internship program for students.	\$337 million
Modernizing the Public Health Workforce	CDC will create a new grant program for public health departments to permanently employ CHWs and others that were hired during the COVID-19 response. CDC will convene federal, state, local, and territorial public health experts to inform the design and focus of this new grant program.	\$3 billion

CDC will distribute \$2 billion of the [\\$7.4 billion](#) from ARP as supplemental awards to approved recipients of CDC’s COVID-19 Crisis Response cooperative agreement ([CDC-RFA-TP18-1802](#)), which includes all 50 states, five U.S. territories, three freely associated states, and four major metropolitan areas. The two-year supplemental awards will range in size from \$255,826 to \$173,376,888 and can be used to establish, expand, and sustain a public health workforce. Work plans, two-year hiring goals, and budgets will be due to CDC within 60 days of the performance period start date on July 1, 2021.