

COMMUNITY HEALTH WORKERS & *PROMOTORES* IN THE FUTURE OF MEDI-CAL

Understanding the Roles of CHW/Ps in Medi-Cal
Project Newsletter #1

NO MATTER THE ROLE, HEALTH EQUITY IS THE AIM

CONVERSATIONS WITH ALEX FAJARDO AND NOELLE WIGGINS

Alex Fajardo, executive director of El Sol neighborhood Educational Center in Southern California, served as a *promotor* prior to taking the helm of El Sol in 2002. Mr. Fajardo serves on the Advisory Council for the Community Health Workers & *Promotores* in the Future of Medi-Cal project.

Noelle Wiggins, MS, EdD, co-principal investigator for the CHW Common Indicators Project, was the lead author on the Roles and Competencies chapter of the 1998 National Community Health Advisor (NCHA) Study. She came to the CHW/P community as a researcher and an advocate.

We spoke with both leaders about their perspectives on the diversity of roles CHW/Ps perform and how Medi-Cal managed care plans can integrate them into their programs.

Defining CHW/Ps

Although there are no state-sanctioned definitions or training programs for community health workers and *promotores* (CHW/Ps) in

PROJECT DATES OF INTEREST

February 1

Draft Resource Package #2 on CHW/P training programs posted for public comment

February 1-9

Public comment period on Draft Resource Package #2 on CHW/P training programs

February 22

Release of Final Resource Package #1 on CHW/P roles

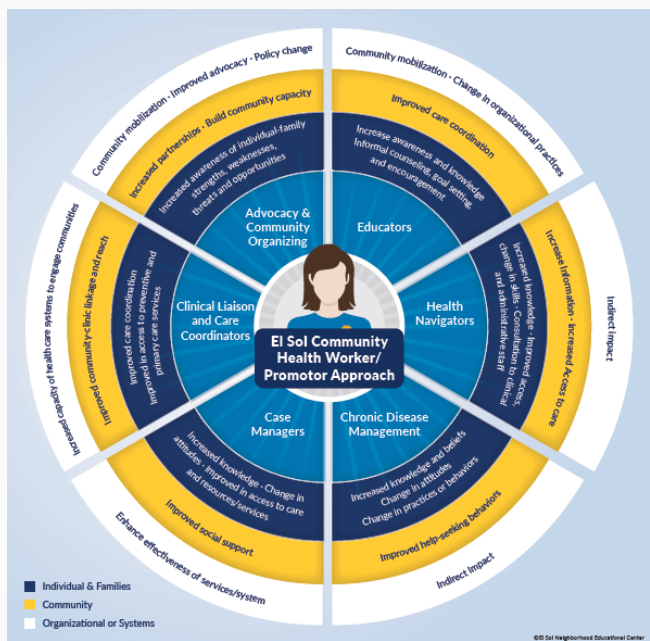


Alex Fajardo (L) attending a health fair led by El Sol CHW/Ps in San Bernardino.

With the goal of achieving health equity for Medi-Cal members, the Community Health Workers & Promotores in the Future of Medi-Cal project will generate a set of four resource packages, informed and reviewed by stakeholders, that support CHW/Ps' integration into Medi-Cal managed care programs. The first resource package will cover the various roles CHW/Ps play.

CONVERSATIONS CONTINUED ...

California, both Mr. Fajardo and Dr. Wiggins emphasize that unnecessary limitations should not be placed on the roles that CHW/Ps play and that CHW/Ps should be supported in using the full extent of their experience and training to serve communities. Mr. Fajardo believes that CHW/Ps must first be identified as leaders within their communities, then participate in training that builds on their strengths and be hired as CHW/Ps. "CHW/Ps are community experts with passion and heart for their communities," said Mr. Fajardo. "Training alone does not make a community health worker." El Sol has identified six approaches to CHW/P work, which align with specific roles and competencies: educators, health navigators, chronic disease management, case managers, clinical liaisons and care coordinators, and advocacy and community organizing (See El Sol graphic below). After completing the core CHW/P curriculum, El Sol's CHW/Ps specialize in one of these six roles.



Click image to view larger.

Dr. Wiggins agrees that, as members of the communities they serve, CHW/Ps can play multiple roles, from providing culturally specific health education to connecting community members with health-related social supports and bringing community members together to identify and address the underlying causes of health inequities. This could include community efforts to improve access to healthy food or changing unjust immigration policies. These roles are included within the 10 core roles identified by the CHW Core Consensus (C3) Project, which builds on the NCHA Study.

"The real value added from the community health worker model comes when community health workers are supported to play a full range of roles."

- Noelle Wiggins, MS, EdD

She explained: "The real value added from the community health worker model comes when community health workers are supported to play a full range of roles." CHW/Ps' core purpose, regardless of the role or roles they are playing or the setting in which they are working, is as catalysts for achieving health equity. "If supported to do so, CHW/Ps will play a really consistent set of roles," Dr. Wiggins said, pointing to those outlined by El Sol and C3, "because those are the roles that are actually needed to create health justice and address the underlying causes of health inequities."

Mr. Fajardo raised the point that without clearly defined roles, CHW/Ps' skills can be wasted. According to Mr. Fajardo, some CHW/Ps who have been through an El Sol training program and started working in clinical or health plan settings have expressed that "they're just translating and making copies, and they don't feel like they are being used to their full capacity."

The Role of CHW/Ps in Medi-Cal Managed Care Plans

Mr. Fajardo noted that most of the six roles for which El Sol trains CHW/Ps are immediately identifiable as value-adds for managed care plans (MCPs). For example, it is obvious that community-based care coordinators, health navigators, and case managers who approach health needs with cultural understanding will likely be more effective, especially with traditionally marginalized populations.

CONVERSATIONS CONTINUED ...

Of the six roles identified by El Sol, the community organizing and advocacy role may present the greatest challenge in demonstrating the value of employing CHW/Ps in that role within the MCP.

Highlighting the Value of CHW/Ps through the Pandemic

Both Mr. Fajardo and Dr. Wiggins mentioned that a potential silver lining of the pandemic is that it has deepened privileged people's understanding that social inequities negatively impact people's health. As a result, there seems to be a deeper interest in integrating CHW/Ps in the health and social service sectors. Several organizations have reached out to El Sol to provide CHW/Ps who can share COVID-19 information with their communities. Dr. Wiggins shared, "It's nothing that people in public health haven't known for a long time, at least theoretically, but I'm hopeful in this moment when the impact of societal inequities on health is so very plain to see."

Regardless of the primary role CHW/Ps play or the setting in which they work, both Mr. Fajardo and Dr. Wiggins believe that CHW/Ps are optimally effective when they can use all their skills and abilities to work with communities to advance health equity.



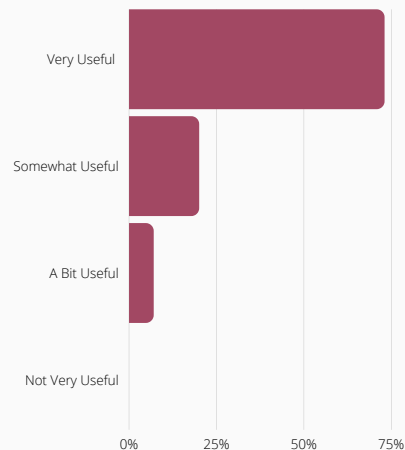
Noelle Wiggins (R) with project contributor Leticia Rodriguez Avila after presenting at a conference.

KEY LEARNINGS FROM RESOURCE PACKAGE #1

FEEDBACK HIGHLIGHTS

The project's Stakeholder Group worked quickly to offer feedback on the draft of [Resource Package #1: The Role of Community Health Workers and Promotores in Health Care \(PDF\)](#). The Project Team surveyed participants to gain their insights and improve the draft, highlights of which we have outlined below.

The survey asked: "To what extent would these resources and tools help Medi-Cal managed care plans and their contracted providers effectively integrate this workforce into their programs and services?"



CHW/Ps who shared insights appreciated being included in the discussion and suggested that more CHW/P voices be elevated and woven throughout the resource package.

Feedback also highlighted the need to describe the health disparities faced by Medi-Cal members and why health equity matters, share studies that demonstrate ways CHW/Ps can build health equity and improve health outcomes, and document compelling reasons MCPs benefit from the integration of CHW/Ps.

Stakeholders suggested several specific additions to the toolkit that could be helpful to MCPs:

- Add a sample readiness checklist (customized to resonate for MCPs)
- Note the importance MCPs begin with an assessment of their readiness and readiness of their partners (seven MCP-specific questions were proposed in comments)
- Engage community to identify member needs (including cultural and linguistic) and define program goals and measurable outcomes upfront; then, build out CHW/P and other team member roles that achieve those outcomes

Feedback also suggested providing more examples of MCP experiences integrating CHW/Ps, explaining how CHW/P integration fits within CalAIM expectations, and making a strong case for MCPs and their partners to start integrating CHW/Ps now.

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RESOURCE PACKAGE #1 TOOLS OF NOTE

[Building a Community Health Worker Program: The Key to Better Care, Better Outcomes, & Lower Costs \(PDF\)](#)

[Complete Job Description of a Community Health Worker](#)

[Supporting the Integration of Community Health Workers in Whole Person Care Pilots \(PDF\)](#)

Finally, stakeholders recommended that the resource package acknowledge CalAIM is unlikely to define roles, scope of work, and supervision requirements, nor provide a standardized statewide needs assessment tool and outcome measures, and that the lack of shared definitions could pose barriers to implementation. They also suggested setting up ongoing meetings between MCPs and partners to develop shared definitions, as well as guidelines for training, billing, and reimbursement.

The Project Team received a great deal of helpful feedback and continues to incorporate comments from the Stakeholder Group and the public. The public will have an opportunity to provide feedback on Resource Package #2 on CHW/P training starting February 1. The Project Team will publish the final Resource Package #1 on February 26. [Visit the project microsite](#) to view the resource packages.

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