



National Community Action Partnership

Discussion Draft

4/29/2020

Community Action Plan to Collaborate with Public Health Partners on COVID-19 Case Finding, Contact Tracing, and Local Resource Coordination to Break the Transmission Chain

Audience: Internal CAA Network (Community Action Agencies, State Community Action Associations)

Summary

- To prevent the need for future lockdowns due to infection flare-ups, communities need not only to rapidly increase testing for the virus but also to track down every potential carrier of the virus so the risk of dissemination can be minimized.
- Much of the work of instituting a robust case-finding and contact-tracing effort will fall to local, state, territorial, and tribal public health departments.
- Working together, public health leaders, public officials, Community Action Agency leaders, and others in the community can craft plans to maximize the abilities and expertise needed to ramp up efforts at the community level.
- Community Action Agencies (CAAs) are well positioned to contract with state and local health departments to ensure a rapid and successful launch of contact tracing and resource coordination efforts.
- No one approach can be deployed given the conditions and relationships in local communities across the country.
- This paper offers several approaches that can be considered to engage Community Action Agencies in contact tracing and resource coordination efforts.

Background

To allow the current COVID-19 lockdowns to end, and to prevent the need for future lockdowns due to infection flare-ups, communities need not only to rapidly increase testing for the virus but also to track down every potential carrier of the virus so the risk of dissemination can be minimized. Only by identifying and isolating the contacts of anyone who tests positive (contact tracing) as expediently as possible can we cut off the chain of transmission. Only when testing and contact tracing reach certain levels will people be able to go safely and confidently about their lives and the economy begin to recover.

Successful case finding and contact tracing depends on both safely isolating the sick and quarantining those exposed to someone with the virus. Many individuals who can work from

home and have healthy support systems will be able to quarantine successfully without too much disruption to their lives and families. However, for families with low incomes, quarantine will likely result in a serious financial challenge.

Individuals employed in “essential” services—grocery clerks, delivery drivers, and nurses’ aides—experience higher rates of exposure to the virus. Workers in these types of positions (disproportionately African American, Latinx, or Native American) are often inadequately protected from infection, reside in tight quarters, and do not have the benefit of paid sick leave or the ability to work from home, among other risk factors. A few weeks of missed work can set up families who rely on income from these occupations for long-term financial struggles. Individuals with low incomes who are asked to quarantine due to exposure will need to be connected with food, rent or mortgage, utility assistance, and perhaps medical care in order to facilitate a successful quarantine and prevent serious and long-term financial hardship.

Challenge

Much of the work of instituting a robust case-finding and contact-tracing effort will fall to local, state, territorial, and tribal public health departments. Testing and contact-tracing approaches will need to be designed by each community based on their existing public health infrastructure and other community factors and assets. However, the unique characteristics of COVID-19 leave our current public health capacity insufficient to undertake this mammoth task.

Researchers at the Johns Hopkins Center for Health Security estimate that nationally we may need to add 100,000 contract tracers across the US.¹ Coordination between state and local governments will be needed in order to properly deploy financial and human resources to where the greatest need exists. Working together, public health leaders, public officials, Community Action Agency leaders, and others in the community can craft plans to maximize the abilities and expertise needed to ramp up efforts at the community level.

Success depends on an unprecedented and rapid scale-up of the public health and human service workforce dedicated to case identification, contact tracing, and resource coordination. The unprecedented scale and duration of this pandemic, the unique characteristics of COVID-19, and the need for rapid case and contact identification demand a coordinated multiagency and multisectoral approach. A contact-tracing effort at the scale needed has not been done before. Design of the effort will need to be flexible to achieve quick scale-up. Models and scenarios will need to take advantage of the unique assets of each community. We believe Community Action Agencies (CAAs) are well positioned to work with state and local health departments to ensure a rapid and successful launch.

¹ Johns Hopkins Center for Health Security. *A National Plan to Enable Comprehensive COVID-19 Case Finding and Contact Tracing in the US*. April 10, 2020.

https://www.centerforhealthsecurity.org/our-work/pubs_archive/pubs-pdfs/2020/200410-national-plan-to-contact-tracing.pdf

Key Components of the Case-Finding and Contact-Tracing Effort

Testing	<ul style="list-style-type: none"> • Identify all COVID-19 cases (will require rapid diagnostic tests in every community). • Isolate infected individuals (at home or, as necessary, on a voluntary basis in healthcare facilities or dedicated isolation facilities).
Contact Tracing	<ul style="list-style-type: none"> • Locate all close contacts of each identified case (new technologies dedicated to more aggressive and rapid case identification and contact tracing are likely to emerge). • Quarantine exposed contacts in their homes (or other dedicated facilities, if home is not an option) for 14 days after their last exposure to the case. <p>Contact tracers will need skills in the assessment of relevant symptoms, investigation, following up with contacts, and analysis—all of which can be easily taught to anyone with a high school–level education. Most of the work can be done remotely via phone or other technologies, but occasionally a tracer may need to follow up with contacts and conduct interviews in home settings. Contact tracers should be aware of local cultural sensitivities and be able to help contacts navigate the public health and health systems in the jurisdictions in which they are working.</p>
Resource Coordination	<ul style="list-style-type: none"> • Conduct a virtual needs check and connect at-risk patients who are COVID-19 positive and individuals in quarantine to necessary community resources or services, such as food banks, mental health services, visiting nurses, and other essential programs and services. <p>Resource coordinators will need to be knowledgeable of the local resources, community supports, and local cultural sensitivities.</p>

Proposed Approaches

Depending on the conditions and relationships in each state, the following approaches can be considered.

1. State Level: Community Action Association Coordinates with the Governor’s Office and/or State Public Health Department

Community Action Associations may consider reaching out to their governor’s office and/or state public health department to discuss a collaboration between CAAs and the department to rapidly ramp up capacity for the requisite robust case-finding and contact-tracing effort. CAAs can provide an immediate pipeline of well-qualified staff who live and work in communities.

2. Local Level: CAA Coordinates with the Local Public Health Department/Federally Qualified Health Center

A CAA may consider reaching out to their local health department or Federally Qualified Health Center (FQHC) to discuss merging CAA expertise and capacity with public health expertise in developing a testing, contact tracing, and resource coordination plan for the community.

- Health departments and FQHCs have expertise in testing and contact tracing for infectious diseases, although the existing protocols, technology, and data collection processes will need to be adapted to deal with the unique aspects of COVID-19.
- CAA staff have skills and expertise in effective and culturally sensitive interviewing, case management/coaching, interpersonal management skills, goal setting and planning, and coordinating resources and referrals. CAA staff have knowledge about services and resources available internally and across the community. Most CAAs have a wide array of rental, mortgage, utility, food, and other supports that can be called on to help individuals as they quarantine. CAA work force/training programs may also be used to recruit unemployed individuals as additional contact tracers who can be trained and supervised by the CAA.

Together the collaborators should look at funds available in the community to get the efforts started and also communicate with state public health departments about forthcoming funding included in H.R. 266 (Paycheck Protection Program and Healthcare Enhancement Act) signed on April 24, 2020. In addition, H.R. 748 (CARES Act) funding is or will soon be available in local communities to assist with nutrition, housing, utilities and other needs.

Funding Considerations

The Paycheck Protection Program and Health Care Enhancement Act (H.R. 266), enacted on April 24, 2020, appropriates \$25 billion to states, localities, territories, and tribes for COVID-19 testing and related activities, such as contact tracing. This is merely a down payment, as more funding will be needed and is expected in forthcoming appropriations. A number of states are well on their way to establishing case-finding and contact-tracing protocols. The State of Massachusetts—through a new collaboration with Boston-based global health nonprofit [Partners in Health](#) (PIH)—has created the [Community Tracing Collaborative](#) to accelerate the state's efforts to contain the spread of COVID-19. Many states and localities will be moving quickly to emulate Massachusetts' effort. States will be identifying funding for these efforts as part of their planning. Before Community Action Associations and CAAs approach potential partners they should consider how to navigate funding discussions strategically.

Suggested Talking Points for CAA Network Members as They Pursue Possible Collaborations

- **Rapid Scale-Up Capacity:** We care about our communities, and we believe we can be helpful in working alongside our public health colleagues to rapidly scale up and launch

aggressive COVID-19 testing and contact-tracing efforts. Our CAA/State CAA Network has X staff available right now to begin contact tracing and resource coordination.

- **Trusted in Communities:** We are trusted sources embedded in our local communities. We have situational awareness and understanding of the local context, and we know how to communicate with our neighbors.
- **Upstream Prevention Work That Meets Our Mission:** We see this as an opportunity to work “upstream” and prevent greater financial struggles for our community by helping to deploy a strategy essential to restarting the economy and keeping it moving. Additionally, we can coordinate critical supports for those vulnerable individuals who must quarantine and prevent them from falling too deeply into the financial insecurity that could threaten their eventual recovery.
- **CAAs Are Already Coordinating Resources:** A key function of CAAs is to work with families to identify a plan that helps them stabilize and move toward economic security. Our knowledge and resources will allow us to serve as resource coordinators—connecting quarantined individuals with such necessary supports such as food, rent, mortgage, utility assistance, and healthcare. CAAs operate a range of human services that help families with food, housing, utilities, early childhood education, and much more. During the pandemic CAAs have been deeply engaged in making sure families have the food and housing they need to adhere to the social distancing rules implemented in their communities.
- **Existing Knowledge and Skills:** We have the talent and many of the skills needed to do contact tracing and help individuals develop a plan to quarantine successfully.
- **Recognize the Need to Adapt Protocols, Training, and Technologies:** We know case investigators and contact tracers will need some training on the basics of disease transmission, the principles behind isolation and quarantine of contacts as a public health measure, public health data ethics, and local processes and data collection. As human service providers, we believe our learning curve on many of the public health concepts may be shorter than others’, as we bring human service sector experience related to many of these topics to the table. Collaborating with CAAs will result in faster implementation.
- **Resources and Funding:** Our CAA/State CAA Network is ready today to work with public health partners to design the effort and start training, with the understanding that as resources become available from H.R. 266 and other sources we will contract with the State or County to support the work of our staff and that of our public health partners. (Amend this talking point to fit the environment and conditions in your state or community)

National Community Action Partnership Plan

The Partnership is pursuing conversations with national public health and community health associations. Additionally, we are talking with potential partners engaged in efforts that can help bring greater equity to testing, tracing, and resource support. We believe that public health partners, with their critical expertise in testing and tracing, should lead local efforts; local public health organizations have the experience and infrastructure needed to operate testing

and contact tracing efforts, but we acknowledge the need for increased capacity for tracing and resource coordination. We also seek partners who understand the disproportionate impact of the virus on persons of color, immigrants, and women and can help us consider equity implications as we design and deploy case finding and contact tracing efforts that create access and supports for all people to be protected and healthier.

In the next few weeks, the Partnership will be assessing the feasibility and potential funding opportunities to support a national-level effort. Conversations with the U.S. Department of Health and Human Services, philanthropy, and other potential partners are underway.

Draft Partnership Plan:

Phase I (April 27–May 15)

- Contact and speak with potential national partners.
- Communicate and alert all Community Action Associations and CAAs about the approach.
- Provide Community Action Associations and CAAs with talking points and resources.

Phase 2 (May 16–June 15) (Subject to revision based on feasibility and Network response)

- Identify and begin working with national partners to support national training and technical assistance initiative.
- Identify Community Action Associations and CAAs who are pursuing local efforts.
- Support Community Action Associations and CAAs who have developed arrangements with local and state governments.

Phase 3 (June 16–July 14) (Subject to revision based on feasibility and Network response)

- Guidance to the network is readily available.
- COVID-19 advisory group is formed.