

**BUREAU OF HEALTH EQUITY AND COMMUNITY ENGAGEMENT— NEW YORK STATE DEPARTMENT OF HEALTH  
COMMUNITY HEALTH WORKER COMMUNITY OF PRACTICE  
SOLICITATION OF APPLICATIONS**

**Date of Issue: 1/3/2023**

**Due Date/Time: 2/24/2023 11:59 PM**

**Question-and-Answer Period Closing Date: 1/29/2023 11:59 PM**

**Counties Served: Rest of State** (all counties except New York, Bronx, Kings, Queens and Richmond)

**Funding:**

A total of \$75,000 will support up to 10 CHW consultants over the contract period (4/1/2023-5/31/2024). Each consultant will receive up to \$7,500 total.

**Description:**

Health Research, Inc. (HRI) and the New York State Department of Health (NYSDOH), Bureau of Health Equity and Community Engagement announce the funding of up to \$75,000 for up to 10 Community Health Workers (CHWs) to serve as consultants in the CHW Community of Practice from **4/1/2023-5/31/2024**.

The Bureau of Health Equity and Community Engagement is investing in this CHW Community of Practice as part of its initiative to eliminate COVID-19 health disparities in Rest of State, especially in the communities where COVID-19 has taken the highest toll (e.g., underserved, marginalized, under resourced and rural communities). This work is being funded under a grant from the Centers for Disease Control and Prevention (CDC) entitled “National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities” (OT21-2103).

The purpose of this solicitation is to identify up to 10 Community Health Workers who will help the Bureau of Health Equity and Community Engagement (“the Bureau”) advance their goal of equipping CHWs for future pandemic response. The Bureau is convening a multi-sector Community Health Worker Community of Practice to include 10 CHW consultants as well as state-level stakeholders. The Community of Practice’s work will culminate in actionable recommendations to strengthen CHWs’ capacity for future public health emergency response, as well as a public health toolkit and marketing materials on the CHW role.

At a minimum, CHWs applying for this opportunity need to have:

- Been employed as a Community Health Worker on or before January 1, 2020 to the present, i.e., during the height of the COVID-19 pandemic.
- Worked as a CHW in Rest of State (counties except those in New York City) and/or the Nations.
- Experience as a CHW serving one or more of the prioritized populations specified in the CDC grant that funds this effort, which are listed below.

*CDC Prioritized Populations:* Alaska Native, American Indian, Asian, Black, or African American, Hispanic, Latino or Latinx, Native Hawaiian and Pacific Islanders, People living in rural areas, People experiencing

homelessness, People with disabilities, People experiencing poverty, People with substance use disorders, non-U.S. born persons, religious minorities, Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons, Adults aged 65 and over, Essential Workforce.

Please see further qualifications for the CHW consultants outlined below.

## **Background**

A community health worker (CHW) is a frontline public health worker who is a trusted member of the community served and often has a close understanding of that community. CHWs may have similar lived experience, language, culture, and socioeconomic needs as the communities they serve. CHWs function as a liaison between healthcare systems, social services, and community-based organizations to improve overall access to services and resources, and thereby contribute to improving health outcomes. CHWs can work under many different job titles, such as: outreach worker, home visitor, health navigator, health educator, *promotores de salud/promotora*, community advocate, peer educator, patient navigator, among others.

Due to their skills and cultural and linguistic expertise, CHWs are uniquely positioned to effectively address health disparities, such as those amplified during the COVID-19 pandemic. Yet historically, CHWs have been underutilized in pandemic response. The purpose of this funding aims to address this unmet opportunity.

During the height of the COVID-19 pandemic, CHW roles and activities evolved considerably. CHWs took on a range of new roles, such as contact tracing, distributing PPE, explaining complex COVID information and misinformation, translating COVID health materials, and more. While undertaking these complex roles, CHWs were also experiencing the impacts of the pandemic in their own lives, such as the loss of in-person school and work, and even the loss of family members and loved ones due to COVID.

Alongside the personal stressors of the pandemic, it has been reported that CHWs faced gaps professionally in the areas of safety, technology, and COVID-19 information, including:

- Working on the front lines as “first responders” without adequate PPE or hazard pay
- Lack of necessary technology, including devices, internet access or technological training to connect to their clients virtually
- Inadequate training on or provision of COVID-19 health information or materials

To close these existing gaps, CHWs require expanded emergency preparedness and readiness tools. When designing these tools, it is critical to include CHWs in their development. Tools may include COVID-19 training needs, response strategies and best practices. The CHW Community of Practice will bring the expertise of CHWs to the forefront of this effort. The group will include additional NYSDOH stakeholders (e.g., 1115 Waiver team, contact tracing team, Center for Community Health) and other state agencies that utilize CHWs (e.g., Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS)).

The CHW Community of Practice will identify the unique needs and challenges that CHWs experienced during the current pandemic, including ongoing gaps. Then the group will identify the skills and competencies, training, and tools that CHWs need for future pandemic response. The Community of Practice’s work will culminate in actionable recommendations to strengthen CHWs’ capacity for future

public health emergency response, and a public health detailing toolkit, as well as marketing materials on the CHW role. The toolkit and marketing materials will be designed to promote and explain the role of CHWs to clinical providers, as well as community-based organizations, and the public.

**Qualifications:**

CHWs responding to the solicitation must have been employed as a Community Health Worker on or before January 1, 2020 to the present, i.e., during the height of the COVID-19 pandemic, and have worked as a CHW in Rest of State and/or the Nations. Applicants should also have experience serving one or more of the prioritized populations specified in the *CDC Prioritized Populations* above.

CHW consultants will be selected to assure that, as possible, that all geographic areas in Rest of State (ROS) and the Nations are represented, as well as perspectives of urban/rural communities.

**Qualifications Sought:**

- Have been employed as a Community Health Worker (outreach worker, home visitor, health navigator, health educator, *promotores de salud/promotora*, community advocate, peer educator, patient navigator) on or before January 1, 2020, to the present, i.e., during the height of the COVID-19 pandemic.
- Have worked as a CHW in Rest of State and/or the Nations.
- Hold experience serving one or more of the prioritized populations as defined by this grant (see *CDC Prioritized Populations* above).
- Possess commitment to strengthening and building the capacity of the CHW workforce
- Excellent communication and organizational skills
- Experience serving on an advisory panel, work group or committee is desirable, but not required

**Consultant Responsibilities:**

- Participate in group and 1:1 meetings, anticipated to be monthly, with the CHW Community of Practice.
- Share perspectives from their communities to help inform the Bureau’s approach on how to support the CHW workforce.
- Provide constructive feedback to the Bureau, both verbally and in writing, related to strengthening the CHW workforce.
- Contribute to the development of recommendations for strengthening the CHW workforce, especially in relation to future pandemic response.
- Conduct timely review of CHW public health toolkit and marketing materials throughout their development and promote the finished products within their networks.

**Consultant Payments:**

Each CHW consultant will be paid up to \$7,500 over the contract period. Consultants will submit invoices based on the completion of deliverables specified in the consultant’s contract.

**Note:** The CHW consultant payments will be considered taxable income. Consultants will need to complete a W-9 form for HRI. The W-9 form is a commonly used form from the Internal Revenue Service (IRS) that provides HRI with information needed to pay the consultant, such as the consultant’s

name, address, and Social Security Number (SSN). Information from the form is used by the IRS to estimate how much taxes consultants (or independent contractors) will need to pay.

### **Application Process:**

Applications will be submitted online in SurveyMonkey Apply (SM Apply). To respond to this solicitation, please first create a login and then complete the application questions in the SM Apply form. Click [here](#) to access the application. Applications are due by **February 24, 2023, 11:59 PM**.

The steps are:

- a) First, create a login in SM Apply
- b) Respond to the application questions (see below) in the SM Apply form.
- c) Upload your C.V. or resume to SM Apply.

### **Application Response:**

Address your qualifications, briefly answering the questions below.

1. Please share why you would like to be a part of this CHW Community of Practice.
2. Describe your experience working as a CHW. Include a) the number of years and months you have been a CHW; b) the health conditions you've been assigned to address; c) The settings in which your work has taken place; d) Whether your role has been home-based or office-based; e) the services you provided to community members.
3. Describe the communities you have served as a CHW. Do these communities include any of the prioritized populations identified by the CDC? See CDC Prioritized Populations listed above.
4. The Community of Practice will be strengthened by each CHWs' lived experience. Do you share the lived experience of those you served in the community, or the prioritized populations identified by the CDC? If so, please describe.
5. Please share an example of how you provided support through your role as a CHW through the height of the pandemic (e.g., vaccine hesitancy, COVID-19 testing, food insecurity, housing navigation, connections to primary health care, or a sense of hope). Please highlight your communication and organizational skills used when providing these supports.
6. Please describe your ability to fulfill the each of the responsibilities of this consultant role (see Responsibilities section). If applies to you, please share your experience serving on a work group, committee, or advisory panel.

Provide Applicant's C.V. or Resume

### **Application Submission:**

Submit your answers to the application questions and upload your C.V. or resume to SM Apply. **All materials must be received by February 24, 2023, 11:59 PM.**

### **Question-and-Answer Period**

The Question-and-Answer period allows applicants to ask for clarifications about the application process or funding opportunity. Submit questions to the Bureau's COVID Health Disparities Program (Email: [covidhdp@health.ny.gov](mailto:covidhdp@health.ny.gov)) by **Sunday, January 29, 2023, 11:59 PM**. Answers to all questions will be posted on the HRI Funding Opportunities page on or before **Friday, February 3<sup>rd</sup>, 2023**. (Note: During this Question-and-Answer Period, questions submitted by applicants will not be answered individually.)

**Selection Process:**

Following the Bureau's review of application materials, qualifying applicants will participate in a brief interview with the Bureau. Based on an approved methodology and the strength of their materials and interview, up to 10 CHWs will then be selected to serve as consultants with the CHW Community of Practice.