

Building a Sustainable Community Health Worker and Promotore Workforce: Lessons for California

Webinar

September 24, 2020

10:00 – 11:00 am PT

Questions?



To submit a question online, please click the Q&A icon located at the bottom of the screen.



Answers to questions that cannot be addressed due to time constraints will be shared after the webinar.



Welcome and Introductions

Agenda



- Welcome and Introductions
- Report Overview: Training and Supporting Community Health Workers and Promotores in California
- Reactor Panel
- Moderated Q&A

Meet Today's Presenters



Kathy Moses, MPH, Senior Fellow, Center for Health Care Strategies



Joseph Calderon, Lead Community Health Worker, Transitions Clinic Network



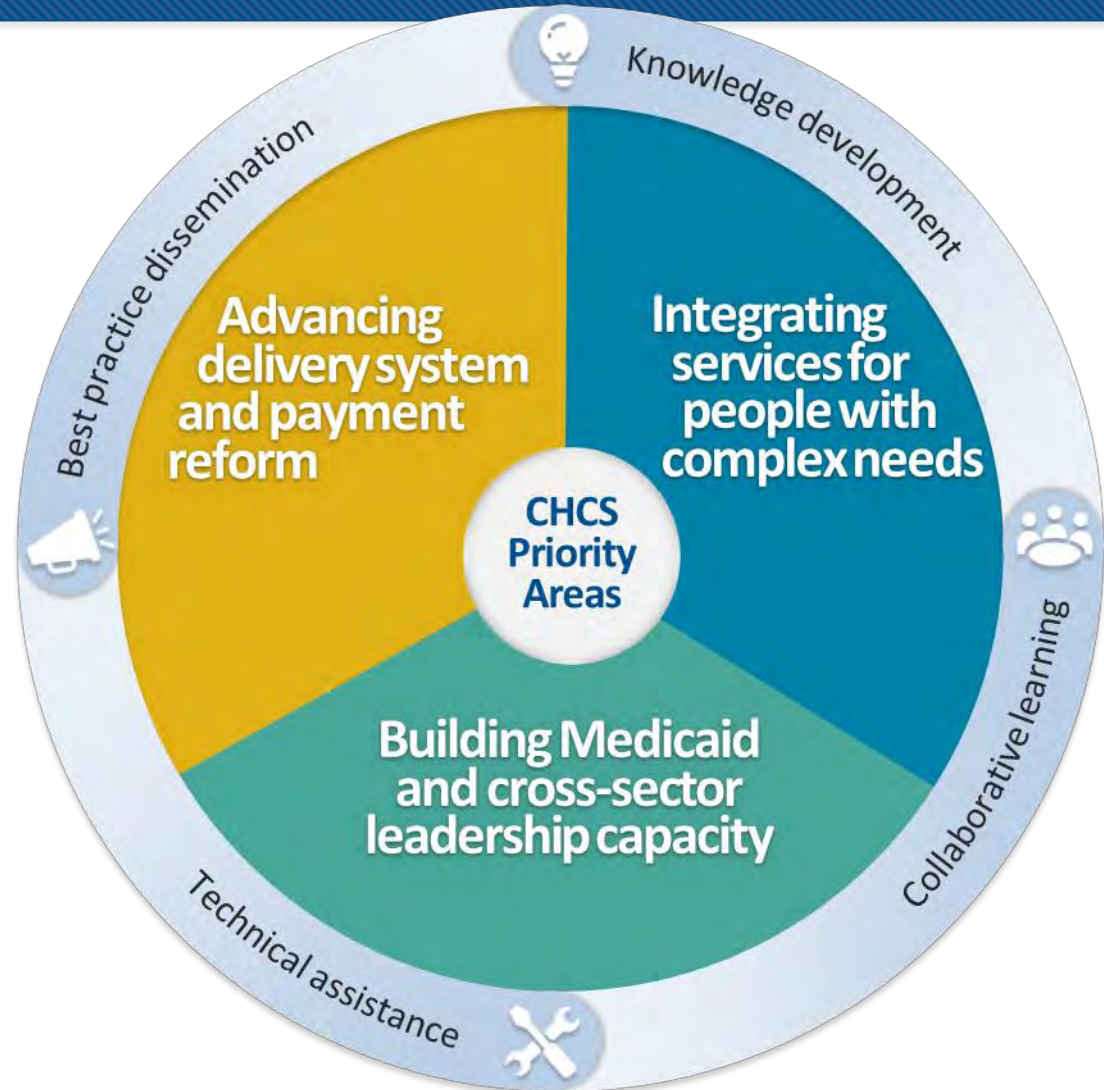
Carlina Hansen, MS, Senior Program Officer, California Health Care Foundation



Heidi Behforouz, MD, Medical Director, Housing for Health, Los Angeles County Department of Health Services

About the Center for Health Care Strategies

A nonprofit policy center dedicated to improving the health of low-income Americans



Welcoming Remarks

The California Health Care Foundation 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.



California
Health Care
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Problem: Workforce and Disparities



- California's population will grow to 44 million by 2030.
- There is an increasing shortage of primary care providers.
- Approximately 70% of those living in health professional shortage areas are Latino, Black, and Native American.
- 38% of Californians are Latino and 6% are Black, whereas 5% of California's practicing physicians are Latino and 3% are Black.
- People with low incomes, people of color, and those with language barriers experience social disadvantages that worsen health outcomes and reduce life expectancy.

Opportunity

Scale the engagement of community health workers, *promotores*, and peer providers:

“Community health workers and *promotores* (CHW/Ps) and peer providers can help meet increasing demand for team-based integrated primary and behavioral health care, drawing on lived experience to support better outcomes for all.”

California Future Health Workforce Commission ([Recommendation 3.4](#))

California Future Health Workforce Commission Recommendations

- “Create consensus among CHW/Ps, advocates, health care employers, and payers on core competencies for optimal engagement and training of CHW/Ps”
- “Establish a formal certification process for CHW/P training programs provided by community colleges and community-based organizations.”

Context for Center for Health Care Strategies Work

- CHW/Ps are employed in large health care systems.
- CHW/Ps are a part of large-scale safety-net delivery system initiatives in California, such as the Whole Person Care pilots and Health Homes Programs.
- Other states are standardizing training or have implemented CHW/P innovations and have lessons learned that can be applied in California.
- California Future Health Workforce Commission recommendations have put a bigger spotlight on the CHW/P workforce.
- There is increased attention to social determinants of health.
- CalAIM will almost certainly create new opportunities to engage CHW/Ps.
- COVID-19 has elevated the understanding of the importance of a community-based workforce.

Report Overview: Training and Supporting Community Health Workers and Promotores in California

Project Components

- Scan practices across the country around training and certification of CHW/Ps
- Conduct interviews with experts in the field
- Identify training/certification considerations around *Enhancing Professional Recognition of CHW/P*

Current CHW/P Training Approaches in California

Worker Education and Resource Center	Apprenticeship model that tailors prospective CHW/Ps' education to the needs of employers; includes 2,000 hours of "on the job" training, during which the CHW/P is compensated as an employee
City College of San Francisco	CHW certificate program features rigorous assessment and practical training also includes a structured internship program with local employers; oldest community college CHW training program in the country
Charles Drew University	CHW academy to train CHW/Ps and place them in hospitals and other clinical sites around the city; aims to establish a career ladder structure for CHW/Ps
Loma Linda	CHW/P training program focused on building the capacity of CHW/Ps to operate within the health care system; trainings include clinic-based work, school-based work, and a series of continuing education courses designed in partnership with health plans.

State Approaches to CHW/P Training

Massachusetts	Department of Public Health identified ten core competencies and allows training sites to develop own curricula; certified training sites can offer a training track or an experience track with different requirements
Minnesota	Formal CHW/P training offered at seven community colleges; organizations that employ CHW/Ps with certificates from these schools are able to bill Medicaid for their services
Michigan	Michigan's Community Health Worker Alliance (MiCHWA) developed a 126-hour certification training curriculum; the approach is accepted as the standard across the state, but no state requirement for certification
Texas	Department of State Health Services (DSHS) certifies CHW/P training programs, and requires that any program applying for certification provide at least 160 hours of training; also certifies training programs to provide CHW instructor training and continuing education
Washington	Department of Health offers free eight-week CHW/P training course at multiple locations throughout the state; they also offer free continuing education for CHW/Ps that consists of health specific modules such as breast health and cancer screening, family planning, and HIV

Key Lessons for CHW/P Training Structure

- Balance training and experience
- Accessibility for all
- Train employers
- Ensure involvement of people with shared life experiences

State Approaches to CHW/P Certification

Massachusetts	Formal, voluntary certification approach for CHW/Ps
Minnesota	Formal certification program based on standardized training program
South Carolina	Established CHW credentialing council to promote core competencies and training
Texas	Prospective CHW/P must complete DSHS certified training or have sufficient work experience as documented by employer
Washington	DPH funds an established training; does not certify individuals CHW/Ps

Key Lessons for Enhancing Professional Recognition of CHW/Ps

- Nothing about us without us
- Build or buy
- Learn from others' efforts, but tailor to specific state needs
- Define the workforce broadly

Opportunities to Engage CHW/Ps in the COVID-19 Response

- Leading the work to contain virus spread
- Navigating the longer-term impacts of the outbreak
- Expanding existing reach into vulnerable communities by using telehealth



Considerations for California in Supporting the CHW/P Workforce

Include CHW/Ps in the policy development process



Involving CHW/Ps in conversations around training and certification will strengthen the efforts, and ensure that CHW/Ps' voice is included in decision-making.

Revisit the recommendations of the CA Future Health Workforce Commission in light of COVID-19

Create consensus among CHW/Ps, advocates, health care employers, and payers on core competencies for optimal engagement and training of CHW/Ps

Establish a formal certification process for CHW/P training programs provided by community colleges and community-based organizations



Consider CDC Policy Evidence Assessment Report report's policy recommendations

- Support CHW/Ps in providing chronic disease care services
- Offer specialty area CHW/P certification
- Include CHW/Ps in team-based care model
- Offer core competency certification for CHW/Ps
- Ensure that CHW/Ps are supervised by health care professionals
- Standardize core CHW/P training curriculum
- Provide Medicaid payment for CHW/P services
- Include CHW/Ps in developing certification requirements

https://www.cdc.gov/dhdsp/pubs/docs/chw_evidence_assessment_report.pdf

Use the extended timeline to further explore integrating CHW/Ps into Medi-Cal programs

Explore lessons from CHW/P integration in existing complex care management vehicles, including Whole Person Care and Health Homes



Incorporate CHW/P workforce into the vision for Enhanced Care Management and In Lieu-of-Services to address Medi-Cal beneficiary needs, CHW/P strengths, and state budget constraints

Seek balance while developing policies to strengthen the workforce through training and certification

- Standardization can be empowering
- Take care not to impede the workforce at what they do best or exclude those who lack resources to participate in formal training



Reactor Panel

Heidi Behforouz, MD, Medical Director, Housing for Health, Los Angeles County Department of Health Services

Joseph Calderon, Lead Community Health Worker, Transitions Clinic Network



*Community Health
Workers*

THREE LESSONS LEARNED

Don't worry about the ROI

- We don't take it upon ourselves to prove ROI for doctors, nurses, social workers
- Why apply this standard to CHWS?
- They are critical assets to the complex care management team
- They bring unique qualities/qualifications to the team and provide distinct yet complementary services

Funding options for CHW are plentiful

- As the CHCS document highlights, there are many ways to pay for CHWs
- CAL-AIM will allow for payment of CHWs through ECM and ILOS mechanisms
- **Think outside the box:** with merging of WPC and Health Homes and drug medical/SPMI waivers, etc. CAL-AIM is encouraging whole health/population health approaches to improving care in our most vulnerable

Think outside of the box

- <https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM/CalAIM-High-Level-Summary.pdf>
- This all screams CHWs!

Keys to Implementation Success

- Clearly define CHW roles and responsibilities
- Think upstream, midstream and downstream
- Know how CHWs fit into the organizational chart and give them equal access to tools/technologies
- Ensure they are being deployed and evaluated as team members not as stand-alone interventionists
- Orientation, buy-in, and training of existing staff are critical
- Invest in CHW supervision and workforce development

Community at the Center

- Appreciate inclusiveness and emphasis on lived experience
 - Included returning community members
 - Need to train HR, hiring managers about how to hire people with histories of incarceration
- “Nothing about us without us”
 - Solutions must incorporate those that are in it

Scope of Practice/Certification

- Certification should acknowledge wide of scope of practice for CHW/P
 - Differs for CHWs in clinics vs. CBOs
 - Example: TCN CHW role

Funding

- Sustainability in funding
 - Hopeful about CalAIM because of focus on people transitioning from incarceration
 - Need funding to bridge CHW positions to CalAIM

Question & Answer



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