

## **The Role of California's Community Health Worker, Promotora, and Community Health Representative Workforce in the Central Valley - A Survey of CHW/P/Rs Serving the Prenatal to Age Three Population**

### **BACKGROUND**

This brief presents the findings from our landscape analysis of the prenatal to three serving community health worker, promotora, and community health representative (CHW/P/R) workforce in California's Central Valley. Our work around CHW/P/Rs in the Central Valley is done in collaboration with the Whole Child Equity Partnership. The WCEP is a multi-sector coalition of statewide organizations, advocates, and direct service providers working across multiple disciplines to make California the best state to have, raise, and be a child.

One of our goals through this work is to ensure California families have access to culturally relevant navigation and peer support to guide them to needed economic, social-emotional, and developmental services in their communities. Particularly, we are focused on the utilization of the new CHW Medi-Cal Services Benefit in the Central Valley. When analyzing data about California children, we examined county-level data about poverty, health outcomes and more, and identified counties in the Central Valley as a priority area for our work.

### **INTRODUCTION**

The National Association of Community Health Workers and the American Public Health Association define CHWs as frontline public health workers who are trusted members and/or have a close understanding of the community served. CHWs can have many different titles depending on their focus area within the community, such as promotores de salud, community health workers, doulas, community health advocates, community health aides, community health representatives, barefoot doctors, peer counselors, peer specialists, peer support professionals, patient navigators, home visitors, outreach workers, and relational care coordinators, among others.<sup>1</sup>

This workforce plays a crucial role in improving access to health services, delivering culturally relevant care and support, and offering education and guidance on a range of developmental milestones for families with children from prenatal to age three. In 2022, California's

Department of Health Care Services (DHCS) recognized the importance of this community-centered workforce by adding CHW services as a covered Medi-Cal benefit beginning July 1, 2022.<sup>2</sup> To learn more about the details of the CHW Services Benefit and the role community partners like First 5s might play in its implementation, see our blog [Community Health Worker Medi-Cal Benefit: Implementation and the Role of Community Partners Like First 5](#). Additionally, to learn more about child-centered CHW/P/R programs in California, including how three First 5s have leveraged the benefit, see [The Children's Partnership brief titled, Community Health Workers Advancing Child Health Equity: Part II](#).

As of the beginning of 2024, approximately 5,500 Medi-Cal beneficiaries have received CHW services reimbursable by the CHW Services benefit.<sup>3,4</sup> While data on the age of beneficiaries receiving services is unavailable, we know there are over 680,000 children prenatal to three in California who qualify for Medi-Cal. Given the benefit's broad eligibility criteria, many of these children would be eligible to receive services.

Despite the importance of the CHW/P/R workforce and the large proportion of Medi-Cal beneficiaries who would qualify to receive services, significant challenges still exist for families looking to access CHW/P/R services and for providers looking to receive reimbursement for the CHW/P/R services they provide.

To ensure more robust utilization of the benefit for families with children prenatal to age three, it is necessary to understand the challenges CBOs and providers face when attempting to leverage the benefit.

We conducted this survey to:

- Understand the role and impact of CHW/P/Rs serving children prenatal to three and their families.
- Gauge providers' understanding of the CHW Services Medi-Cal benefit.
- Identify challenges hindering the uptake of the CHW Medi-Cal benefit and identify strategies to address these challenges.
- Identify opportunities for new partnerships, collaboration, and stakeholder engagement.

This survey builds on the current landscape of CHW/P/R surveys by focusing on the experiences of community-based organizations (CBOs) and individual providers working in support of families with children prenatal to age three and by respondents about their experience with the CHW Medi-Cal Services benefit.<sup>5,6</sup>

We hope our findings can better inform and support providers, health plans, advocates, and policymakers to develop a more complete picture of the roles First 5s and other CBOs can play in delivering CHW services and the barriers currently hindering more expansive utilization of the benefit.

## METHODOLOGY

The Central Valley CHW/P/R Workforce Survey aimed to understand the landscape of individual CHW/P/R providers and CBOs who employ CHW/P/Rs in California's Central Valley and gauge their familiarity and experience with the CHW Services Medi-Cal benefit. For the purposes of this survey, we define the Central Valley to include the following counties: Fresno, Kern, Kings, Madera, Mariposa, Merced, San Joaquin, Stanislaus, and Tulare.

This survey (see Appendix A for the survey instrument) was designed in partnership with The Children's Partnership and included questions such as:

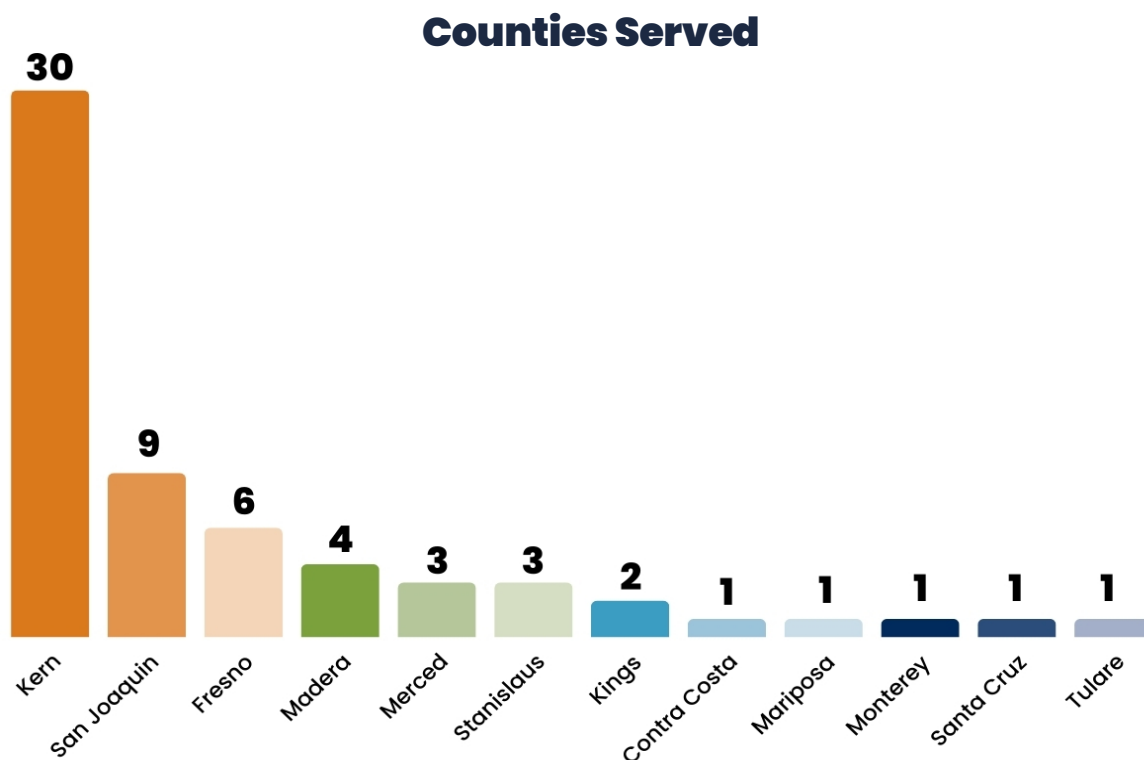
- Organization type
- County/counties served
- Number of children prenatal to age three served
- Type of CHW/P/R services rendered
- Knowledge of the CHW Medi-Cal Services benefit

This survey was distributed in English and Spanish amongst the regional network of Central Valley First 5s and their partners and members of the CHW/P/R Coalition. Survey logic was used to separately capture responses from individual CHW/P/Rs and individuals responding on behalf of their CBO. Survey responses were collected from June 2024 through July 2024. In total, we received 88 survey responses.

After cleaning the data to account only for individual providers and CBOs who indicated they served families with children from prenatal to age three in California's Central Valley, we ended up with a total of 39 useable responses. For this brief, we were able to group responses from individual CHW/P/Rs and those responding on behalf of their CBO because of the overlap of key questions.

## FINDINGS AND SURVEY RESULTS

### Demographics



**Figure 1. Counties Served (n=39)**

Of the 39 survey respondents, the majority provided CHW services in Kern County. Because of the nature of CHW/P/Rs serving families across multiple counties, respondents could select multiple counties where they provide CHW services.

This explains the inclusion of counties outside of our Central Valley region. In addition to collecting data on which counties respondents provide CHW services in, we also asked where they provide services.

In the home was identified as the most common service location, with 26 respondents saying they provide CHW services at the beneficiary's home. In a community clinic/ community setting was identified as the second most common service location, with 20 respondents saying they provide CHW services in a community setting, followed by 8 saying they provide CHW services in schools. Hospital/clinical settings and rural health clinics each saw 3 respondents say they provide CHW services in these locations.

## CHW Service Locations

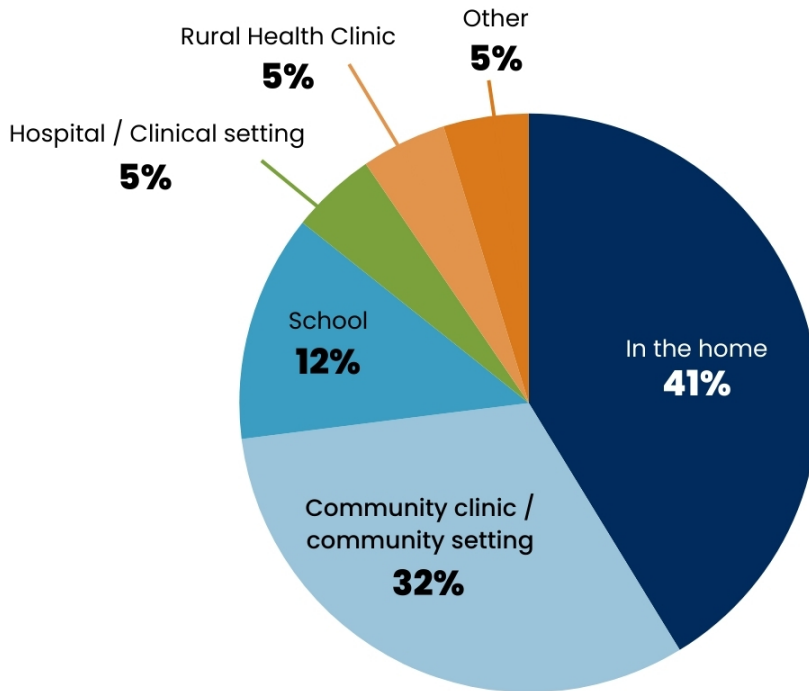


Figure 2. CHW Service Locations (n=39)

## Organization Type

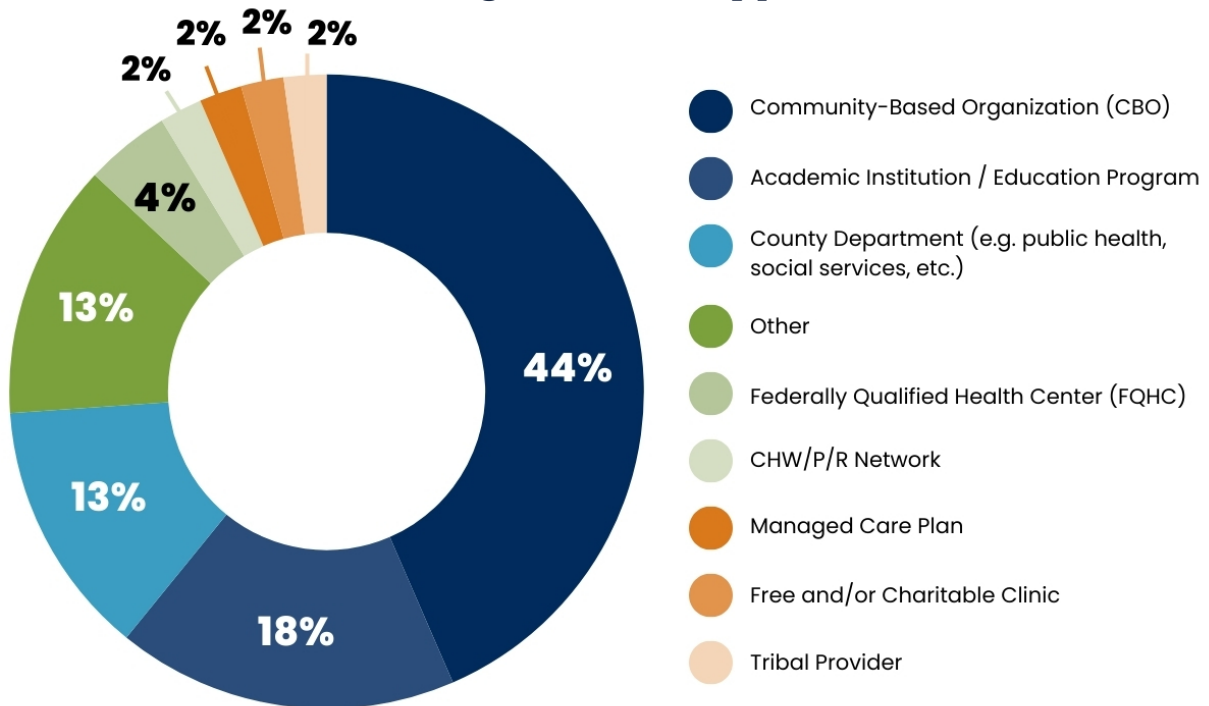


Figure 3. Organization Type (n=39)

Almost half of survey respondents self-identified as being part of a CBO. Other responses included being part of a local Head Start program, Urban Indian Health Services, and CalWORKs home visiting program.

### **Populations Served by Workforce**

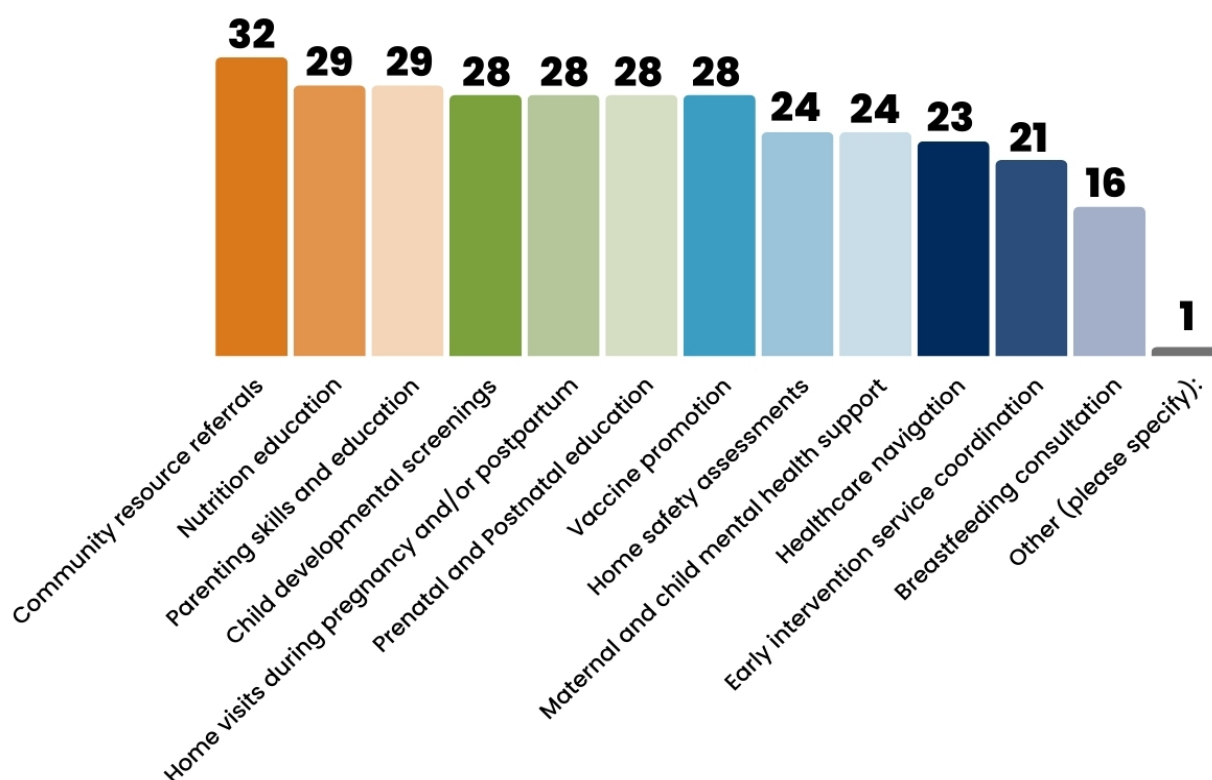
As part of our survey, we asked respondents if they or their organizations had specific populations of focus within the prenatal to three population they serve as part of their role as a CHW/P/R. Over half of respondents reported they do work with specific populations. Populations of focus mentioned included migrant farm workers with young children, CalWORKs families, African American and Hispanic families, children in Indigenous tribes, families eligible for Head Start, low-income families, the Hmong population, and high-risk pregnancy individuals.

### **Services Provided**

Survey respondents were asked to detail the types of services they provide to families with children from prenatal to three. The most frequently reported types of services provided fall into the health education category. Nutrition education, parenting skills and education, prenatal and postnatal education, and vaccine promotion/education accounted for the largest share of responses. Healthcare navigation and referrals comprised the second largest bucket of services provided, followed by screenings and assessments. Responses for this question align with the core reimbursable services for the CHW Medi-Cal Services Benefit.

One service to note from Figure 4 is the prenatal and postpartum home visits category. Home visiting is not explicitly covered under the CHW Medi-Cal Services Benefit. However, many of the services home visitors provide, such as health education, navigation to other health providers and social services programs, and screenings, are covered under the benefit. This is just one example of how organizations can utilize the benefit to supplement funding for existing investments.

## Count of the Types of CHW Services Provided



**Figure 4. Types of CHW Services Performed (n=39)**

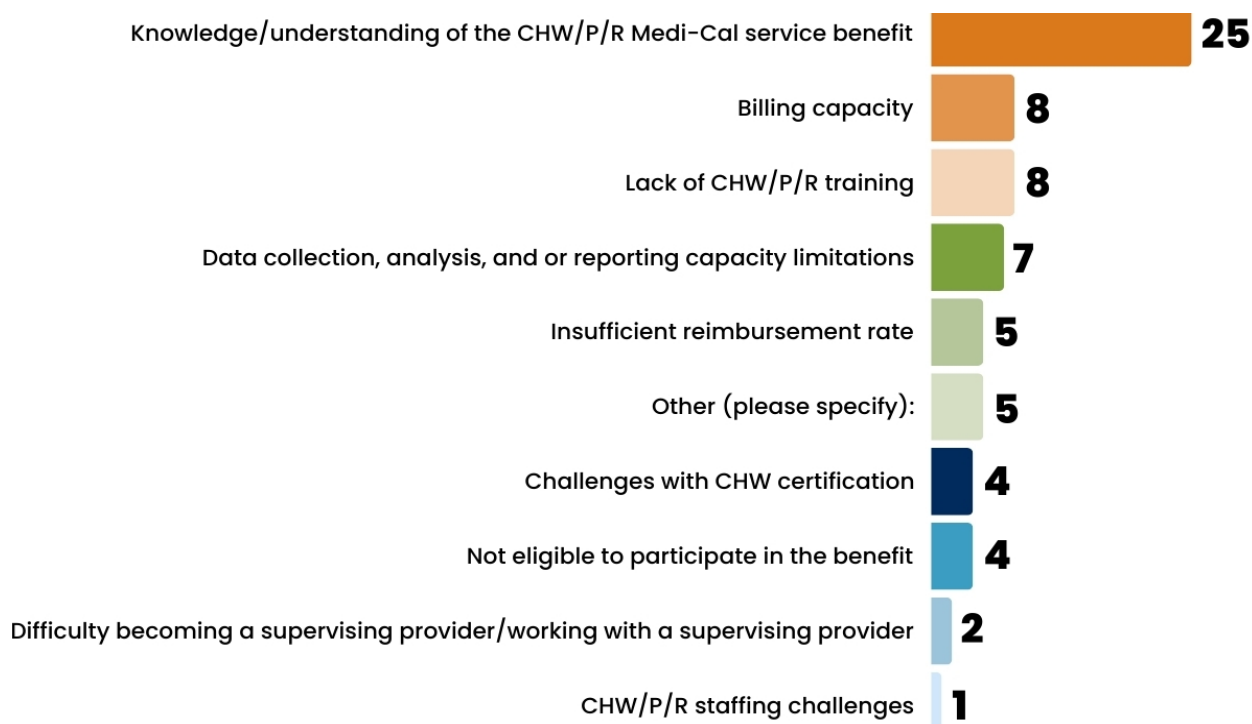
### CHW Medi-Cal Services Benefit

As part of our survey, we wanted to better understand respondents' experiences with implementing the CHW Medi-Cal Services Benefit. To do this, we asked respondents if they or their organization has been able to leverage the benefit thus far.

Of the 39 respondents, 26 said they had not, while 13 said they have or are in the process of being able to bill for CHW services. One respondent said, "Our organization is an approved contractor for providing Enhanced Care Management services and bills for services provided by Community Health Workers. The organization has successfully been reimbursed for services rendered." Another respondent said they are still in the early stages of getting ready to bill for the benefit, but they overcame the biggest hurdles of building their administrative capacity and registering under the Provider Application and Verification for Enrollment (PAVE) portal.

For respondents who have yet to leverage the CHW Medi-Cal Services Benefit, the overwhelming majority said it was due to a lack of knowledge/understanding of the benefit. A lack of CHW/P/R training to fulfill certification requirements and challenges building administrative capacity for billing and data collection were also significant barriers for respondents' ability to leverage the benefit. One respondent said, "Common struggles included obtaining CHW certification, getting MCP contracts approved, staffing, and low reimbursement rates."

## Challenges Leveraging the CHW Medi-Cal Benefit



**Figure 5. CHW Medi-Cal Services Benefit Leveraging Challenges (n=39)**

Survey respondents said resources like trainings, webinars, technical assistance, and learning collaboratives would be helpful in supporting them or their organization to bill for the benefit.

## DISCUSSION

While these survey results only represent a fraction of the prenatal to three serving CHW/P/R workforce across the state, many CHW/P/Rs have expressed facing similar challenges to those mentioned above. In 2024, the California State Assembly Health and Budget Subcommittee released a report titled “Bright Spots and Remaining Barriers to Realizing the Potential of Community Health Workers, Promotoras, and Representatives to Improve Health in California.”<sup>7</sup> The report highlights some of the successes with the implementation of the CHW Services benefit, including the state’s responsiveness to stakeholders as it figures out the implementation of the benefit, the range of CHW training programs available, and the financial support offered by the state to support organizations to leverage the CHW Services benefit.

The report also discusses challenges faced by the CHW/P/R workforce that have prevented the benefit’s broader use. These challenges include the administrative infrastructure needed to get contracted and bill with a managed care plan, an insufficient CHW/P/R workforce due to questions around CHW certification requirements and low reimbursement rates, and



training deserts that leave a gap in necessary training for CHW/P/Rs who live outside of the San Francisco and greater Los Angeles areas.

In our survey, respondents identified a need for more training, webinars, and technical assistance to continue supporting the CHW/P/R workforce in their understanding of the CHW Services benefit and what is required to ultimately contract with a managed care plan and bill for the benefit. Additionally, respondents identified a desire for more statewide learning collectives to receive technical assistance on the benefit from the state in a community setting with colleagues and other organizations serving similar communities.

More can be done to support a thriving CHW/P/R workforce. The recommendations above are not exhaustive of the complete picture of recommendations needed to ensure CHW/P/Rs are treated equitably and in a way that enables them to improve care for marginalized communities. For more information on ways California can better support the CHW/P/R workforce, see **The Children's Partnership brief titled Community Health Workers Advancing Child Health Equity: Part II**. This brief outlines five recommendations for a more sustainable CHW/P/R workforce, including increasing the base reimbursement rate for the CHW Services benefit from \$26.66 per 30 minutes of services to at least 87.5% of the Medicare rate, or \$53.35 per 30 minutes and creating a standing recommendation for CHW/P/R services for all Medi-Cal beneficiaries to reduce barriers to accessing CHW/P/R care.

**Appendix A. Whole Child Equity Partnership – Community Health Workers in the Central Valley Survey Instrument**

**Individual CHW / P / R Survey Questions**

QUESTION #	QUESTION
1	Which of the following best describes you?
2	Do you provide CHW/P/R services to parents/caregivers with children prenatal to age 3?
3	What is your CHW/P/R employment status?
4	How many years have you been working as a CHW/P/R?
5	Are there out-of-pocket expenses you incur as part of your role as a CHW/P/R? (for example, transportation costs, food for clients, basic needs for clients such as diapers, etc.)
5A	If yes, please list some of your out-of-pocket expenses.
6	Name of organization:
7	Organization Type. Please select all that apply.
8	Which county/counties do you primarily provide CHW/P/R services in? Please select all that apply.
9	Where do you provide services? Please select all that apply.
10	Approximately how many families with children ages 0 to 3 do you serve a week?
11	What types of CHW/P/R services and supports do you provide to the families with young children you work with? Please select all that apply.
12	Do you work with specific populations of focus (for example, African American prenatal/post-partum individuals, Hmong families with children prenatal to age 3, migrant farmworkers, etc)?
12A	If yes, please list the populations of focus.
13	Please list the languages spoken by the communities you serve.
14	Please indicate the degree to which you are familiar with the 2024 CHW/P/R Medi-Cal Services benefit:
15	Have you been able to leverage the CHW/P/R Medi-Cal Services benefit?
15A	If not, what challenges and/or barriers have you experienced related to the CHW/P/R Medi-Cal Services benefit? Please select all that apply.
15B	What resources would be helpful to aid your ability to leverage the CHW/P/R Medi-Cal benefit? Please select all that apply.

## Individual CHW / P / R Survey Questions

QUESTION #	QUESTION
15C	Please use the text box to provide any additional information regarding the challenges you have faced with leveraging the CHW Medi-Cal Services benefit:
16	If you have leveraged the benefit, please tell us about your experiences with leveraging the benefit, including certification, reporting, billing, reimbursement, etc.

## Community Based Organization / Community Provider Survey Questions

QUESTION #	QUESTION
1	Does your organization provide CHW/P/R services to parents/caregivers with children prenatal to age 3?
2	Name of organization:
3	Organization Type. Please select all that apply.
4	Which county/counties does your organization primarily provide CHW/P/R services in? Please select all that apply.
5	Where does the organization provide services? Please select all that apply.
6	Approximately how many CHW/P/Rs does your organization employ?
7	Does your organization provide training to CHW/P/Rs?
7A	If yes, what is the frequency of those trainings?
7B	Approximately how many CHW/P/Rs are in each training cohort?
8	Approximately how many families with children ages 0 to 3 does the organization serve a week?
9	What types of CHW/P/R services and supports does the organization provide to the families with young children you work with? Please select all that apply.
10	Does the organization have a specific population of focus? (for example, African American prenatal/post-partum individuals, Hmong families with children prenatal to age 3, migrant farmworkers, etc)?
10A	If yes, please list the populations of focus.
11	Please list the languages spoken by the communities served by the organization's CHW/P/R workforce.

## Community Based Organization / Community Provider Survey Questions

QUESTION #	QUESTION
12	Has the organization leveraged the 2024 CHW/P/R Medi-Cal Services benefit?
12A	If not, what challenges and/or barriers has the organization experienced related to the CHW/P/R Medi-Cal Services benefit? Please select all that apply.
12B	What resources would be helpful to aid the organization's ability to leverage the CHW/P/R Medi-Cal benefit? Please select all that apply.
12C	Please use the text box to provide any additional information regarding the challenges the organization has faced with leveraging the CHW Medi-Cal Services benefit:
13	If your organization has leveraged the benefit, please tell us about your experiences with leveraging the benefit, including certification, reporting, billing, reimbursement, etc.
14	Does the organization work in partnership with another entity that makes it easier or more efficient for you/your organization to participate in the CHW/P/R Medi-Cal Services benefit? (i.e., contracting with a managed care plan)
14A	If yes. Please describe the partnership you/your organization is a part of:

## NOTES

1. Community Health Workers. American Public Health Association – For science. For action. For health. (n.d.). <https://www.apha.org/apha-communities/member-sections/community-health-workers#:~:text=A%20community%20health%20worker%20is,understanding%20of%20the%20community%20served>
2. Department of Health Care Services. (2022–2023). APL 22–016: CHW Benefit.
3. California Legislature, State Assembly, Health Committee and Budget Subcommittee (2024). Hearing, Bright Spots and Remaining Barriers to Realizing the Potential of Community Health Workers, Promotoras, and Representatives to Improve Health in California. <https://abgt.assembly.ca.gov/system/files/2024-03/chw-p-r-info-hearing-background-paper-final.pdf>
4. CHW/P/Rs can also receive reimbursement for services rendered under the enhanced care management and community supports Medi-Cal benefits. Data from the State Assembly hearing does not include CHW visits provided by federally qualified health centers or under the Enhanced Care Management or Community Supports Medi-Cal benefits.
5. Cabrera, A., & Lee, J. (n.d.). California CHW/P/R Employer Survey: A Statewide Assessment of the CHW/P/R Workforce. Community Health Worker, Promotoras, and Community Health Representatives (CHW/P/R) Workforce Resource Hub. <https://healthbegins.org/wp-content/uploads/2023/10/Step-by-Step-Guide.docx.pdf>
6. Chapman, S., Bates, T., & Miller, J. (2022, November). Understanding California's community health worker/promotor workforce: A survey of CHW/PS. California Health Care Foundation. <https://www.chcf.org/publication/understanding-community-health-worker-promotor-workforce-survey-chwps/>
7. California Legislature, State Assembly, Health Committee and Budget Subcommittee (2024). Hearing, Bright Spots and Remaining Barriers to Realizing the Potential of Community Health Workers, Promotoras, and Representatives to Improve Health in California. <https://abgt.assembly.ca.gov/system/files/2024-03/chw-p-r-info-hearing-background-paper-final.pdf>