

## Leveraging Federal Recovery Money to Maintain and Expand Health Center Services and Partnerships

# Centers for Disease Control (CDC)

States and localities have significant new funding via the **CARES Act** and the **American Rescue Plan (ARPA)**. Health Centers are experts on new HRSA funding, but there are also new federal Department of Housing Urban Development (HUD) Funds, new Public Health Funds via the Centers for Disease Control (CDC), Medicaid Home and Community Based Services (HCBS) funds via Centers for Medicare and Medicaid Services (CMS) and State Medicaid offices and new Behavioral Health related funds via the Substance Use and Mental Health Services Administration (SAMHSA). Many of these funds are targeted to similar populations served by Health Centers, and will assist with the targeting of individuals served by health centers at the community level.

This series of briefs will describe in detail the funding sources, the differing processes by which funding becomes available at the state and local level and the planning and stakeholder input process that each funding stream requires prior to awarding or implementing funds.

**The goal of this brief is for a health center audience to understand these funding streams and award processes sufficiently so that they can:**

**1**

Build or improve relationships with community partners who are awarded these funds

**2**

Support patients in accessing needed housing and services

**3**

Represent and share the voice of their community and patients through stakeholder processes

**4**

Consider applying for these funds or future funding allocations via these funding streams when mission is aligned.

## New Funding, Purpose and Target Population

The CARES ACT and ARPA includes funding to strengthen the Public Health systems in our communities. Public Health operates at the state and local level to ensure good health for the population. In contrast to the health care system that is focused on individual level care, public health focuses on population health and on systems level interventions that can improve health for a whole community. For purposes of this brief, we will focus on the CARES and ARPA funding that is most relevant to health centers. All funds via CARES and ARPA is easily searchable on the [CDC web site](#).

CDC received funds for Addressing Health Disparities, Community Health Workers and Tribal Awards, that are more aligned to Health Centers. These awards can offer the opportunity for partnerships between

Health Centers either to receive funding or work more closely with your local public health department. Health Centers have opened up a new level of partnership with their local public health departments over the pandemic to successfully address limiting virus spread, COVID testing, and vaccine distribution. CDC funding supports state, county and city health departments.<sup>1</sup> These funds support public health laboratories, data systems and other efforts in the community. Much of the data we as a nation have been relying upon throughout the pandemic is from public health systems. Public health funding tends to be cyclical in nature and increases are usually due to a health crisis. This can cause infrastructure burden to maintain what is need during to be prepared for when the next health emergency happens.

## What Funding is Available?

### ADDRESSING HEALTH DISPARITIES

Health departments received \$2.25 billion dollars to expand or begin their work on addressing health disparities.<sup>2</sup> The goals of the grant are to:

- + Reduce COVID related health disparities
- + Improve testing and contact tracing among high risk populations
- + Improve state and local health department capacity to respond to COVID among populations that are higher risk and underserved. This can include communities of color, low income communities, rural communities or communities that have documented disparities including people experiencing homelessness and persons returning from incarceration.

Of interest to health centers, are efforts to “mobilize partners and collaborators to advance health equity and address Social Determinants of Health (SDOH) as they relate to COVID-19 health disparities among populations at higher risk and that are underserved.”<sup>3</sup> The CDC has awarded funding to 108 health departments across the country<sup>4</sup> and funding needs to be expended by May 1, 2023.

### COMMUNITY HEALTH WORKERS

The CDC has launched the Community Health Workers for COVID Response and Resilient Communities (CCR) program.<sup>5</sup> This program will expand exponentially the number of Community Health Workers (CHW) active in our communities. This workforce will have an early emphasis on COVID response, including testing, vaccine distribution and assistance with quarantining

1 <https://www.naccho.org/uploads/downloadable-resources/Policy-and-Advocacy/Federal-Funding-final.pdf>

2 <https://www.cdc.gov/publichealthgateway/partnerships/COVID-19-Health-Disparities-OT21-2103.html>

3 <https://www.cdc.gov/publichealthgateway/partnerships/COVID-19-Health-Disparities-OT21-2103.html>

4 <https://www.cdc.gov/publichealthgateway/docs/partnerships/OT21-2103-Awardees.pdf>

5 <https://www.cdc.gov/COVID-community-health-workers/>

for those whose housing situation makes quarantining a challenge. As the pandemic evolves, the CHW workforce can be utilized for other community Health Related Social Needs (HRSN) including better understanding and responses to build health equity. The CDC envisions the Social Determinants of Health (SDOH) needs to be one component of those broader health related needs.

**CCR grants have 3 components:**

1. Grants to agencies to develop a CHW program including training and support for current and new CHW staff.
2. Grants to expand existing efforts with agencies with about 3 years' experience with including a CHW component in their health related activities.
3. Grants to develop innovative approaches to strengthen the use of CHWs through policy, systems, or environmental changes.

The CDC has a map to show you where awards were made by state and what aspect of the program were funded.<sup>6</sup>

Over time, CHWs may also become engaged in work related to the Social Drivers of Health (SDOH) including housing and assisting those they serve to meet basic needs. Health centers may employ CHWs through this funding or have CHWs placed at their sites from a local public health department. CHWs may screen for SDOH needs or be assigned to help persons address those needs. Most common SDOH needs include housing, food, transportation and interpersonal violence.<sup>7</sup>

**TRIBAL AWARDS**

As of 2021, the CDC has awarded \$219 million dollars to tribal nations, consortia, and organizations for responding to COVID-19 across tribal communities.<sup>8</sup> The funds broadly support tribal preparedness and response efforts in tribal nations and local communities. Funding is through noncompetitive grants and through existing CDC cooperative agreements. There are funds to support communications around the rapidly evolving disease that could assist health centers, who serve a Native American population. Table 1 summarizes these awards.

**Table 1. Tribal Awards**

Name	Amount	Eligible or Awarded Applicants	Time Frame for Awards	Status
Supporting Tribal Public Health Capacity in Coronavirus Preparedness and Response <sup>9</sup>	\$152.8 million	Tribal Nations and tribal organizations. Is a non-competitive grant	1 year award, Awarded in late 2020.	Awarded <sup>10</sup>
Tribal Public Health Capacity Building and Quality Improvement <sup>11</sup>	\$50.8 million	Federally recognized tribal nations or tribally dedicated organizations	5 year cooperative agreement	Awarded <sup>12, 13</sup>

6 <https://www.cdc.gov/covid-community-health-workers/ccr-recipients.html>

7 <https://innovation.cms.gov/data-and-reports/2020/ahc-first-eval-rpt-fg>

8 <https://www.cdc.gov/tribal/cooperative-agreements/covid-19.html>

9 <https://www.grants.gov/web/grants/view-opportunity.html?oppId=325942>

10 <https://www.cdc.gov/tribal/documents/cooperative-agreements/COVID-19-Funding-for-Tribes-Grant-Recipients-OT20-2004-508.pdf>

11 [https://www.cdc.gov/tribal/documents/cooperative-agreements/OT18-1803\\_Initiative-Overview.pdf](https://www.cdc.gov/tribal/documents/cooperative-agreements/OT18-1803_Initiative-Overview.pdf)

12 <https://www.cdc.gov/tribal/cooperative-agreements/tribal-capacity-building-OT18-1803.html>

13 <https://www.cdc.gov/tribal/cooperative-agreements/covid-19.html>

Existing CDC cooperative agreements will be to 12 regional tribal organizations and 4 tribal nations reaching more than 500 tribes and over 2 million Native Americans. An additional \$12 million will support 11 regionally designated tribal health organizations build public health capacity to address suicide, the impact of Adverse Childhood Experiences (ACEs)

and intimate partner violence. Efforts are organized via a variety of tribal organizations including tribal nations, tribal consortia and tribal organizations. Health centers who serve a tribal population are encouraged to engage with these awardees and build collaborations that center health equity and addressing the needs of the community.

## Who Decides About the Funding in My Community?

Decisions for CDC funding lives with the state and local office of Public Health. State health departments may support town, or county health departments, particularly in rural areas. Big cities and suburbs will more commonly have their own health departments and may even get their own allocation of funds directly from the CDC. The CDC supports health departments with base funding as well as grants for specialized projects. For example, the CDC is the home of the Social Determinants of Health Accelerator grants to local communities that is planning to build infrastructure around addressing SDOH needs.<sup>14</sup>

Health departments commonly have a Board of Health, made up of health leaders across a state or community that advises the health department on policy, best practices, and community projects. State departments of Health may be stand alone and report to the governor or may be a component of a larger department of for example, Health and Human Services. These arms of local government may also have state or local funding, from the appropriate legislative branch of the relevant state, county or city. For the CARES and ARPA funding, states quickly activated their standard stakeholder engagement process and submitted plans based on that feedback. Health centers policy staff are advised to become a part of the stakeholder notification process.

## Stakeholder Engagement Process

State and local Health departments have a variety of stakeholder engagement processes and are growing those processes as their internal capacity grows. Health centers are valuable members of those stakeholder engagement processes and can support raising up their patients' voice to ensure access, quality and relevance of community public health initiatives. This process will differ community by community as the requirements from the federal government are not as proscriptive.

States and local health departments commonly have a variety of stakeholder engagement groups that gather information to inform state decisions. State groups may be focused on the perspective of participants including

family members and other advocates and health care providers. States may have in person meetings and discussions or hold 'Virtual Town Halls' where advocates can sign up to speak, or submit written testimony. Health Centers will need to organize the perspective of their patients, to amplify their voices. The work will be similar to the work with the Behavioral Health funding, though the goals, questions asked and common audiences will differ.

14 <https://www.cdc.gov/chronicdisease/programs-impact/sdoh/accelerator-plans.htm>

## HOW HEALTH CENTERS CAN GET INVOLVED:

- ☑ **Ensure** that your policy person or Primary Care Association (PCA) is connected to your state's stakeholder engagement processes. Health Center leadership should have a way to learn about these processes and contribute to the conversations. Staff should be signed up for list serve notifications, attends meetings, shares notes within teams and develop other ways for health centers to learn what opportunities are available. Such opportunities may be direct funding for health center activities or services offered by other community agencies that would support health center patients.
- ☑ **Develop** a process to support your patients to be advocates within your state, city or county's Public Health program to ensure that plans and programming is centered on People with Lived Expertise (PLE).
- ☑ **Annually**, develop an advocacy agenda based upon what you learn from engaging your patient populations. Use that advocacy agency to guide efforts in your community and with those in power around these issues.
- ☑ **When** feedback from stakeholders is requested submit public comments.
- ☑ **Create** relationships and partnerships with key stakeholders who are engaged on these issues. Share what you are learning from your patients about public health needs in your community and share your advocacy agenda.

Significant new funding has been allocated by the federal government to states for expanded public health resources. Health centers have an opportunity to create new partnerships, learn and build a network in this sector and support their communities in new and unique ways to address the needs of the people and communities they serve.



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