



Understanding California's Community Health Worker/Promotor Workforce: **A Survey of CHW/Ps**

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AUTHORS

Susan Chapman, RN, PhD, FAAN, Timothy Bates, MPP, and
Jacqueline Miller, BA, Healthforce Center at UCSF

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About the Authors

Susan Chapman, RN, PhD, FAAN, is a professor of social behavioral sciences in the School of Nursing at UCSF and is a faculty affiliate of the **Philip R. Lee Institute for Health Policy Studies** (IHPS) and **Healthforce Center** at UCSF.

Timothy Bates, MPP, and Jacqueline Miller, BA, are senior research data analysts with IHPS at UCSF and are affiliated with Healthforce Center at UCSF. 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.

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 team-based integrated primary and behavioral health care.

It is important for CHW/Ps themselves to share their experiences and voice their opinions about their profession. The purpose of this report is to describe the attributes and perspectives of CHW/Ps. CHW/Ps across the state and in a variety of workplace settings were asked to voluntarily fill out a survey between October 2021 and January 2022. Given this timing, the survey surfaces data surrounding respondent CHW/Ps' work during the COVID-19 pandemic.

The survey results presented are primarily of CHW/Ps who were working in a paid CHW/P position at the time they completed the survey. Additionally, a short descriptive section includes data on 22 CHW/Ps who reported working in volunteer positions at the time they completed the survey. Data from this group of volunteer CHW/Ps are also included in Figures 1 to 5.

Responses from CHW/Ps who had previously worked in a paid or volunteer position within the past five years (17 and 7 CHW/Ps, respectively) are included in Figures 1, 2, 4, and 5, but additional data from these groups are not included in the report

because of the low number of responses. CHW/Ps who reported previously working in a paid or volunteer position more than five years ago were exited out of the survey after the first question. These data are excluded from this report.

Summary of Key Findings

A majority of respondents were employed full-time in a paid CHW/P position. Ninety-one percent ($n = 300$) of survey respondents said that they were currently employed, and more than 80% ($n = 246$) of those currently employed said they were employed in a full-time, paid position. Among these CHW/Ps employed in a paid position, key findings were as follows:

- ▶ A majority of respondents were employed in the Bay Area.
- ▶ Nearly two-thirds of respondents' employers required a high school diploma or less.
- ▶ More than half of respondents worked in a community-based organization, and a plurality worked in a community clinic or a community health center.
- ▶ Nearly half of respondents were paid \$20 to \$25 per hour.
- ▶ Most respondents had completed relatively short CHW/P training (40 hours or less). Nearly 70% of survey respondents had completed CHW/P training. For most of these respondents, training was required and paid for by their employer.
- ▶ The type of work that respondents most often reported performing included identifying/referring people to community resources and case management/coordination/navigation.
- ▶ The work of a plurality of respondents did not focus on specific health conditions. Among respondents whose work did focus on particular health conditions, chronic health conditions and

complex health or social needs were most often reported.

- ▶ The work of a plurality of respondents did not focus on serving specific populations or groups of people.
- ▶ Respondents were divided about whether they saw potential to advance in their role as a CHW/P. While most respondents saw an opportunity to advance in their role, 49% said that there was no opportunity or that they were unsure of their opportunities to advance.
- ▶ Documentation of services (i.e., documenting services provided to clients in an electronic health record [EHR], paper medical record, or a separate record-keeping system) was an important component of the CHW/P role. Nearly one-third of respondents spent 10 hours a week or more on documentation in an EHR.
- ▶ The COVID-19 pandemic increased the amount of CHW/P work that was conducted virtually. As a result of COVID-19, most respondents anticipated that computer skills, general knowledge of COVID-19, and resilience would be the most important skills and/or attributes to have in the next three to nine months.
- ▶ A majority of respondents were women and Latinos/x.

Methodology

The CHW/P survey created and analyzed for this report was part of a larger project about the current CHW/P workforce. Funded by the California Health Care Foundation, this project was conducted by researchers at UCSF. The project was approved by UCSF's Institutional Review Board.

The CHW/P survey was created by the research team at UCSF with the assistance of an advisory group composed of representatives from the

Hospital Association of Southern California, the California Primary Care Association, a nationally recognized CHW/P educator, CHW/P policy experts, and representatives of the CHW/P community (see Appendix A).

The survey was distributed to a convenience sample of CHW/Ps. The researchers and the advisory group called upon their contacts, largely comprising community-based organizations, to help disseminate the survey. The survey was also advertised in statewide communications specific to the CHW/P profession. The survey was fielded from October 2021 through January 2022.

The survey instrument was fielded using Qualtrics, allowing CHW/Ps to take the survey anonymously on their computer or on a mobile device. If desired, all CHW/Ps who completed the survey could enter a raffle to win 1 of 10 gift cards worth \$100 at the store of their choice via Tango Card by Rewards Genius. Winners of the raffle were randomly selected using a random generator online.

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

Limitations

Because a database of all CHW/Ps in the state does not exist, this survey was conducted using a convenience sample. Thus, the findings presented here are not representative of the entire CHW/P population in California. Additionally, the survey was available to complete only in English or Spanish.

This survey was conducted from October 2021 through January 2022, during the COVID-19 pandemic, which may have contributed to the lower response rate.

Findings

Throughout the Findings section, the total number of respondents who answered each question (*n*) is different. Survey respondents were able to skip survey questions if they did not want to or could not answer a particular question. Thus, not all survey respondents answered every single question; this circumstance is reflected in the varied population sizes given for the figures.

Job Title and Current Employment

Nearly two out of three survey respondents most strongly self-identified as a community health worker (Figure 1). Examples of write-in responses for “other” identities included care coordinator, patient navigator, health coach, and public health outreach worker.

Later in the survey, all respondents were asked to write in their exact job title. A list of all reported job titles other than “community health worker,” “promotor/a,” and “promotor/a de salud” can be found in Appendix B.

Ninety-one percent of survey respondents reported that they are currently employed in a CHW/P role (Figure 2). Among respondents who reported they are not currently working/employed in a CHW/P role, 45% indicated they had been previously employed in a paid position (approximately 28% stopped working within the 12 months prior to the survey); the remaining 55% of this group reported they were previously employed in a volunteer position and left that role sometime between one and five years prior to the survey. Individuals no longer working in a CHW/P role cited three reasons why: having been laid off, losing grant funding, or having a temporary contract end.

Figure 1. Self-Reported Identity for CHW/Ps

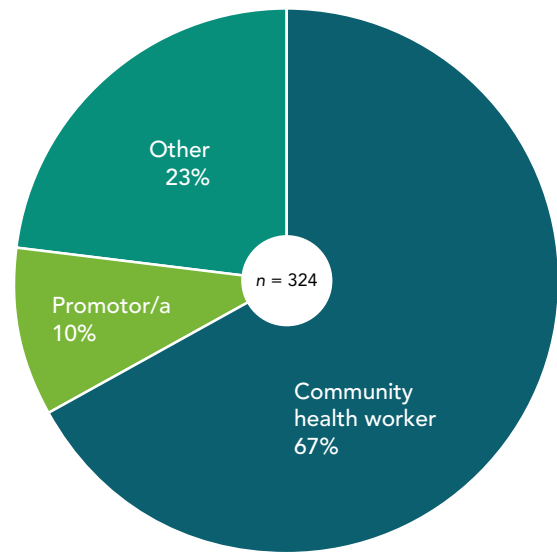
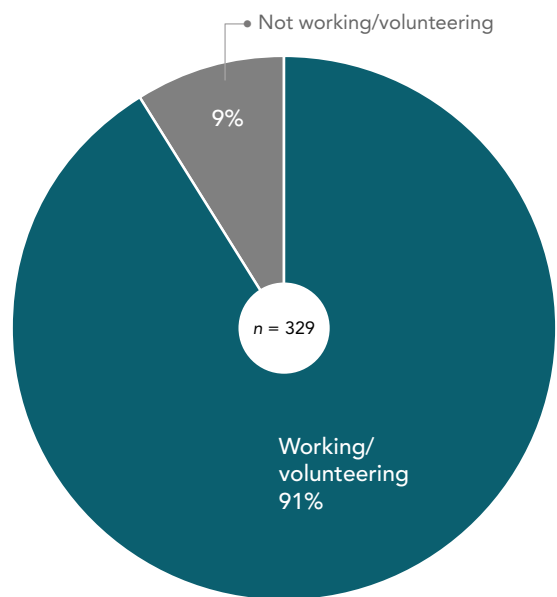


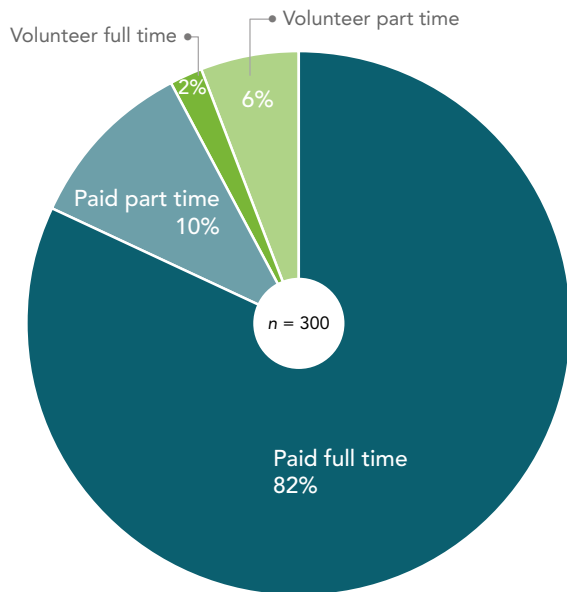
Figure 2. Current Employment Status of CHW/Ps



FIGURES 1 AND 2:
Source: Author survey of CHW/Ps, October 2021 through January 2022.

More than 80% of survey respondents who reported they were currently employed or working as a CHW/P indicated they held a paid, full-time position (Figure 3). Individuals working in volunteer positions accounted for just 8% of survey respondents.

Figure 3. Employment/Volunteer Status of CHW/Ps



Note: These data include only persons who reported current employment in either a paid or volunteer position.

FIGURES 3 to 5:
Source: Author survey of CHW/Ps, October 2021 through January 2022.

One-third of survey respondents reported that COVID-19 had affected their employment status (Figure 4).

Among this group, more than 60% indicated that their work hours increased (Figure 5). "Other" changes to employment status reported by respondents included shifting work responsibilities, taking on new roles, resigning from their positions, or being laid off.

At this point in the survey, respondents were diverted to different branches depending on their employment status. CHW/Ps who were currently working in paid or volunteer positions or who had worked in a paid or volunteer position within the previous five years completed the survey.

Figure 4. Employment Change Resulting from COVID-19

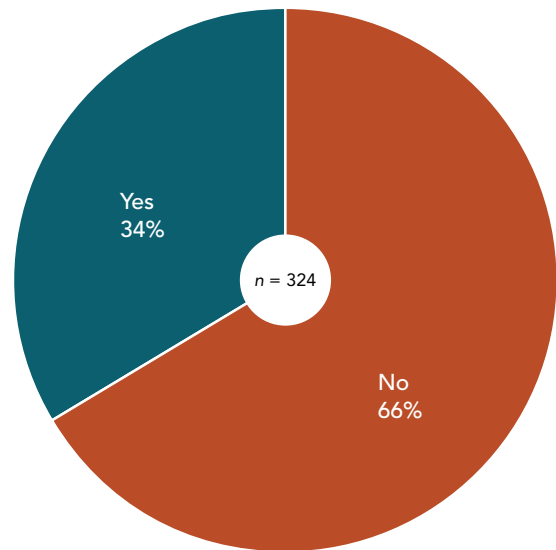
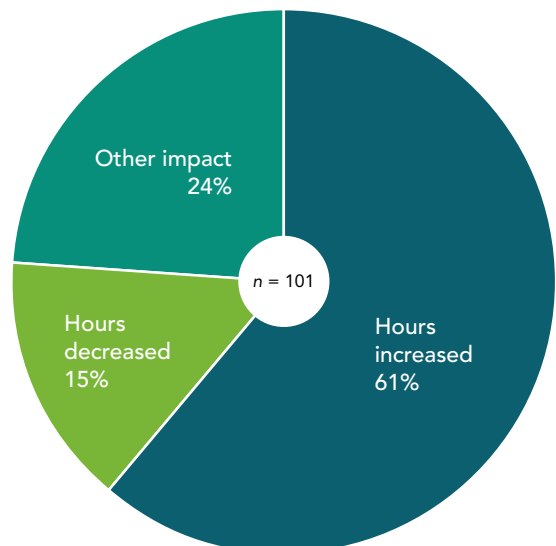


Figure 5. CHW/P Description of Employment Change from COVID-19



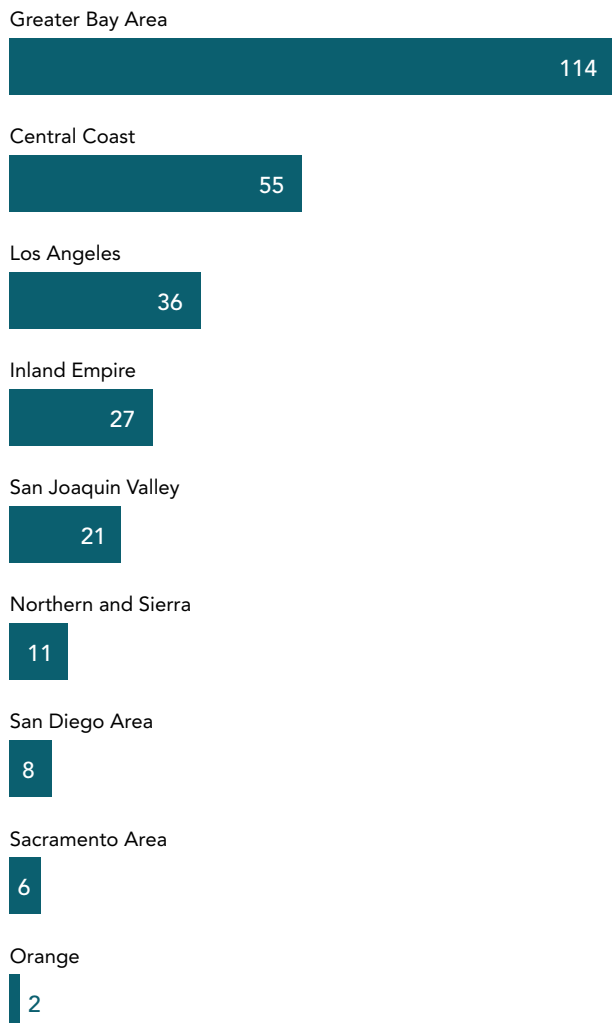
CHW/Ps Employed in Paid Positions

Most survey respondents (251) reported their primary work/employment status as full-time (32 hours or more) ($n = 220$) or part-time (31 hours or less) ($n = 31$) in a paid position.

Regional Employment

Survey respondents far more frequently reported working as a CHW/P in one of the counties of the Greater Bay Area compared with other regions across the state.

Figure 6. Geographic Region of Employed CHW/Ps

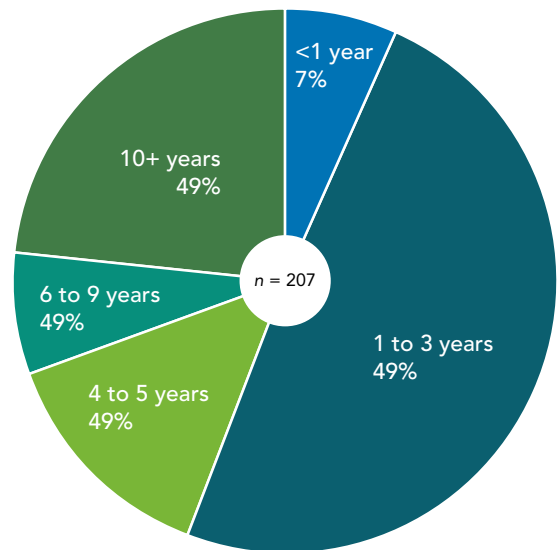


Notes: $n = 242$. Counties were aggregated into California Health Interview Survey (CHIS) regions. Survey respondents could select multiple regions if they worked in multiple regions.

Years of Experience as a CHW/P

Nearly half of all survey respondents (49%) reported that they had between 1 and 3 years of experience working in a CHW/P role. Nearly twenty-five percent indicated they had 10 years or more of CHW/P work experience.

Figure 7. Years of Experience Working as a CHW/P

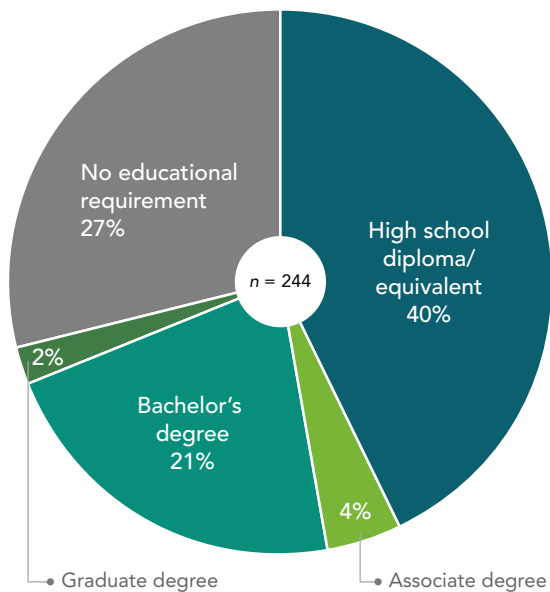


FIGURES 6 and 7:
Source: Author survey of CHW/Ps, October 2021 through January 2022.

Educational Requirements

Approximately two-thirds of survey respondents reported that their current employer had either no diploma or degree requirement (27%) or required only a high school diploma (40%) as a condition for employment as a CHW/P.

Figure 8. Educational Requirements for as a CHW/P



Note: Segments do not sum to 100% due to rounding.

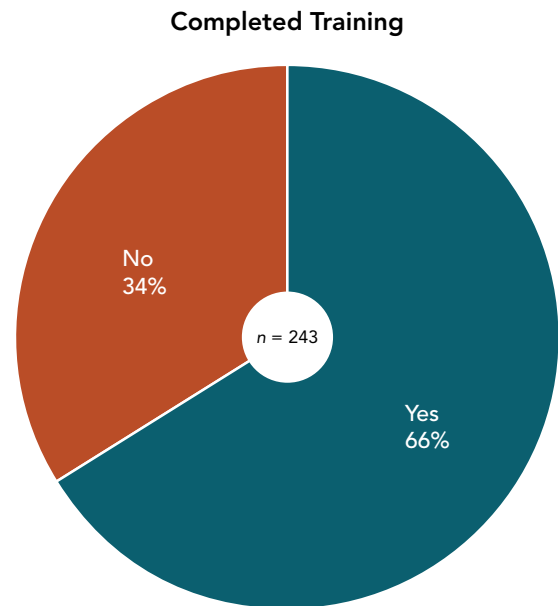
FIGURES 8 and 9:

Source: Author survey of CHW/Ps, October 2021 through January 2022.

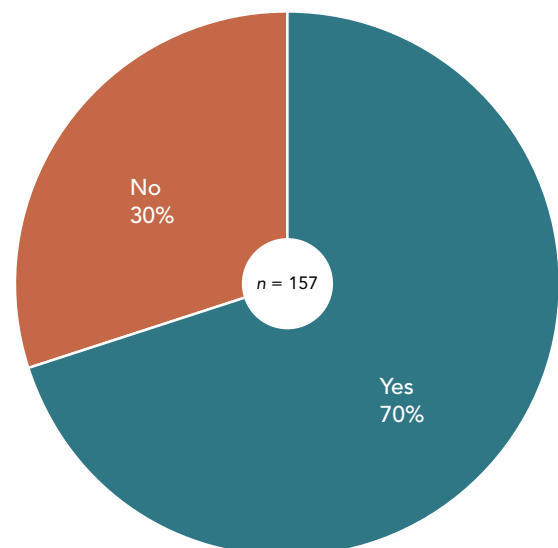
Training Requirements

Two out of three survey respondents reported having completed formal CHW/P training. Of this group, 70% indicated that the training was required by their employer.

Figure 9. CHW/Ps Who Completed Training



Training Was Required by Employer (of the 66% who completed training)



Two-thirds of respondents who completed formal training reported that it was paid for by the employer (Figure 10) and that the training took 40 or fewer hours to complete (Figure 11).

Figure 10. Source of Funding for CHW/P Training

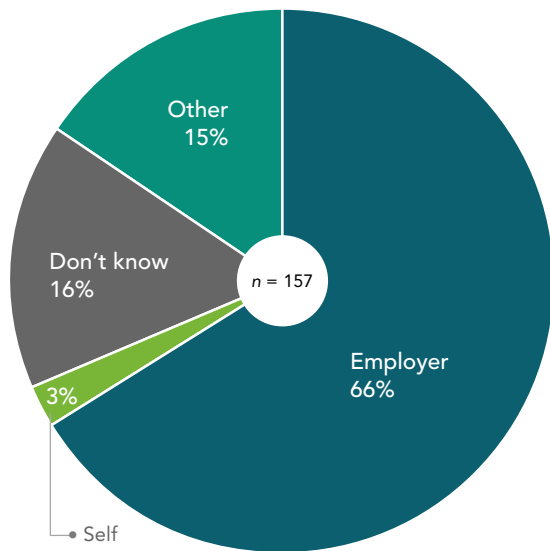
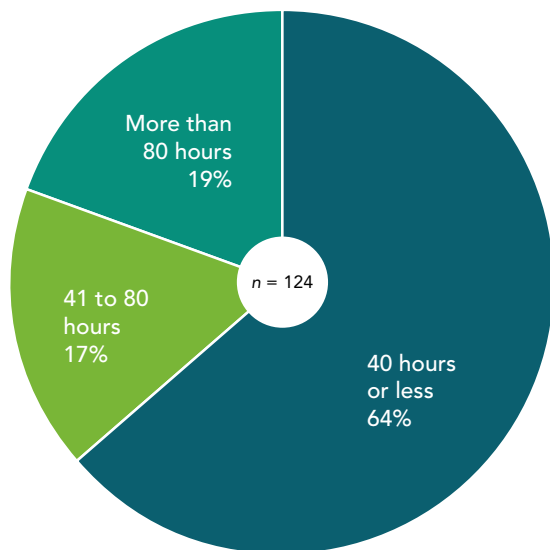


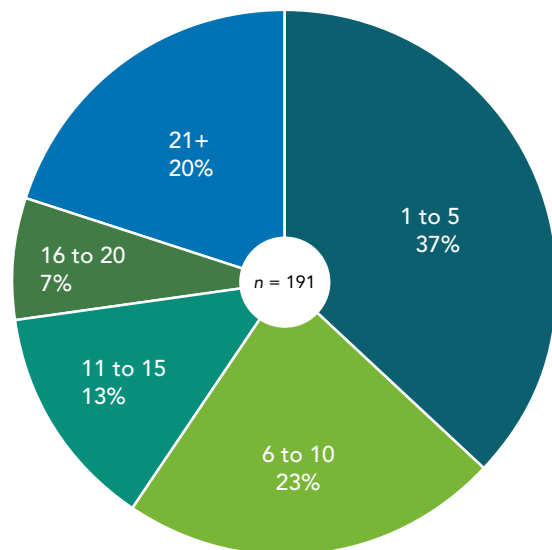
Figure 11. Length of CHW/P Training



Number of CHW/Ps in Organization

Approximately 60% of survey respondents reported working in an organization with 10 or fewer CHW/Ps on staff; 20% of respondents indicated they worked on a staff with more than 20 other CHW/Ps.

Figure 12. Number of CHW/Ps Employed by Current Organization

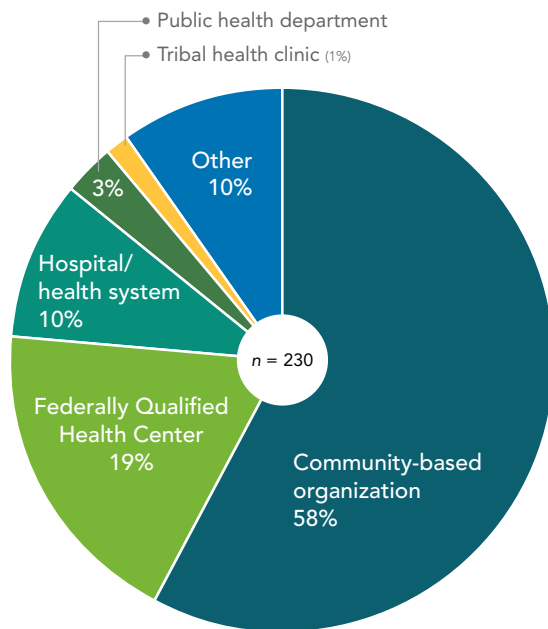


FIGURES 10 to 12:
Source: Author survey of CHW/Ps, October 2021 through January 2022.

Organization Type

CHW/Ps were asked to describe the type of organization that currently employed them. Nearly 60% reported employment with a community-based organization, while close to 20% indicated they were employed by a Federally Qualified Health Center (FQHC). “Other” types of employer organizations that were reported included religious or faith-based organizations, managed care organizations, and agencies offering either mental health or social services.

Figure 13. Types of Employer Organizations for CHW/Ps

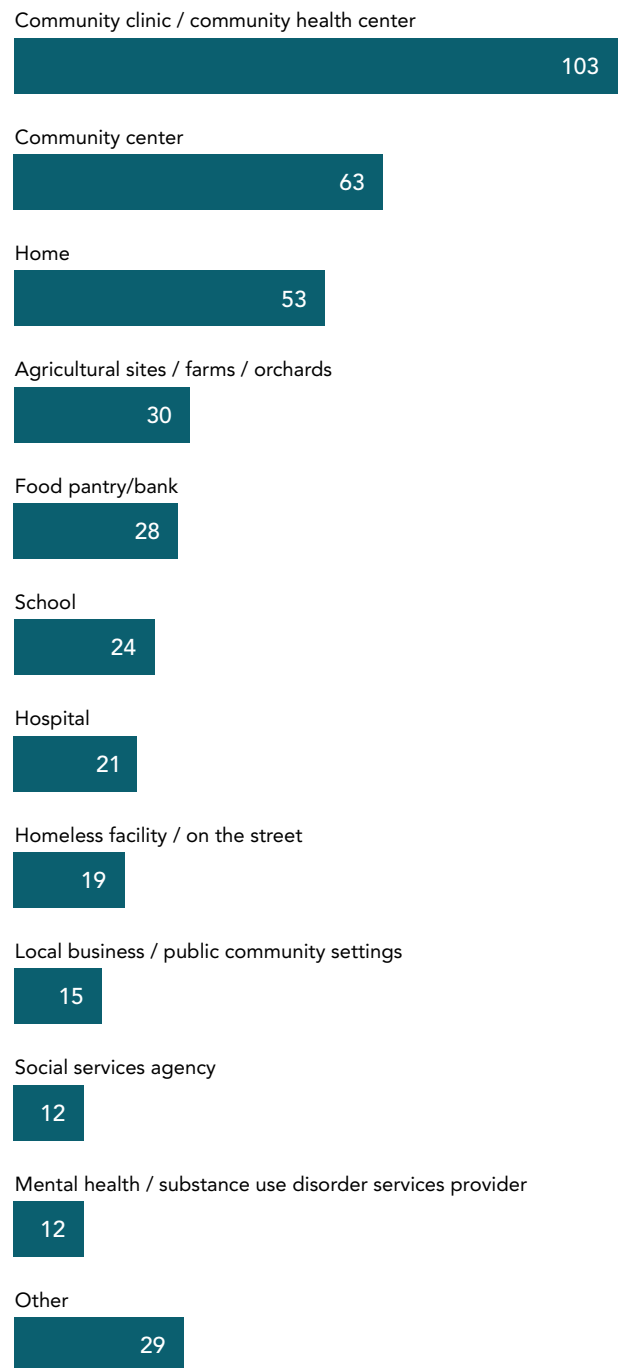


Note: Segments do not sum to 100% due to rounding.

Work Setting

The primary work setting most frequently reported by CHW/Ps was either a community clinic or community health center, followed by community center (non-clinic) and home-based settings (Figure 14). “Other” primary work settings reported included managed care plans, housing agencies, and long-term care/rehabilitation facilities.

Figure 14. Primary Work Settings for CHW/Ps



Notes: n = 229. Respondents could select up to three different work settings. *Home* could have been interpreted as either working from home in general or working with clients in home-based settings.

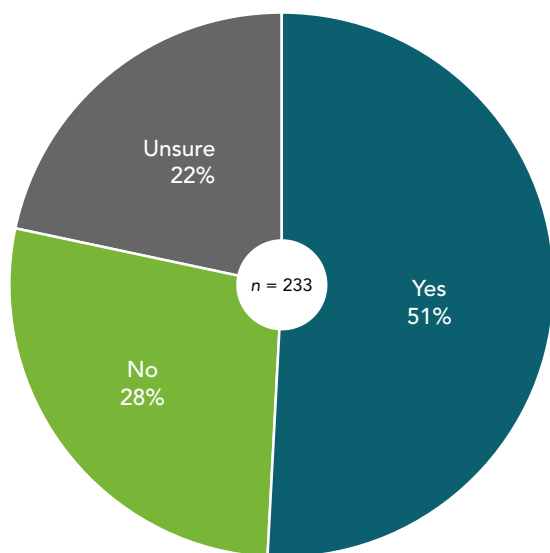
FIGURES 13 and 14:

Source: Author survey of CHW/Ps, October 2021 through January 2022.

Advancement

Approximately half of all CHW/Ps reported having had an opportunity to advance in their role as a CHW/P.

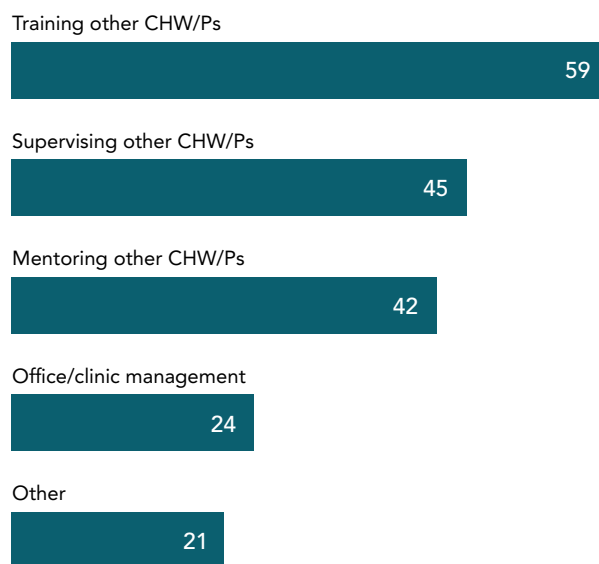
Figure 15. Opportunities to Advance as a CHW/P



Note: Segments do not sum to 100% due to rounding.

The most frequently reported types of opportunities to advance were training, supervising, and mentoring other CHW/Ps.

Figure 16. Advancement Opportunities as a CHW/P



Note: Respondents (n = 111) who reported having had an opportunity to advance in their CHW/P role could select more than one type of opportunity.

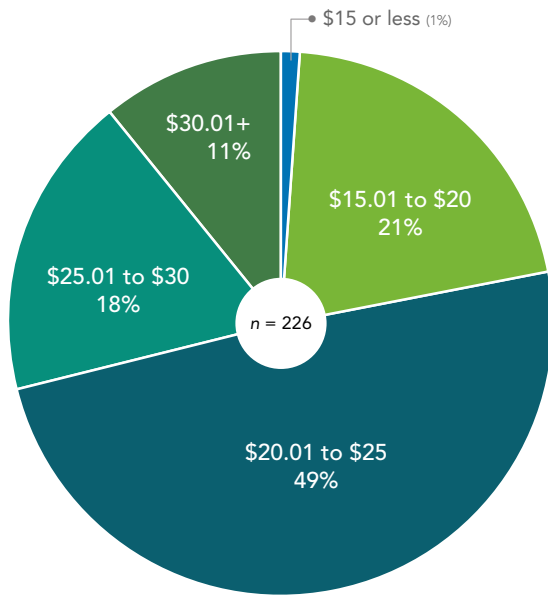
FIGURES 15 and 16:

Source: Author survey of CHW/Ps, October 2021 through January 2022.

Hourly Wage

Approximately half (49%) of all CHW/Ps reported earning an hourly wage between \$20 and \$25 per hour; another 29% reported earning \$25 per hour or more.

Figure 17. Hourly Wages Earned by CHW/Ps

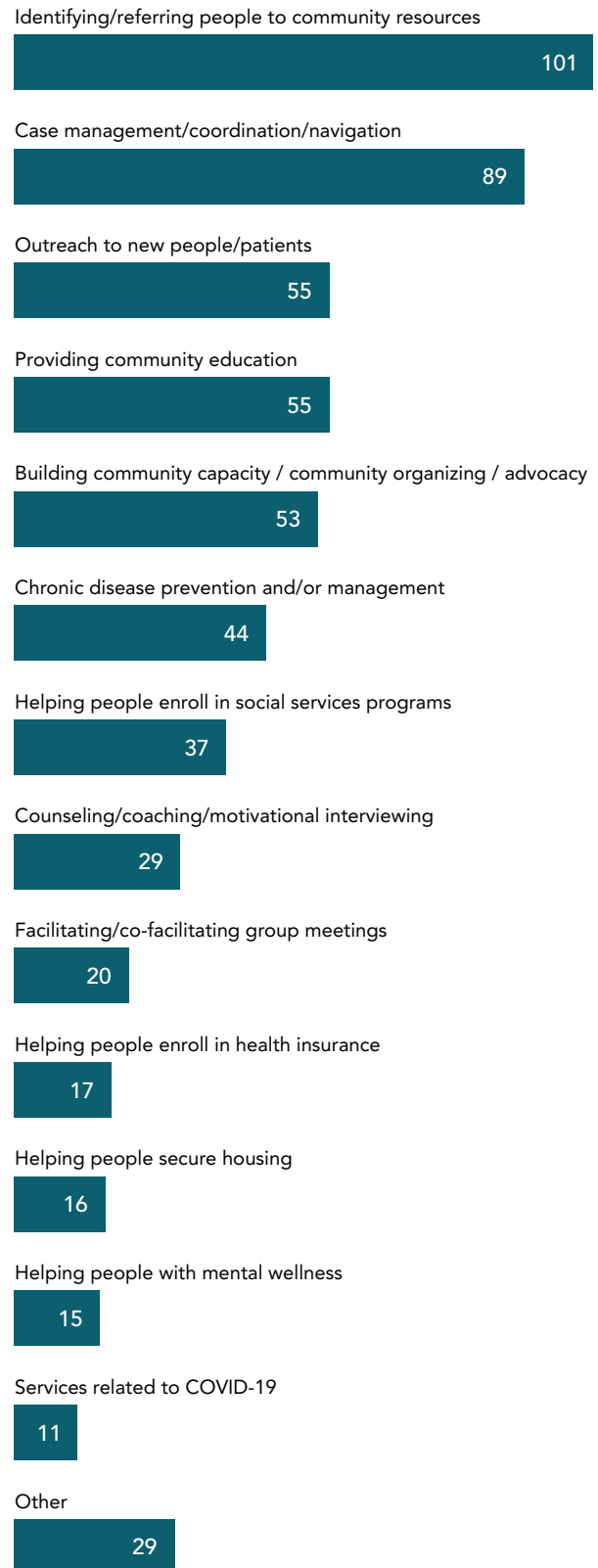


FIGURES 17 and 18:
Source: Author survey of CHW/Ps, October 2021 through January 2022.

Types of Work

Survey respondents were asked to describe the kind of work they primarily do in their CHW/P role. The most frequently reported types of work were identifying and referring people to community resources, and providing services related to case management (Figure 18). “Other” types of work reported included helping people find jobs, helping people work through trauma, participating in evaluation and research, conducting needs assessments, and providing services related to COVID-19.

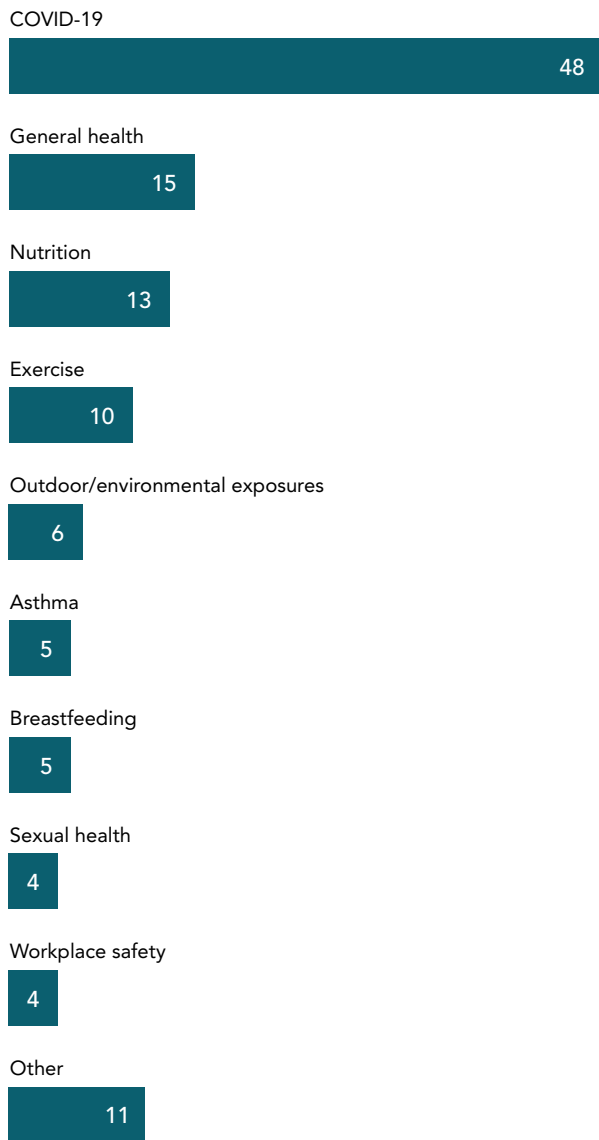
Figure 18. Types of Work Performed by CHW/Ps



Note: Respondents (n = 223) could select up to three types of work.

CHW/Ps who indicated they provide community education reported that these services were most often related to COVID-19.

Figure 19. Types of Community Education Provided by CHW/Ps



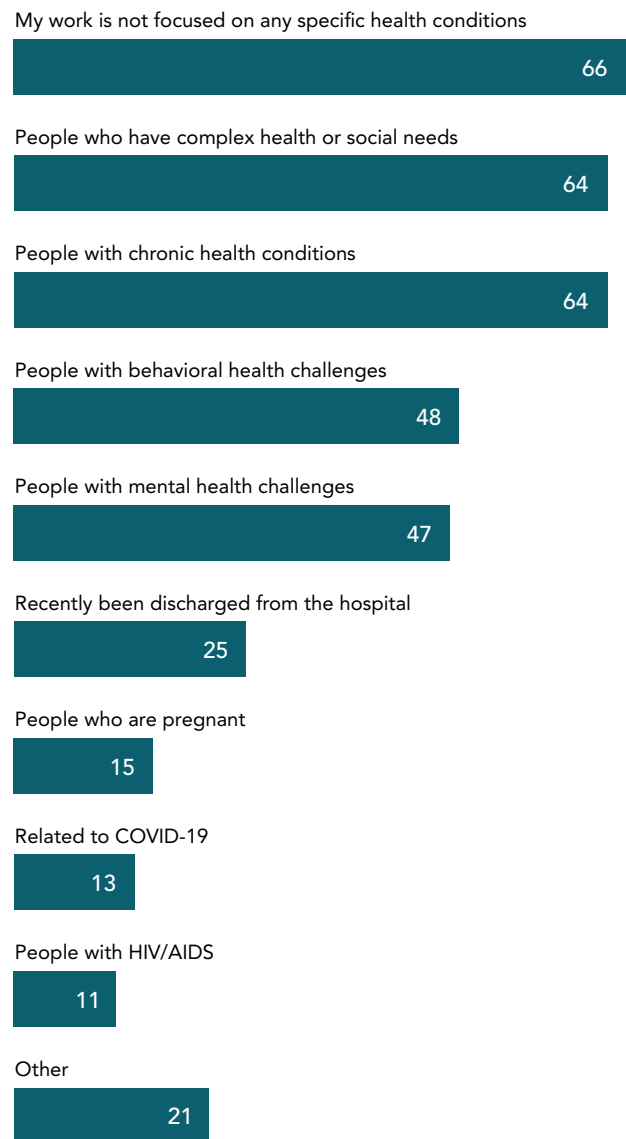
Note: Respondents (n = 54) could select multiple types of community education.

FIGURES 19 and 20:
Source: Author survey of CHW/Ps, October 2021 through January 2022.

Types of Health Conditions

Survey respondents were asked to describe the health conditions they primarily address in their CHW/P role. They most frequently reported that either their work did not focus on any particular health condition or that their work focused on providing services to people with either chronic conditions or complex health care needs. The most frequent “other” health condition that respondents reported addressing was COVID-19.

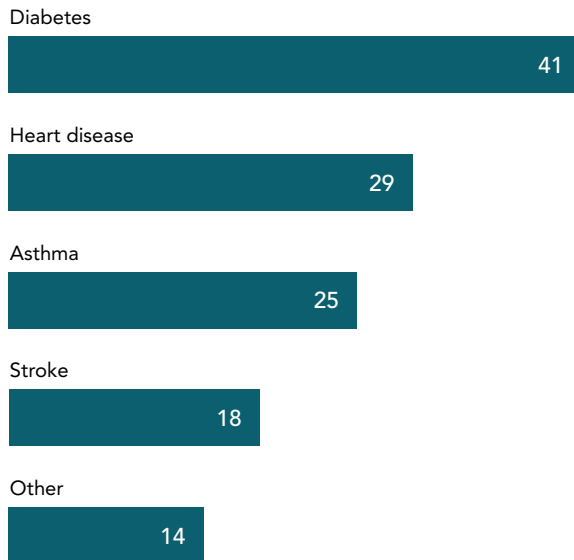
Figure 20. Types of Health Conditions Addressed by CHW/Ps



Note: Respondents (n = 217) could select up to three health conditions.

CHW/Ps who indicated they focused on providing services related to managing chronic health conditions most frequently reported providing services to people who had diabetes, heart disease, or asthma.

Figure 21. Chronic Health Conditions Addressed by CHW/Ps

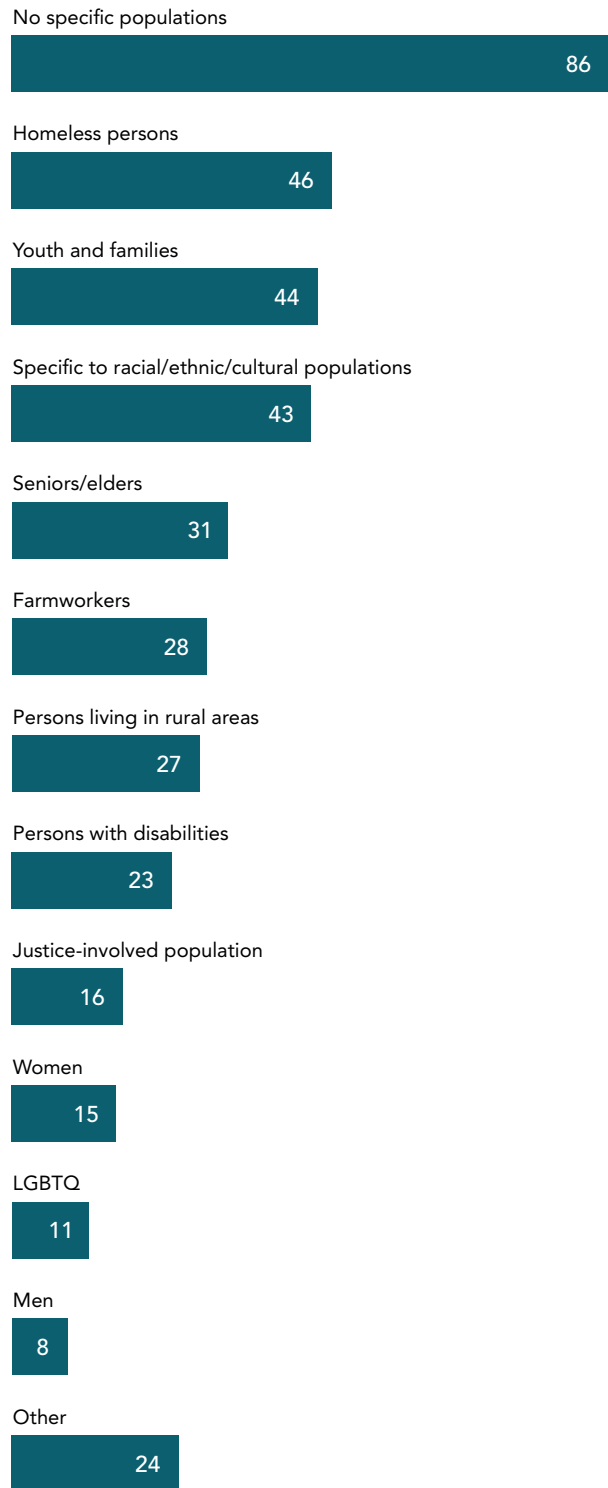


Note: Respondents (n = 52) could select multiple chronic conditions.

Types of Populations

Survey respondents were asked to describe the populations they primarily worked with in their CHW/P role. They most frequently reported that their work did not focus on serving any particular populations or groups of people (Figure 22). Among those CHW/Ps who did indicate that they worked with a specific group, the groups most frequently reported were homeless persons, youth and families, or specific racial/ethnic/cultural populations. "Other" groups served by CHW/Ps included low-income and under-resourced communities, indigenous persons, and people with substance use or mental health conditions.

Figure 22. Populations Primarily Served by CHW/Ps



Note: Respondents (n = 214) could select up to three populations.

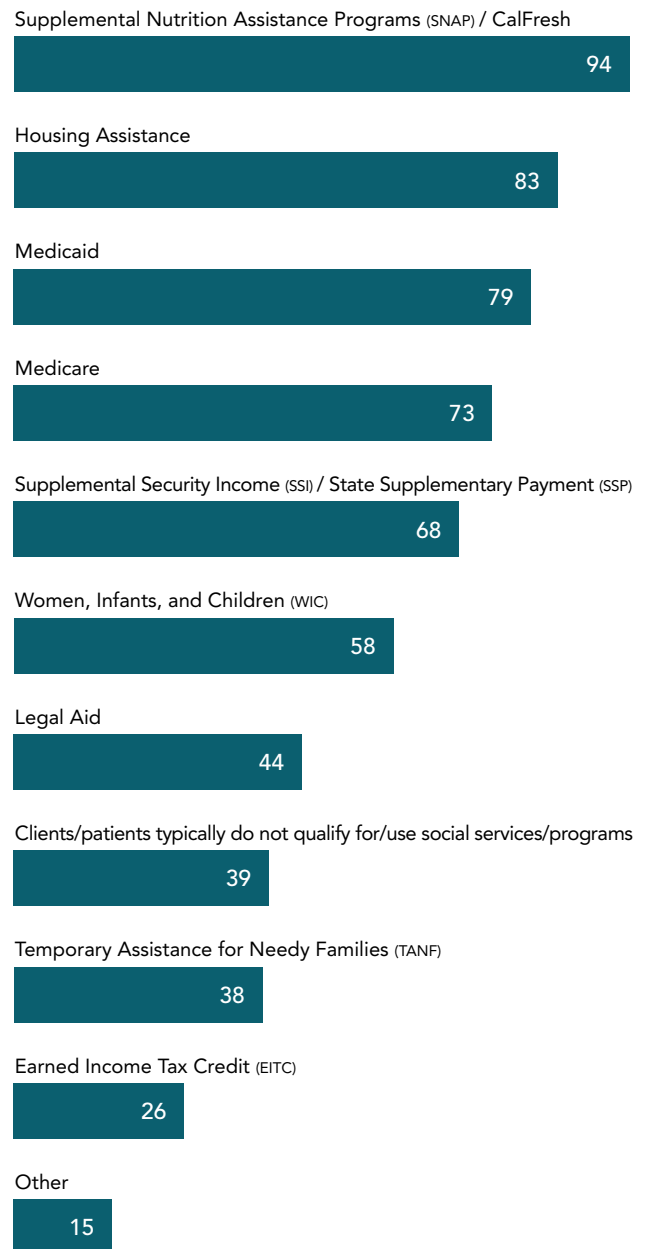
FIGURES 21 and 22:

Source: Author survey of CHW/Ps, October 2021 through January 2022.

Types of Social Services Programs

CHW/Ps were asked about different types of social service programs used by the clients they served. The most frequently reported programs were the Supplemental Nutrition Assistance Program (SNAP), programs focused on housing assistance, Medicaid and Medicare, and the Supplemental Security Income (SSI) program (Figure 23). Approximately 15% of respondents ($n = 39$) indicated that the clients they served were not typically eligible for these types of social service programs. “Other” programs reported included In-Home Supportive Services (IHSS).

Figure 23. Types of Social Service Programs Used by Population Served by CHW/Ps

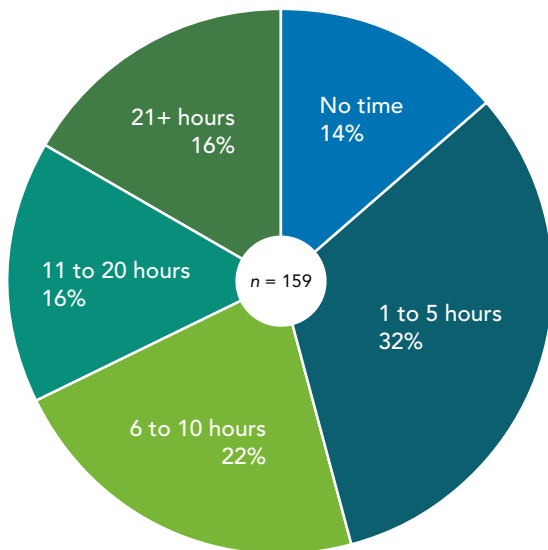


Note: Respondents ($n = 178$) could select multiple social service programs.
Source: Author survey of CHW/Ps, October 2021 through January 2022.

Documentation of Services

CHW/Ps were asked to report how much time they spend documenting service delivery in an EHR system. Nearly one-third of respondents indicated they didn't spend any time on EHR documentation; another 22% reported spending between 1 and 5 hours per week on EHR documentation. Approximately 15% of respondents reported spending more than 20 hours per week documenting services provided in an EHR system.

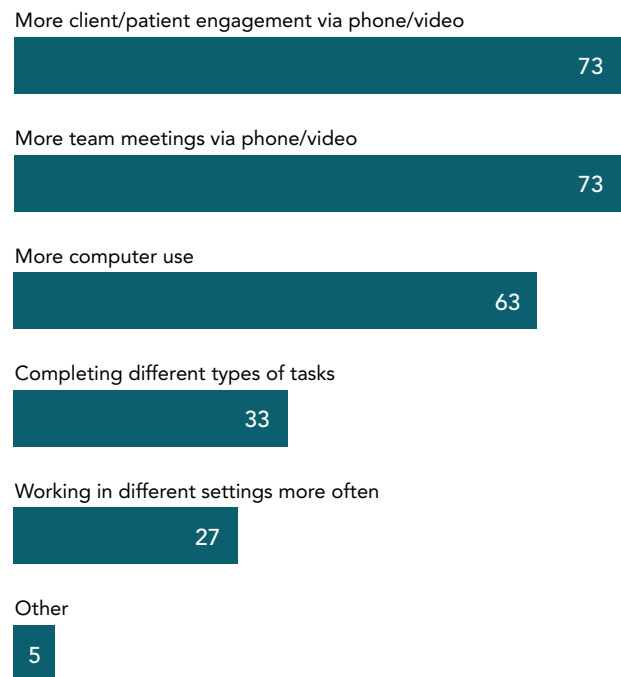
Figure 24. Hours per Week Spent Documenting Services Provided in an EHR System



COVID-19 Impact

Survey respondents were asked to describe how their work was impacted by COVID-19. The most frequently reported change in work arrangements were related to an increase in virtual engagements. These included more team meetings via phone and video, more client engagement via phone and video, and greater use of computers to perform respondents' work.

Figure 25. Impact of COVID-19 on Service Delivery



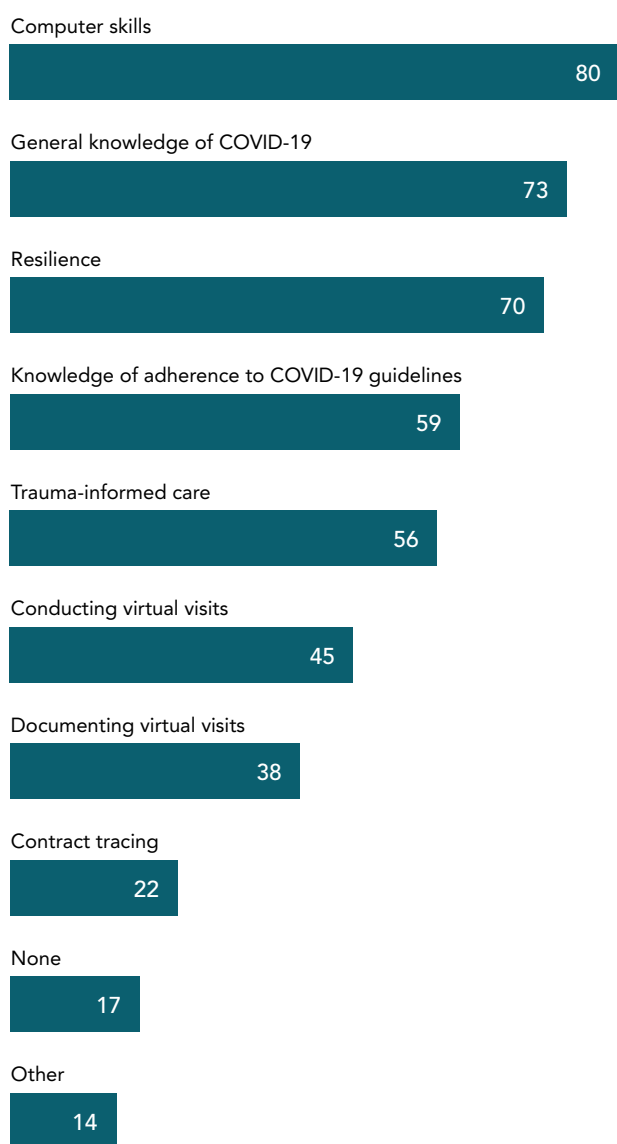
Note: Respondents (n = 108) could select multiple impacts.

FIGURES 24 and 25:

Source: Author survey of CHW/Ps, October 2021 through January 2022.

CHW/Ps were also asked about skills and knowledge they believed they would need to develop in the near future as a result of changes brought about by COVID-19. The most frequently reported needs included computer skills, general knowledge of COVID-19 (and how to adhere to COVID-19 guidelines), and resilience.

Figure 26. Reported Anticipated Skills and Knowledge Areas in Next Three to Nine Months



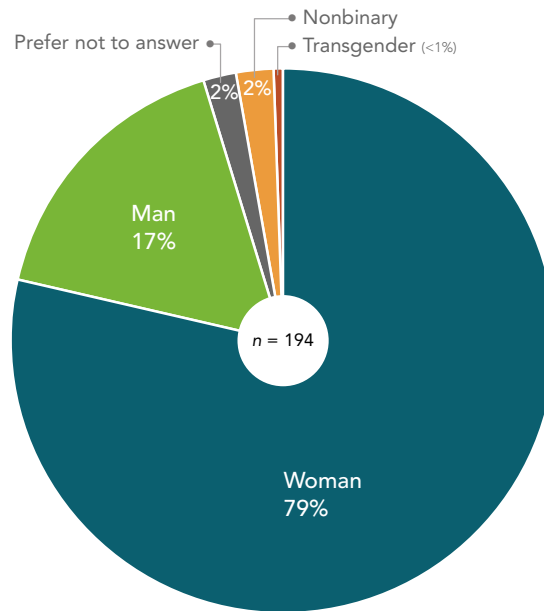
Note: Respondents (n = 170) could select multiple skills and knowledge areas.

Demographics

Gender

Seventy-nine percent of survey respondents self-identified as a woman.

Figure 27. Gender Composition of CHW/Ps

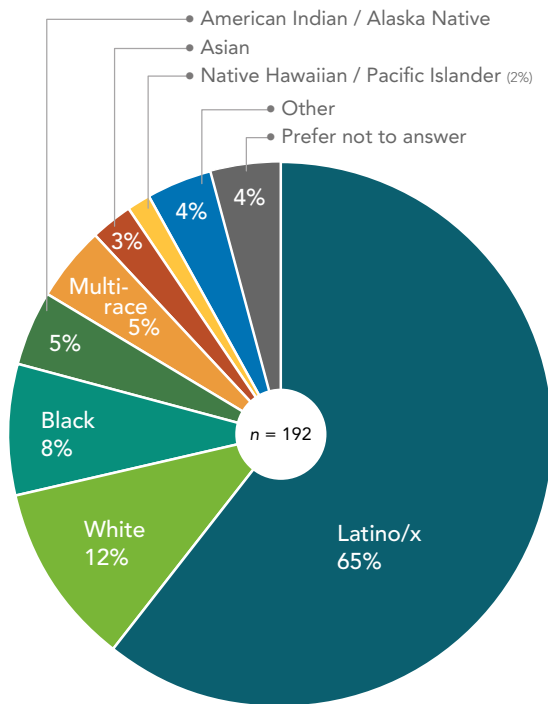


FIGURES 26 and 27:
Source: Author survey of CHW/Ps, October 2021 through January 2022.

Race/Ethnicity

Two out of three CHW/P survey respondents self-identified as Latino/x. "Other" race/ethnicities reported were groups indigenous to Mexico.

Figure 28. Race/Ethnicity of CHW/Ps



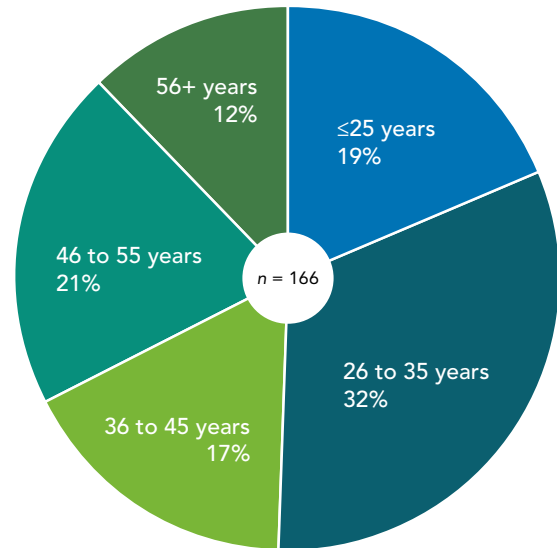
Age

Approximately one-third (32%) of CHW/P survey respondents were between 26 and 35 years old, and the median age was 35 (Figure 29). Another one-third of respondents reported being age 46 or older. Among all respondents, ages ranged from 17 to 60.

Educational Attainment

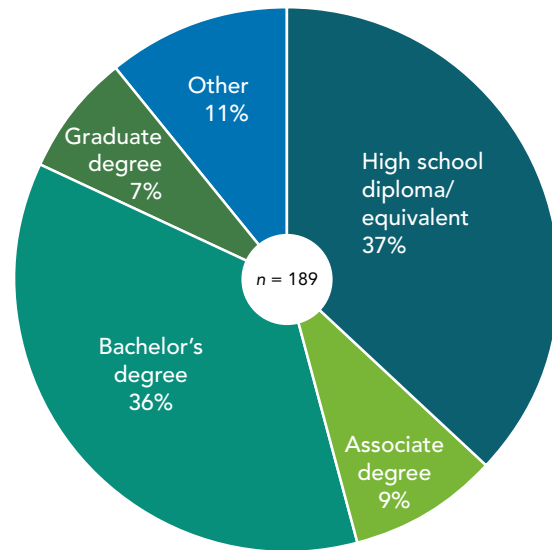
Survey respondents were asked to report their highest earned diploma or degree. Thirty-seven percent of CHW/Ps reported a high school diploma as their highest level of education, compared with 36% who reported a bachelor's degree (Figure 30). "Other" responses included "some college, no degree."

Figure 29. Age Distribution of CHW/Ps



Note: Segments do not sum to 100% due to rounding.

Figure 30. Educational Attainment of CHW/Ps

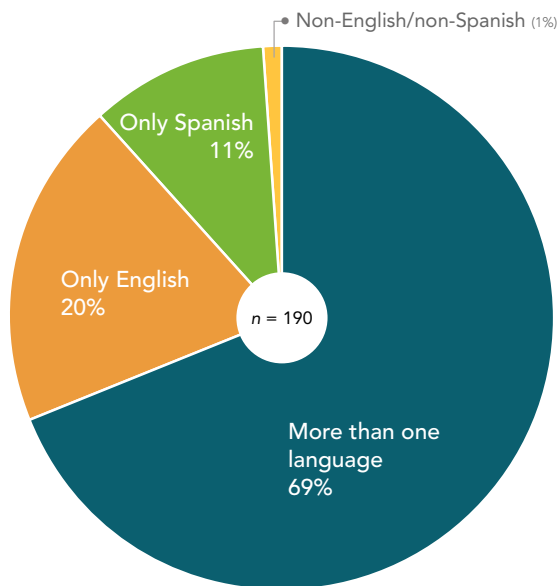


FIGURES 28 to 30:
Source: Author survey of CHW/Ps, October 2021 through January 2022.

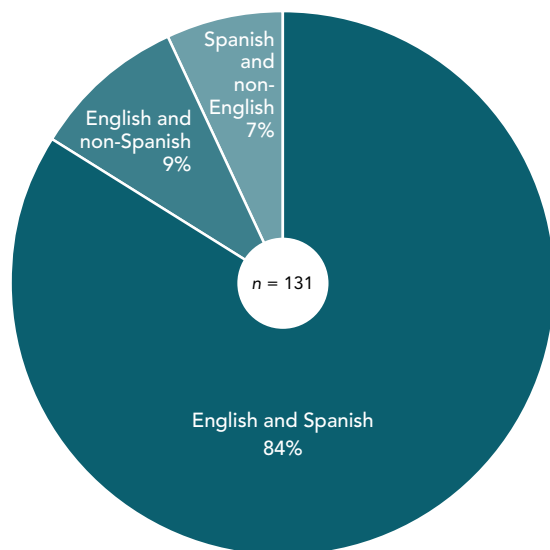
Languages Spoken

Survey respondents were asked to report the different languages they speak. Almost 70% reported they spoke more than one language, and among this group, 84% indicated they spoke both English and Spanish.

Figure 31. Languages Spoken by CHW/Ps



Of the 69% who speak more than one language, these respondents speak...



Note: Segments may not sum to 100% due to rounding.

Source: Author survey of CHW/Ps, October 2021 through January 2022.

CHW/Ps Working in Volunteer Positions

Twenty-two survey respondents reported their primary work/employment status as full-time (32 hours or more) ($n = 5$) or part-time (31 hours or less) ($n = 17$) in a volunteer position. However, only 17 of these volunteers responded to a majority of the survey questions. In summary, many of the volunteer CHW/P responses were similar to those of employed CHW/Ps.

- ▶ **Job title.** Half ($n = 11$) of the volunteer respondents most strongly identified as a promotor or promotor de salud.
- ▶ **Regional employment.** Nearly three-quarters reported working in the San Francisco Bay Area ($n = 9$) or Los Angeles ($n = 7$).
- ▶ **Years of experience.** The number of years of experience reported was mixed, with the plurality of respondents ($n = 6$) reporting one to three years of CHW/P experience.
- ▶ **Training requirements.** A majority ($n = 13$) reported completing a CHW/P training program, eight of whom said the training was required for their current volunteer position and seven of whom said the training was also paid for by their organization. Nearly one-third ($n = 7$) said that they received a certification of completion for the training they completed. Total training length ranged from 10 to 1,000 hours and averaged 144 hours.
- ▶ **Number of CHW/Ps in organization.** The number of CHW/Ps volunteering at each of their organizations varied; several reported larger numbers of volunteers, such as 11 to 15 ($n = 3$), 16 to 20 ($n = 3$), and more than 21 ($n = 3$).
- ▶ **Organization type.** A plurality said they worked at a community-based organization ($n = 9$).

- ▶ **Work setting.** Most reported working in a community center ($n = 9$) or a community clinic/ community health center ($n = 4$).
- ▶ **Advancement.** More than half ($n = 12$) said there had been opportunities to advance in their role, most of whom ($n = 9$) cited the training of CHW/Ps as their only opportunity or one of few opportunities for career advancement.
- ▶ **Stipend.** More than half ($n = 12$) reported receiving a stipend for their work. The amount they received and the frequency with which they received their stipend varied. Reported stipends were as low as \$15 per month or \$25 per three months and as high as \$1,500 per month. Some volunteers received stipends quarterly or upon attending events.
- ▶ **Types of work.** Volunteers reported performing many different tasks in their roles. Most often, volunteers reported identifying/referring people to community resources ($n = 8$) and providing community education ($n = 7$).
- ▶ **Types of health conditions.** Several ($n = 7$) said their work did not focus on a specific health condition, but several others ($n = 7$) said that they helped people with complex health or social needs.
- ▶ **Types of populations.** Many ($n = 8$) said that their work did not focus on a specific population, but many others ($n = 8$) reported primarily serving specific racial, ethnic, and cultural populations.
- ▶ **Types of social services programs.** Half ($n = 11$) said that their CHW/P program was not limited to serving clients who used or received particular social services.
- ▶ **Documentation of services.** Many ($n = 7$) did not document provided services in an electronic health record system. Among volunteers who did document in an EHR, the time spent documenting ranged from 1.5 to 35 hours per week.
- ▶ **COVID-19 impact.** Nearly three-quarters of volunteers ($n = 16$) reported working during the COVID-19 pandemic. Most ($n = 13$) said that their volunteering position changed as a result, including using a computer more often and participating in more team meetings via phone or video call. Most ($n = 12$) anticipated needing general knowledge about COVID-19 as well as resilience in their position in the next three to nine months as a volunteer. Many also anticipated needing computer skills ($n = 9$), knowledge about how to adhere to COVID-19 guidelines ($n = 9$), and the ability to provide trauma-informed care ($n = 7$).
- ▶ **Demographics.** Most volunteers were women ($n = 16$) and Latino/x ($n = 12$). Ages ranged from 19 to 69, and volunteers averaged 46 years of age.
- ▶ **Educational attainment.** Educational backgrounds were mixed, with a plurality of volunteers ($n = 6$) reporting their highest earned diploma or degree as their high school diploma or GED.
- ▶ **Languages spoken.** Many spoke English ($n = 4$), Spanish ($n = 5$), or both ($n = 6$).

Appendix A. Advisory Group

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

Joanne Spetz, director,

Philip R. Lee Institute for Health Policy Studies, UCSF

Carlina Hansen, senior program officer,

California Health Care Foundation

Teri Hollingworth, vice president of human resources and education services,

Hospital Association of Southern California (HASC)

Lisa Mitchell, workforce development program manager,

HASC

Cindy Keltner, director of care transformation,

California Primary Care Association

Timothy Berthold, retired faculty member,

Health Education Department at City College of San Francisco

Carl Rush, national community health worker expert,

Community Resources

Ashley Kissinger, environmental health investigations branch,

Community Education and Exposure Prevention Section, California Department of Public Health

Gabriela Gonzalez, community health worker/*promotora* and director, *Promotores* Programs,

Esperanza Community Housing

Esther Bejarano, community health worker/*promotora*, director of Health Programs,

Comite Civico Del Valle

Appendix B. Job Titles

Survey respondents were able to write in the exact job title that they held, even if they identified as a community health worker or *promotor*. The following is a list of all reported job titles other than “community health worker,” “*promotor/a*” or “*promotor/a de salud*.” More than 70 alternative job titles were reported. If a job title was reported more than once, the number of times that job title was reported appears in parentheses.

| | |
|---|---|
| Asthma educator (2) | Community health outreach worker (6) |
| Asthma educator/training coordinator (2) | Community health <i>promoter</i> |
| Behavioral health care coordinator | Community health representative (4) |
| Behavioral community health worker (2) | Community health rep/family social services |
| Behavioral health community health worker (3) | Community health worker III |
| Breast and cervical cancer screening program assistant | Community health worker manager |
| Care coordinator | Community health worker supervisor |
| Care coordinator I | Community health worker supervisor / certified medical assistant |
| Care coordinator II | Comprehensive prenatal health worker (2) |
| Care management community health worker | COVID-19 rapid response coordinator / <i>coordinador de respuesta rápida de COVID-19</i> (2) |
| Care neighborhood community health worker (3) | COVID-19 rapid response <i>promoter</i> / <i>promotor de respuesta rápida de COVID-19</i> (2) |
| Caregiver | COVID-19 rapid response <i>promotor</i> / <i>promotor de respuesta rápida COVID-19</i> (2) |
| Case manager (2) | COVID-19 workplace outreach organizer |
| Case manager / care coordinator | Data analysis |
| Case manager / phlebotomist | DHHS/PHB/ health ed specialist / HCV care coordination |
| Certified enrollment counselor | Director and harm reductionist |
| Community empowerment liaison | Executive director (2) |
| Community health advocate (2) | Front desk associate |
| Community health ambassador (3) | Health coach (2) |
| Community health ambassador / outreach and engagement coordinator | |
| Community health care worker (2) | |

| | |
|--|---|
| Health educator | Project coordinator (2) |
| Health educator II (3) | Project lead |
| Health navigator | <i>Promotor de prevención e intervencion temprana en violencia domestica y salud mental intervencion temprana/ Promotor de prevención e intervencion en violencia domestica y salud mentalo (2)</i> |
| Health worker I | |
| Hepatitis C coordinator | |
| HIV care navigator (2) | Public health outreachment |
| HIV services intake coordinator | RICMS program manager |
| Lead health coach | Senior community health worker |
| <i>Manejadora de casos</i> | Senior community worker (4) |
| Mixteco/Indígena community organizing project | Strategic director |
| Navigator | Testing and outreach manager |
| Outreach coordinator | <i>Trabajador/a comunitario/a (6)</i> |
| Outreach specialist | |
| Outreach specialist / family advocate / case management | |
| Peer community health worker (2) | |
| Pediatric care coordinator | |
| Perinatal and peds community health worker | |
| Perinatal and peds coordinator | |
| Perinatal behavioral health coordinator | |
| Perinatal community health worker | |
| Prenatal community health worker | |
| Prenatal health worker / centering pregnancy coordinator | |
| PrEP program manager | |
| Program coordinator | |
| Program manager (2) | |
| Program supervisor | |