

EXECUTIVE SUMMARY

Training and Supporting Community Health Workers and Promotores: Lessons for California and Other States

IN BRIEF

- Community health workers and promotores (CHW/Ps) — members of the community who connect patients to needed health-related and social services in a culturally competent manner — are increasingly recognized as valuable contributors to the health care system.
- Recognizing the value of CHW/Ps, many states are developing policies to support their deployment, yet no uniform training or certification standards exist for this valuable workforce.
- With support from the California Health Care Foundation, the Center for Health Care Strategies (CHCS) led a comprehensive scan to examine training and certification approaches undertaken by states across the country to increase CHW/P engagement and support. From this national exploration, CHCS distilled a set of training and certification considerations for sustaining a robust CHW/P workforce as well as specific considerations to support implementation and policy decisions in California.

FULL DISCUSSION

To read the full report, visit:
www.chcs.org/supporting-chwps.

States increasingly recognize the value of community health workers/promotores (CHW/Ps) for reaching underserved populations and the need to support this workforce with professional development opportunities. There is, however, currently no single, nationally recognized standard for CHW/P training, and many organizations and states have developed different approaches. Whether training is undertaken by the state, an educational institution, or a private entity, it is important to identify organizations and trainers that specialize in training CHW/Ps. Further, states can also facilitate certification of CHW/Ps.

Following are considerations for enhancing professional recognition of CHW/Ps through training and/or certification, drawn from states approaches from across the country.

Balance training and experience – Any effort to support CHW/P training programs should consider the balance between requiring in-class training and experience on the job. In California, for example, many existing successful training programs include a practical focus allowing CHW/Ps to learn on the job from experienced coworkers. Interviewees stressed that the job itself is complex, and the creativity and flexibility required to do it is not always well-suited to be learned in a classroom. Additionally, no amount of role-playing exercises in controlled settings can adequately expose a candidate to the types of situations in which CHW/Ps find themselves, and an extended on-the-job period allows individuals to determine whether they are suited for the position.

Accessibility for all – CHW/Ps not only serve underserved communities, but often come from and live in these communities. Training programs should ensure that community members are not excluded through excessively high fees or time commitments. A number of interviewees emphasized that

practical portions of training ought to be compensated financially. Free CHW/P trainings, such as programs led by City College of San Francisco and the Washington State Department of Health, illustrate how statewide training could be coordinated with accessibility in mind.

Train employers – The CHW/P’s role in health care is still new to many organizations, and employers can be trained to ensure CHW/Ps work to the top of their capabilities. The state can identify employers ready to integrate CHW/Ps into their teams or provide assistance and professional development for employers that wish to employ CHW/Ps.

Ensure involvement of people with shared life experiences – Individuals such as undocumented, non-English speakers and formerly incarcerated individuals can contribute valuable lived experiences, but often encounter barriers to employment as a CHW/P. In California, for example, nearly one in 10 residents is an undocumented immigrant, and they often live in underserved communities in need of CHW/P services and are also potential candidates for CHW/P roles. Certain requirements for CHW/P training, however, such as enrollment in an institute for higher education for which undocumented individuals may not be able to secure financial aid, can exclude members of that community. In states like California where promotores play a key role in supporting the provision of health care services, policy supports for training should be careful not to create barriers to participation for undocumented individuals.

Nothing about us without us – It is critical to involve CHW/Ps in state policymaking processes. Many issues involved in developing policy to support CHW/Ps feature tensions between competing interests. Inclusion of CHW/Ps in a meaningful way can ensure that policy decisions adequately support them. States can require participation of CHW/Ps on governing boards of organizations that employ them, or partner with state CHW/P associations to develop certification standards.

Build or “buy” – Different approaches to enhancing professional recognition of CHW/Ps require different resources. For example, Texas’ health services agency is heavily involved in its CHW/P training and certification approach, while other states, like South Carolina, rely on trusted CHW/P-focused organizations or coalitions to manage state CHW/P infrastructures. Partnering with CHW/P associations — which can act as a trusted “neutral table” — can be a valuable tool for reducing the reliance on state budgets, while ensuring a CHW/P voice in the policymaking process.

Learn from others’ efforts, but tailor to specific state needs – Early adopters of CHW/P programs and policies often have lessons to share, either informally or through a structured evaluation, that can inform other states. What has worked well in one state, however, may not be ideal or practical for another. Given the importance of tailoring approaches to specific state realities, states may want to consider not only what others have done with CHW/P professional recognition, but also how effective the approaches have been. It may be useful for states to build in an evaluation of the structure(s) they pursue to inform quality improvement efforts. Ultimately, the path a state takes should be based on the specific needs driving the CHW/P professional recognition conversation across the state.

Define the workforce broadly – The CHW/P workforce is diverse, with many individuals in this position not employed by organizations that are part of a larger health care system. In some cases, for example, community-based organizations employ CHW/Ps (although they may not use CHW/P titles). Thus, any effort to enhance statewide systems for CHW/Ps that focuses solely on health care payers and providers risks not recognizing the important roles that CHW/Ps play outside of the health care sector. It is important to support both CHW/Ps in new programs, including partnerships between the health care system and others that employ CHW/Ps, as well as those in existing CHW/P-type roles.

Considerations for California in Supporting the CHW/P Workforce

California has an opportunity to expand support for the CHW/P workforce by: (1) leveraging the work done in its existing Medi-Cal (the state's Medicaid program) initiatives that rely on multidisciplinary care teams such as the [Health Home Program \(HHP\)](#) and [Whole Person Care \(WPC\)](#) pilots; (2) developing evidence-based recommendations for [CalAIM](#); and (3) recognizing the contributions that CHW/Ps can make to the efforts to address the COVID-19 outbreak. As the policymaking process moves forward, below are key CHW/P workforce considerations for California policymakers:

- **Include CHW/Ps in the policy development process.** CHW/Ps are valuable to the health care system for their unique perspective as members of the communities they serve. The perspectives of CHW/Ps are also valuable to policymakers as they consider how best to support CHW/Ps in their work. CHW/Ps know their work better than anyone, and understand the complexity of what they do. Involving CHW/Ps in policymaking conversations will strengthen these efforts and ensure that CHW/Ps' voice is included in decision-making.
- **Revisit the recommendations of the California Future Health Workforce Commission in light of COVID-19.** The valuable work done by the [Commission](#) is still relevant; however, the prioritization may need to be revisited based on new health care workforce needs arising from the pandemic response. For example, it may be valuable to assess where CHW/Ps can be useful based on new population health needs that have emerged due to the pandemic.
- **Consider the CDC PEAR report's "BEST" policy recommendations.** The CDC released a [Policy Evidence Assessment Report \(PEAR\)](#) on policies that can support the efficacy of CHW/Ps. The report's recommendations for CHW/P professional recognition are evidence-based. Any policy efforts to support CHW/Ps should consider what work the PEAR report identified as having strong evidence of positive outcomes and use it as a guidepost for policy development. There are many other contributions that CHW/Ps make to the communities in which they live that have not been formally studied or evaluated, but the PEAR report shows which elements offer demonstrated success for training, credentialing, and otherwise supporting CHW/Ps.
- **Use the extended timeline to further explore integrating CHW/Ps into Medi-Cal programs.** As COVID-19 draws the state's attention to those struggling with the disease and social distancing requirements, Medi-Cal has a valuable opportunity to: (1) further incorporate CHW/P workforce into its vision for Enhanced Care Management and In Lieu-of-Services to address Medi-Cal beneficiary needs, CHW/P strengths, and state budget constraints; and (2) explore ways to further integrate CHW/Ps in existing complex care management vehicles, including HHP and WPC.
- **Seek balance as the state develops policies to strengthen the workforce.** For training and certification, policymakers should be careful not to create a structure that stifles the creativity inherent in CHW/Ps' work. Standardization can empower CHW/Ps, and those aspects should be promoted. However, care must be taken not to impede the workforce at what they do best, constrain their capacity, or exclude those who lack resources to participate in formal training, or who are doing valuable work outside of the health care system, or under other job titles.

The considerations outlined above can contribute to decision-making around state policies and programs with the overarching goal of advancing the CHW/P profession in California and beyond.

ABOUT THE CALIFORNIA HEALTH CARE 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. For more information, visit www.chcf.org.

ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a nonprofit policy center dedicated to improving the health of low-income Americans. It works with state and federal agencies, health plans, providers, and community-based organizations to develop innovative programs that better serve people with complex and high-cost health care needs. For more information, visit www.chcs.org.