



Understanding California's Community Health Worker/Promotor Workforce: CHW/P Health Care Employers

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About IHPS

IHPS is an interdisciplinary collection of concerned researchers who share a mission — to improve health and transform health care in the United States by working across competing interests, collecting evidence, informing policy, and improving practice.

Acknowledgments

See the appendix for a list of the advisory board members.

About the Foundation

The **California Health Care Foundation** (CHCF) is dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California, particularly those with low incomes and those whose needs are not well served by the status quo. We work to ensure that people have access to the care they need, when they need it, at a price they can afford.

CHCF informs policymakers and industry leaders, invests in ideas and innovations, and connects with changemakers to create a more responsive, patient-centered health care system.

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Understanding California's Community Health Worker/Promotor Workforce: The Series

Despite being a critical part of California's health workforce, there are relatively little comprehensive data on community health workers and *promotores* (CHW/Ps) in California. With funding from CHCF, Healthforce Center at UCSF fielded surveys of CHW/Ps, the institutions that train them, and the organizations that employ them. The survey data, published in a series of reports, paint a more complete picture of the current CHW/P workforce as well as challenges and opportunities related to training and employment. This picture can inform policy decisions as the state looks to support and expand this important workforce.

To learn more, visit www.chcf.org/collection/understanding-californias-community-health-worker-promotor-workforce.

Executive Summary

In California, one of the most culturally diverse states in the country, health care must bridge cultural and linguistic divides to serve all communities equitably. As trusted community members with lived experience, community health workers and *promotores* (CHW/Ps) have a long history of connecting those not well served by the traditional health care system with culturally competent health and social services.

There is increasing recognition in California that CHW/Ps are a critical part of the health care workforce. In 2019, the **California Future Health Workforce Commission** recommended scaling the CHW/P workforce to broaden access to preventive and social support services as well as to team-based integrated primary and behavioral health care. In 2022 CHW/P services were added as a **Medi-Cal preventive services benefit**.

Little is known about CHW/P employment across employer types in the health care sector in California, and little is known about why organizations choose to employ or not employ CHW/Ps. This report describes current hospital and community health center employer practices and prospective hospital and community health center employer opinions related to the employment of CHW/Ps in their organizations. CHW/P employers and prospective employers in hospitals and community clinics were asked to fill out a survey distributed by the Hospital Association of Southern California (HASC) and the California Primary Care Association (CPCA), respectively. The HASC survey was fielded from June to July 2021, and the CPCA survey was fielded from December 2021 to January 2022.

Summary of Key Findings

Key findings from the collected data include:

- ▶ A minority of hospital-based employers who responded to the survey (39%) employed CHW/Ps. In contrast, the vast majority of clinic-based employers who responded to the survey (79%) employed CHW/Ps.
- ▶ Among hospitals and community clinics that employed CHW/Ps:
 - ▶ Most hospitals and community clinics reported that their CHW/P employees worked full-time. Both hospital and community clinic employers reported that a majority of their CHW/P employees worked 32 hours or more per week.
 - ▶ Wages differed according to employer type. Hospital-based employers provided higher wages for CHW/Ps compared to clinic-based employers at both entry- and senior-levels.
 - ▶ Nearly all respondents had a minimum education requirement for CHW/P employment. Most hospital-based and clinic-based employers reported that the minimum educational requirement for entry-level CHW/Ps was a high school diploma.
 - ▶ Only 29% of hospital-based and 10% of clinic-based employers required CHW/P-specific training for employment.
 - ▶ Compared to hospital-based employers, clinic-based employers more often reported that CHW/Ps were strategically very important to several organizational goals.
 - ▶ Eighty-five percent of clinic-based employers reported there were opportunities for CHW/Ps to advance in the organization, compared to just 36% of hospital-based employers.

- ▶ Both hospital- and clinic-based employers planned to hire more CHW/Ps in the next 12 months. However, hospital employers reported that if funding were not a barrier, they would ideally hire about 12 times more CHW/Ps than they planned to hire, and community clinic employers reported that they would ideally hire about three times more CHW/Ps than they planned to hire.
- ▶ Hospital- and clinic-based employers had relatively similar concerns about the sustainability of CHW/P employment in their organizations, including funding for the role and finding and retaining qualified CHW/Ps. However, every clinic-based employer, compared to only 60% of hospital-based employers, reported sustainability concerns.
- ▶ Among hospitals and community clinics that did not employ CHW/Ps:
 - ▶ Anticipated hiring of CHW/Ps differed between hospital and community clinic employers. Nearly all hospitals reported that they did not anticipate hiring CHW/Ps in the next 12 months. By contrast, a majority of community clinics did anticipate hiring CHW/Ps in the next 12 months.
 - ▶ The perceived impact of statewide certification of CHW/Ps on hiring barriers differed according to employer setting. Few hospital-based employers felt that certification would help alleviate CHW/P hiring barriers in their organizations, compared to over half of clinic-based employers, who said that statewide certification would help with hiring barriers.

Methodology

The surveys created and analyzed for this report were part of a larger project about the current CHW/P workforce and strategies for the future. Funded by the California Health Care Foundation, this project was conducted by researchers at the University of California San Francisco (UCSF). The project was approved by UCSF's Institutional Review Board.

This report comprises findings from a hospital-based employer survey and a clinic-based employer survey. The Hospital Association of Southern California (HASC) used the survey platform Salarity (developed by HASC to administer the association's human resources survey program) to administer the hospital-based employer survey to members of the California Hospital Association, which comprises 390 hospitals across 51 systems throughout the state. The California Primary Care Association (CPCA) used the survey platform Survey Monkey to administer the clinic-based employer survey to its member clinics. CPCA comprises 1,103 health center sites across 157 member systems throughout the state. HASC and CPCA were chosen to administer the surveys because both have well-established relationships with hospitals and clinics across the state, and they survey their members regularly. As a result, it seemed more likely that higher response rates would be achieved if HASC and CPCA sent the surveys directly.

Both surveys were created by the research team at UCSF with the help of an advisory group composed of representatives from HASC, CPCA, a nationally recognized CHW/P educator, CHW/P policy experts, and representatives of the CHW/P community (see the appendix).

During the dissemination process, both HASC and CPCA emailed reminders for members to fill out the survey if they had not done so already. The HASC survey was fielded from June to July 2021, and the CPCA survey was fielded from December 2021 to January 2022.

Once the surveys closed, the UCSF research team analyzed the survey data with Stata, a statistical analysis software program. The results are presented in this report.

Limitations

The hospital survey was conducted from June to July 2021. The clinic survey was conducted from December 2021 to January 2022. Conducting these surveys during the COVID-19 pandemic likely contributed to a lower response rate.

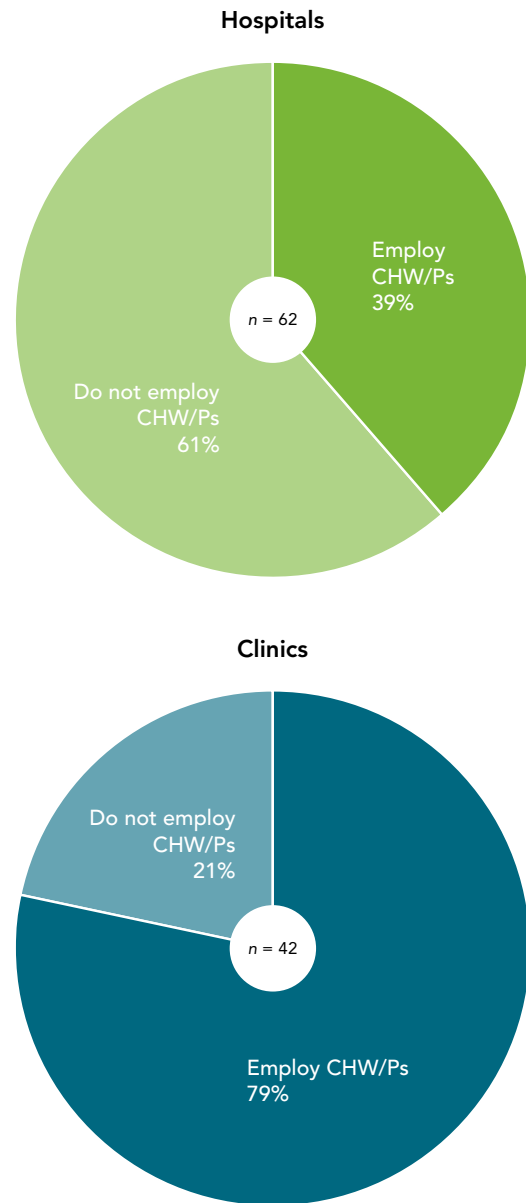
These surveys were distributed only to member organizations of HASC and CPCA, and not all member organizations responded to the surveys. The survey findings may not represent all hospitals and community clinics across the state.

Findings

Overall Employment of CHW/Ps

More clinics than hospitals were likely to employ CHW/Ps. More than three-quarters of clinic-based employers that responded to the survey reported that they employ CHW/Ps. Only 39% of hospital-based employers reported current employment of CHW/Ps.

Figure 1. CHW/Ps Employed, Hospitals vs. Clinics

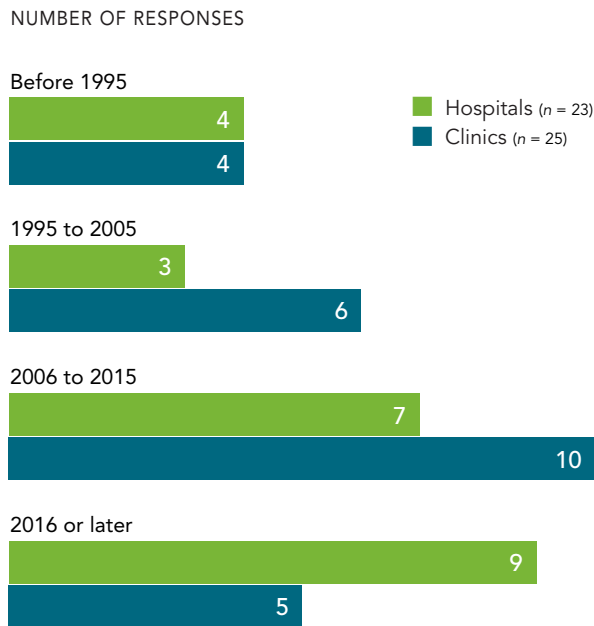


Source: Author surveys of CHW/P employers and prospective employers in hospital (distributed June through July 2021) and community clinic (distributed December 2021 through January 2022) settings.

Historical Employment

Figure 2 shows the number of hospital- and clinic-based employers that indicated they started hiring CHW/Ps in the listed timeframes. Some hospitals and community clinics started hiring CHW/Ps at their organizations before 1995. However, these data suggest that clinic-based employers were more apt to start employing CHW/Ps over the past two decades and that hospital-based employment of CHW/Ps has become more common over the past five to seven years.

Figure 2. Initial Employment of CHW/Ps, Hospitals and Clinics

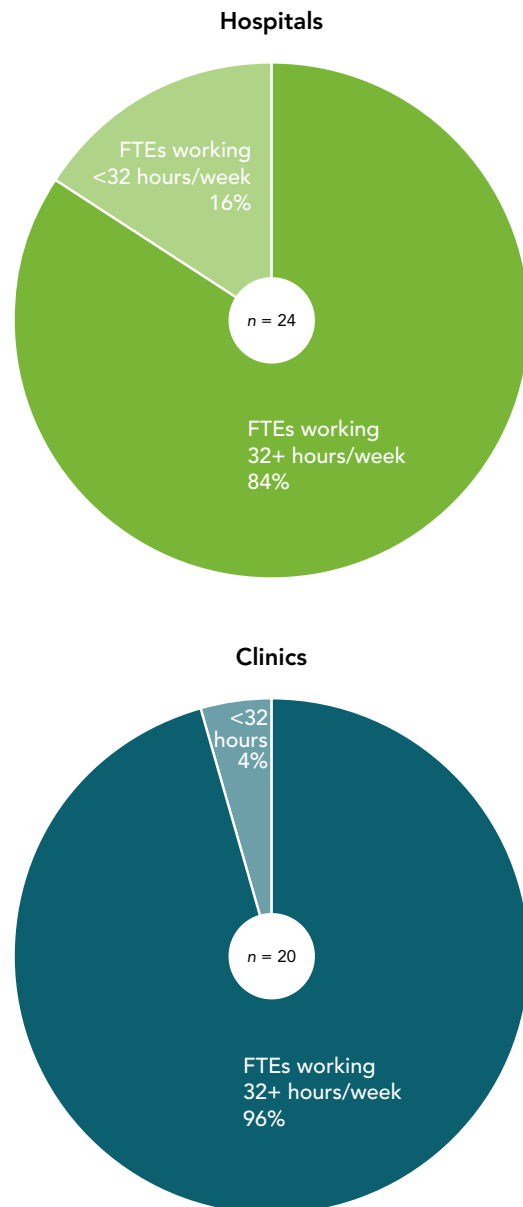


FIGURES 2 AND 3:
Source: Author surveys of CHW/P employers and prospective employers in hospital (distributed June through July 2021) and community clinic (distributed December 2021 through January 2022) settings.

Full-Time and Part-Time Employment

Hospital-based employers reported that about 84% of full-time equivalent (FTE) CHW/Ps were working 32 hours per week or more, compared to 96% at clinic-based employers.

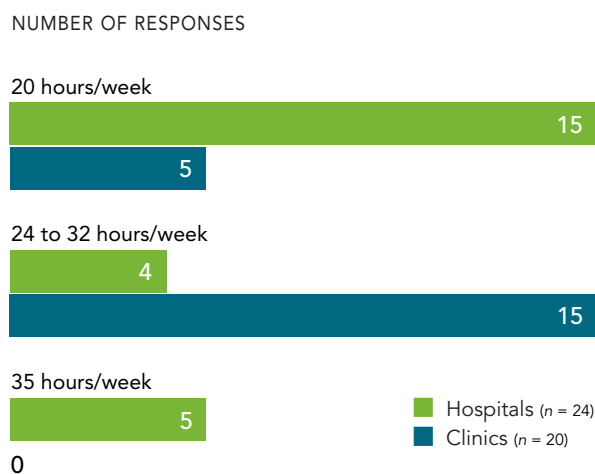
Figure 3. Employment Status of CHW/Ps, Hospitals vs. Clinics



Work Hours Required to Receive Benefits

Hospital-based employers most often reported that CHW/Ps needed to work at least 20 hours per week to obtain employee benefits. Clinic-based employers most often reported that CHW/Ps needed to work between 24 and 32 hours per week to obtain benefits.

Figure 4. Minimum Number of Hours per Week Worked for Benefits Eligibility, Hospitals and Clinics



Source: Author surveys of CHW/P employers and prospective employers in hospital (distributed June through July 2021) and community clinic (distributed December 2021 through January 2022) settings.

Benefit Types

Common types of employee benefits, including health, dental, and vision insurance coverage; vacation and sick leave; and access to a pension or retirement plan were reported by nearly all hospital and community clinic employers (see Figure 5, page 8). Differences between the two types of employers were that hospital-based employers much more often reported providing tuition assistance and to a lesser extent personal leave, while clinic-based employers much more often reported providing mileage reimbursement. A commuter subsidy, educational leave, and child care were not common employee benefits reported by either employer type.

Wages

Hourly wages earned by CHW/Ps employed in hospitals are higher than those earned by CHW/Ps working in clinics (see Figure 6, page 8). Most clinic-based employers reported that the hourly wage for entry-level CHW/Ps was between \$16 and \$20 per hour. Almost half of hospital-based employers responding to the survey reported entry-level wages of at least \$26 per hour. This same pattern held for senior-level employees: All clinic-based employers reported hourly wages between \$21 and \$30 per hour, whereas hospital-based employers most often reported that senior-level CHW/Ps earned more than \$30 per hour.

Figure 5. Types of Benefits Received by CHW/Ps, Hospitals and Clinics

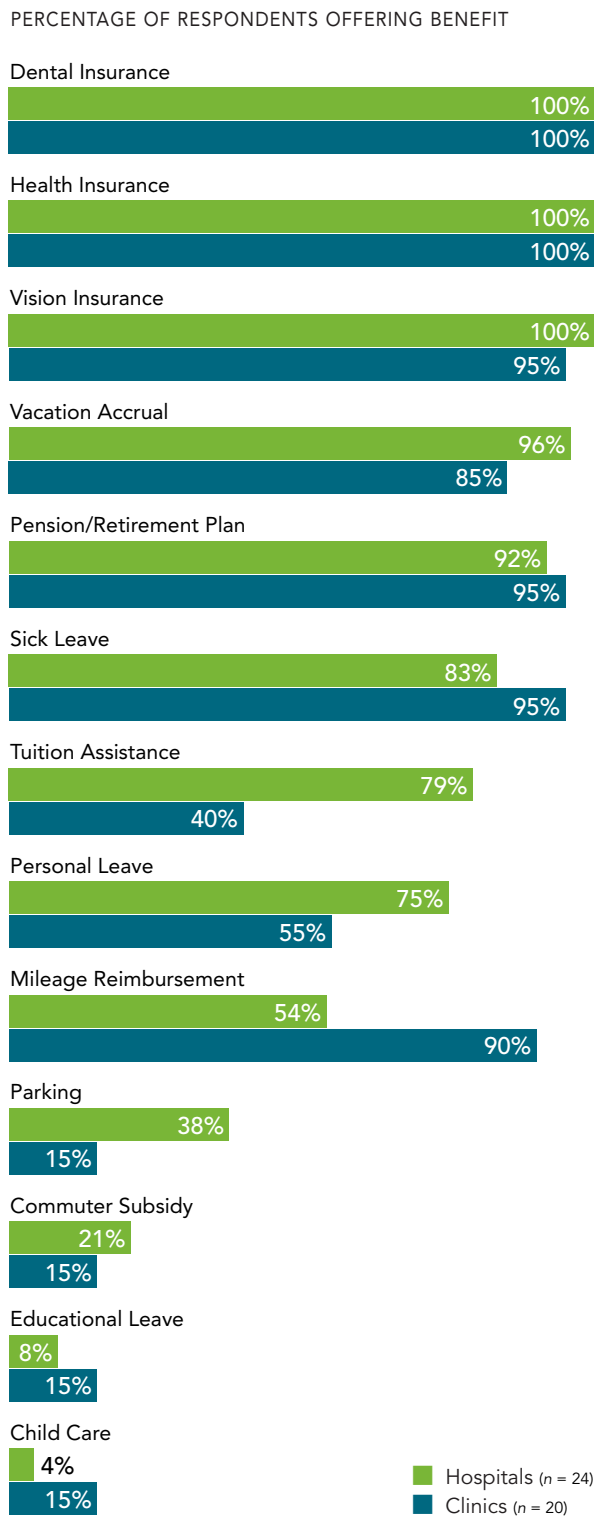
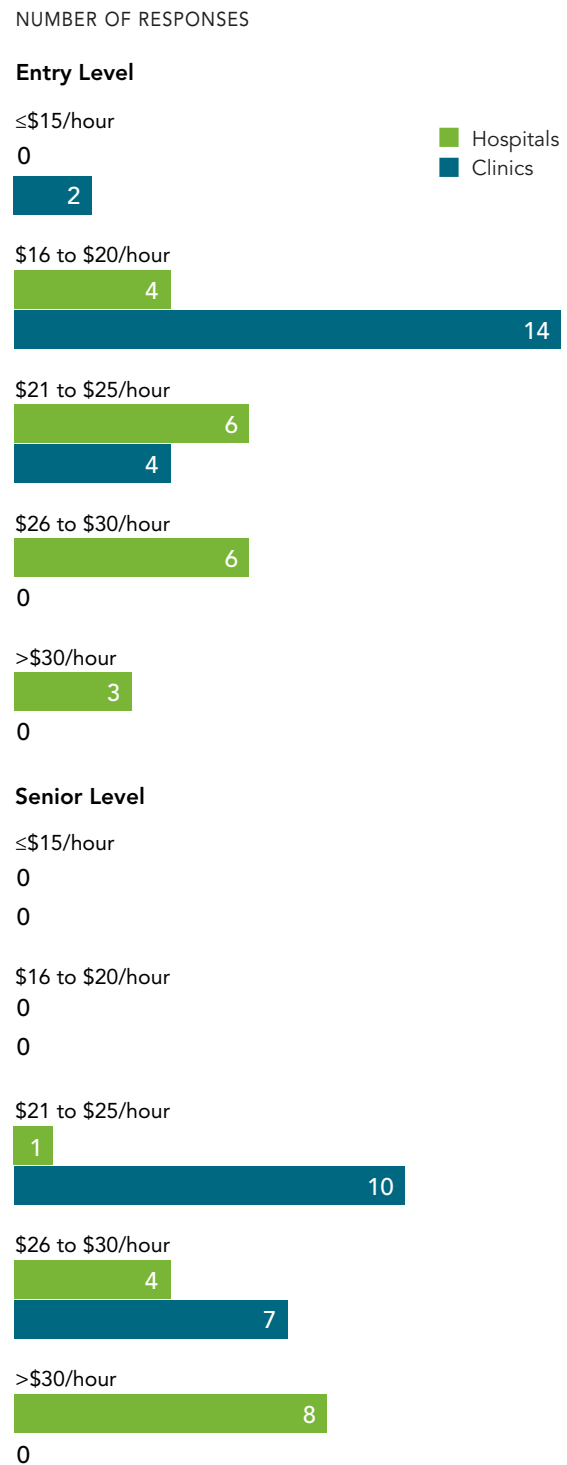


Figure 6. Average Hourly Wages Paid to Entry- and Senior-Level CHW/Ps, Hospitals and Clinics



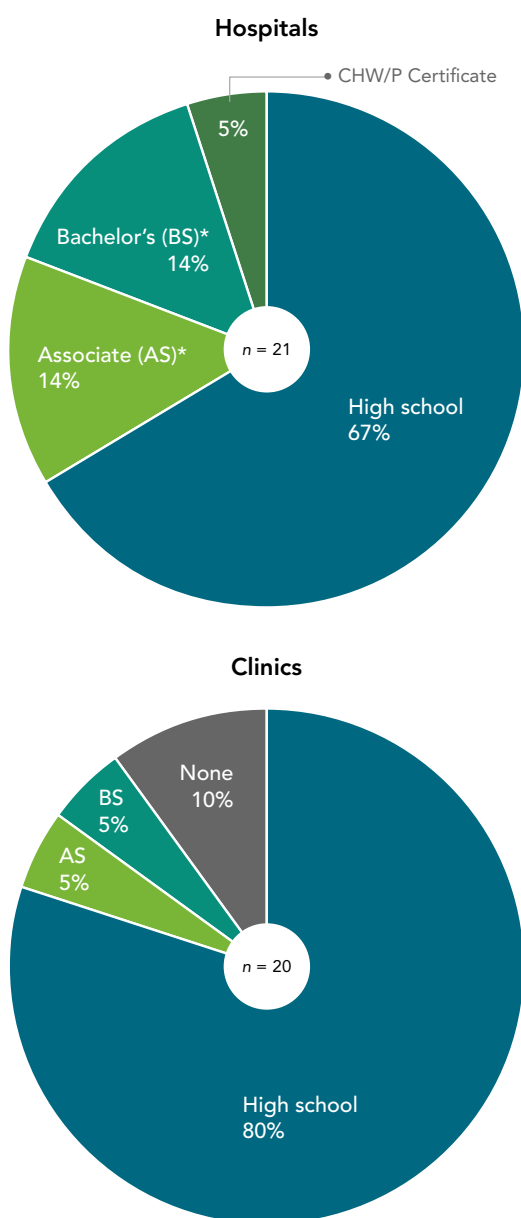
FIGURES 5 AND 6:
 Source: Author surveys of CHW/P employers and prospective employers in hospital (distributed June through July 2021) and community clinic (distributed December 2021 through January 2022) settings.

Notes: Fewer hospital and clinic respondents answered the question about senior-level employees compared to entry-level employees. This could indicate that some hospitals and clinics do not employ CHW/Ps at the senior level. Hospitals (n = 19 for entry-level, n = 13 for senior-level) and community clinics (n = 20 for entry-level, n = 17 for senior-level).

Education Requirements

Most hospital-based and clinic-based employers reported that the minimum educational requirement for entry-level CHW/Ps was a high school diploma (see Figure 7). Only one hospital-based employer reported that having a CHW/P certificate was required for entry-level employment.

Figure 7. Minimum Educational Requirements for Entry-Level CHW/Ps, Hospitals and Clinics

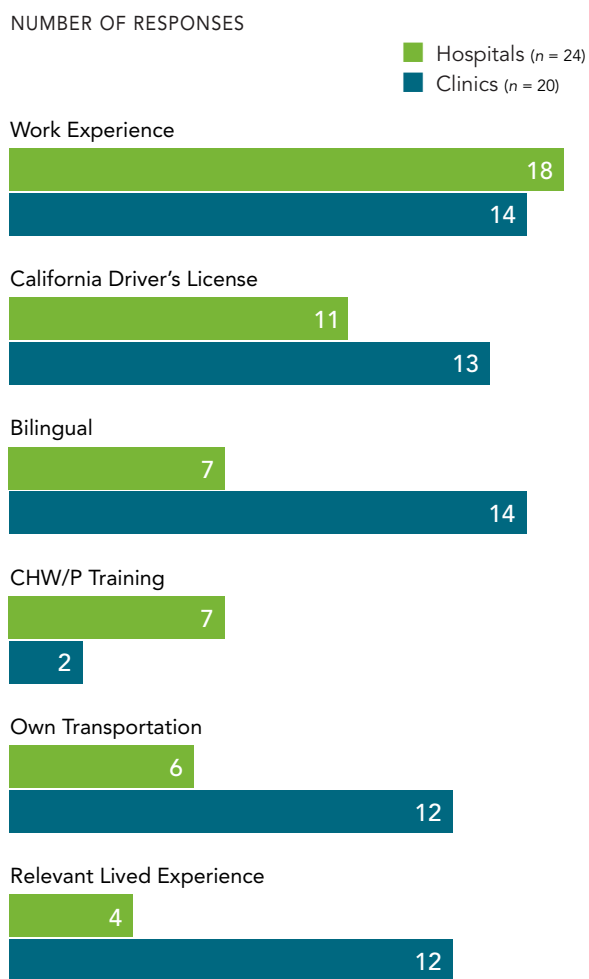


*Degree in Health/Human/Social Services

Other Employment Requirements

Clinic-based employers were more likely to report other types of employment requirements compared with hospital-based employers. These included “relevant lived experience,” own transportation, and being bilingual. Very few employers reported that prior CHW/P training of any kind was required for employment.

Figure 8. Reported Job Requirements for Entry-Level CHW/Ps, Hospitals and Clinics

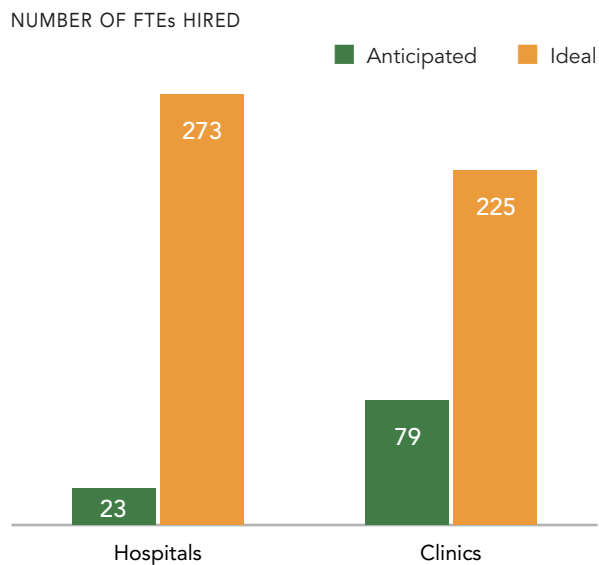


FIGURES 7 AND 8:
Source: Author surveys of CHW/P employers and prospective employers in hospital (distributed June through July 2021) and community clinic (distributed December 2021 through January 2022) settings.

Anticipated Versus Ideal Hiring of New CHW/Ps

There was a significant gap between the number of CHW/Ps that hospital-based or clinic-based employers anticipated hiring over the next 12 months, compared to the number of CHW/Ps they would ideally hire.

Figure 9. Anticipated and Ideal Number of CHW/Ps (FTE) Hired in Next 12 Months, Hospitals and Clinics



Notes: Two community clinics reported they were unsure or didn't know how many CHW/Ps they anticipated hiring or would ideally hire in the next 12 months. Hospitals ($n = 24$ for anticipated, $n = 23$ for ideal) and community clinics ($n = 20$ for anticipated and ideal)

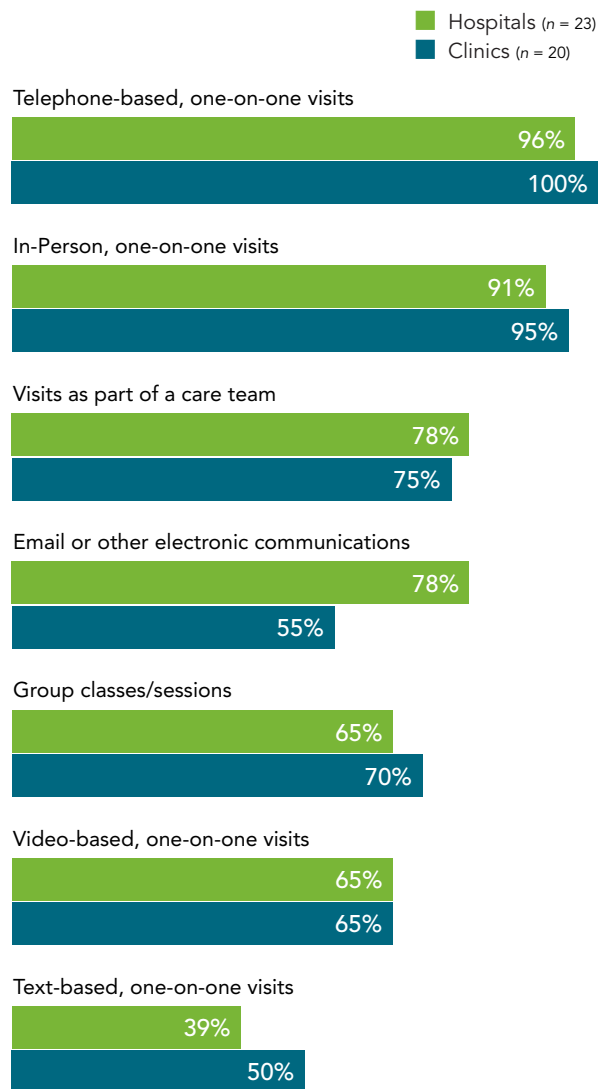
FIGURES 9 AND 10:

Source: Author surveys of CHW/P employers and prospective employers in hospital (distributed June through July 2021) and community clinic (distributed December 2021 through January 2022) settings.

CHW/P Service Delivery

Comparing hospital-based and clinic-based employers, a slightly larger share of hospital-based employers reported that CHW/Ps deliver services via email or other electronic communications. However, the different modes of service delivery used by CHW/Ps were generally the same, whether employed by a hospital or clinic.

Figure 10. Modes of Service Delivery Performed by CHW/Ps, Hospitals and Clinics



CHW/P Roles

Hospital-based employers reported that the roles most often performed by CHW/Ps were those associated with care coordination, case management, and system navigation; individual and community capacity building; and advocating for individuals and communities.

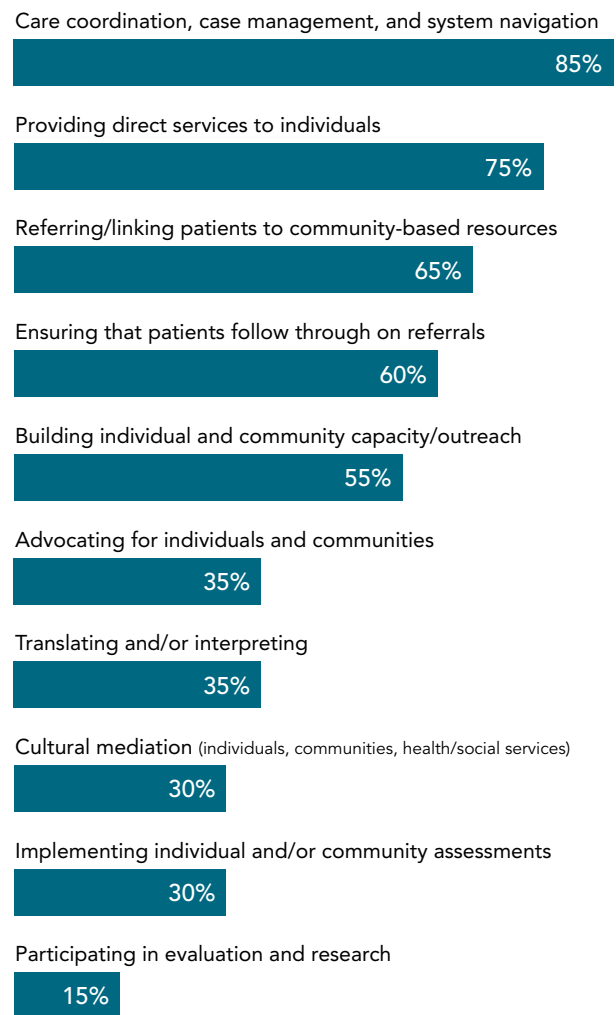
Figure 11. Most Important Roles Performed by CHW/Ps in Hospitals



Notes: Three respondents to the hospital-based employer survey reported that they "didn't know" what roles were performed by CHW/Ps. Respondents (n = 23) could select up to three options.

Clinic-based employers reported that the roles most often performed by CHW/Ps were those associated with care coordination, case management, and system navigation, as well as providing direct services to individuals. More than half of clinic-based employers also reported that CHW/Ps performed in roles related to linking patients to community-based resources, ensuring patients follow through on referrals, and building individual and community capacity.

Figure 12. Most Important Roles Performed by CHW/Ps in Clinics



Note: Respondents (n = 20) could select an unlimited number of options.

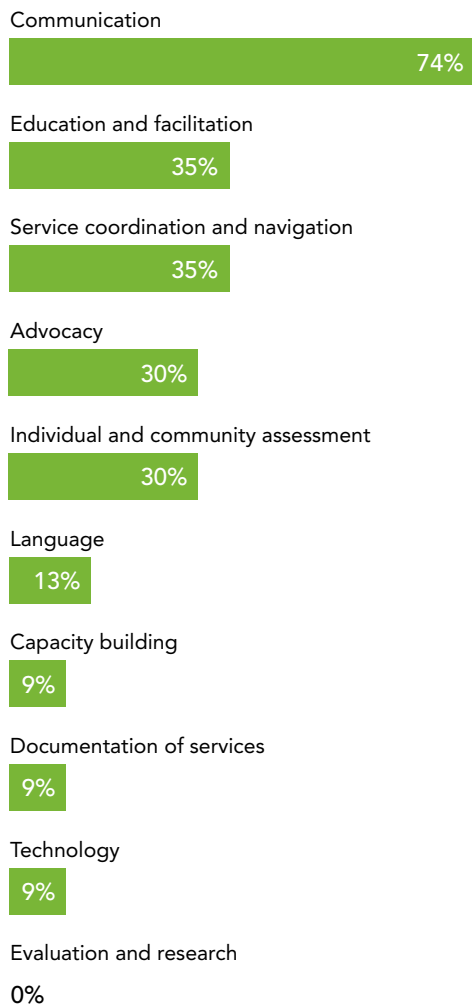
FIGURES 11 AND 12:

Source: Author surveys of CHW/P employers and prospective employers in hospital (distributed June through July 2021) and community clinic (distributed December 2021 through January 2022) settings.

CHW/P Skills

Hospital-based employers most often reported communication skills as most important to the work performed by CHW/Ps employed in hospitals. Other skills identified as important included education and facilitation, service coordination and navigation, advocacy, and individual and community assessment. No hospital employers reported evaluation and research as an important skill for CHW/Ps to have.

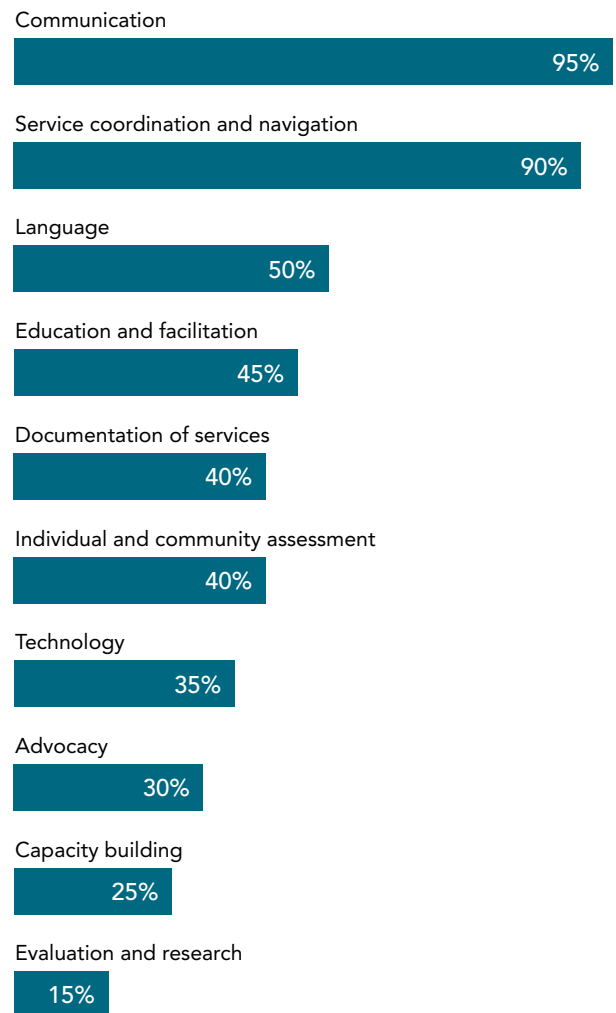
Figure 13. Most Important CHW/P Skills Needed in Hospitals



Notes: Three respondents to the hospital-based employer survey reported that they "didn't know" what skills were needed by CHW/Ps. Respondents (n = 23) could select up to three options.

Nearly all clinic employers reported it was important that CHW/Ps employed in clinic settings have strong communication, service coordination, and navigation skills. Other skills identified as important to the work performed by CHW/Ps included language, education and facilitation, documentation of services, and individual and community assessment.

Figure 14. Most Important CHW/P Skills Needed in Clinics



Note: Respondents (n = 20) could select an unlimited number of options.

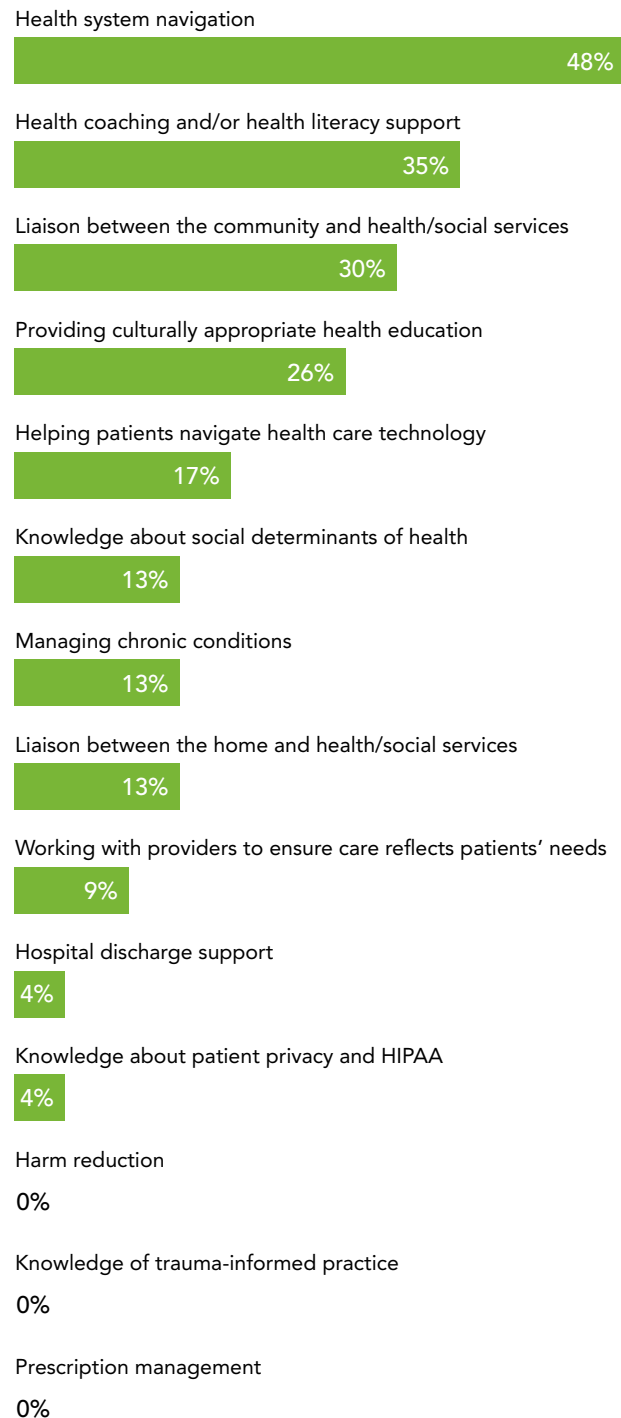
FIGURES 13 AND 14:

Source: Author surveys of CHW/P employers and prospective employers in hospital (distributed June through July 2021) and community clinic (distributed December 2021 through January 2022) settings.

CHW/P Functions

The health care–specific function most often performed by CHW/Ps employed in hospital-based settings was health system navigation, reported half of survey respondents (see Figure 15). One-third of hospital employers identified health coaching and health literacy support as an important health care–related function performed by CHW/Ps. No hospital employers reported harm reduction, knowledge of trauma-informed practice, or prescription management as important health care functions. These data suggest that CHW/Ps employed in hospitals may have a comparatively limited scope of work.

Figure 15. Most Important Health Care–Specific Functions Performed by CHW/Ps in Hospitals



Note: Five respondents to the hospital-based employer survey reported that they “didn’t know” what health care–specific functions were performed by CHW/Ps. Respondents ($n = 23$) could select up to three options.

Source: Author surveys of CHW/P employers and prospective employers in hospital (distributed June through July 2021) and community clinic (distributed December 2021 through January 2022) settings.

The health care–specific function most often performed by CHW/Ps employed in clinics was health system navigation, reported 90% of survey respondents (see Figure 16). About half of respondents identified health coaching and health literacy support, providing culturally appropriate health education, acting as a liaison between the community and health/social services, and sharing knowledge about social determinants of health as important health care–related functions performed by CHW/Ps.

Figure 16. Most Important Health Care–Specific Functions Performed by CHW/Ps in Clinics



Note: Respondents (n = 20) could select an unlimited number of options.

Source: Author surveys of CHW/P employers and prospective employers in hospital (distributed June through July 2021) and community clinic (distributed December 2021 through January 2022) settings.

Health Conditions Addressed by CHW/Ps

Thirty-five percent of hospital-based employers reported that CHW/Ps do not focus on specific health conditions in the population. Among hospital-based CHW/Ps that do focus on specific population health conditions, the most often reported included pregnancy and chronic health conditions, specifically diabetes and heart disease.

Figure 17. Types of Health Conditions Primarily Addressed by CHW/Ps in Hospitals



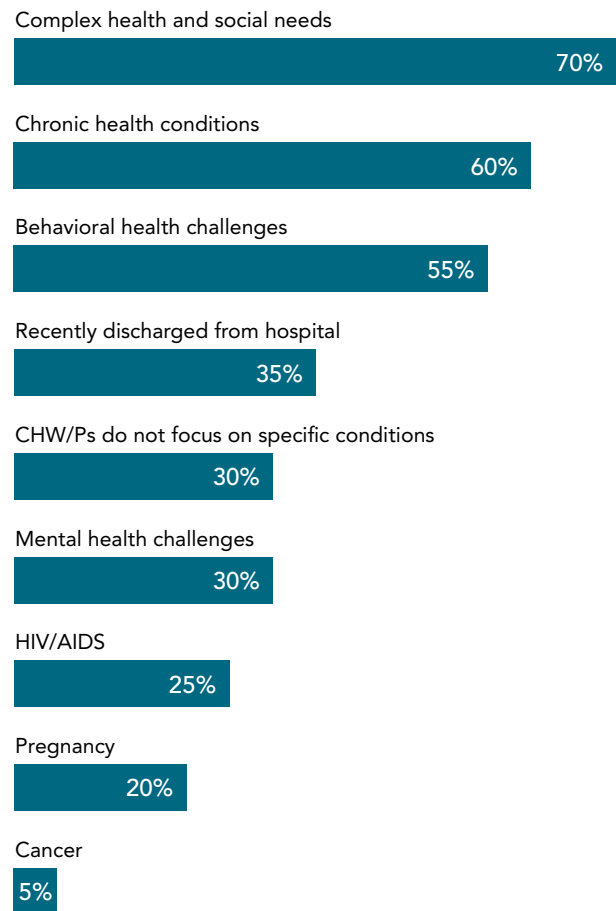
Note: Five respondents to the hospital-based employer survey reported that they “didn’t know” what types of health conditions were addressed by CHW/Ps. Respondents (n = 23) could select up to three options.

FIGURES 17 AND 18:

Source: Author surveys of CHW/P employers and prospective employers in hospital (distributed June through July 2021) and community clinic (distributed December 2021 through January 2022) settings.

Thirty percent of clinic-based employers reported that CHW/Ps do not focus on specific health conditions in the population. Among clinic-based CHW/Ps that do focus on specific population health conditions, the most often reported included managing patients with complex health and social needs, chronic health conditions, and behavioral health challenges. CHW/Ps that focus on managing chronic health conditions most often address diabetes and heart disease.

Figure 18. Types of Health Conditions Primarily Addressed by CHW/Ps in Clinics

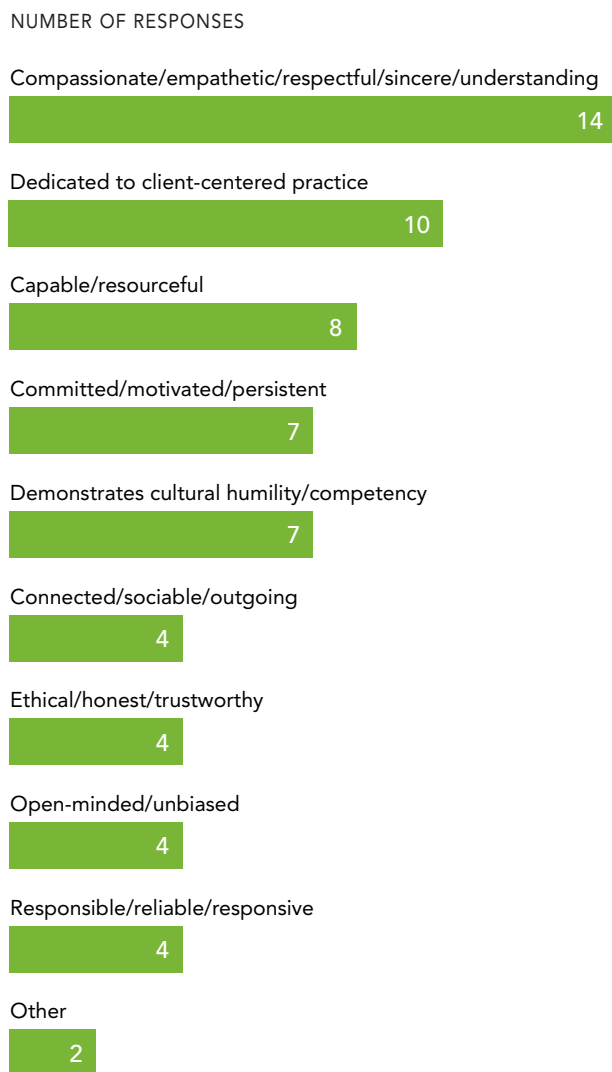


Note: Respondents (n = 20) could select an unlimited number of options.

CHW/P Qualities

Hospital-based employers reported that having compassion and empathy; being respectful, sincere, and understanding; as well as being dedicated to a client-centered practice were the most important qualities that CHW/Ps should have.

Figure 19. Most Important Qualities of CHW/Ps in Hospitals

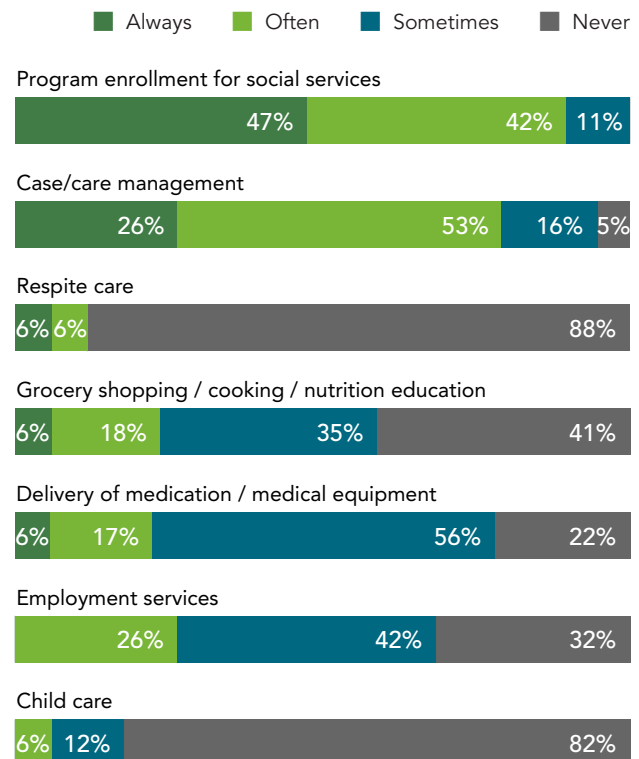


Note: This question was asked only in the hospital-based employer survey. Three respondents reported that they "didn't know". Respondents (n = 23) could select up to three options.

Service Frequency of CHW/Ps

Clinic-based employers reported that the services CHW/Ps most often engaged in were those related to program enrollment for social services and case/care management. In contrast, 18% of clinic-based employers reported that CHW/Ps provided child care-related services, and 12% reported that CHW/Ps provided services related to respite care.

Figure 20. Frequency of Services Provided by CHW/Ps in Clinics



Notes: These questions were asked only in the clinic-based employer survey (n = 17 to 19). Segments may not sum 100% due to rounding.

FIGURES 19 and 20:

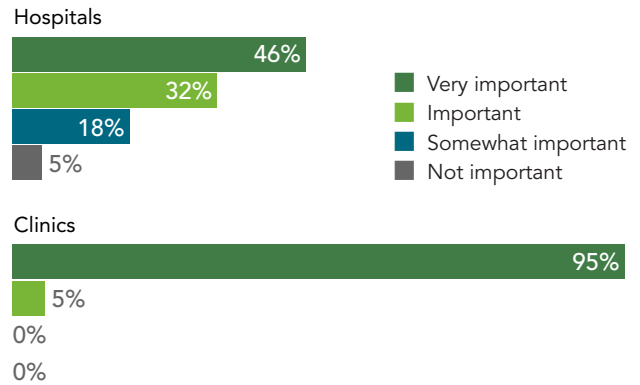
Source: Author surveys of CHW/P employers and prospective employers in hospital (distributed June through July 2021) and community clinic (distributed December 2021 through January 2022) settings.

Organizational Strategic Importance of CHW/Ps

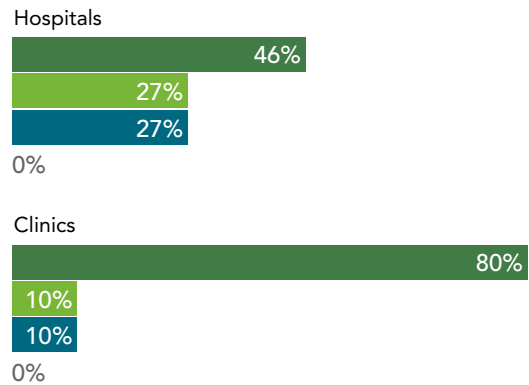
Compared to hospital-based employers, clinic-based employers more often reported that CHW/Ps were strategically very important in supporting navigation between health and social services systems, ensuring that needed care is received at the appropriate time and place, and helping to eliminate health disparities among people that have disproportionately experienced health inequities (see Figure 21).

Figure 21. Strategic Importance of CHW/Ps, Hospitals and Clinics

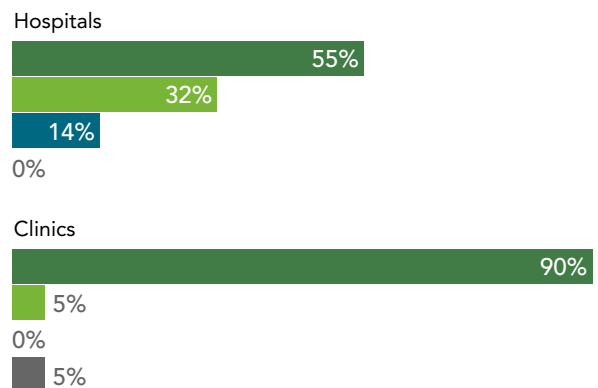
Supporting navigation between health and social services systems



Ensuring that necessary care is received at appropriate time and place



Eliminating health disparities among persons who have disproportionately experienced health inequities



Note: Hospitals: n = 22 and clinics: n = 20.

Source: Author surveys of CHW/P employers and prospective employers in hospital (distributed June through July 2021) and community clinic (distributed December 2021 through January 2022) settings.

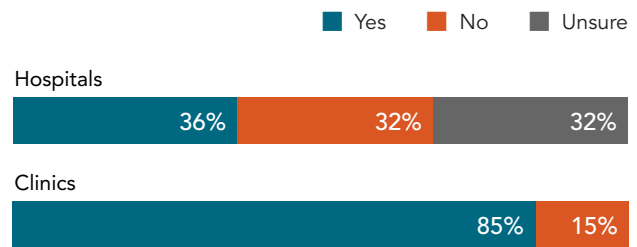
CHW/P Advancement

Eighty-five percent of clinic-based employers reported there were opportunities for CHW/Ps to advance in the organization, compared to just 36% of hospital-based employers (see Figure 22). Among respondents that reported opportunities to advance, the ability to move into a new position or to be promoted were often reported by both types of employers (see Figure 23). Clinic-based employers more often reported wage increases as a type of advancement opportunity; hospital-based employers more often reported supervisory functions as a type of opportunity for advancement. Over 30% of hospital-based employers indicated they were unsure what advancement opportunities were available to CHW/Ps.

Challenges of Supervising CHW/P Role

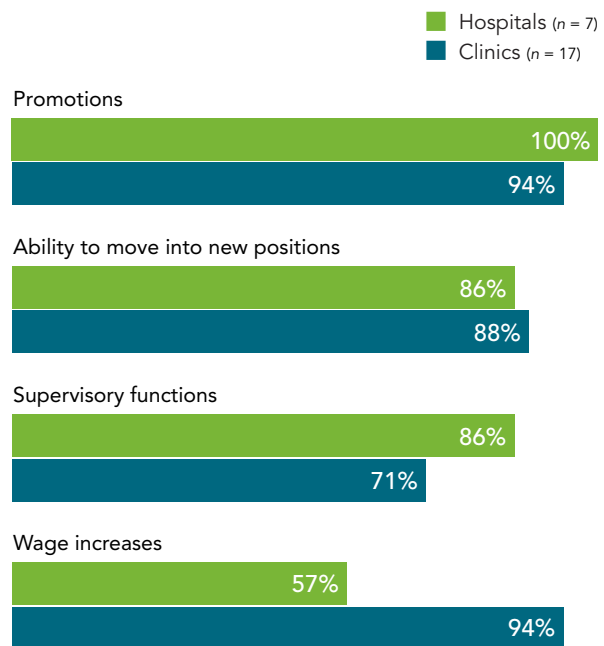
Clinic-based employers were much more likely to report challenges related to supervising, training, and mentoring CHW/Ps, compared to hospital-based employers (see Figure 24, page 19). These challenges included not enough time for activities related to supervising, training, or mentoring, and the need for more guidelines specific to supervising, training, and mentoring. Nearly two-thirds of hospital-based employers reported there were either no supervisory-related challenges, or that the topic was not applicable to their organization.

Figure 22. Advancement Opportunities for CHW/Ps, Hospitals and Clinics



Note: Hospitals: n = 22 and clinics: n = 20.

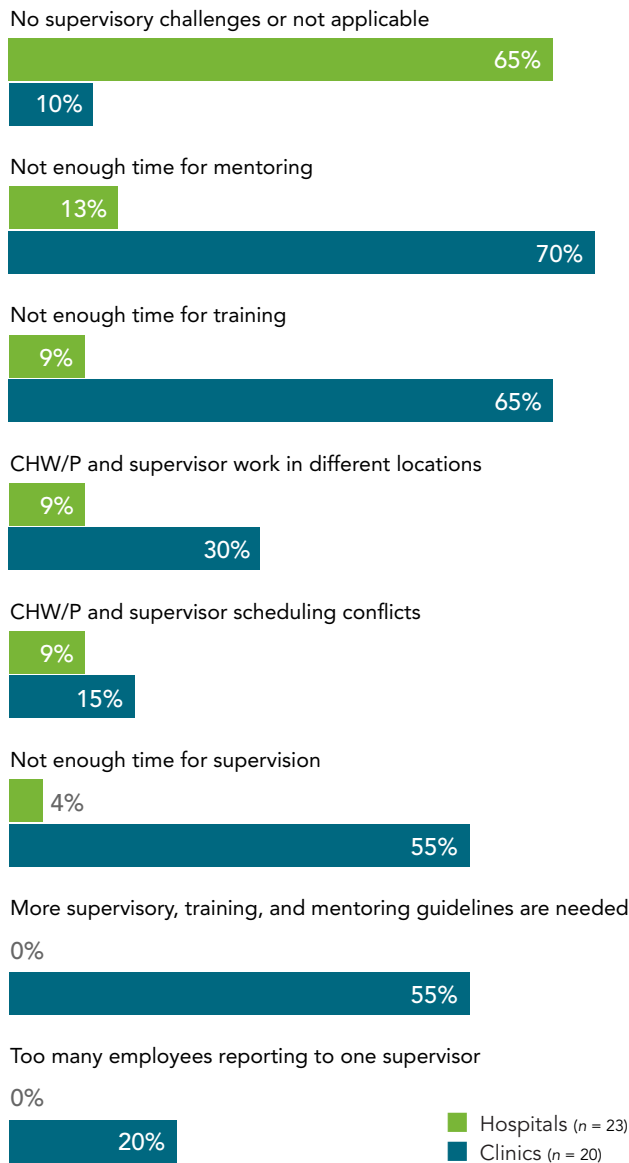
Figure 23. Types of Advancement Opportunities for CHW/Ps, Hospitals and Clinics (among those that report opportunities to advance)



FIGURES 22 and 23:

Source: Author surveys of CHW/P employers and prospective employers in hospital (distributed June through July 2021) and community clinic (distributed December 2021 through January 2022) settings.

Figure 24. Challenges Supervising, Training, and Mentoring CHW/Ps, Hospitals and Clinics

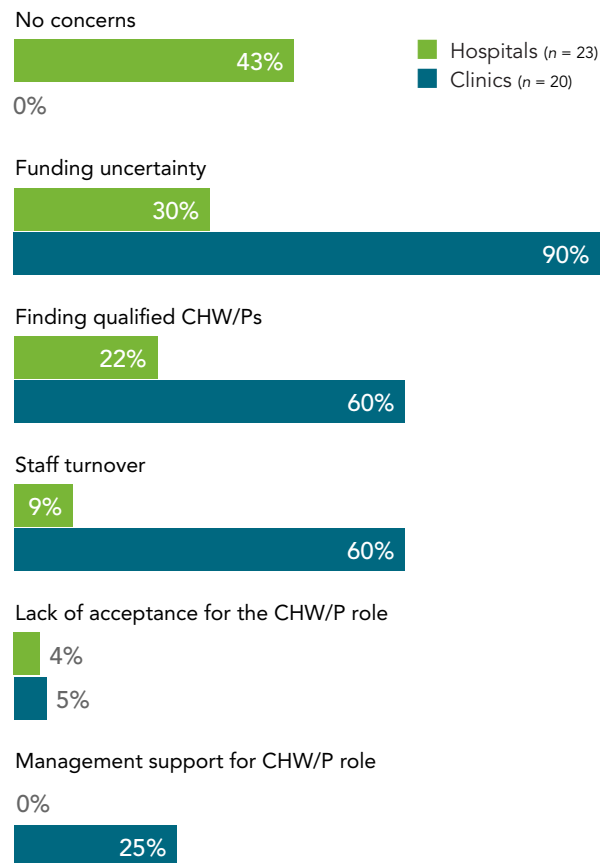


FIGURES 24 and 25:
 Source: Author surveys of CHW/P employers and prospective employers in hospital (distributed June through July 2021) and community clinic (distributed December 2021 through January 2022) settings.

Concerns over Longevity and Sustainability of CHW/P Role

Approximately 60% of hospital-based employers and all clinic-based employers reported they had concerns related to the longevity or sustainability of CHW/P employment (see Figure 25). Concerns most often reported among hospitals and clinics included funding uncertainty, finding qualified CHW/Ps, and staff turnover.

Figure 25. Employer Concerns About the Longevity and Sustainability of CHW/Ps, Hospitals and Clinics

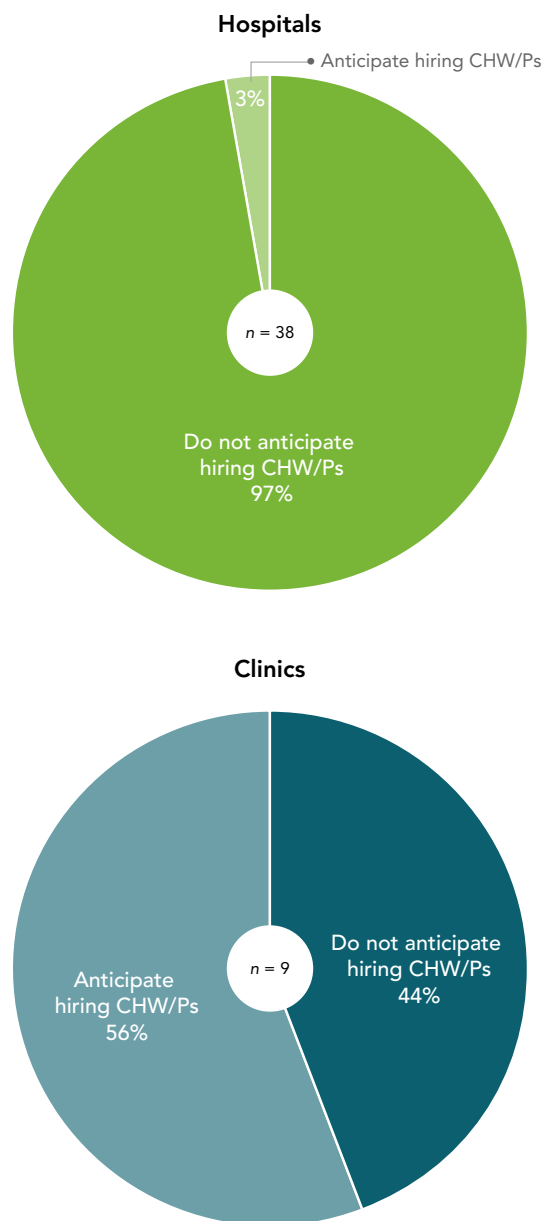


Organizations That Do Not Employ CHW/Ps

CHW/P Hiring Plans

Among hospital-based employers that did not employ CHW/Ps at the time of the survey, only a single respondent anticipated hiring CHW/Ps in the next 12 months. In contrast, approximately half of the clinic-based employers that did not employ CHW/Ps at the time of survey anticipated they would hire CHW/Ps in the next 12 months. The most often cited reasons for not having plans to hire CHW/Ps included a lack of clarity regarding the value of CHW/Ps, insufficient funding to support the CHW/P role, and challenges related to integrating the CHW/P role into the organization.

Figure 26. Anticipated Hiring of CHW/Ps in the Next 12 Months by Those Who Do Not Currently Employ CHW/Ps, Hospitals and Clinics

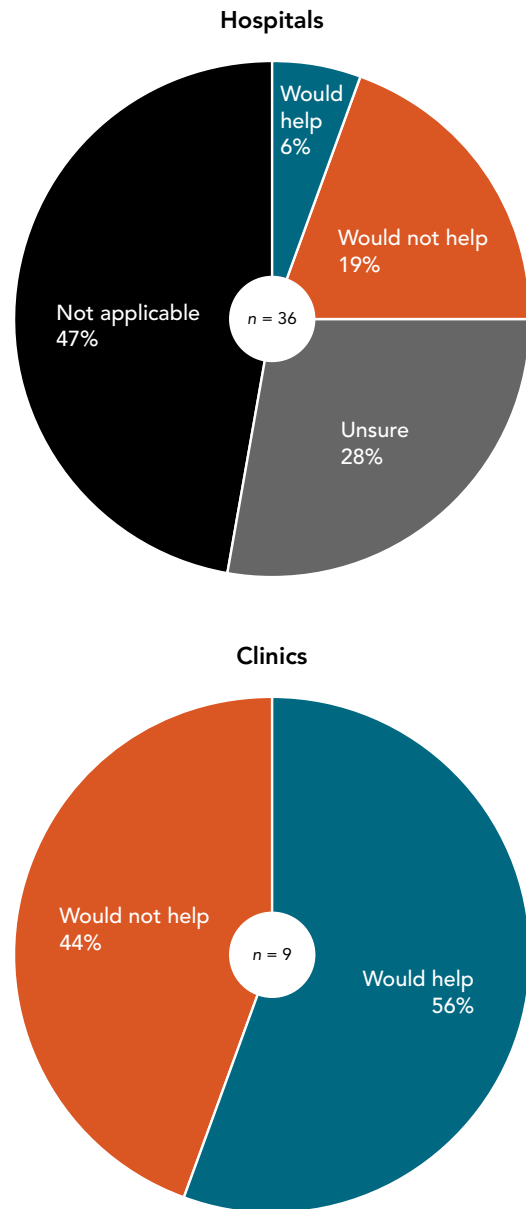


Source: Author surveys of CHW/P employers and prospective employers in hospital (distributed June through July 2021) and community clinic (distributed December 2021 through January 2022) settings.

Impact of Statewide Certification on Hiring Barriers

Seventy-five percent of hospital-based employers that did not employ CHW/Ps at the time of the survey were either unsure of the effect that state certification of CHW/P training programs would have on hiring barriers, or felt that this outcome was not applicable to their organization. Only 6% of these hospital-based employers felt that having the state certify CHW/P training programs would help their organizations in addressing hiring barriers. Over half of the clinic-based employers that did not employ CHW/Ps at the time of the survey felt that state certification of CHW/P training programs would help address hiring barriers through promoting understanding of the skill and competencies of this workforce, addressing any regulatory issues specific to the CHW/P workforce, and having a source for recruiting CHW/Ps.

Figure 27. Perceived Effect of State Certification of CHW/P Training Programs on Hiring Barriers for Organizations That Do Not Currently Employ CHW/Ps, Hospitals and Clinics



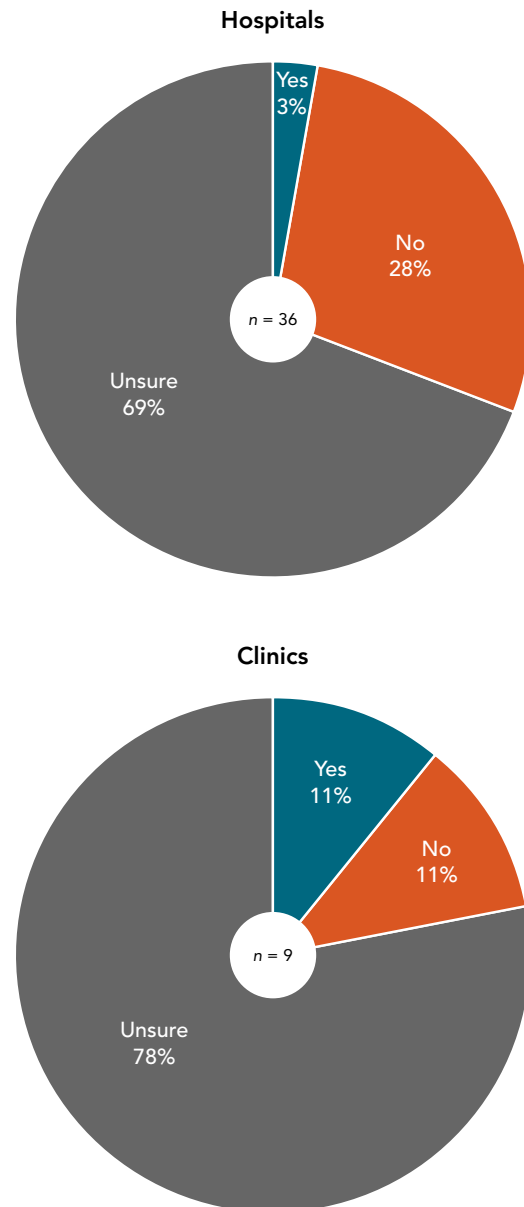
Source: Author surveys of CHW/P employers and prospective employers in hospital (distributed June through July 2021) and community clinic (distributed December 2021 through January 2022) settings.

Intention to Train Existing Staff in CHW/P Role

Most clinic-based and hospital-based employers that did not employ CHW/Ps at the time of the survey were unsure whether there were current staff not working as CHW/Ps who were interested in training for that role.

Figure 28. Organizations That Do Not Currently Employ CHW/Ps with Current Staff That Would Like to Train as CHW/Ps, Hospitals and Clinics

CURRENT STAFF THAT WOULD LIKE TO TRAIN?



Source: Author surveys of CHW/P employers and prospective employers in hospital (distributed June through July 2021) and community clinic (distributed December 2021 through January 2022) settings.

Appendix. Advisory Group

The authors would like to thank the members of the advisory group, who helped developed the CHW/P survey and guided the overall project. In addition to the report authors, the advisory group comprised these members:

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Lisa Mitchell, workforce development program manager
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