Executive Summary

Tackling the Dual Economic and Public Health Crises Caused by COVID-19 in Baltimore

Early Lessons from the Baltimore Health Corps Pilot

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Commissioned by the City of Baltimore and a consortium of funding and implementing partners listed within

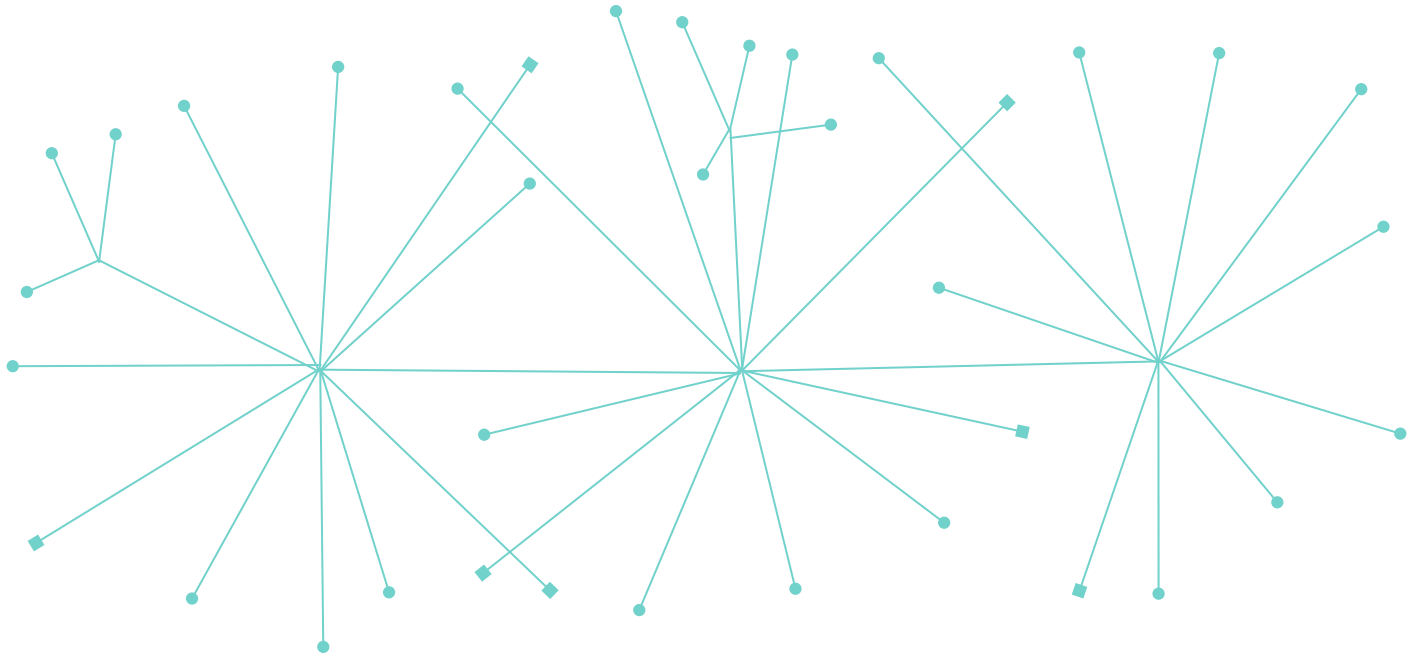
Brandon M. Scott
Mayor

The ROCKEFELLER FOUNDATION

https://coronavirus.baltimorecity.gov/baltimore-health-corps

https://moed.baltimorecity.gov/

https://www.rockefellerfoundation.org/report/tackling-the-dual-economic-and-public-health-crises-caused-by-covid-19-early-lessons-from-the-baltimore-health-corps-pilot



Executive summary

On March 12, 2020, the first case of coronavirus disease 2019 (COVID-19) was diagnosed in Baltimore City. Its infection rate increased rapidly through March and into April and May, proving to be 4 times higher among Latino residents and 1.5 times higher among Black residents than the city's White population. At the same time, the city's unemployment rate surged from 4.9 percent in March to a peak of 11.6 percent in April 2020.[i]

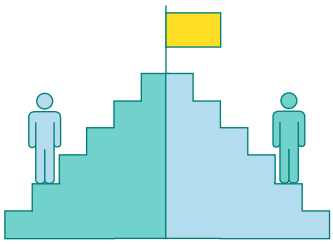
In June, Baltimore City government launched the Baltimore Health Corps (BHC), a pilot program to recruit, train, and employ 275 new community health workers who were unemployed, furloughed, or underemployed, living in neighborhoods hardest hit by the health crisis and especially those residents unemployed as a result of COVID-19. BHC used equitable recruitment and hiring practices to employ contact tracers, care coordinators, and support staff, with a focus on good jobs, fair pay, training, skill-building, and support to improve career trajectories. The city leveraged its existing partnerships to move quickly.

IMPLEMENTING PARTNER	ROLE
Baltimore City Health Department (BCHD)	Hiring, contact tracing, call center, outbreak investigation, older adult care coordination, and program administration
Baltimore Civic Fund	Program administration and fiscal sponsorship
Baltimore Corps	Recruitment, screening, and referral
HealthCare Access Maryland (HCAM)	Care coordination, vaccination and testing support, program administration, and addressing social determinants of health
Jhpiego	Hiring and onboarding, contact tracer training, program planning, and technical support for contact tracing
Mayor's Office of Employment Development (MOED)	Recruitment, career navigation, financial counseling, post-BHC job placement, and management of supports from Catholic Charities of Maryland, Maryland Volunteer Lawyers Service, and Baltimore Alliance for Careers in Healthcare
Mayor's Office of Performance & Innovation (OPI)	Program coordination, management, analysis, and design support

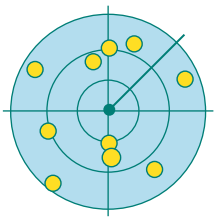
[i] U.S. Bureau of Labor Statistics. Unemployment Rate in Baltimore City, MD. FRED, Federal Reserve Bank of St. Louis; FRED, Federal Reserve Bank of St. Louis. https://fred.stlouisfed.org/series/MDBALT5URN

Objectives and early findings

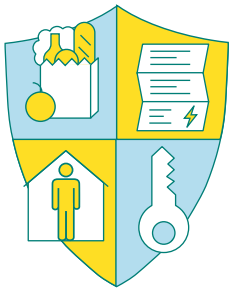
Three core objectives guide the work of the BHC pilot, and an early-findings evaluation of its first six months has indicated progress on all three. The evaluation also identified where to focus ongoing efforts to improve each objective.



1 CREATE JOBS WITH EQUITABLE HIRING AND CAREER DEVELOPMENT POSSIBILITIES



2 INCREASE CAPACITY FOR COVID-19 CONTACT TRACING



3 PROVIDE ESSENTIAL CARE COORDINATION

OBJECTIVE 1

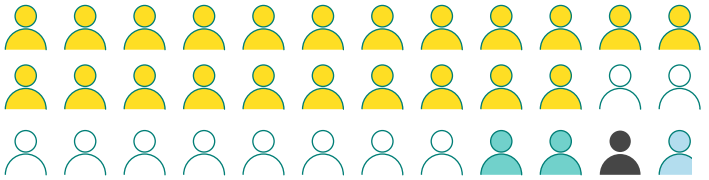
Create jobs with racially equitable hiring and career development possibilities

Launch hundreds of community health worker (CHW) jobs in contact tracing, care coordination, and program operation, while building sustainable employment and economic stability paths for those hired both during and after the pandemic.

Early findings

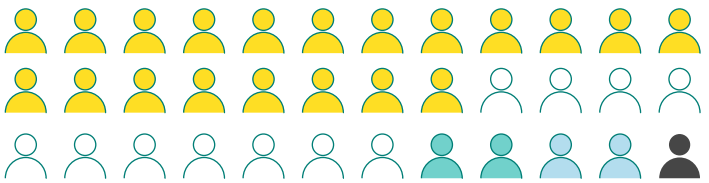
BHC reached its hiring target of 275 as of January 31, 2021, providing new roles as contact tracers and care coordinators to residents. Of these new employees, more than 85 percent were previously unemployed, furloughed, or underemployed, about 70 percent lived in Baltimore City, and at least 65 percent were Black, Indigenous, and People of Color (BIPOC). BHC met equity targets in hiring staff that roughly reflected Baltimore's racial and geographic diversity. The program offered training to selected applicants who were not initially hired to increase their possibility of being hired in another cycle or by another employer. The new staff, primarily hired through the city's health department, expanded the size of the department by over 15 percent in six months – much faster than the usual pace of hiring and growth for a special project. BHC also hired five career navigators and one navigation supervisor to support the new staff and provided behavioral health and legal services through contractors.

DEMOGRAPHICS OF BALTIMORE CITY RESIDENTS



63% BLACK 30% WHITE 6% LATINO 3% ASIAN 2% OTHER

HIRES AND ACTIVE OFFERS AS OF JAN 31, 2021



52% BLACK 21% WHITE 7% LATINO 7% OTHER 3% ASIAN

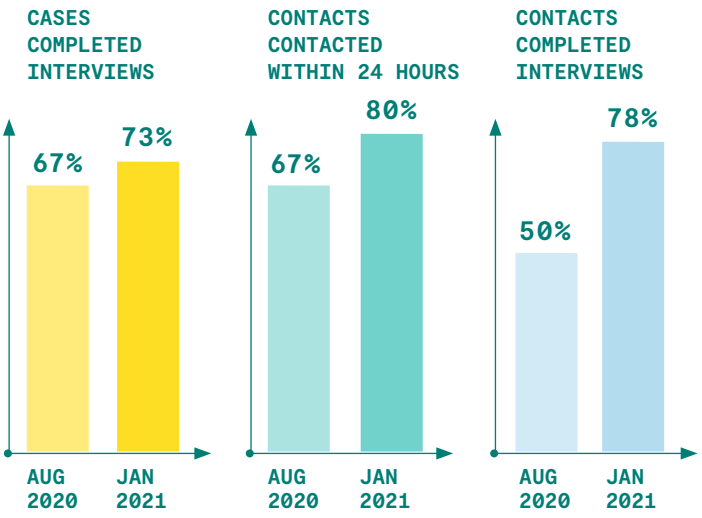
OBJECTIVE 2

Increase capacity for COVID-19 contact tracing

Develop and implement an effective COVID-19 case investigation and contact tracing program using trained CHWs to meet the upsurge in demand.

Early findings

The first BHC contract tracers were onboarded on August 6, with additional capacity added through the fall of 2020. By November, BHC had hired more than 80 people to conduct contact tracing and was already operating at 60 percent of capacity, but the surge was still challenging to manage, especially when the city faced a 350 percent case increase from October to November. Test turnaround time – the time from test specimen collection to test result – also increased during that period, which made timely contact tracing even more challenging. However, by January 31, 2021, the contact tracing team was fully staffed and BHC was able to operate at full capacity to address surges. The rate of positive cases who completed interviews rose from 67 percent at BHC's August inception to 73 percent in January. The number of contacts who were contacted within 24 hours increased from 67 percent to 80 percent, while those who completed interviews rose from 50 percent to 78 percent over the same time period. Contact tracers operated on a "call center" model until mid-December, then moved to a "case management" model designed to allow for more relationship building and continuity. An early lesson was the importance of including Spanish-speaking corps members who could serve Baltimore's Latino community.



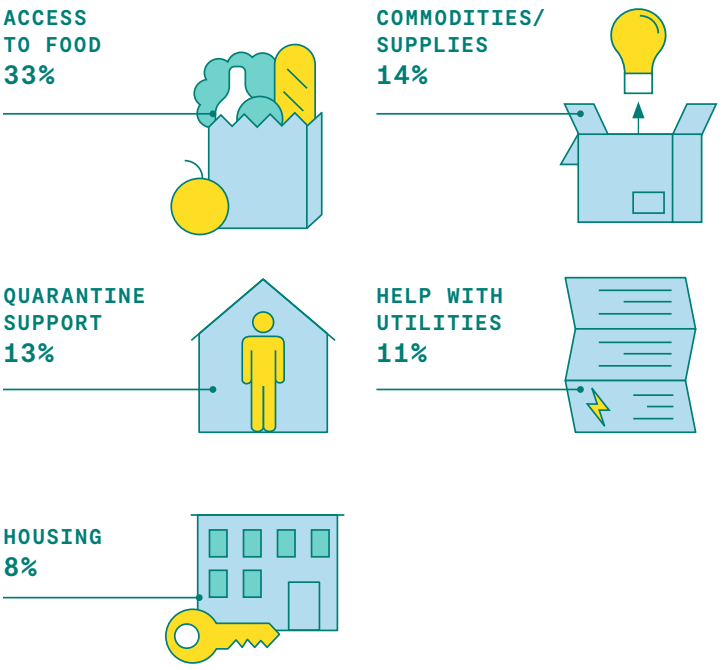
OBJECTIVE 3

Provide essential care coordination

Address the needs of the most vulnerable populations through enhanced care coordination, including help in quarantining and providing financial aid and support for caregivers.

Early findings

Initially, fewer residents were actively requesting care coordination services than originally anticipated. Thus, BHC worked to improve referral coordination with the contact tracing team, while also redeploying resources to testing sites, flu clinics, and housing complexes. After these changes occurred in November, care coordination experienced a 126 percent increase in referral volume. The majority of care coordination clients (77 percent) came through direct calls to health care phone lines. The most common requests of these referrals were: access to food (33 percent), commodities/supplies (14 percent), quarantine support (13 percent), help with utilities (11 percent), and housing (8 percent).



Conclusions and recommendations

Flexibility, dedicated staff, buy-in from leadership, strong existing partnerships, and a determination to use data to drive decisions helped BHC adapt to the changing needs of city residents. It grew and developed through an iterative approach to incorporate lessons in real-time. However, gaps and challenges need to be addressed by Baltimore and by any other localities seeking to set up similar programs. The following recommendations should be considered during program budgeting, design, and implementation. The "specific recommendations" relate to BHC's concerns as it refines its program, while the "broader recommendations" are for a wide audience of organizations that may consider designing and deploying a similar program.

Specific recommendations for BHC

Based on Baltimore City's experience with the BHC pilot, several opportunities were identified to improve and leverage new resources to support the continuation and adaptation of the pilot.

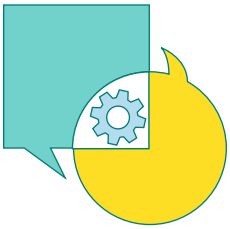
Invest in the CHW workforce by taking advantage of funding available through H.R. 1319, the American Rescue Plan (ARP) Act of 2021. Transition the BHC workforce into roles to support the COVID-19 vaccine roll-out or other community health work in Baltimore as supported by federal funds in Section 2501 of the ARP Act.

Develop a centralized information technology infrastructure to collect and share data across partners, both to facilitate performance improvement and to serve as a proof of concept for future interdisciplinary projects. Funding to support these activities is expected to be available through Section 2401(b)(5) of the ARP Act.

Consider revisiting the original goals of the program by assessing newly available data and gaps uncovered or exacerbated during the pandemic.

Broad recommendations for developing and implementing a similar program

Baltimore City's experience in developing and implementing the BHC offers an exemplar for states and localities. The following guidance draws on BHC's successes and lessons learned.



COMMUNICATE AND COLLABORATE

Use existing contractors and relationships where possible, which will facilitate the work. Familiarity, open communication, and the ability to quickly execute contracts and start funds flowing will be vital.

Use a multidisciplinary team-based approach for planning and execution that dissolves traditional silos between economic development and public health to ensure buy-in across agencies and leverage varied expertise.

Allocate resources for a dedicated project manager with experience working across the city, county, or state with the partners involved.

Delineate leadership and decision-making authority for workgroups and the overall program.

Develop strong linkages and coordinate with departments or programs not involved in the contact tracing and care coordination activities. Communicating with local leaders and industry partners focused on testing, patient care, and other aspects of disease control will be vital to success.

PREPARE THE WORKFORCE

Ensure existing staff and leaders have necessary training and learn the values needed to engage in equitable review and hiring practices.

Supplement initial training with a supportive mentorship initiative and on-the-job training that allow for continuous skill-building.

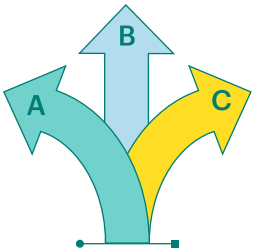
Remove barriers where possible for applicants and new hires related to criminal history background checks and drug-testing requirements to encourage workforce equity and facilitate faster hiring.

Leverage existing training models and adapt the curriculum to meet specific program needs. Also, repurpose training when needed to support eventual vaccine outreach, uptake, and administration.

Involve community-based organizations that can provide additional resources such as computer literacy and interview preparation. These organizations can both help remove technology barriers during the pre-interview process and identify potential applicants.

Offer support to encourage post-program placement opportunities, such as career navigation, behavioral health, legal services, job placement assistance, and financial empowerment training.

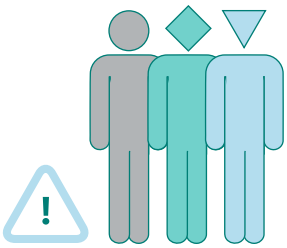
Work with employers in the region to create a pipeline for referrals into longer-term positions for employees.



IMPLEMENT AND MAINTAIN FLEXIBILITY

Be flexible during the program's design and implementation, so leaders and staff feel empowered to pivot quickly in addressing challenges.

Facilitate hiring of data analysts to manage multiple data sources, do near-time performance tracking, and facilitate data access for partners to help improve the program while it is ongoing.



ADDRESS VULNERABLE GROUPS

Attempt to analyze data on the race/ethnicity of the unemployed population to ensure targets are representative of those most likely to suffer from loss of work or chronic unemployment.

Conduct focus groups or interviews with community members to better understand their needs and the impact of programs on their employment and health outcomes.

To be released later in 2021, the full "Early Lessons from the Baltimore Health Corps Pilot" report describes the program's formation and implementation, and explains its objectives and key components. Further, it provides information gleaned from observations and interviews conducted by the University of Maryland (UMD) evaluation team to determine early lessons, describe challenges, and make recommendations.

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