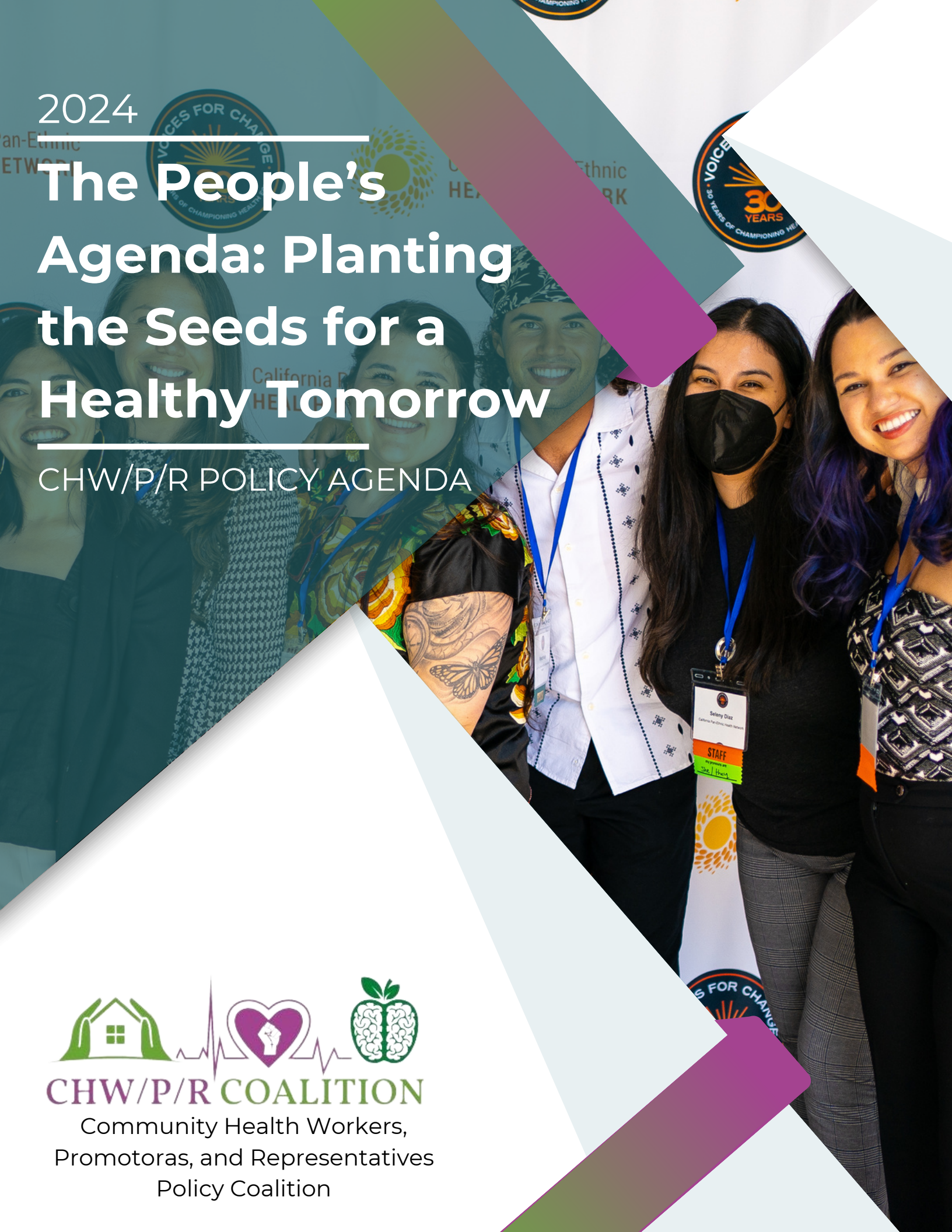
2024

The People's Agenda: Planting the Seeds for a Healthy Tomorrow

CHW/P/R POLICY AGENDA



CHW/P/R COALITION

Community Health Workers, Promotoras, and Representatives Policy Coalition

Community Health Workers, Promotoras, and Representatives Policy Coalition Steering Committee

California Pan-Ethnic HEALTH NETWORK

California Consortium for Urban Indian Health

The Children's Partnership

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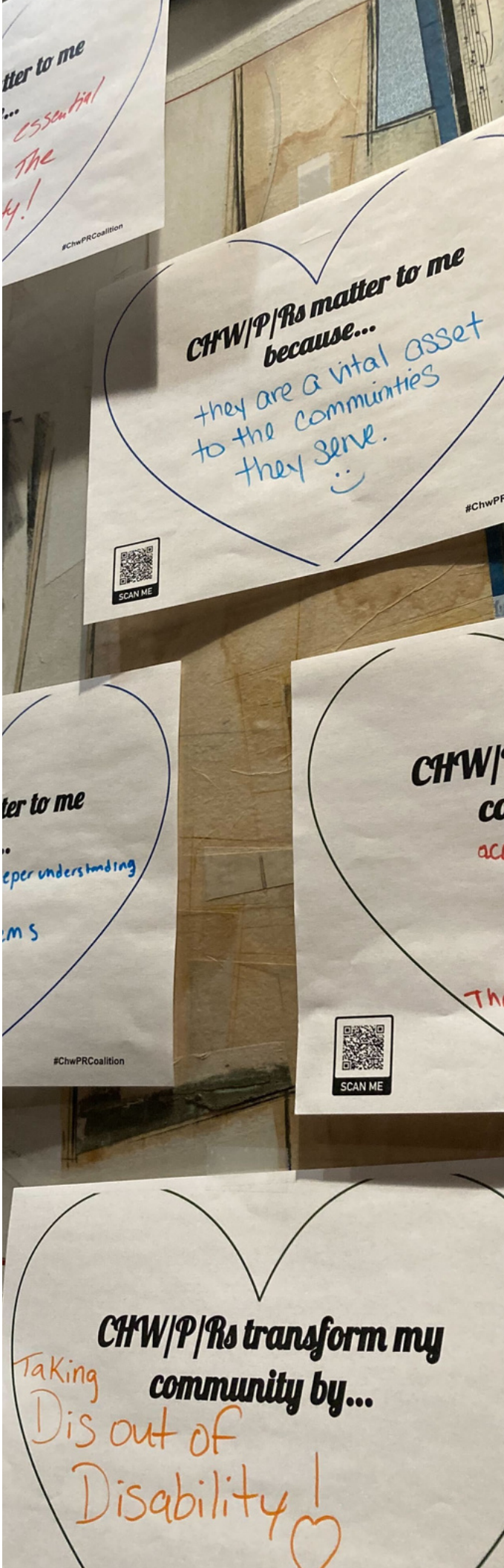


Executive Summary

The Community Health Worker/Promotora/Representative (CHW/P/R) Policy Coalition was formed in 2022 for CHW/P/Rs to play an active role in policy campaigns and conversations that impact their profession and advocate to transform health care to support all peoples. CHW/P/Rs reflect the communities they serve, and their unique connection with the community has not only proven effective in supporting the COVID-19 response, improving outcomes for chronic diseases and mental health, and expanding access to health care services but also positions them as pivotal leaders in the transformation of a costly, disjointed, and inefficient health care system. California has the opportunity to address care fragmentation, diversify the healthcare workforce, and forge a stronger link between health care and public health as the state conscientiously expands the CHW/P/R workforce, centering CHW/P/R values and voices in decision making.

Centering the Voices of CHW/P/Rs

Through their participation in coalition meetings, focus groups, interviews, and surveys, CHW/P/Rs shared the challenges they face in their work today and what they need to ensure sustainable jobs. Several key themes emerged:

- ***Lack of ongoing professional development and advancement.*** Seven in ten CHW/P/Rs say they do not know how to advance their career. Many CHW/P/Rs lack access to accessible, afforable training and face many barriers to workforce participation, including costly certification and training programs, language and immigration requirements, and background checks.
- ***Healers need healing, too.*** CHW/P/Rs discussed the mental toll their work can take on them and the lack of mental health and wellness supports to help them.
- ***Inadequate compensation and benefits.*** Many CHW/P/Rs are currently experiencing economic and income insecurity. Only 10% of CHW/P/Rs felt that their current salary covers their basic expenses. And many CHW/P/Rs do not receive standard employment benefits or reimbursement for work-related expenses.
- ***Insufficient respect for their role and contribution to care delivery.*** Sixty percent of CHW/P/Rs feel that the general public does not know what they do. Even worse, many health care providers, employers, and plans do not fully understand the CHW/P/R role and how best to incorporate CHW/R/Rs into care delivery.
- ***Insufficient education and access for community members to CHW/P/R services.*** Many community members are not aware that they can access covered CHW/P/R services through their health plans. Additional barriers, such as immigration status, language, transportation, and technology, limit access to CHW/P/R services.

Call to Action: A CHW/P/R Policy Agenda

This report presents the policy agenda developed by CHW/P/Rs for the State of California to implement to grow the CHW/P/R workforce in a way that ensures equity and sustainability for CHW/P/Rs and improves care for marginalized communities. The development of these recommendations was led by the CHW/P/R members of the CHW/P/R Policy Coalition to ensure their perspectives guide state policies impacting their workforce. This policy agenda consists of fifteen priority recommendations, each linked to one of the four policy priority areas: workforce development, economic equity, effective integration into care teams, and equitable access for Medi-Cal enrollees.

2023-2024 CHW/P/R Policy Recommendations

Workforce Development

1. Provide No Cost, Accessible, Culturally Responsive CHW/P/R-Led Training in All Languages
2. Prioritize Hiring and Developing Individuals with Lived Experience
3. Establish a Career Pathway for CHW/P/Rs that Provides Opportunities for Growth and Specialization
4. Establish a Standing CHW/P/R Majority (51%) Governing Board
5. Establish a Targeted Recruitment and Technical Support Program to Broaden Representation in the CHW/P/R Workforce
6. Ensure CHW/P/Rs Can Access Mental Health and Wellness Support, Resources and Supervision

Economic Equity

7. Secure Thriving Wages for CHW/P/Rs
8. Ensure Full Workforce Benefits for CHW/P/Rs
9. Financially Support CHW/P/R Work in the Community
10. Increase Transparency Around CHW/P/R Pay and Billing Practices

Effective Integration of CHW/P/Rs into Care Teams

11. Require Trainings for Providers and Health Plans on the Role of CHW/P/Rs

Equitable Access to CHW/P/R Services for Medi-Cal Enrollees

12. Ensure Community Members are Aware of and Able to Access the New Medi-Cal Benefit
13. Utilize State and Federal Dollars to Build CBO Infrastructure
14. Establish a Learning Collaborative to Facilitate Uptake of the Medi-Cal CHW/P/R Benefit
15. Measure and Publicly Report Utilization of CHW/P/Rs in Medi-Cal

Many recommendations can be implemented in the short term while others may require a longer, iterative approach. While the primary audience for this policy agenda are California policymakers, agency leaders, and other decision makers, we encourage community members, CHW/P/Rs, and advocates to take individual action on the policy recommendations to prioritize the economic, emotional, and physical wellbeing of this workforce as a commitment to advancing health equity for all Californians.

Introduction

"We save ourselves together. We save our communities together... we must plant the seeds for a new world"

– Organizer and Promotora
Rosa Martha Zárate Macías

COVID-19 widened health disparities and inequities in health care delivery, disproportionately affecting marginalized communities. Patients feel reduced to mere numbers in a discriminatory healthcare system that seems unresponsive to their needs, leading to catastrophic health and dire financial consequences. Health care providers are overwhelmed with the shortage of healthcare workers, administrative insurance burdens, and limited time and/or resources to support patients through their complicated social and health needs.

Community Health Workers, Promotoras, and Community Health Representatives (CHW/P/Rs) play a critical role in ensuring that marginalized community members are not overlooked in achieving health and wellness. CHW/P/Rs directly experience how health care systems may be challenging to access, afford, or utilize due to socio-economic, cultural, or linguistic barriers, and they use their experience and knowledge to help community members navigate this complex system. They also use their experience to transform how the system operates to reach better health outcomes, reimagine the patient experience, and achieve cost effective care. CHW/P/Rs bring California one step closer to addressing the growing health disparities marginalized communities face.

This brief lays out the policy agenda developed by CHW/P/Rs to grow the CHW/P/R workforce in California in a way that ensures a diverse and representative workforce, sustainable jobs and career pathways, and true integration into care delivery, with the goal of enhancing care for marginalized communities.

Who are CHW/P/Rs?

Community Health Workers, Promotoras, and Representatives (CHW/P/Rs) are a community-based workforce made up of individuals who share linguistic, cultural, health, and life experiences of the communities with the greatest health inequities. The workforce does not depend on a single education level. Specializations include chronic diseases like diabetes, reproductive health, violence prevention, domestic violence, and climate resiliency. CHW/P/Rs are a health equity strategy key to bridging community access to health, positive behavioral changes, and empowerment. We intentionally highlight CHWs, Promotoras, and CHRs in our name and our work to honor the important work each does for their communities. While the coalition acknowledges the distinct differences, histories, and experiences between the three workers, this multiethnic and multilingual coalition comes together in solidarity around common workforce issues and supports communities' self-identification of healthcare workers that come from and serve their communities.

As of April 2023, the US Bureau of Labor and Statistics estimates there are 8,940 CHW/P/Rs working in California, with the second (Los Angeles, Long Beach, Anaheim) and third (San Francisco, Oakland, Hayward) largest metropolitan areas in the country in terms of CHW/P/R employment. [1] However, this is likely an undercount due to the persistent failure to recognize and count Promotoras.

Community Health Worker (CHW)

A CHW is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/ link/ intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. [2]

Promotora

Promotoras are highly skilled, knowledgeable, and experienced workers, who support marginalized communities to navigate complex institutional systems by identifying and working through service and care gaps utilizing a combination of the above-mentioned capacities, cultural fluency and affirmation (they share ethnicity, language, cultural traditions, practices, socioeconomic status and life experiences of the communities they serve) and leadership development approaches designed to empower the individuals they serve to access resources and care. Finally, they uplift and share best practices learned through their work, to inform those same institutions to make adjustments needed to better serve marginalized communities. In this report we intentionally use the term “Promotora” in acknowledgment of a majority women-led workforce. [3]

Community Health Representatives (CHR)

CHRs are frontline public health workers who are trusted members of the community with a close understanding of the community, language, and traditions essential to the spectrum of Tribal community-oriented primary health care services. [4]

California has recently recognized the important work that CHW/P/Rs provide through several new policies:

- **Medi-Cal CHW/P/R Benefit.** Starting in July 2022, Medi-Cal covers preventive services provided by CHW/P/Rs, including health education, navigation, and individual advocacy and support. [5]
- **CalAIM.** California Advancing and Innovating Medi-Cal (CalAIM) [6] is a framework improving delivery system, program, and payment reform across Medi-Cal. Many elements of CalAIM provide opportunities to leverage the value and work of CHW/P/Rs. For example, through CalAIM, California became the first state to offer targeted Medicaid services, including services provided by CHW/P/Rs with lived experience, to youth and eligible adults in state prisons, county jails, and youth correctional facilities.
- **Statewide Investments in CHW/P/R Workforce.** Governor Newsom allocated $281.4 million in fiscal year 2021/22 to recruit, train, and certify 15,000 new CHW/P/Rs by 2028. [7]
- **Statewide Requirements for the CHW/P/R Certificate.** The Department of Health Care Access and Information (HCAI) was working to develop statewide requirements for the CHW/P/R Certificate to provide CHW/P/R services for the Medi-Cal benefit. [8] HCAI published a Guidance Letter in July 2023 but the California Health and Human Services Agency (CalHHS) has paused its implementation in order to ensure CHW/P/Rs feel heard, establish infrastructure statewide to strengthen the CHW/P/R workforce, and boost adoption of the Medi-Cal benefit.

See Appendix A1 for more details on these policies.

Centering the Voices of CHW/P/Rs in Developing CHW/P/R Policy Recommendations

As the California state government continues to develop Medi-Cal policies and workforce investments to hire and train CHW/P/Rs, it is imperative that CHW/P/Rs play an active role in these policy discussions. CHW/P/Rs should be tasked with formulating and shaping their own guidelines to identify their requirements, rights, and routes to success within the state. This is essential to prevent policies that unfairly hinder their access to training, certification, and employment as part of the traditional health workforce.

The development of the policy recommendations in this agenda were led by the CHW/P/R members of the CHW/P/R Policy Coalition to ensure their perspectives guide current and future policies impacting their workforce.

About the California Community Health Workers, Promotoras, and Representatives Policy Coalition

The CHW/P/R Policy Coalition is a statewide grassroots coalition made up of CHW/P/Rs, interested stakeholders, and community-based organizations that serve marginalized communities including BIPOC, immigrant, refugee, people impacted by mass incarceration, Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and Two-Spirit (LGBTQ2S+), and persons with disabilities. The coalition is dedicated to ensuring that policies that impact CHW/P/Rs are rooted in CHW/P/R voices, strengthen health equity and health care quality, are financially sustainable, prioritize workforce diversity, and value community cultural wealth.

The coalition's goal is that California will have a sustainable, diverse, coordinated, and impactful coalition of CHW/P/Rs, community members, advocates, and stakeholders. The coalition pursues three main objectives:

1. Convene CHW/P/Rs and advocates for CHW/P/Rs from marginalized communities across the state
2. Develop a shared policy agenda to advance the integration and sustainability of CHW/P/Rs
3. Engage stakeholders in public education and policy advocacy

The coalition centers CHW/P/Rs as an antiracist strategy to achieve our vision of holistic community wellness–the harmonizing of mind, body, and spirit. [9, 10, 11] As defined by The Children's Partnership, a CHW/P/R workforce is an antiracist strategy because it *"shifts power through partnerships in which people who directly experience the conditions that cause inequities have leadership roles and avenues to share their perspectives with health care organizations." [12]*

The coalition hosted two online co-drafting sessions for the policy agenda in March and April 2023 with 152 California CHWs, Promotoras, and CHRs. In each session, CHW/P/Rs participated in polls and focus groups with guided questions pertaining to each policy priority utilizing popular education principles *(See Appendix A2. for Focus Group and Poll Questions)*.

Sessions were hosted in English, Spanish, and Tagalog. Participants predominantly spoke Spanish, with CHW/P/Rs speaking only Spanish (55%), a mix of Spanish and English (33%), only English (12%), a mix of English, Spanish, and American Sign Language (1%), a mix of English and Tagalog (1%), only Tagalog (1%), and only Hmong and Laotian (1%).

Participants identified as

81% Latine/a/o

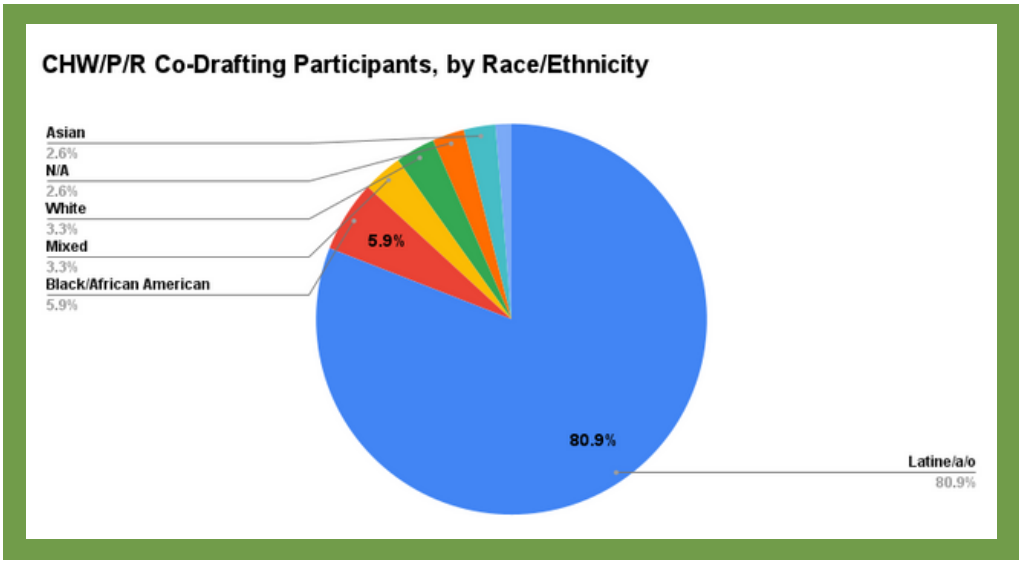
6% Black/African American

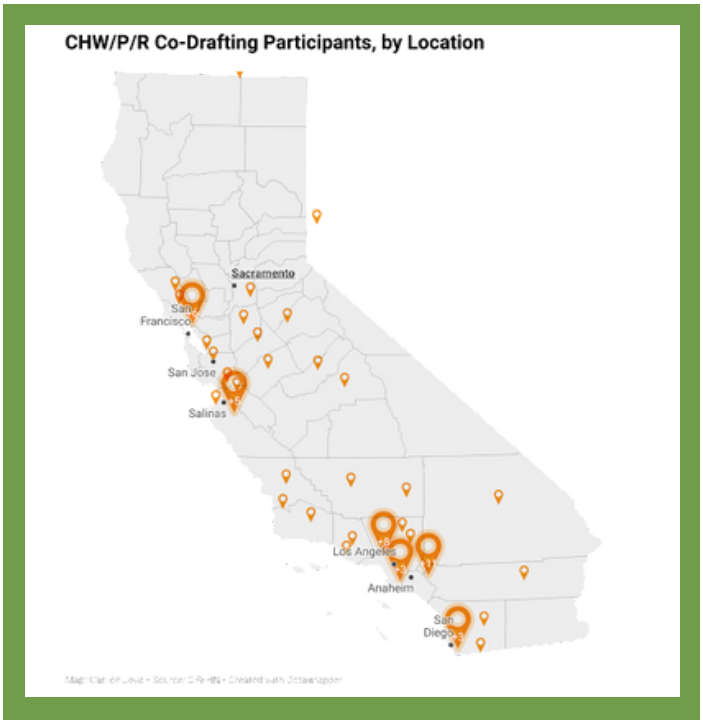
3% White

3% Mixed Race

3% Asian

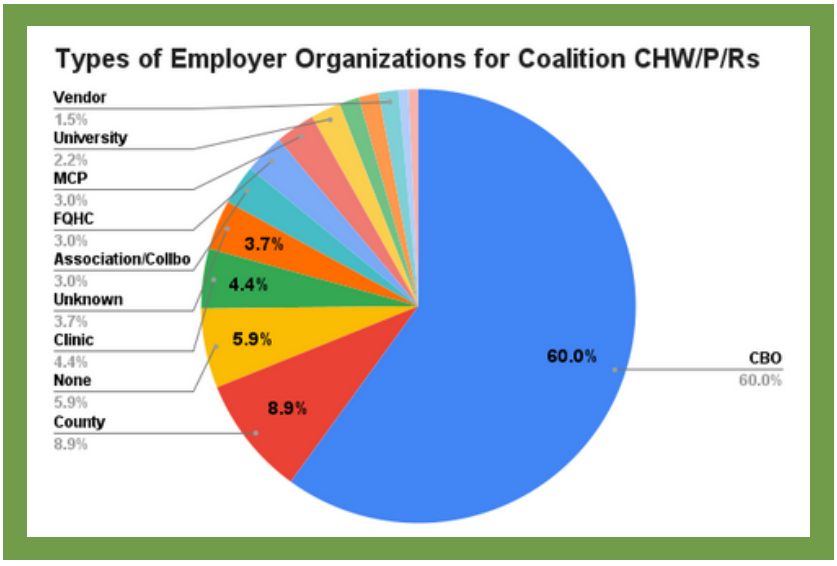
1% Indigenous/Native





CHW/P/Rs joined the sessions from across California with a majority located in Los Angeles, Central Coast, San Diego, and the Greater Bay Area.

Sixty percent of participating CHW/P/Rs reported an association or employment with a community-based organization and 9% with a county public health or social services department.



Between April to June 2023, the coalition hosted three additional meetings, 12 individual or group interviews, and an online survey for additional feedback on the drafted policy agenda. The steering committee additionally received feedback in community spaces such as the California Consortium for Urban Indian Health Annual Conference, CPEHN's Voices for Change Conference, and the San Joaquin Community Health Worker Network. *See Appendix A7-9 for the full list and description of coalition events, interview guide and the individuals interviewed or surveyed.*

CHW/P/R -Identified Policy Recommendations

Through the coalition's co-drafting sessions, CHW/P/Rs developed 15 policy recommendations in four key areas:

1. Workforce Development
2. Economic Equity
3. Effective Integration of CHW/P/Rs into Care Teams
4. Equitable Access to CHW/P/R Services for Medi-Cal Enrollees

Workforce Development

CHW/P/Rs recommend a heightened focus on workforce development, including training, education, certificates, career growth, and benefits. Specific policy recommendations include:

1. Provide No Cost, Accessible, Culturally Responsive CHW/P/R-Led Training in All Languages

A primary demand of CHW/P/Rs is for free, continuing education for all CHW/P/Rs. Training should be accessible to all CHW/P/Rs, regardless of languages spoken, immigration, or criminal record. CHW/P/Rs want a holistic range of trainings to better

support community members, including training on topics such as:

- Navigation & referrals particularly with housing and substance use
- COVID-19
- Oral health
- Mental health conditions and substance use
- Childhood & youth health and development
- Technology
- Gender affirming care
- Gender health equity
- Policy & advocacy
- Clinical culture and values
- Best practices for working and communicating with a clinical care team
- Advocacy for patients in a clinical care setting

"As a trans person of color that has experienced a lot of transphobia, racism, why aren't we talking about gender care; these all affect the outcomes and if we have this education as a reference- the work will be enhanced; when they bring it up, doesn't feel heard; if we don't address all of this, then it truly doesn't serve everyone"

– CHW/P/R Policy Coalition Member

CHW/P/Rs are interested in advanced CHW/P/R training for those who wish to specialize in a particular area, additional content training for those who wish to broaden their scope of work, community empowerment training for those who seek to engage members in decisions that will impact their health, and technological tools to help CHW/P/Rs meet concrete goals for improvements in health outcomes. Further, CHW/P/Rs emphasized the difficulty of transitioning from community-based care to clinical settings without dedicated training and support.

The state should direct funding for training in the areas mentioned above as well as the priority areas designated in the CHW/P/R State Plan Amendment: [13] core competencies, control and prevention of chronic conditions or infectious diseases, mental health conditions, and substance use disorders, perinatal health conditions, sexual and reproductive health, environmental and climate-sensitive health issues, child health and development, oral health, aging, injury, domestic violence, violence prevention.

CalHHS, HCAI, CDPH, and DHCS should engage CHW/P/Rs in the development and execution of these training modules which should be updated regularly to reflect changing norms, demands, and trends in the field. The state should additionally institute an easy, accessible process for ***individual CHW/P/Rs*** to apply for workforce development stipends and allow flexibility in how CHW/P/Rs utilize training stipends.

The state should require CHW/P/R training entities to meet the following additional minimum requirements:

- Not-for-profit
- Located in-state and in vulnerable communities, with knowledge of California laws, health programs, and barriers to care
- Offer culturally competent and in-language trainings and/or translation and/or interpretation services for their trainings
- Offer provide training in person or virtually
- Offer training at no cost to individuals
- Do not engage in exclusionary or bad practices/behaviors
- Have 5 years of experience providing CHW/P/R training with a proven track record of success
- Engage CHW/P/Rs in their training programs and curricula development
- Demonstrate a full understanding of the community-based CHW/P/R models and principles such as demonstrating core competencies in employing, training, and supporting CHW/P/Rs

2. Prioritize Hiring and Developing Individuals with Lived Experience

Achieving a positive impact in historically marginalized communities requires centering the lived experiences of CHW/P/Rs and minimizing exclusionary barriers to participation like costly certifications and trainings, language requirements, background checks, immigration status, or educational level. These types of exclusionary qualifications can eliminate expert community leaders from consideration who are very knowledgeable about the community, skilled liaisons, and trusted by local families.

"Where I work, several positions have been opened, but for immigration or education reasons, they don't give me the position. I feel that I have the ability to do the job but they don't give me the opportunity. Contract work is hard"

– CHW/P/R Policy Coalition Member

During the COVID-19 Public Health Emergency (PHE), the Department of Public Health prioritized lived experience for CHW/P/R positions. However, with the end of the PHE, the department has reintroduced

formal educational requirements, establishing an unwarranted obstacle that hinders individuals with valuable lived experiences from joining the workforce. The state should remove these exclusionary requirements and create incentives for employers to adopt flexible hiring practices to hire and train individuals with lived experience or shared history. Special emphasis should be placed on individuals with lived experiences with limited or non-English speaking, low income, undocumented, formerly incarcerated, LGBTQ2S+, especially Trans and Intersex, and other marginalized communities.

3. Establish a Career Pathway for CHW/P/Rs that Provides Opportunities for Growth and Specialization

Seventy percent of participating CHW/P/Rs said they do NOT know how to grow and advance in their career as a CHW/P/R. CalHHS, HCAI, and DHCS should work with CHW/P/Rs to develop and disseminate annually a CHW/P/R career advancement guide, like that developed by El Sol Neighborhood Educational Center, which includes roles, requirements, core competencies, experience required, average salaries, and training recommendations. [14]

"Have different scales of pay based on specialization of CHWs which can lend to advancement in their roles; having continued education where certain trainings can help support the advancement; have certain trainings that can help CHWs lend their lived experiences to those trainings."

– CHW/P/R Policy Coalition Member

CHW/P/Rs want career pathways that provide opportunities both for those who have found their calling and/or who wish to specialize and for those who wish to move into other health professions. Designed in partnership with CHW/P/Rs, career pathways are needed to maintain the core values of the community transformation model and validate CHW/P/Rs' life experience while also ensuring that core competencies, training, and curricula are closely aligned with CHW/P/Rs' interests and local community needs.

Further, DHCS should provide incentives for organizations to hire or utilize CHW/P/Rs in CalAIM's Enhanced Care Management (ECM) initiative. As currently structured, CalAIM incentivizes only care managers to provide ECM services, and excludes other types of workers like CHW/P/Rs who are trained to manage and coordinate care. DHCS should create well-defined roles, career pathways, and intentional integration of CHW/P/Rs in ECM services.

4. Establish a Standing CHW/P/R Majority (51%) Governing Board

As a long term anti-racist strategy, California should form a Governing Board to advise the state on implementation issues related to integrating CHW/P/Rs into health care systems and settings. The racial, cultural, ethnic, sexual orientation, gender, economic, linguistic, age, disability, people impacted by incarceration, and geographical diversity of the state should be considered so that the committee's composition reflects the communities of California.

In a 2014 policy statement, the **American Public Health Association (APHA)** encouraged "...state governments and any other entities drafting new policies regarding CHW training standards and credentialing to include in the policies the creation of a governing board in which at least half of the members are CHWs." [15] Data gathered by Vision y Compromiso from over 125 promotoras in California (2014-2016) highlighted the need for "a process that is promotor-centered and -controlled" in order to lift up "the needs of local communities." Promotoras said, "we should be the ones to identify core skills, lead the credentialing conversation, set

the standards for the community-based model, and help define what the outcomes must be." [16]

By the end of 2024, the state should establish a framework for this new Governing Board including its scope, objectives, and membership. The state should allocate funds to pay for stipends, meals, travel, interpretation, technology, and childcare to enable the participation of diverse CHW/P/Rs.

5. Establish a Targeted Recruitment and Technical Support Program to Broaden Representation in the CHW/P/R Workforce

Black, Native, Indigenous, Asian American, Native Hawaiian and Pacific Islander(AANHPI), LGBTQ2S+ (specifically Trans & Intersex), rural, and youth are underrepresented in the health care workforce, leading to a lack of trust in the health care system in these communities.

While CHW/P/Rs specifically called out a lack of representation within the CHW/P/R workforce for these specific communities, they noted that there are leaders in these communities providing CHW/P/R services without the title.

During the COVID-19 pandemic, many CBOs that traditionally didn't offer direct health-related services took on health care roles and now have the workforce and infrastructure to focus on health care services if funding were available. CalHHS, HCAI, CDPH, and other state agencies should dedicate funding and technical support to grow the CHW/P/R workforce in underrepresented and marginalized communities:

Black CHW/P/Rs: *"There is a lack of representation, lack of trust, there is a history of trauma and abuse"* – CHW/P/R Policy Coalition Member

Trans and Intersex CHW/P/Rs: *"...remind folks that these [trans and intersex and gender sensitive folks] are the most harmed and most oppressed by the system, the health establishment, the medical establishment, and the medical industrial complex."* – Interviewee

AANHPI CHW/P/Rs: *"Part of the problem is that we don't have a pool of CHWs like Vision y Compromiso, so we don't have a history of our community going out and doing this kind of outreach and education, or at least we don't call them CHWs or community health workers…what we have are smaller CBOs that do outreach and education in our communities but don't do that exclusively"* – Interviewee

AANHPI CHW/P/Rs: *"They are not funding [COVID-19 Funding] at the same level now so we are going to lose all of the community health workers we have because the funding is not going to continue…If they were smart, they would use the infrastructure they created to transition to a permanent pool of community health workers for other purposes, but they don't, they're not doing that."* – Interviewee

Native CHW/P/Rs: *"Funding for these types of organizations within Indian country would be great because the community health worker model is very in alignment... with our cultural values and ideas of working with community and working in community directly at that grassroots level"* – Interviewee

Native Support in Rural Areas: *"Humboldt County, for instance…that's a big county where we'll hear [of] just lack of services up there…And then Central California, we've heard of people from small, farm towns who need support."* – Interviewee

CHW/P/Rs identified an acute need for more CHW/P/R services in rural communities. Rural communities also have specific needs and challenges. Not only do these challenges include lack of transportation and mobile connectivity for individuals to commute to an access point of CHW/P/R services, but they also include a lack of digital access that prevents individuals from accessing CHW/P/R services remotely. For example, a promotora that works and lives in a rural community of California states that her community experiences a high digital disconnectivity rate given that there is not a lot of broadband infrastructure in the area.

"The services seem like they are only provided for those that have medical insurance or are linked to a well known organization. We forget about those in our rural communities."

– CHW/P/R Policy Coalition Member

The technical support program would identify the specific needs and challenges of each community and tailor technical assistance to the needs such as seed funding, mentorship from experienced CHW/P/Rs, network building, tailored training modules and resources, and ongoing education and skill development. The program's success will be measured by its ability to provide opportunities and support to individuals from these backgrounds, thereby promoting diversity and equity in healthcare services.

6. Ensure CHW/P/Rs Can Access Mental Health and Wellness Support, Resources, and Supervision

"Healers Need Healing Too."

– CHW/P/R Policy Coalition

Because CHW/P/Rs give their heart, time, and energy to the community, CHW/P/Rs need a space to receive emotional support. While CHW/P/Rs are proud to bring their lived experience to the work they do and serve community members, they can experience retriggering of their own traumas in the field. Moreover, similar to other care-intensive professions such as medicine and social work, the risk for burnout is high. CHW/P/Rs shared how they need proper mental health resources to support community members and themselves, including specific training on trauma and self-care, support groups with other CHW/P/Rs, and better access to health and mental healthcare services.

"Somos trabajadoras en la comunidad pero necesitamos más apoyo en la salud mental. Escuchamos todos los problemas de la comunidad y se dirigen a nosotros por apoyo pero nosotras no tenemos apoyo. Las personas no confían en otras personas para decirle sus problemas. Las promotoras vemos tanta necesidad y nos afecta la salud mental."

"We are community workers, but we need more mental health support. We listen to all the community's problems and they turn to us for support, but we don't have support. People don't trust other people to tell them their problems. We promotoras see so much need, and it affects our mental health."

– *Miembro de la Coalición CHW/P/R* // CHW/P/R Policy Coalition Member

DHCS, CDPH, and California Mental Health Services Authority (CalMHSA) should ensure that CHW/P/Rs have access to free mental health and wellness benefits in their employment. Wellness benefits can include educational workshops on self-care, resilience training, resources on secondary trauma, screenings, paid time off (PTO), and on-site massages.

Employers must cover mental health expenses from talk therapy to traditional healing practices to peer support groups where CHW/P/Rs can share their experiences and get support from other CHW/P/Rs. Employers should also offer supportive supervision and create spaces at work to process trauma and grief during working hours. Agencies that employ CHW/P/Rs must have an understanding and commitment to

addressing trauma from the role. For additional mental health recommendations about California's BIPOC communities' mental health needs, as well as how to better improve the mental health resources available please refer to A Right to Heal: Mental Health in Diverse Communities. [17]

Economic Equity

CHW/P/Rs are currently experiencing economic and income insecurity and are seeking economic equity. Half of CHW/P/Rs in the coalition said they do not feel their employer compensation reflects the full value of their work. Alarmingly, only 10% of respondents felt their current salary covers their basic expenses. Long considered by many to be a volunteer workforce, promotoras need to support their families: *"There are too many women who work for little or nothing. They need to be able to support their families, too. If we do not pay promotores then we are exploiting their skills." [18]*

CHW/P/Rs shared they lack a consistent or reliable salary, and sometimes receive no salary at all, relying on stipends. Many CHW/P/Rs have been experiencing transportation, housing, and food insecurity yet are still required to pay out of pocket for materials and training for programs.

"Hacemos talleres para las mujeres que son abusadas. Nosotros ponemos los materiales para los talleres pero a veces la agencia no pone material y nosotras tenemos que comprar material de nuestra bolsa. Claro lo hacemos con mucho gusto porque nos gusta pero es muy difícil especialmente sin tener oportunidad de avanzar en nuestro puesto."

"We provide the materials for the workshops but sometimes the agency does not provide material and we have to buy material from our bag. Of course, we do it with great pleasure because we like it but it is very difficult especially without having the opportunity to advance in our position."
– Miembro de la Coalición CHW/P/R// CHW/P/R Policy Coalition Member

7. Secure Thriving Wages for CHW/P/Rs

For CHW/P/Rs to advance and grow in their career, they require job and income stability. The Medi-Cal transformation initiatives underway as part of CalAIM rely heavily on CHW/P/Rs. While the new Medi-Cal benefit provides the opportunity to support CHW/P/Rs with sustainable long term funding, the proposed payment rates starting at $26.66 for a 30-minute direct interaction, are too low to ensure successful implementation and fidelity to the richness of the CHW/P/R model. Because most CHW/P/Rs are employed by hospitals, health clinics, providers, or community-based organizations, the current rate must pass through several entities (e.g., the health plan, the hospital, the CBO) before it ever reaches the individual CHW/P/R. A recent study found that California's CHW/P/R rates are covering just 38% of the actual costs of providing these services and would need to be more than double that rate, to reflect hidden administrative and overhead costs, including training and supervision as well as software and equipment, transportation, and benefits. [19]

"We don't know where our next funding is coming from. And when we do get funding, it doesn't pay enough to survive or thrive."
– CHW/P/R Policy Coalition Member

The Centers for Medicare and Medicaid (CMS) just released two new billing codes for Community Health Integration services performed by certified or trained auxiliary personnel (including CHW/P/Rs) under the supervision of a billing practitioner. [20] The new

Medicare rate for these codes, $60.98 for a 30 minute visit, is more than double the current Medi-Cal CHW/P/R rate. California, which has one of the highest costs of living of any state, must at least align with federal standards to attract and retain CHW/P/Rs.

In 2023, California's Legislature and Governor Newsom authorized a Managed Care Organization (MCO) Provider Tax to increase Medi-Cal rates to 87.5% of Medicare rates for several providers, including physicians, nurse practitioners, midwives, doulas, and other behavioral health specialists. [21] Incredibly, CHWPRs, a majority women and community-of-color-led workforce, were not a recipient of this tax, nor were they included in the Governor's final FY 2023-24 state budget package or in his current FY 2024-25 state budget, despite support from the legislature. The Governor and Legislature should raise the Medi-Cal CHW/P/R rate to at least 87.5% of Medicare (or $53.35 for a 30-minute visit) starting January 1, 2024, using MCO Tax revenue or previously allocated but unused funds for the new Medi-Cal benefit.

"Yo pienso que es muy importante porque muchas de las veces los promotores no son remunerados y también necesitan transportación. El hecho de que tengan buenos salarios, beneficios y recursos ayudaría a que ellos puedan estar donde la comunidad los necesita."

"I think it is very important because many times the promotores are not paid, and they also need transportation. The fact that they have good salaries, benefits, and resources would help them be where the community needs them."

– Miembro de la Coalición CHW/P/R// CHW/P/R Policy Coalition Member

8. Ensure Full Workplace Benefits for CHW/P/Rs

CHW/P/Rs who invest their time, energy, and empathy into the community want to see their employment invest in not only their overall health but also their future. As with any other worker, employers should provide access to job benefits for CHW/P/Rs. CalHHS, DHCS, and California Labor and Workforce Development Agency (LWDA) should ensure CHW/P/Rs have access to health care insurance, paid time off (for illness and vacation), retirement, 401K, child care, flexibility to work from home, and disability accommodations. This should include paid time off for professional and career development so CHW/P/Rs can continue to grow and improve in their careers.

"We want full time employment (no more part time or free volunteer work where we work 10 hours and get paid for 3) We want all the benefits that all dignified jobs have 401k, medical, vacations, sick leave, retirement, stipends for single moms, child care, flexibility to work from home, gas, mileage, disability, unemployment etc., legal advising, advising on immigrations status and support!"

– CHW/P/R Policy Coalition Member

In addition, CHW/P/R employers should provide reimbursement for transportation required to do their jobs. CHW/P/Rs have challenges delivering services in their respective communities due to the high cost of transportation. Often CHW/P/Rs pay for their own transportation, either gas or

public transportation, which can become a substantial cost.

9. Financially Support CHW/P/R Work in the Community

CHW/P/Rs shared that while health systems say they are community-focused or oriented, that there is a lack of support and resources that support community engagement, specifically there is a lack of investment to assist CHW/P/Rs being in the community. While some employers do not participate in community events, there is a large expectation for CHW/P/Rs to take on this workload without proper resources. It is as if the commitment to community many health systems boast is left as a burden for the CHW/P/R to carry on their own. This is an example of not just the lack of support, but the lack of knowledge of systems on how to effectively integrate CHW/P/Rs to advance the whole care of individuals and communities. CHW/P/Rs want to be seen and heard, included in conversations to inform patient care plans and have their recommendations followed-up on by the rest of the care team.

"[The university that I work for] does not participate in community events but places a large amount of the workload on CHWs without giving them any resources – it's an ivory tower perpetuating institutionalized racism."

– CHW/P/R Policy Coalition Member

10. Increase Transparency Around CHW/P/R Pay and Billing Practices

Although DHCS set a statewide rate for CHW/P/R services, rates paid to contractors vary by plan, region, and other factors, and information on the paid rates is not publicly available. For the CHW/P/R Medi-Cal Benefit and CalAIM services, CHW/P/R employers are interested in contracting with Managed Care Plans to provide critical CHW/P/R services but without rate transparency, are at a disadvantage when it comes to negotiating with plans over the rates they will receive. CHW/P/R employers often operate with limited financial resources compared to larger managed care organizations. The scale and bargaining power of Managed Care Plans may inherently put CHW/P/R employers in a weaker position during negotiations. Moreover, the lack of standardized billing and reimbursement structures for CHW/P/R services further exacerbates the disadvantage. Unlike more established healthcare services, CHW/P/R roles may not have well-defined billing codes or reimbursement rates, leaving room for ambiguity and making it harder for CHW/P/R employers to advocate for fair compensation.

CalHHS, HCAI and the CHW/P/R Governing Body should solicit, review, and publish data on CHW/P/R billing and payment practices, annual wages and benefits and make recommendations on ways to improve CHW/P/R financial sustainability.

Effective Integration of CHW/P/Rs into Care Teams

Once CHW/P/Rs are hired and trained, they mush be effectively integrated into care teams within the various settings in which CHW/P/Rs work - whether in a community-based organization, health center, hospital, or in other settings.

"Muchos promotores no tienen acceso a una computadora. Muchos de mis promotores no tienen en donde sentarse, no tienen un lugar digno."

"Many promoters do not have access to a computer. Many of my promoters don't have a place to sit, they don't have a decent place."

– Miembro de la Coalición CHW/P/R// CHW/P/R Policy Coalition Member

11. Require Trainings for Providers and Health Plans on the Role of CHW/P/Rs

One of the key contributions of the CHW/P/R model is that it introduces community and/or patient advocacy into the care setting, whether the care is delivered at a traditional clinic or community site. CHW/P/Rs can help physicians and care providers understand a patient's social and health needs, build patient agency, and challenge racism in the health care system. CHW/P/Rs shared that in many clinical settings there is a lack of understanding about the CHW/P/R scope of work and role. Many CHW/P/Rs shared that they are treated like sidekicks on the care team and some are not even given a place to work. This requires education for physicians, nurses, and other staff who will work with CHW/P/Rs to understand the role of the CHW/P/Rs and their function as an anti-racist health equity strategy.

CalHHS, HCAI, CDPH, DHCS, health plans and providers should be required to share resources and undergo training on the role of CHW/P/Rs as an anti-racist health equity strategy and best practices for equitable implementation of these services in or outside clinical settings, including the value and importance of community cultural wealth. Resources and training should include:

- Frameworks that support a community based workforce such as the Promotora Community Transformation Model developed by Vision y Compromiso. [22]
- Training on implicit bias and anti-racism for staff working with CHW/P/Rs.
- Specific guidelines and best practices for establishing clear roles and supervision in clinical and community settings.
- Best practices on how to integrate CHW/P/Rs into care team activities, including planning, implementation, sustainability, and evaluation, utilizing guides such as the Centers for Disease Control CHW Integration Checklist. [23]
- Best practices for integrating CHW/P/Rs into Medi-Cal managed care plans using guides such as California Health Care Foundation's Advancing California's Community Health Worker & Promotor Workforce in Medi-Cal Resource Center for developing and financing CHW/P/R programs and partnerships, establishing roles and recruiting CHW/P/Rs, training and supporting CHW/P/Rs, and engaging CHW/P/Rs in data collection and program outcome measurement. [24]
- Best practices for bi-directional communication between providers and CHW/P/Rs.

"[...] to feel integrated into a team:

1. ***clear role for the promotora***
2. ***understand the objective of the team.***
3. ***What can I bring to the table, how can I benefit this team?***
4. ***friendly, and strong communication***
5. ***research as to how her addition can supplement the team"***

– CHW/P/R Policy Coalition Member

Equitable Access to CHW/P/R Services for Medi-Cal Enrollees

Medi-Cal recently added culturally and linguistically responsive CHW/P/R services as a new benefit to reduce disparities and improve health outcomes for Medi-Cal's diverse enrollees. While this provides a great opportunity

to expand access to CHW/P/R services, the use of this new benefit has been limited to date. CHW/P/Rs identified several opportunities to expand the use of this benefit.

12. Ensure Community Members are Aware of and Able to Access the New Medi-Cal Benefit

Through AB 2697(Aguiar-Curry) [25] and the Population Health Management CHW/P/R Integration plan, Medi-Cal managed care plans are required to engage in culturally and linguistically appropriate outreach and education efforts to Medi-Cal members. This includes providing enrollees with a description of services, a list of providers, and contact information. For many Medi-Cal MCPs and enrollees, the new CHW/P/R benefit has become lost amidst all the changes and new benefits related to CalAIM.

DHCS must ensure that plans are held responsible for delivering outreach services about the new CHW/P/R benefit and provide them with assistance in modifying materials as necessary with the support of CHW/P/R/S.

13. Utilize State and Federal Dollars to Build CBO Infrastructure

CalAIM's new Population Health Management (PHM) program relies heavily on community-based CHW/P/Rs to connect patients to health and other social services. Yet many CBO entities lack the necessary billing and data infrastructure needed to provide PHM. And technical support for the CHW/P/R benefit cannot be accessed through the CalAIM TA Marketplace as it is not a part of the CalAIM 1115 waiver.

DHCS should amend the current Cal-AIM waiver so all CHW/P/R employers, including community based organizations (CBOs), can access Providing Access and Transforming Health (PATH) funds which are currently restricted to employers providing Enhanced Care Management (ECM) and Community Supports (CS).

Additionally, DHCS should allocate a portion of the Equity and Practice Transformation grants to providers that practice team-based care and employ CHW/P/Rs and allow the use of those funds to raise wages and help build the necessary infrastructure to support CBO contracting and billing in order to provide CHW/P/R services in Medi-Cal. [26] Finally, DHCS should invest and promote community care hubs which can play a key role in consolidating administrative operations for smaller CBOs, by acting as an administrative contracting hub, developing key relationships between health systems and community leaders, aggregating data, and providing opportunities for community leaders to have decision making powers in program policy development. These care hubs can also enhance employment opportunities for CHW/P/Rs based on their specific localities.

14. Establish a Learning Collaborative to Facilitate Uptake of the Medi-Cal CHW/P/R Benefit

Although the CHW/P/R benefit in Medi-Cal went into effect starting July 2022, the Department of Health Care Services (DHCS) has left much of the implementation details to health plans, providers, and employers of CHW/P/Rs. As a result, many questions remain over when and how CHW/P/R services will be utilized and how

entities will be able to bill for these services. DHCS should work in partnership with private philanthropy to establish a state learning collaborative or technical assistance table where health plans, providers, and community-based CHW/P/R entities can come together to ask questions, compare models, and share best practices to encourage successful implementation of this new benefit in order to improve health outcomes.

15. Measure and Publicly Report Utilization of CHW/P/Rs in Medi-Cal

To understand the effectiveness of the new CHW/P/R benefit in Medi-Cal, DHCS should require that health plans and providers measure and publicly report the utilization of CHW/P/Rs with this new benefit. Additionally, the Governor, CalHHS, and HCAI should encourage other state agencies to integrate CHW/P/Rs in health care delivery beyond the Medi-Cal benefit. As part of this effort, the agencies should gather and review data on CHW/P/R use by state and local public health departments, payers, and purchasers, as well as make recommendations to improve integration of the CHW/P/R workforce in these settings.

Additional Considerations

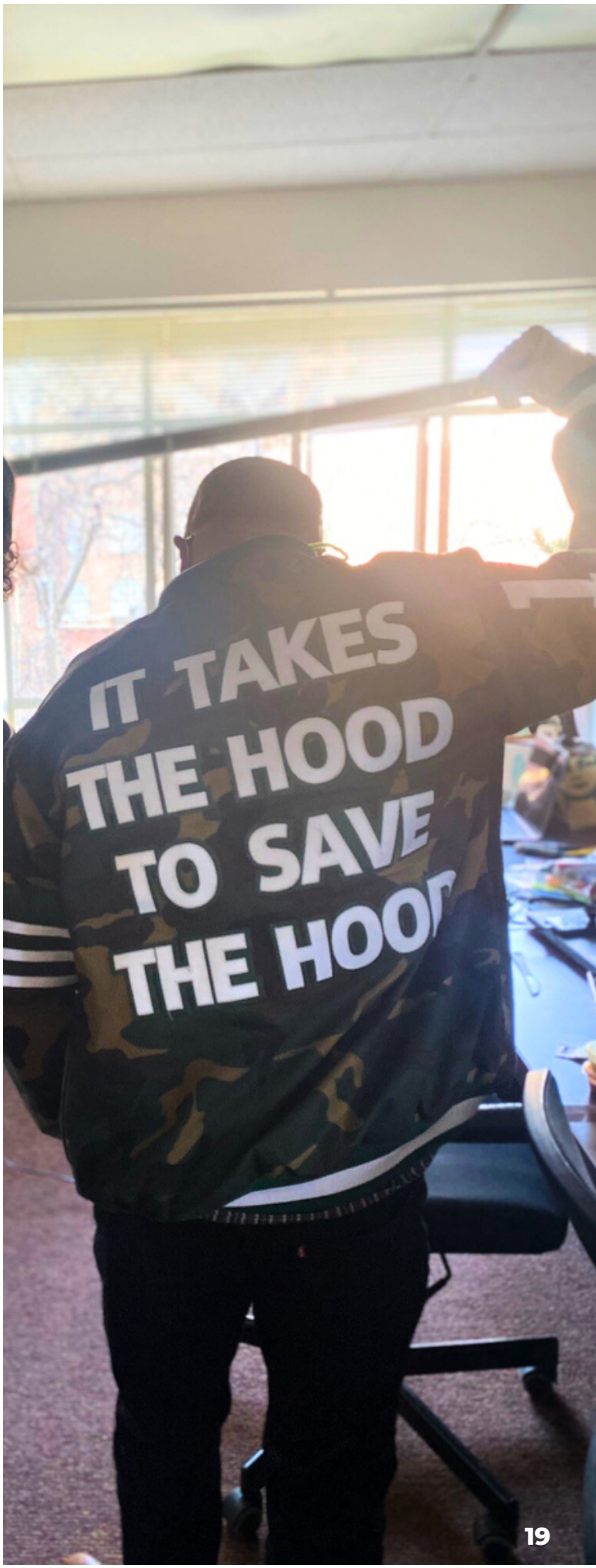
Structural challenges in the communities served by CHW/P/Rs and where many CHW/P/Rs live still exist. To ensure both a thriving CHW/P/R workforce and successful care outcomes for the community members they serve, investment will need to be made to address these challenges.

Local Needs: The recommendations in this policy agenda are informed by CHW/P/Rs across the state who live in different regions of California. Although CHW/P/Rs have similar needs, the way needs are met might vary due to regional differences. For example, although Medi-Cal certification standards are uniform and must be met across the state, regional differences should be taken into account to ensure successful uptake of the certification program. As was heard in the policy co-drafting sessions, CHW/P/Rs in rural areas have fewer training providers and reduced access to certification training centers due to limited transportation. As the state develops statewide policy, regional differences such as rural and urban challenges must also be considered to ensure equity.

Cultural and Linguistic Responsiveness: Cultural and linguistic needs are another implementation priority. A key aspect of the CHW/P/R is the diversity and knowledge of their communities in terms of language, culture, and lived experiences. To equitably meet community members where they are, CHW/P/Rs shared they need flyers, curricula, applications, and other materials that are culturally and linguistically competent and responsive. Information must be tailored to reach a range of literacy skills and translated into many languages. CHW/P/Rs shared how the use of social media platforms and storytelling effectively reaches the communities they serve. Therefore, policies governing their workforce and the services they provide must be accessible to CHW/P/Rs of varying levels of education, spoken and written language and open to cultural nuance based on the knowledge and expertise of CHW/P/Rs. Ensuring proper cultural and linguistic responsiveness will set up the CHW/P/R workforce for successful execution of services for positive health outcomes.

Conclusion

In California, pervasive and systemic inequities resulting from decades of structural racism have led communities of color to have a higher burden of chronic disease, less access to health care, and, ultimately, shorter life expectancies. Successful integration of CHW/P/Rs, who have lived experience and come from the diverse communities they serve, is a critical component in California's plans to achieve more equitable health outcomes. Unfortunately, California's CHW/P/Rs face critical challenges in their work today and what they need to ensure sustainable jobs. Implementation of these fifteen priority recommendations, developed by CHW/P/Rs for the state to implement, is an important first step towards a more equitable health care system and holistic wellness in California. Achieving these objectives will require a conscientious expansion of the workforce that centers CHW/P/R values and voices in decision making to plant the seeds for a healthy tomorrow.



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CHW/P/R Policy Coalition Steering Committee

California Pan-Ethnic Health Network

Andrea Mackey
Andrea Rivera
Cary Sanders
Cassandra Aguilar
Johan Cardenas
June O'Leary
Kristy Lee
Ronald Coleman Baeza
Selene Betancourt
Seleny Diaz

California Consortium for Urban Indian Health

Arianna Antone-Ramirez
Virginia Hedrick
Wyatt Kelly

Latino Coalition for a Healthy California

Mar Velez
Seciah Aquino

Roots Community Health Center

Jamaica Sowell
Uthman Ahmad

Transition Clinic Network

Anna Steiner
James Mackey
Shira Shavit

The Children's Partnership

Ebony Durham
Gabriela Barbosa
Kristen Golden Testa
Liza M. Davis

Visión y Compromiso

Maribel Montes de Oca
Maria Lemus

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Appendices

View the appendices here, or scan the QR code.

References

1. U.S. Bureau of Labor Statistics. (n.d.). Occupational Employment and Wages, May 2021: 21-1094 Community Health Workers. Retrieved November 21, 2023, from https://www.bls.gov/oes/current/oes211094.htm
2. American Public Health Association. (n.d.). Community Health Workers. Retrieved from https://www.apha.org/apha-communities/member-sections/community-health-workers
3. Vision y Compromiso. (n.d.). Publications & Resources. Retrieved from https://visionycompromiso.org/publications-resources/
4. Indian Health Service. (n.d.). Community Health Representative Program. Retrieved from https://www.ihs.gov/chr/
5. California Department of Health Care Services. (2022). Medi-Cal Coverage of Community Health Worker (CHW) Services is Effective July 1, 2022. Retrieved from https://mcweb.apps.prd.cammis.medi-cal.ca.gov/news/31781_01
6. California Department of Health Care Services. (n.d.). CalAIM High-Level Summary. Retrieved from https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM/CalAIM-High-Level-Summary.pdf
7. California Department of Finance. (2022). Full Budget Summary. Retrieved from https://ebudget.ca.gov/2022-23/pdf/Enacted/BudgetSummary/FullBudgetSummary.pdf
8. California Health and Human Services Agency. (2023, July). HCAI-CHWPR Guidance Letter. Retrieved from https://hcai.ca.gov/wp-content/uploads/2023/07/HCAI-CHWPR-Guidance-Letter.pdf
9. Community Responsive Education. (2020). Community Responsive Education: Wellness. Retrieved from https://communityresponsive.org/
10. Visión y Compromiso (2011, May). The Promotor Model: A Model for Community Transformation. Retrieved from https://www.careinnovations.org/wp-content/uploads/The-Promotor-Model-A-Model-for-Community-Transformation_Vision-y-Compromiso.pdf
11. Wright, G. (2018, May). The Future of Healing: Shifting from Trauma-Informed Care to Healing-Centered Engagement. Medium. Retrieved from https://ginwright.medium.com/the-future-of-healing-shifting-from-trauma-informed-care-to-healing-centered-engagement-634f557ce69c
12. The Children's Partnership. (2021, July). Community Health Workers Advancing Health Equity. Retrieved from https://childrenspartnership.org/wp-content/uploads/2021/07/TCP-Community-Health-Workers-Final-Single-Pages-1.pdf
13. California Department of Health Care Services. (2022). State Plan Amendment 22-0001 Approval. Retrieved from https://www.dhcs.ca.gov/formsandpubs/laws/Documents/SPA-22-0001-Approval.pdf
14. El Sol Neighborhood Educational Center. (2022). El Sol Career Pathway. Retrieved from https://www.elsolnec.org/wp-content/uploads/2022/04/el_sol_career_pathway_web.pdf
15. American Public Health Association (APHA). (2015). Support for Community Health Worker Leadership. Retrieved from https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2015/01/28/14/15/support-for-community-health-worker-leadership
16. Vision y Compromiso. (2016, August). Promotores' Perspectives on Training Programs in California: A Summary of 2012–2013 Focus Group Findings. Retrieved from https://visionycompromiso.org/wp_new/wp-content/uploads/2016/08/focus_group_report10.pdf
17. California Pan Ethnic Health Network (2022). A Right to Heal: Mental Health in Diverse Communities. Retrieved from https://cpehn.org/publications/a-right-to-heal-mental-health-in-diverse-communities/
18. Vision y Compromiso (2018, November). Key Workforce Priorities for the Community Transformation Model. Retrieved from https://futurehealthworkforce.org/wp-content/uploads/2018/11/workforce_report_final.pdf
19. Basu, S., Patel, S. Y., Robinson, K., & Baum, A. (2024). Financing Thresholds for Sustainability of Community Health Worker Programs for Patients Receiving Medicaid Across the United States. Journal of community health, 10.1007/s10900-023-01290-w. Advance online publication. https://doi.org/10.1007/s10900-023-01290-w
20. Centers for Medicare & Medicaid Services. (2024). Calendar Year (CY) 2024 Medicare Physician Fee Schedule Final Rule. Retrieved from https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2024-medicare-physician-fee-schedule-final-rule

21. CA AB 119 2023-24 https://legiscan.com/CA/text/AB119/id/2831262 ; MCO Tax and Investments Spending Plan: https://www.dhcs.ca.gov/Budget/Documents/DHCS-MCO-Term-Sheet.pdf
22. Vision y Compromiso. (2016). The Promotor Model—A Model for Building Healthy Communities. Retrieved from https://visionycompromiso.org/wp_new/wp-content/uploads/2016/02/TCE_Promotores-Framing-Paper.pdf
23. Centers for Disease Control and Prevention (CDC). (2019). Including Community Health Workers (CHWs) in Health Care Settings A Checklist for Public Health Practitioners. Retrieved from https://www.cdc.gov/dhdsp/pubs/docs/CHW_Integration_Checklist.pdf
24. California Health Care Foundation (CHCF). (n.d.). Advancing California's Community Health Worker (Promotor) Workforce in Medi-Cal. Retrieved from https://www.chcf.org/resource-center/advancing-californias-community-health-worker-promotor-workforce-medi-cal/
25. California Legislature. (2022). AB 2697 Medi-Cal: community health worker services. Retrieved from https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB2697
26. California Department of Health Care Services (DHCS). (n.d.). Equity and Practice Transformation Payments Program. Retrieved from https://www.dhcs.ca.gov/qphm/pages/eptprogram.aspx

Learn more about the CHW/P/R Policy Coalition here.

All interested CHW/P/Rs are invited to become members of our policy coalition. Join our coalition listserv to join a committee, stay connected on different coalition meetings and events and up-to-date on California CHW/P/R policies. Join here.

CHW/P/R COALITION

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