

Advancing California's Community Health Worker & Promotor Workforce in Medi-Cal

Executive Summary

In California and across the country, deep disparities in health outcomes based on race, income, and immigration status exist, which the COVID-19 pandemic has exacerbated.¹ Reducing these disparities and improving health and well-being requires a person-centered focus that integrates physical and behavioral health care with services that address health-related social needs.

Community health workers and *promotores* (CHW/Ps) have a long history of providing culturally congruent, person-centered services that bridge these different systems and improving the health and well-being of the people they serve.² CHW/Ps perform a variety of formal roles, from supporting care transitions and referrals to encouraging and educating patients on how to take care of their own health. What makes this workforce uniquely effective is their ability to establish trusting relationships with the people they serve, grounded in shared life experience and community connections. By forging trusted relationships, CHW/Ps not only engage with individuals in health-related activities but also help to change perceptions and encourage behaviors that contribute to better health outcomes.



There is strong evidence that CHW/Ps can improve health outcomes and quality of care and reduce health care costs.³ Across health care settings and conditions, CHW/Ps advance health equity in diverse communities because they understand the root causes of challenges that people face and can help to develop tailored approaches that are more likely to be effective.⁴ CHW/P programs* show a return on investment ranging from \$2.28 to \$4.80 for every dollar spent on CHW/Ps for managed care plans (MCPs).⁵

In California, there are new opportunities for MCPs to support the growth of this workforce so their members can benefit from CHW/P services. The California Advancing and Innovating Medi-Cal (CalAIM) initiative creates new imperatives for MCPs to meet member needs by supporting nonclinical interventions to address health-related social needs and to reduce health inequities, including through partnerships with community-based organizations and providers.⁶ MCPs can invest in CHW/P services to help achieve these goals.

Two proposals in the CalAIM initiative — enhanced care management (ECM) and in lieu of services (ILOS) — offer MCPs financial mechanisms to contract with organizations that employ CHW/Ps and innovate how care is delivered. In responding to the requirements and opportunities of these CalAIM proposals, MCPs can apply lessons


*CHW/P programs are defined in this Resource Guide as programs and interventions that include CHW/Ps as team members. While many programs that employ CHW/Ps also employ a range of clinical and non-clinical staff, the term CHW/P program is used as a concise descriptor.


from California’s Health Homes Program and Whole Person Care pilots; in many of these programs, MCPs either directly employed CHW/Ps or contracted with community partners that employ CHW/Ps.


In addition to the opportunities presented by CalAIM, California is pursuing approval from the Centers for Medicare & Medicaid Services (CMS) to use federal Medicaid funds to support CHW/Ps in providing services as a benefit for Medi-Cal members, effective January 1, 2022.⁷ Through this funding, MCPs would have another opportunity to include CHW/Ps in member care.


The [**Advancing California’s Community Health Worker & Promotor Workforce in Medi-Cal Resource Guide**](#) is designed to support Medi-Cal MCPs in effectively integrating this valuable workforce into their programs. Beyond, MCPs, the Resource Guide can also inform organizations that employ CHW/Ps and contract with MCPs, such as Federally Qualified Health Centers, community-based organizations, and other health and social service organizations. The Resource Guide was developed through the California Health Care Foundation’s **Community Health Workers & Promotores in the Future of Medi-Cal** project. This project engaged stakeholders with a deep knowledge of the field to inform a series of four resource packages that support the integration of CHW/Ps into programs for Medi-Cal members. The Resource Guide synthesizes information gathered during the project and addresses the following core topics:

- **Developing and Financing CHW/P Programs and Partnerships:** Includes information about program design, goals, financing, and partnership development between MCPs and other organizations, such as providers or community-based organizations. It outlines approaches to help MCPs and their partners establish and sustain successful contractual partnerships. It also describes financing options for CHW/P services in California and pathways for sustainability.


- **Establishing Roles and Recruiting CHW/Ps:** Explores approaches for defining CHW/P roles within the context of interdisciplinary teams, such as care managers, clinic-based social workers, and medical assistants. Clearly defining roles can help MCPs and other stakeholders effectively incorporate the unique skills and strengths of this workforce and align various CHW/P roles with the unique needs of priority populations. This section details how MCPs and their partners can structure positions and employee supports, such as supervisory models and caseload guidelines, as well as effective recruiting and hiring strategies.


- **Training and Supporting CHW/Ps:** Describes CHW/P training needs and approaches, including core competencies, specialized program skills, organizational practices and workflow, and ongoing professional development. It outlines multiple options for structuring training for CHW/Ps, including contracting with training organizations. It also addresses the need to help extend organizational training to additional staff, including interdisciplinary teams, CHW/P supervisors, and organizational leaders, to help all staff understand the roles of CHW/Ps.

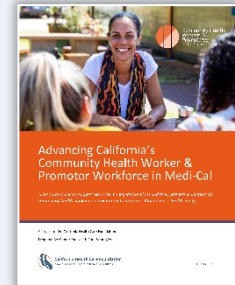

- **Engaging CHW/Ps in Data Collection and Program Outcome Measurement:** Highlights strategies for MCPs to incorporate the CHW/P workforce in data collection and ways to measure the impact of CHW/P programs. It outlines what data MCPs should collect to effectively resource and support CHW/P activities and what infrastructure is needed to help CHW/Ps collect data. It also describes considerations and sample measures to help guide MCPs in developing a comprehensive evaluation strategy to assess the impact of CHW/P activities.



The Resource Guide also provides practical resources to help MCPs consider the activities involved in establishing CHW/P programs and partnering with key stakeholders to effectively design and launch programs, including a Design Checklist, which details a high-level, step-by-step description of key activities, along with quick access to the relevant sections. It also includes curated Resources and Tools and Appendices that can be used to support program design and implementation.

Learn More

This resource is part of the *Advancing California’s Community Health Worker & Promotor Workforce in Medi-Cal* Resource Center. The Resource Center and accompanying Resource Guide are a compilation of resources and information gathered by the California Health Care Foundation as part of a project to better integrate community health workers and *promotores* (CHW/Ps) into California’s health system. To learn more, visit www.chcf.org/chwps-medi-cal.



ENDNOTES

- ¹ Robbin Gaines, *Health Disparities by Race and Ethnicity, 2019: The California Landscape*, California Health Care Foundation, October 2019.
- ² “[History of Community Health Workers \(CHWs\) in America](#),” MHP Salud, accessed August 6, 2021.
- ³ “[History of Community Health Workers \(CHWs\) in America](#),” MHP Salud.
- ⁴ Emmett Ruff et al., *Advancing Health Equity Through Community Health Workers and Peer Providers: Mounting Evidence and Policy Recommendations*, Families USA, November 2019.
- ⁵ Meera Viswanathan et al., “[Outcomes and Costs of Community Health Worker Interventions: A Systematic Review](#).” *Medical Care* 48, no. 9 (September 2010): 792–808.
- ⁶ *California Advancing and Innovating Medi-Cal (Cal-AIM) Proposal* (PDF), Department of Health Care Services, March 2021.
- ⁷ *Budget Summary: Health and Human Services* (PDF), California Department of Finance, accessed August 6, 2021.