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Community Health Workers & *Promotores*
in the Future of Medi-Cal

Resource Package #1: The Role of Community Health Workers and *Promotores* in Health Care

A Project of the California Health Care Foundation

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Background and Context

Introduction

As California aims to improve the quality of life and health outcomes for Californians, particularly Medi-Cal members, one strategy is to better integrate community health workers and *promotores*, referred to in this brief as CHW/Ps, into health care delivered by managed care plans (MCPs) and providers. Medi-Cal managed care plans and their partners, such as federally qualified health centers, hospitals, or community-based organizations, have the ability to deploy effective, evidence-based CHW/P programs to advance health equity and improve outcomes overall. To do this successfully, it is important to have a common understanding of the role of CHW/Ps. This resource package highlights the following:

- CHW/P roles, core competencies, responsibilities, and the differences among these
- Strategies for MCPs and their partners to design CHW/P programs and recruit and hire CHW/Ps
- Infrastructure barriers and solutions
- Considerations for collaborating with partner organizations on CHW/P programs
- Key insights from the voices of community health workers
- Curated resources and sample tools from established CHW/P programs to guide the implementation process

Subsequent resource packages will include additional strategies to further integrate CHW/Ps within health care programs, such as training CHW/Ps and their employers, the sustainability of CHW/P programs, and financing.

Background

According to the American Public Health Association, a community health worker is a "frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison, link, or intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery." *Promotores de salud,* also known as *promotoras*, are defined by the Centers for Disease Control as a subset of community health workers who serve Spanish-speaking communities and are characterized as lay health workers who have the ability to provide culturally appropriate services informed by their lived experiences, which is particularly important in the diverse state of California with a high population of Spanish speakers. For the purposes of this toolkit, the term "CHW/P" will be used to include others who perform the same work and who are also commonly referred to as health navigators, health coaches, community outreach workers, and family support workers, among other titles. CHW/Ps often bring their knowledge of community resources and their own lived experience when working with patients who have complex needs, such as people with serious mental illness, people experiencing homelessness, or individuals who are currently or have been incarcerated. Many MCPs integrate CHW/Ps into care teams in a variety of roles, such as supporting high-cost members in better managing their conditions, meeting their care plan goals, and connecting them with community resources.

Health care teams in the United States have included CHW/Ps since the 1950s, and the *Visión y Compromiso* report, "Key Workforce Priorities for the Community Transformation Model (PDF)" provides further detail on the history of CHW/P programs. The first formal *Promotora* program in California was started in 1988 and focused on HIV prevention. Then, in the 1990s, there was greater focus on CHW/P training, including one of the first training centers in the country located at City College of San Francisco. Over the last 15 years, there has been

more growth in these programs across California and an emphasis on integrating CHW/Ps into health care teams. In 2009, the Bureau of Labor Statistics created an occupational code for CHWs/Ps, and the Affordable Care Act in 2010 created new funding opportunities to grow CHW/P programs, such as California's Health Homes Program.

CHW/Ps fill a variety of roles, but their primary purposes are to address health-related social needs, meet patient needs outside of the clinical context – often in the community – and act as a bridge between the community and the health and social systems that provide services. CHW/Ps help create and foster a trusted relationship with a member and his or her family; this engagement is essential to helping patients get the care they need and in a way that is reflective of member preferences. Ultimately, CHW/Ps are needed in order to advance health equity by engaging patients with open communication, empathy, and empowerment.

Although there is no national standardized training and CHW/Ps often do not have clinical licenses, there are common responsibilities across many CHW/P positions. The Community Health Worker Core Consensus Project (C3 Project) produced a foundational framework for entities developing CHW/P policies and standards. Through this work, the C3 Project identified 10 core roles for CHW/Ps, such as care coordination, case management, and systems navigation as well as advocating for individuals and communities. This is accomplished, in large part, by spending dedicated time with people in their homes, in the community, or in health care settings to build trusting relationships. When establishing CHW/P programs, creating clear guidelines for CHW/P roles and responsibilities will enable CHW/Ps to both succeed and help the rest of the health care delivery team understand the CHW/P role.

Key Implementation Approaches

This section describes strategies that MCPs and their partners can consider while building (or expanding) their CHW/P workforce in programs for Medi-Cal members. This involves the following steps: (1) assess community and organizational needs; (2) design the scope of a CHW/P program and define the role of CHW/Ps; (3) develop CHW/P position structure and supports; and (4) recruit CHW/Ps.

Assess Community and Organizational Needs

The health needs of a community drive the development and scope of CHW/P programs. Health care organizations that are considering development and/or expansion of CHW/P programs may be interested in more effectively addressing member needs such as chronic conditions, social determinants of health, and preventable acute care utilization, as well as focusing on high-risk patients and/or underserved communities. Health care organizations that answer yes to the questions below may especially benefit from CHW/P programs.

- Is your organization experiencing barriers to patient activation and trust, especially among members who have more acute or complex health care needs?
- Does your organization's clinical indicators demonstrate that you may need to improve your approach to meeting the needs of low-income patients, communities of color, or immigrant and refugee populations?
- Do your clinical staff members lack the time or skills necessary to guide or support patients in their individual needs such as accompanying patients to medical appointments, helping them use telehealth technology to access care, understanding their social needs and supporting them in gaining access to the appropriate resources, developing relationships that uncover barriers that may prevent them from

realizing health goals, or understanding their cultural and linguistic preferences for accessing health care?
- Is your organization struggling with linkages to community-based organizations to address the social needs of your members?

Before launching, health care organizations need to assess their organizational readiness for CHW/P programs, including buy-in from senior leadership. As organizations develop goals for their CHW/P programs, they should carefully consider balancing input from health care leaders and community members to establish the guiding principles and goals for the program. Program goals should address both health system outcomes and person-centered outcomes, including a focus on addressing health-related social needs.

Design the Scope of a CHW/P Program and Define CHW/P Roles

Before thinking about specific CHW/P roles, it can be helpful to consider factors such as the following when determining the size and scope of a CHW/P program:

- The size of the member population targeted by the program and the appropriate CHW/P case load
- Health disparities and social needs of the population
- The capacity of the population to engage with technology in light of telehealth
- The geographic service area, including considerations for travel time and available transportation
- Data infrastructure, including electronic documentation tools and data exchange capabilities

Important elements of CHW/P initial program plans, as listed by the Community Health Worker Assessment and Improvement Matrix published by the United States Agency for International Development, include clearly defined CHW/P roles, recruitment and training, supervision, individual performance evaluation, incentives/compensation, community involvement, referral systems, opportunity for advancement, documentation and information management, linkages to health systems, and program performance evaluation. These elements are described in further detail below and will be included in future resource packages that are part of the *Community Health Workers & Promotores in the Future of Medi-Cal* initiative.

Health care organizations will need to designate clear roles for CHW/Ps and to clearly communicate the scope of these roles to CHW/P candidates as well as across the organization among clinical and nonclinical staff and organizational leadership. CHW/P roles will depend on the needs of the target population, geography, intended goals of the program, and roles of other care team members. Then, organizations can identify the competencies required to carry out the defined position responsibilities and ensure that competencies and responsibilities are fully aligned in the position description. The C3 Project Findings identified core CHW roles and competencies, as informed by CHW/P associations and networks across the country. These roles reflect the range of potential CHW/P roles (see Table 1).

Table 1. Core CHW Roles (C3 Project, 2016)
Providing cultural mediation among individuals, communities, and health and social service systems
Providing culturally appropriate health education and information
Providing care coordination, case management, and system navigation
Providing coaching and social support
Advocating for individuals and communities
Building individual and community capacity
Providing direct service
Implementing individual and community assessments
Conducting outreach
Participating in evaluation and research

However, all roles are not all required within a CHW/P position – the specific position responsibilities will be tailored based on populations and/or employers. As reported in a study conducted by the California Healthcare Workforce Alliance (PDF), the most common roles performed by CHW/Ps in California-based clinics and health centers include the following:

- Supporting patients with gaining access to medical and community services;
- Providing health screening, promotion, and education; and
- Advocating for patient health needs.

MCPs employ CHW/Ps in similarly related roles, but the CHW/Ps may spend more time connecting via phone than out in the community. The use of phone and video to connect with patients is, of course, on the rise in light of the COVID-19 pandemic. Given the convenience of phone and video for some – though not all – Medi-Cal members, this trend may continue in a post-pandemic world.

Identifying these roles – and clearly communicating these roles across organizational staff and leaders – can prevent CHW/Ps from becoming, as Cheryl Garfield and Shreya Kangovi at the Penn Center for Community Health Workers described in a 2019 Health Affairs blog post, "just another cog in the clinical wheel: scheduling appointments, pinging patients to take their meds, or even performing menial tasks. CHWs can do so much more." Absent clear role definition, the CHW/P role may become overmedicalized and will not allow for the dynamic and person-centered work that CHW/Ps can manage effectively. Program leaders have noted how CHW/Ps can quickly be pulled into full case-management positions; more focused on managing specific chronic conditions with little time for other work to support members in navigating health care systems more broadly. This problem is especially relevant for programs in which CHW/Ps are employees of a health plan. These roles also must be defined carefully in relation to other organizational positions to avoid potential duplication of responsibilities.

Develop CHW/P Position Structure and Supports

Once CHW/P roles have been established, health care organizations can design the structure for CHW/P programs – including supervision, workload, care team integration, and pathways for CHW/P advancement.

Develop CHW/P Supervisory Models: Developing a supervisory framework that leverages the strengths of this workforce is critically important to the success of CHW/P programs. Research on CHW/P supervision as conducted by Wanda Jaskiewicz and Kate Tulenko in *Human Resources for Health*, poor supervision in CHW/P programs can result in low morale and poor productivity, whereas effective CHW/P programs include coaching and peer-to-peer support. Additionally, the "CHW Toolkit: A Guide for Employers" (PDF) published by the Minnesota Department of Health described how CHW/P supervisors can help champion and integrate CHW/Ps within care teams, which can then lead to improved productivity and work flow across the whole team.

Some characteristics of supportive supervision for CHW/Ps, as identified by Community Health Worker Orson Brown and colleagues in "Supervision Strategies and Community Health Worker Effectiveness in Health Care Settings," include availability for technical and psychosocial supports, including timely help in reviewing patient cases and any emerging issues, and a trauma-informed approach that recognizes that CHW/Ps may experience many of the same challenges that they are helping patients to address. Supervisors should also provide consistent monitoring and coaching, prioritize CHW/P safety, and lead individual CHW/P performance assessment. As CHW/Ps frequently spend the majority of their time in the field, supervisors will need to be comfortable managing employees who are not usually based in the office.

CHW/P supervisors may or may not have clinical training, and often hold positions such as RN care coordinators, clinic managers, or program managers with a master of public health or social work degree. Additionally, some organizations employ senior CHW/Ps to provide mentorship and support or direct supervision to CHW/Ps. Factors affecting the ratio of CHW/Ps to supervisors will include the number of CHW/Ps employed, activities implemented by CHW/Ps, and roles and responsibilities of existing staff. As one example, the 2018 toolkit "Building a Community Health Worker Program" published by the American Hospital Association (AHA Toolkit) recommended a CHW/P-to-supervisor ratio of 6:1. Examples of supervisory models include the following:

- **IMPaCT Model**, developed at the Penn Center for CHWs in Philadelphia, creates teams of six CHWs and two senior CHWs who are managed by one full-time manager (typically a social worker) and one half-time coordinator.
- Add example here of supervisory model where CHW/Ps employed directly by MCP
- Add example here of supervisory model where CHW/Ps employed by MCP partner

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Identify CHW/P Case Loads: When assessing the number of members assigned to each CHW/P, employers should consider the complexity of member health and social needs, the number of program focus areas, available tools to assist CHW/Ps in their work, documentation requirements, and the distance and time needed for travel between clients, as detailed in the "CHW Toolkit: A Guide for Employers" (PDF). Many programs prioritize a low CHW/P-to-member ratio, which creates more flexibility for meaningful member engagement and education. These ratios may also vary within a program, especially if certain CHW/Ps focus on high-intensity areas that require additional time, such as securing housing. As one example, the Los Angeles County Department of Health Services employs over 200 CHWs, who each have a case load of between 10 and 35 individuals. The targeted Medi-Cal members for this program include individuals with high levels of risk related to homelessness, re-entry status, and physical and behavioral health conditions.

Develop Position Supports: Clear protocols and job aids can guide CHW/Ps in their work. Integrated teams collaborate frequently, and establishing CHW/P guidelines will help support CHW/Ps to be effective in their work while practicing within their scope and training. As the AHA Toolkit notes, CHW/P programs should develop needs assessment, individual care plans to guide the team and CHW, tracking tools to document intervention and support patient monitoring, interdisciplinary team meetings, data collection tools to track outcomes, and electronic health record authorization. Tools such as assessments, checklists, flowcharts, member educational materials, and interview, assessment, and data collection forms can help CHW/Ps to organize their work and maximize their productivity, as reported by Jaskiewicz and Tulenko in *Human Resources for Health*. Examples may include a medication reconciliation process and medication list, plan of care, activity log, personal emergency visit, and supervisory visit templates. Finally, programs will need to clearly identify protocols and pathways for CHW/Ps to understand when an issue should be escalated to other team members. These program protocols will be detailed in a future resource package of the *Community Health Workers & Promotores in the Future of Medi-Cal* initiative.

Effective CHW/P programs that retain high-quality CHW/Ps as members of integrated care teams have a number of common features in their program design. Many of these programs create pathways for CHW/P advancement, such as through a senior CHW/P position, as well as opportunities for increased compensation over time. They also develop a salary scale that considers market rates, level of education, experience, and skills. Employees in other positions, such as care coordinators, may be strong candidates for the CHW/P position and salary flexibility may be a cost-effective strategy to recruit employees with the right skills and experience. Finally, these programs may consider providing training opportunities for qualified individuals who may not have requisite skills and experiences, such as computer literacy or written English proficiency.

Recruit CHW/Ps

Develop Job Descriptions: MCPs looking to hire CHW/Ps who meet these core qualifications may benefit from tailored recruiting strategies to reach talented individuals. As Brown and colleagues noted in "Supervision Strategies and Community Health Worker Effectiveness in Health Care Settings," identifying the right candidates is critically important: "Being a CHW is not merely a job, but a calling; success in the role depends on certain personal qualities such as being a natural helper, being creative, and being resourceful." Employers should develop job descriptions that clearly define the following:

- CHW/P roles and responsibilities;
- Qualifications, including personal skills, technical skills, language requirements, and educational requirements if applicable; and
- The role of CHW/Ps within the care team and employer organization.

Job descriptions that emphasize the qualities that will support candidates in being successful CHW/Ps, such as empathy and familiarity with specific communities, may help reach a broader base of candidates than job descriptions that place a greater emphasis on educational and training requirements, as described in "CHW Toolkit: A Guide for Employers." (PDF)

Use Effective Recruiting Strategies: In addition to describing core CHW/P roles, the C3 Project Findings identified a set of 11 core CHW/P skills along with best practices for assessing these skills during recruitment and in ongoing training (see Table 2). Assessing these skills on an ongoing basis should include innovative and mixed-methods approaches, such as direct questions as well as problem-solving scenarios while establishing fair assessment tools in partnership with CHW/Ps. Clear assessment criteria to support the hiring process will help leadership make informed choices about hiring and clearly identify potential training needs for newly hired CHW/Ps.

Table 2. Core CHW Skills (C3 Project, 2016)
Communication skills
Interpersonal and relationship-building skills
Service coordination and navigation skills
Capacity-building skills
Advocacy skills
Education and facilitation skills
Individual and community assessment skills
Outreach skills
Professional skills and conduct
Evaluation and research skills
Knowledge base

Because CHW/P work depends on effective one-on-one interpersonal interactions, the interview process should be designed to identify candidates with these traits. Supervisors can use direct questions as well as role-playing and problem-solving scenarios that can provide a more nuanced understanding of applicants' qualities, as described in "Supervision Strategies and Community Health Worker Effectiveness in Health Care Settings."

Both traditional and nontraditional recruiting tools may support health plans and their partners in recruiting high-quality candidates. Although employer websites may be valuable, other tools to reach candidates who are trusted in the communities served may include the following:

- Conducting outreach to CHW associations
- Posting fliers at community locations such as community-based organizations, recreational centers, houses of worship, schools and colleges, and local businesses
- Conducting outreach to community organizations and leaders
- Hosting large-group recruiting sessions in community settings
- Advertising in radio, community and ethnic media, and at social and sporting events

Develop CHW/P Training

Initial and ongoing training can support CHW/Ps effectively working within interdisciplinary teams. During on-boarding, CHW/Ps can be trained on CHW/P program focus, policies and procedures, and skills related to the core roles of the position. Given the diverse backgrounds and experience of CHW/Ps in clinical and community settings, this initial training can help create a common knowledge base and shared strategies for approaching the work. Ongoing training can support the professional development of CHW/Ps and focus on important skills. The *Visión y Compromiso* report, "Key Workforce Priorities for the Community Transformation Model," (PDF) noted that training organizational leadership and other staff on the CHW/P model can help to reduce institutional barriers for the success of these programs. Training for both CHW/Ps and other members of other health care organizations will be addressed in more depth in future *Community Health Workers & Promotores in the Future of Medi-Cal* resource packages.

Infrastructure Barriers and Solutions

Health care organizations may experience challenges related to defining CHW/P roles and developing CHW/P programs. Some of these challenges are described below, along with short descriptions of how organizations have navigated these infrastructure barriers.

First, MCPs and their contracted partners integrating CHW/P programs will have to navigate challenges related to the different organizational cultures between health care and community health. Although CHW/P programs have diverse program models, many models such as the *promotor* model focus on broader community transformation toward wellness and health equity, as noted in "Key Workforce Priorities for the Community Transformation Model." (PDF) Relationships between CHW/Ps and clients are much different than relationships between traditional health care workers and clients, since CHW/Ps have a much greater focus on relationship building and often share common life experiences and backgrounds. Examples of MCPs and other health care organizations that have navigated this challenge include the following:

- Example 1: Describe in 2-3 sentences based on organizational example from *Community Health Workers & Promotores in the Future of Medi-Cal* Stakeholder Group, Advisory Council, or Health Plan Council.
- Example 2: Describe in 2-3 sentences based on organizational example from *Community Health Workers & Promotores in the Future of Medi-Cal* Stakeholder Group, Advisory Council, or Health Plan Council.

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Second, when defining CHW/P roles, employers will need to balance more prescribed responsibilities versus creating the flexibility for CHW/Ps to "do what they know best." Developing trust with members, as forged by shared life experience, is critical to the success of CHW/Ps. As stated in "Supervision Strategies and Community Health Worker Effectiveness in Health Care Settings," narrowly defining their roles and activities to focus on more clinical tasks "dilutes the very strength for which they were hired." However, health care organizations will need to carefully consider appropriate roles as they relate to CHW/P scope of practice, workload, and considerations for reimbursement. The following are examples of health care organizations that have navigated this challenge:

- Example 1: Describe in 2-3 sentences based on organizational example from *Community Health Workers & Promotores in the Future of Medi-Cal* Stakeholder Group, Advisory Council, or Health Plan Council.
- Example 2: Describe in 2-3 sentences based on organizational example from *Community Health Workers & Promotores in the Future of Medi-Cal* Stakeholder Group, Advisory Council, or Health Plan Council.

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Third, employers must balance developing job qualifications that do not create barriers for talented potential CHW/Ps with strong community connections along with internal human resources considerations. For example, certain minimum qualifications related to employment history or language, technical, or other skills may restrict individuals from applying who would bring valuable skills in connecting with members. Additionally, some individuals who may be seen as having "red flags" in their backgrounds, such as a criminal record, may be well positioned to work with other justice-involved individuals.[1] Examples of MCPs and other health care organizations that have navigated this challenge include the following:

- Example 1: Describe in 2-3 sentences based on organizational example from *Community Health Workers & Promotores in the Future of Medi-Cal* Stakeholder Group, Advisory Council, or Health Plan Council.
- Example 2: Describe in 2-3 sentences based on organizational example from *Community Health Workers & Promotores in the Future of Medi-Cal* Stakeholder Group, Advisory Council, or Health Plan Council.

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Other infrastructure barriers, especially those related to training, organizational sustainability, and financing, will be addressed in future resource packages of the *Community Health Workers & Promotores in the Future of Medi-Cal* initiative.

Collaboration with Partner Organizations

Designing and implementing a CHW/P program often requires collaboration with multiple partners. MCPs and their contracted partners should seek this support both within their organization and externally in partner organizations such as providers, health systems, community-based organizations, training organizations, and state and county authorities. These partner organizations lend specific expertise through their in-depth knowledge of the CHW/P workforce. Table 3 below lists some pros and cons for MCPs as they consider options for hiring CHW/Ps directly at the plan level versus contracting through a partner organization to hire, support, and supervise the workforce.

Table 3. MCPs Hiring Directly vs. Through a Partner Organization – Pros and Cons

MCP Hire Directly	MCP Contract Through a Partner Organization
PRO: The MCP can work more directly with the workforce and develop a more direct understanding and appreciation for the value of the CHW/P workforce.	PRO: The MCP can rely on the strong, existing expertise of partner organizations to hire, support, and supervise CHW/Ps.
PRO: The MCP can build a continuum of care management services that includes the role of CHW/Ps.	PRO: The MCP can place the CHW/P resources closer to the community in which they are serving.
PRO: The MCP can better control staffing ratios by deploying CHW/Ps across all their members eligible for these services.	PRO: The MCP that can leverage the strengths of community-based organizations with a history of

[1] Justice-involved individuals include anyone who is currently or has been involved with the criminal justice system. This includes individuals who are awaiting trial, convicted of a crime, on probation, under home confinement, incarcerated in jail or prison, under community residential supervision, or on parole. Source: Jhamirah Howard et al. "The Importance of Medicaid Coverage for Criminal Justice Involved Individuals Reentering Their Communities." U.S. Department of Health and Human Services." 2016. [PDF]

	using CHW/P may have a better sense of roles and responsibilities.
CON: MCPs may not already have the supervisory structure or organizational culture necessary to support a CHW/P in being successful. This may create an opportunity for MCPs to engage with organizations that do this well in order to adapt the MCP structure and culture.	CON: Low-volume providers may not have adequate panel size to support the organizational capacity building and training that is needed to support a CHW/P program. This may create an opportunity for providers to partner with each other to engage in implementation support and training.

Other key considerations for MCPs as they collaborate with partners to develop CHW/P roles are as follows:

- Coordination with training organizations. Training organizations have the benefit of working with a variety of employers and understand the desired roles and requirements across these organizations and therefore are able to anticipate the training needs of both employers and CHW/Ps.
- Coordination with hospital systems. A key connection point for patients is upon discharge from the hospital. By coordinating with hospital discharge planning, MCPs can determine the roles that they intend the CHW/Ps to play regarding this crucial care transition.
- Coordination with community-based organizations. Organizations that are closer to the community than the MCP can provide valuable insights into community needs to inform the role of CHW/Ps.

Insights from CHW/Ps

How would you describe CHW/P roles?

- CHW 1: One of the biggest and most important responsibilities for a CHW is to really develop a bond with each individual in order to gain trust, so that they are willing to accept assistance and not feel judged. We have to get them to their doctors' appointments and oftentimes individuals that are homeless or who have experienced severe trauma in their life are terrified of physicians are going to the doctor because there they don't want bad news.

- CHW 1: I feel like oftentimes CHWs do not get the credit that they deserve. We talk to doctors all day. We talk to the nurses all day. We help with housing. We talked to the housing authorities and insurance companies all day. I feel like in the medical field, they do not realize how much we do to assist the individual.

- CHW 1: Working in a clinic is different from working in the field, which is different from working in a hospital, which

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is way different from working in a clinic as a CHW. It may be helpful to have a small set of guidelines and consistent job descriptions, but overall, there are too many variables.

- CHW 2: I would describe the CHW role, from my experience with [the clinic], as a very wide scope of practice. Like a social worker without a degree. There isn't much I will not do for one of our patients (you know, within the rules). So that would be anywhere from helping them apply for Medi-Cal, going to cancer appointments with them, teaching them how to apply for work, showing them how to use the telephone, and understanding of travel and moving around. The community health worker's position is to empower, enrich, educate, lead the community, and then advocate on their behalf.

What qualities and skills should CHWs have to be successful in their role?

- CHW 1: The ideal CHW would be an individual who helps assist the primary care physicians and specialists in connecting with a patient in order to better their lives through appropriate medical procedures and appointments. Activities include contacting them often, building that rapport with them, transporting them to and from the appointments if need be (or providing a bus pass). I personally go into the doctor's appointments with a few of my clients because they're terrified of the doctor or they don't understand what's being said to them. I can be an advocate for the patient as well.

- CHW 1: Experience — lots of experience. This is not an easy job. I personally don't know how well I would be able to do this job if I didn't have years of experience. I would say probably at least five years in case management would be ideal for somebody to be hired into this position. Education is a bonus. But I feel like lived experience working as a case manager in some capacity Is really what is needed.

- CHW 2: 1) They must have a passion and understanding of the need. 2) They must come from the community they serve. They have to know how important networking and social capital is as they address the social determinants of those they serve. For example, I serve men and women coming home from prison, and I myself did 17 years three days of a life sentence.

- CHW 2: Our greatest strength as CHWs is the medicine that came out of our traumas. That we now use as our experience to make sure we're helping others. It goes along the lines of restorative justice: if hurt people hurt people, then healed people heal people.

What is helpful for employers to know about the roles of CHW/P?

- CHW 1: I think having clear communications from supervisors about what exactly the role is and then the setting of expectations. A lot of times, expectations aren't really defined and staff members either go far and above what's expected or way below. So, I think it's really important to set those guidelines right away. One example of this is having a clearly defined caseload limit so both CHW/P and employer are on the same page as to the CHW/Ps number of clients.

- CHW 2: It is very difficult for the medical team to incorporate a CHW as part of the team, without the understanding of what that community health worker brings to the table. It's good because we're breaking stereotypes and developing relationships and opening up the minds of those that we've worked with to have an understanding of where we come from and what we do.

- CHW 2: As we move forward and utilize that community health worker more, we will see lives improve in communities that historically, because of the area code where they live, have a 20-year difference life expectancy compared to others. As we strive towards equity in health care and utilizing community health workers, we will find ourselves in a place 20 years from now, not only saving money but improving the lives of the people who live there.

Lessons from Whole Person Care and Health Homes

Commented [A6]: A note to reviewers: We welcome other experiences that can be highlighted either as vignettes or as higher level bullets from these programs. If you would like to provide this information, please provide through the Comment form. Keep in mind we are looking specifically for insights around developing CHW/P roles. In future packages we will request lessons around training, program sustainability, financing, etc. so for this resource package please share lessons learned that are specific to how you assess/design/develop/recruit for CHW/P roles.

Health Home Program

Inland Empire Health Plan (IEHP) participates in the Health Home Program and provides the required care management both through in-house CHWs and others who are contracted through community-based organizations. The health plan understood that members who were recently hospitalized are often more motivated to engage in care, meaning that CHWs can play a critical role in transitions of care. Consequently, IEHP coordinated with hospitals to position CHWs to work with hospital discharge staff. CHWs visit members during a hospital admission and follow up with them after discharge to coordinate care. Recent data as reported in "Recognizing and Sustaining the Value of Community Health Workers and Promotores" shows that IEHP's health home eligible members who received a CHW visit in the hospital have a 38% engagement rate, which is significantly higher than the plan's traditional telephonic outreach. By defining the CHW role to support transitions of care, IEHP was able to increase connections with members.

Whole Person Care

Los Angeles Department of Health Services (LA DHS) incorporates CHWs into its Whole Person Care (WPC) program, which serves targeted Medi-Cal members including homeless high-risk, re-entry high-risk, mental health high-risk, substance use disorder high-risk, perinatal high-risk, and medically high-risk. In LA DHS' WPC model, the CHW role includes outreach, engagement, assessment, peer support, accompaniment to appointments, and other care-coordination activities. The CHW works with the patient's primary care team as well as hospital case management for transitions and community organizations for referrals. LA DHS employs over 200 CHWs who each serve between 10 and 35 patients and hire the workforce directly. LA DHS learned through the hiring process for WPC that ideal candidates – individuals with lived experience – may not meet county hiring guidelines, e.g., people with a record of incarceration in the past are not eligible for county employment. LA DHS worked closely with human resources to identify a workaround for CHWs that would allow them to be hired and to identify ideal candidates through a hiring process that includes (1) traditional interviews to identify a candidate's approachability and lived experience, and (2) discussion of case scenarios to help LA DHS learn about an interviewee's aptitude, ability to receive and respond to feedback, and capacity for empathy.

Resources and Tools

Commented [A7]: A note to reviewers: We welcome any additional resource related to these subtopics or to the overall topic of CHW/P Roles. If you would like to provide any tools, please upload them through the Comment form.

Purpose of this section: This section of the report contains practical resources and tools provided by project contributors or collected from subject matter experts in the field and across other states. Please note that this is not inclusive of the resources included in the other six sections of the report.

Toolkits

RESOURCE TITLE	BRIEF DESCRIPTION
"Building a Community Health Worker Program: The Key to Better Care, Better Outcomes, & Lower Costs" (PDF)	This resource is intended to help administrative and clinical leaders across the US implement successful and sustainable community health worker programs.
"Rural Health Information Hub: Roles of Community Health Workers"	This resource describes the role of CHWs in a rural setting.
"State Community Health Worker Models"	This map highlights state activity to integrate CHWs into evolving health care systems in key areas such as financing, education and training, certification, and state definitions, roles and scope of practice.
"Integrating Community Health Workers into Primary Care Practice: A Resource Guide for HCH Programs – CHWs and Health Care for the Homeless"	This toolkit discusses the roles of CHWs for members experiencing homelessness and includes hiring, training and integration tips.
"Addressing Social Determinants of Health through Community Health Workers: A Call to Action" (PDF)	The Hispanic Health Council and its expert policy research panel developed this list of 20 recommendations in seven broad CHW policy categories.

Job Descriptions

RESOURCE TITLE	BRIEF DESCRIPTION
"Complete Job Description of a Community Health Worker"	This is a resource on what to include for job posting for CHWs.
"The University of New Mexico: Job Description"	This is a job posting for a CHW to work in both clinical and community-based settings.
"Texas Department of State Health Services: CHW Certification Requirements"	This is a job posting for a CHW/P from Texas Medicaid.
Tiburcio Vasquez Health Center: *Promotora* (PDF)	This is a job posting for Promotora
Contra Costa County: CHW I (PDF)	This is a job posting for Community Health Worker I (entry level in the Community Health Worker occupational series).
Homeless Health Care Los Angeles: CHW (PDF)	This is a job posting for CHW working with justice-involved populations.

Commented [A8]: A note to reviewers: Please consider this a placeholder. These are resource documents sent to us as files instead of web links. The final version of the Resource Package will contain embedded links.

CHW/P Program Design

RESOURCE TITLE	BRIEF DESCRIPTION
"Managing Community Health Worker Contracts"	This resource highlights the importance of contract design in the development of the CHW workforce.
"Diffusion of Community Health Workers Within Medicaid Managed Care: A Strategy To Address Social Determinants Of Health"	This case study delves into how New Mexico Medicaid implemented a CHW/P program for tits managed care members.
"Including Community Health Workers (CHWs) in Health Care Settings: A Checklist for Public Health Practitioners"	This checklist presents a general framework for public health practitioners to lead or assist in including CHWs and integrating the CHW scope of practice in health care settings.
"Asian Health Services: Quick Links to Innovative Services"	This resource offers recommendations to coordinate with Asian Health Services for the recruitment of CHWs.
"How CHWs Help Health Plans"	This resource highlights the benefits of CHW programs for health plans with a spotlight on MCP based in Long Beach.

Examples of CHW/P Programs and Roles from California

RESOURCE TITLE	BRIEF DESCRIPTION
"Whole Person Care Improves Care Coordination for Many Californians"	These findings highlight opportunities and challenges in implementing a cross-sector care coordination program for patients with complex health and social needs.
"Supporting the Integration of Community Health Workers in Whole Person Care Pilots"	This resource showcases lessons from counties that employed CHWs through WPC.
"Whole Person Care: The Essential Role of Community Health Workers & Peers"	This resource provides a summary of the essential role that CHW/Ps play in the success of WPC pilots.
"Center for Human Development: Reducing Health Disparities"	An example from Contra Costa where CHW/Ps, navigators, and health conductors lead services in the San Francisco Bay Area and partner with larger health organizations.

"Utilization of Community Health Workers in Emerging Care Coordination Models in California"	This resource brief discusses barriers and recommendations to better utilize CHW/Ps in various care settings in California.
"Integrating the Promotores Model to Strengthen Community Partnerships"	This issue brief is meant to provide community leaders and their partner organizations with a deeper understanding of the *Promotor* Model, based on lessons learned from Los Angeles.

Examples of CHW/P Programs and Roles from Other States

RESOURCE TITLE	BRIEF DESCRIPTION
"How New Mexico's Community Health Workers Are Helping to Meet Patients' Needs"	This case study describes the many ways CHWs have been deployed in New Mexico to promote health and tackle social challenges including unemployment and criminal recidivism.
"Community Health Workers: A guide for Employers" (PDF)	This toolkit produced by the Minnesota Department of Health provide employers with practical guidance for organizational and practice integration of CHWs, and to understand the education and competencies of CHWs.