



California CHW/P/R Employer Survey:

A STATEWIDE ASSESSMENT OF THE CHW/P/R WORKFORCE

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Table of Contents

2	Background
3	Methods
5	Results
10	Limitations
11	Recommendations
12	Appendices



Background

The Community Health Worker, Promotora, and Community Health Representative (CHW/P/R) workforce are critical to delivering effective, equitable care for patients and for advancing health equity for communities harmed by societal practices. Recognizing this, California's Department of Health Care Services (DHCS) added Community Health Worker (CHW) services as a Medi-Cal (i.e., California's Medicaid) benefit starting [July 1, 2022](#).

Health Net, a wholly owned subsidiary of Centene Corporation and one of the state's largest Medi-Cal managed care plans in California, partnered with HealthBegins in 2023 to design and launch a statewide **CHW/P/R Employer Survey** to increase Health Net's understanding of the CHW/P/R workforce in California. The survey aimed to inform and support health plans, providers, advocates, and policymakers to:

- **Prepare** for the new CHW Medi-Cal Services Benefit, as well as other new DHCS care transformation initiatives;
- **Better understand** California-based CHW/P/R employers and existing services that are reimbursable; and
- **Accelerate collaboration** among plans, providers, and community-based organizations to operationalize the new CHW Medi-Cal Services Benefit



HealthBegins and Health Net engaged Community Health Synergy, a queer and Asian-owned business dedicated to advancing health equity through community-centered capacity building, as a subcontractor. Community Health Synergy worked to plan, implement, and evaluate the survey. In addition, HealthBegins and Health Net **engaged with key channel partners to strengthen and advance this work**. Channel partners advised on the development and refinement of survey questions, as well as dissemination strategies to reach diverse stakeholders. Channel partners included:

- [California Pan-Ethnic Health Network](#)
- [California Primary Care Association](#)
- [California Association of Community Health Workers](#)

Methods

The CHW/P/R Employers Survey **aimed to seek CHW/P/R employers' workforce count and existing services that may be reimbursable under the CHW Medi-Cal Services Benefit.** The survey target population included different types of health and social care provider organizations or entities that employ CHW/P/Rs on a full-time, part-time, stipend and/or volunteer basis.

Between January and February 2023, Health Net, HealthBegins, and Community Health Synergy co-designed a survey instrument (see Appendix A) that contained the following type of questionnaire items:

- Organization Type
- Employment and Compensation Type
- Supervision Model and Ratio
- CHW/P/R Services
- Populations of Focus

The questionnaire design was a multistage process that required input from CHW/P/R workforce subject matter experts (e.g., California Pan-Ethnic Health Network, California Primary Care Association, California Association of Community Health Workers). **The questions were designed to ensure that diverse audiences can better understand the current state of the CHW/P/R workforce.** The questions were also refined to prevent duplication of surveying efforts conducted by other CHW/P/R programs and advocacy organizations in California. The type of survey questions entailed both open- and closed-ended questions.

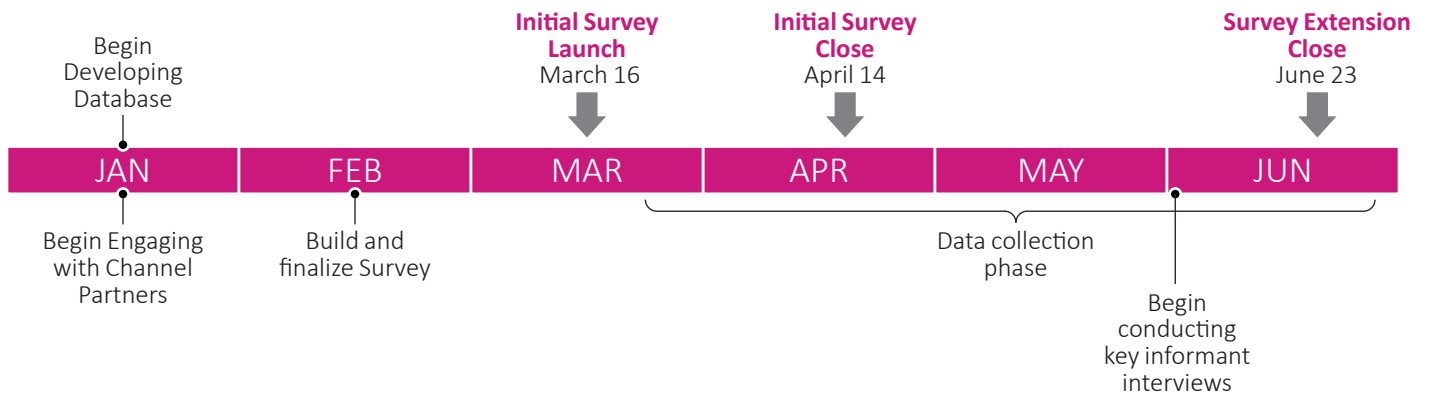
The initial survey was launched through an online platform called SurveyMonkey between March- April 2023, and it was extended to June 2023 to increase participation and reach. Health Net, HealthBegins, and Community Health Synergy **collaborated with key channel partners** to disseminate the survey tool to their network members via email campaigns, social media posts, and other communication channels.

To gain an in-depth understanding of the CHW/P/R employers' survey responses, a limited number of **key informant interviews** were conducted virtually between June 7-20, 2023. Interviewee criteria included:

- Completion of the CHW/P/R employer survey
- Diverse representation of the following service areas and regions: Northern CA (Sacramento), Central Valley (Fresno, Kings, Madera, San Joaquin and Stanislaus), and Southern CA (Los Angeles and Imperial)
- Diverse representation of the following organization types: community-based organizations, Federally Qualified Health Centers, hospitals, county agencies

A total of four Interviewees – two community-based organizations, one Federally Qualified Health Center (FQHC), and one local health jurisdiction – were asked four open-ended questions **to gain deeper perspectives on the CHW/P/R employers’ survey responses, identify resources and needs related to CHW Medi-Cal Services Benefit operationalization and learn about CHW/P/R workforce trends in the next one-to-five years** (see Appendix B). Each interview lasted 60 minutes.

CHW/P/R Employer Survey Timeline: Jan- Jun 2023



Results

CHW/P/R Employer Survey Results

DEMOGRAPHICS:

A total of **86 employers** responded to the CHW/P/R Employers Survey. All organizations that employ the CHW/P/R workforce are geographically **located across 110 cities, 149 zip codes, and 36 counties in California**. The majority of organizations operate in the following counties: Los Angeles, Orange, San Diego, Sacramento, San Francisco and San Joaquin County. In total, participating organizations employ over 1,005 FTE of CHW/P/Rs.

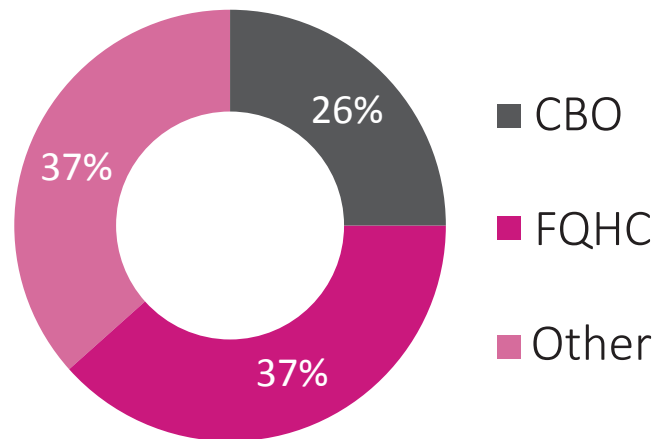
ORGANIZATION TYPE:

The **86 organizations** that participated in the survey self-identified as one or more organization types (e.g., community-based organizations (CBO) and FQHCs, hence why the total number of respondents appear as 121.

About **63% (n=76) identified as a FQHCs** and/or CBOs (Figure 1); whereas 37% (n=45) identified as one or more of the following:

- Academic Institution / Education Program
- CHW/P/R Network
- Continuum of Care
- Correctional Partner
- County Behavioral Health
- County Public Health
- County Social Services
- FQHC Look-Alike
- Free and/or Charitable Clinic
- Hospital
- Managed Care Plan
- Rural Health Clinic
- Tribal Provider
- Vendor (e.g., Electronic Health Records, Population Health Management)

FIGURE 1. CHW/P/R Employer Organization Type (N = 121)

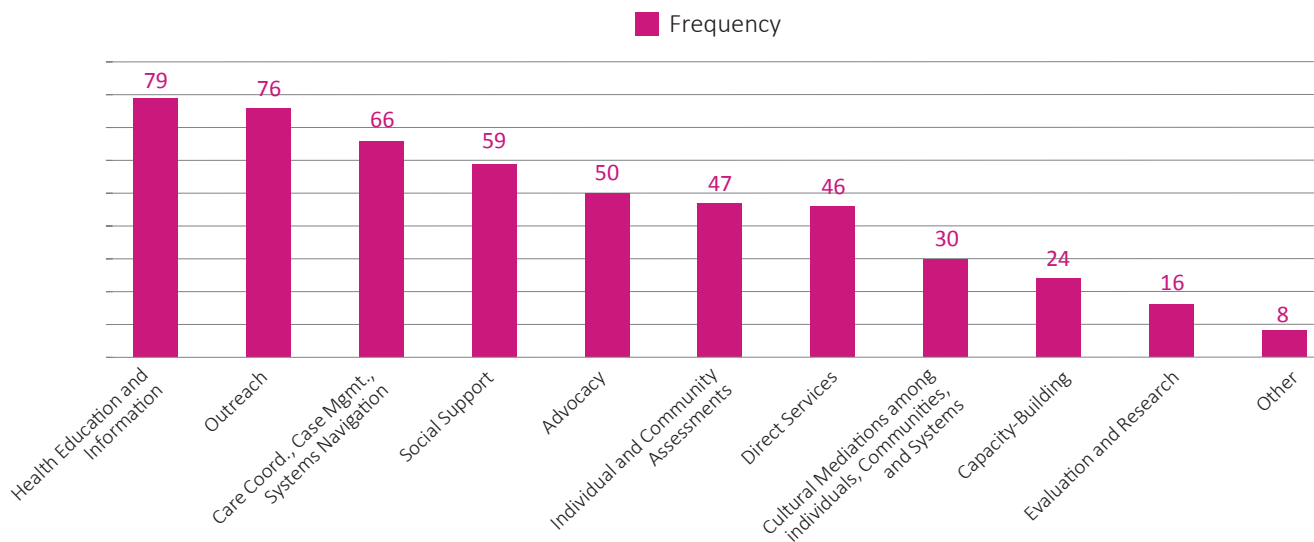


WORKFORCE ROLES:

The top six mentioned workforce roles were health education and information (n=79); outreach (n=76); care coordination, case management, or system navigation (n=66); social support (n=59); advocacy (n=50); and individual and community assessments (n=47) (Figure 2).

All top six workforce roles directly align with the four reimbursable services in the CHW Medi-Cal Services Benefit – health education, health navigation (i.e., outreach and care coordination/navigation), screening and assessment, and individual support or advocacy (i.e., social support).

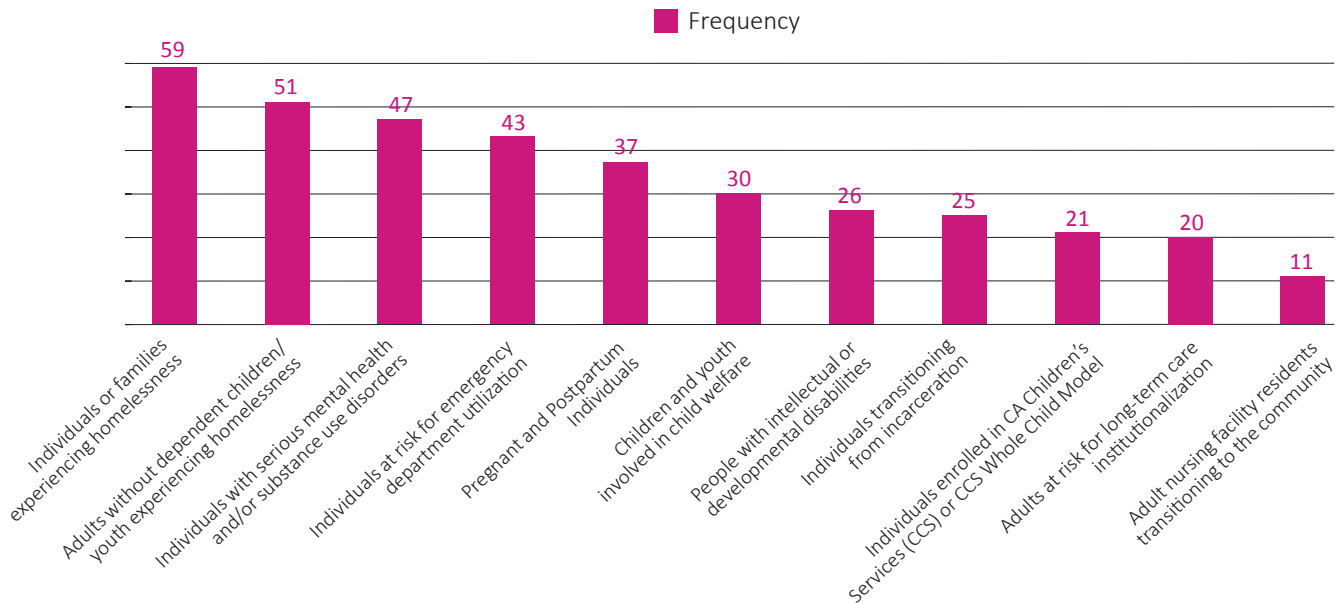
FIGURE 2. CHW/P/R WORKFORCE ROLES



POPULATIONS SERVED BY WORKFORCE:

The most frequently mentioned California Advancing and Innovating Medi-Cal (CalAIM) populations of focus served by the CHW/P/R workforce included individuals or families experiencing homelessness (n=59), adults without dependent children/youth experiencing homelessness (n=51), and individuals with serious mental health and/or substance use disorders (n=47) (Figure 3). When asked to identify other populations of focus not defined by CalAIM, “immigrants” had the highest number of selections, followed by older adults and LGBTQIA+ communities. Other populations of focus mentioned by organizations included undocumented immigrants, refugees and asylees, adolescents and people who have been trafficked or suspected of being trafficked.

FIGURE 3. CALAIM POPULATIONS OF FOCUS SERVED BY CHW/P/R WORKFORCE



COMPENSATION & SUPERVISION:

When asked about CHW/P/R workforce compensation, **most employers (83%) indicated that they compensate their CHW/P/R workforce with an hourly wage**, while 11% and 6% indicated they compensate their CHW/P/R workforce with a salary or stipend, respectively. Furthermore, employers shared that CHW/P/R workforce and supervisor ratio ranged between 1:1 and 8:1. It is important to note that ratios depended on specific workforce structures such as CHW/P/R integration with medical teams in healthcare provider organizations.

SUPERVISOR ROLES AND MODELS:

As a theme, employers indicated that CHW/P/R supervisor positions included Department/Program Directors, Team Leads, Outreach Managers, and Executive Directors.

Common CHW/P/R supervision roles and responsibilities included being present and available with a trauma-informed approach; having specific core competencies, such as motivational interviewing and cultural competency; fostering workforce safety; monitoring; and coaching.

Essential CHW/P/R supervision skills include project management, facilitation, problem-solving, empathy, 1-on-1 training, and data management and analysis.

Key Informant Interview Results

A total of four organizations were interviewed representing four different counties across California and three different types of organizations (i.e., CBOs, FQHCs, local health jurisdiction).

Resource Needs: When asked to identify specific resources needed to support their organization in preparing for the operationalization of the CHW Medi-Cal Services Benefit, interviewees shared the following:

- **Funding:** CHW/P/R employers indicated a need for start-up and sustainable funding to build the necessary infrastructure to operationalize the CHW Medi-Cal Services Benefit.
- **Addressing High Turnover and Burnout:** CHW/P/R employers indicated a need for evidence-based interventions to address high turnover and burnout among the CHW/P/R workforce.
- **Understanding Workforce Certification:** CHW/P/R employers seek a better understanding of and training on CHW/P/R workforce certification, scope (as it relates to the CHW Services Medi-Cal Benefit), and integration into its current systems of care (e.g., integrated behavioral health).
- **Valuing Lived Experience and Practicing Cultural Humility and Competency:**
 - CHW/P/R employers highlighted the importance of acknowledging lived experiences when recruiting, hiring, and training the CHW/P/R workforce, and that lived experiences should always be seen as professional expertise.
 - Consider the importance of language access and language services delivered by the CHW/P/R workforce when developing policies that may or may not support CHW/P/R translation and interpretation services.

I want to highlight how deeply connected CHW/P/Rs are to their communities and the lengths that they will go to support their communities to get the resources that they need.

— Key Informant Interviewee

A CHW/P/R is doing translation work in addition to being a CHW/P/R.

— Key Informant Interviewee

Asthma Prevention Services and Domestic Violence Prevention: When asked about current capacity and future plans for asthma prevention and domestic violence services, interviewees shared the following:

- **Partnerships & Opportunities**
 - CHW/P/R employers are currently subcontracting with CBOs that offer resources and subject matter expertise on asthma prevention services and domestic violence prevention.
 - CHW/P/R employers are utilizing California state-funded asthma prevention training and certification for its CHW/P/R workforce.

- **Challenges:**

- CHW/P/R employers are experiencing challenges in partnering with local health plans to become Medi-Cal providers for asthma prevention services and domestic violence prevention.
- CHW/P/R employers' future ability to utilize asthma prevention services and domestic violence prevention is challenged by high CHW/P/R workforce turnover and recruitment challenges, lack of CHW/P/R role clarity in clinical settings, and lack of knowledge of reimbursement policies and mechanisms.

As a CalAIM provider, we'll need to look at how to integrate CHWs into our system of care. We're looking at how we are reaching and connecting with domestic violence prevention to connect them to medical and mental health services.

— Key Informant Interviewee

Sustaining and Growing the CHW/P/R Workforce: When asked about potential challenges and opportunities to sustain or grow the current CHW/P/R workforce, interviewees shared the following:

- **Challenges to sustain and grow workforce**

- Lack of sustainable CHW/P/R workforce funding
- Limited access to policy information
- Low CHW/P/R workforce retention and high turnover
- CHW/P/R workforce grant restrictions that impact recruitment
- Limited physical space
- Inappropriate CHW/P/R role blending and underutilization
- Neglected supervision models


You can say that you need these positions all day, all night; but we don't have the space.

— Key Informant Interviewee



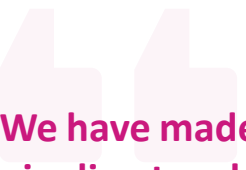
- **Opportunities to sustain and grow workforce**

- Creating comprehensive CHW/P/R workforce data collection
- Pathways for the sustainability of CHW/P/R services
- Post-COVID pandemic CHW/P/R model implementation
- CHW/P/R workforce investments and career development
- Implementation of evidence-based roles and responsibilities
- Required certification



I know a lot of the CHW work that we've currently been doing has been COVID focused because of the pandemic. I'm actually really excited to see how we're able to address some of the long-term health conditions that are very prevalent in API communities.

— Key Informant Interviewee



We have made robust investment in our CHW program by developing the pipeline to advance their education pathways towards becoming MA, nursing, social workers, etc.

— Key Informant Interviewee

Limitations

There are a few limitations to note when reviewing key findings from the employer survey and key informant interviews. A **limited time frame** to promote the survey and **survey fatigue** may have impacted survey and geographic reach (i.e., total number of respondents and total number of counties represented in survey findings). In addition, there was a **missed opportunity to collect survey data** on asthma prevention services and domestic violence prevention. Lastly, employers' different interpretations on calculating the number of CHW/P/R workers and FTE count may have contributed to misalignment between the two variables.

Regarding the Key Informant Interviews, it is important to **note the diversity of positions held by interviewees**. For example, some interviewees had supervisory or management experience, decision-making power and/or authority at their organization to provide strategic insights for short- and long-term needs; whereas others offered on-the-ground CHW/P/R service and training perspectives. Lastly, not all interviewees had full knowledge of the CHW Medi-Cal Services Benefit and reimbursement mechanisms, which highlights the critical need for continued education about the policy.

Recommendations

To gather additional in-depth information on the CHW/P/R workforce in California, HealthBegins recommends implementing a phase two data collection approach which includes:

- **Conducting additional key informant interviews** with additional types of CHW/P/R organizations (e.g., country agencies focused on behavioral health programs, tribal health clinics, public hospitals), and recruit interviewees who can offer insights on CHW Medi-Cal Services Benefit contracting experiences
- **Conducting focus groups with CHW/P/R employers by type** (i.e., CBO, FQHC, Academic Institution / Education Program, CHW/P/R Network, Correctional Partner, County Behavioral Health, etc.) to gain in-depth understanding of CHW Medi-Cal Services Benefit operationalization challenges and opportunities for each type of organization.
- **Enhancing marketing, messaging, and outreach** to expand data collection reach to additional California counties that were not represented in the initial CHW/P/R Employer survey findings to ensure fuller representation of CHW/P/R employers and workforce.
- **Disseminating the CHW/P/R Employer Survey data findings** to policymakers and policy implementation entities to continuously inform and document successes, challenges, and best practices.

HealthBegins and Community Health Synergy highly recommends CHW/P/R workforce advocates and policymakers to reflect on the survey and key informant interview findings as a **starting point to create additional pathways for more effective and timely interventions for CHW/P/R organizations**, especially for those that are interested in pursuing and utilizing the CHW Medi-Cal Services Benefit in California.

HealthBegins acknowledges the ongoing leadership and work being driven by other organizations and community-centered coalitions to better understand California-based CHW/P/R employers and looks forward to fostering joint partnerships to collectively accelerate California's care transformation initiatives.

HealthBegins stands with the CHW/P/R workforce – **a workforce that serves as a vital solution to address community-level social determinants of health** – and firmly believes in collaborating with leaders across sectors to translate this type of work into meaningful action, resulting in CHW/P/R workforce sustainability to advance health equity.

APPENDICES

APPENDIX A

CHW/P/R Employers Survey Instrument

Question Number	Questionnaire Item
1	Does your organization currently employ Community Health Workers / Promotoras / Representatives (CHW/P/Rs)?
2	Does your organization currently offer stipends to Community Health Workers / Promotoras / Representatives (CHW/P/Rs)?
3	Name of Organization
4	<p>Organization Type. Please select all that apply.</p> <p>Type of organization, including, but not limited to: Community-Based Organization, Continuum of Care, Correctional Partner, County Behavioral Health, County Public Health, County Social Services, FQHC, FQHC Look-Alike, Free and/or Charitable Clinic, Hospital, Managed Care Plan, Rural Health Clinic, Tribal Provider, Vendor (e.g., Electronic Health Records, Population Health Management)</p>
5	Which city/cities are the primary location for CHW/P/Rs employed by your organization? Please separate each city with a comma.
6	Which county/counties are the primary location for CHW/Ps employed by your organization? Please select all that apply.
7	Please provide the zip code(s) primarily served by CHW/P/Rs employed by your organization. Please separate each zip code with a comma.
8	Please provide the first and last name of your organization's point of contact.
9	What is the position title of the organization's point of contact?
10	What is the email address of the organization's point of contact?
11	What is the telephone number of the organization's point of contact?

12	Is there an additional point of contact at your organization who is familiar with CHW/P employment details?
13	Please provide the first and last name of your organization’s second point of contact.
14	What is the position title of the organization’s second point of contact?
15	What is the email address of the organization’s second point of contact?
16	What is the telephone number of the organization’s second point of contact?
17	<p>How many full-time equivalent (FTE) CHW/P/Rs are employed at your organization?</p> <p>To calculate the total FTE number, please add the hours paid to all employees (full-time, part-time, contracted, etc.) and divide that by the number of hours a full-time employee would work over a given period.</p> <p>Example: - 1 CHW/P/R works 40 hours per week - 1 CHW/P/R works 20 hours per week</p> <p>Math: 40 + 20 = 60 hours per week Math: 60 hours divided by 40-hour-work-week = 60/40 = 1.5 FTE</p>
18	Please describe your CHW/P/R workforce headcount in the following categories. Enter “0” if none.
19	What type(s) of compensation does your CHW/P/R workforce receive? Please select all that apply.
20	<p>Please describe your organization’s CHW/P/R supervision model. This includes, but not limited to:</p> <p>Supervisor roles and duties (e.g., being available to CHW/P/Rs, providing trauma-informed supervision, prioritizing the safety of CHW/P/Rs, providing constant monitoring and coaching) Qualities and skills that are expected of supportive supervisors</p>
21	Please provide your CURRENT CHW/P/R Supervisor to Workforce Ratio. For example: If your organization has 10 CHW/P/Rs and 2 CHW/P/R Supervisors, the ratio is 5:1.

22	Please provide your IDEAL CHW/P/R Supervisor to Workforce Ratio. For example: If your organization would ideally have 10 CHW/P/Rs and 5 CHW/P/R Supervisors, the ratio is 2:1.
23	What type of roles does your CHW/P/R workforce play? This list below is based off of the C3 Project recommendations and DHCS' Medi-Cal Coverage of CHW/P/R Services. Please select all that apply.
24	Please select the type of population(s) that your CHW/P workforce serves. Please select all that apply.
25	Please describe the racial and ethnic identities of the communities served by your CHW/P/R workforce.
26	Please describe the languages and/or dialects spoken by the communities served by your CHW/P/R workforce.
27	Please describe the racial and ethnic identities of your CHW/P/R workforce.
28	Please describe the languages and/or dialects spoken by your CHW/P/R workforce.

APPENDIX B

Community Health Worker, Promotora, and Community Health Representative (CHW/P/R) Key Informant Interview Questions

1. Please identify specific resources that may be needed to support your organization in preparing for the operationalization of the Medi-Cal Coverage of CHW/P/R Services.
2. What is your CHW/P/R workforce’s current capacity or future plans for asthma prevention services and domestic violence prevention?
3. What types of challenges and opportunities do you foresee to sustain or grow your current CHW/P/R workforce?
4. Based on your survey responses, what are some additional information or stories you’d like to share with us, as it relates to CHW/P/R workforce sustainability and CHW/P/R Benefit utilization?