



CHCF

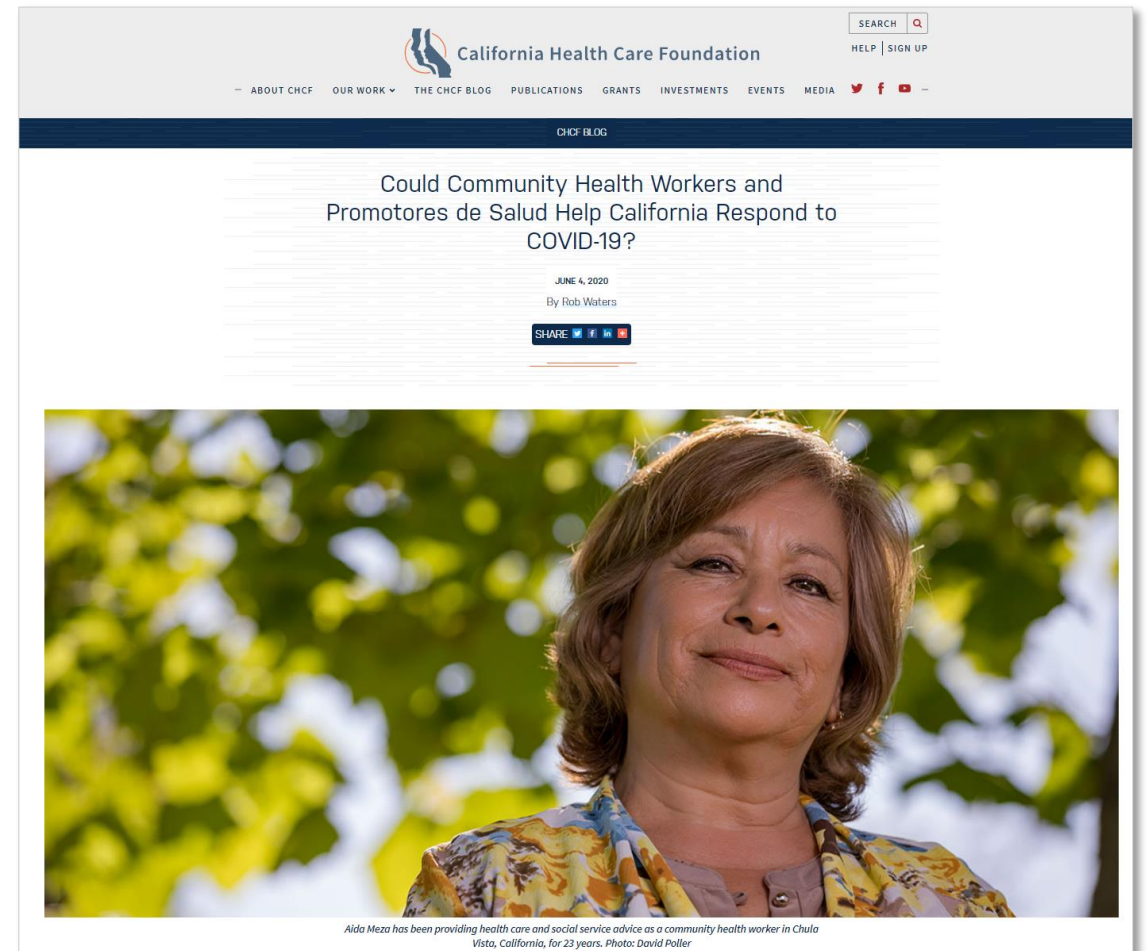


Assembly Informational Hearing: California's Community Health Worker / *Promotor* and Representative (CHW/P/R) Workforce

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CHW/P/Rs: Who Are They?

- Trusted local community members and leaders with a close understanding of the community served.
- Liaisons between health/social services and the community.
- Facilitate access to services and improve the quality and cultural responsiveness of service delivery.
- Service delivery partners that increase health knowledge and self-sufficiency and provide health education, informal counseling, social support, and advocacy.
- Patient advocates and coordinators that lead culturally appropriate health promotion and education.
- CHW/P/R interventions are cost-effective and can improve health outcomes, particularly when partnering with racial and ethnic minorities, low-income communities, and other communities not well-served by the health care system.



The **P** stands for *promotores*, trusted people who empower their peers through education and connections to health and social resources and who largely work in Latino/x and Spanish-speaking communities. The **R** stands for community health representatives, who do similar work in American Indian communities.

CHW/P/Rs: Why Are They Important?

- People of color, immigrants, people with low incomes, and other populations marginalized by systemic inequities experience the impacts of racism, xenophobia, discrimination, and trauma, which can impact their access to health care and social supports in a variety of detrimental ways.
- CHW/P/Rs share lived experience with those they serve. They have been shown to be effective in building trust that facilitates improved health outcomes and access.
- Based on what we know of the CHW/P/R workforce in California, the majority are Latino/x and represent other culturally diverse populations underrepresented in the state's health workforce.
- Latinos/x represent 39% of all Californians, yet make up only 7% of physicians, 8% of dentists, and 3% of pharmacists.



CHW/P Employment at Hospitals and Clinics

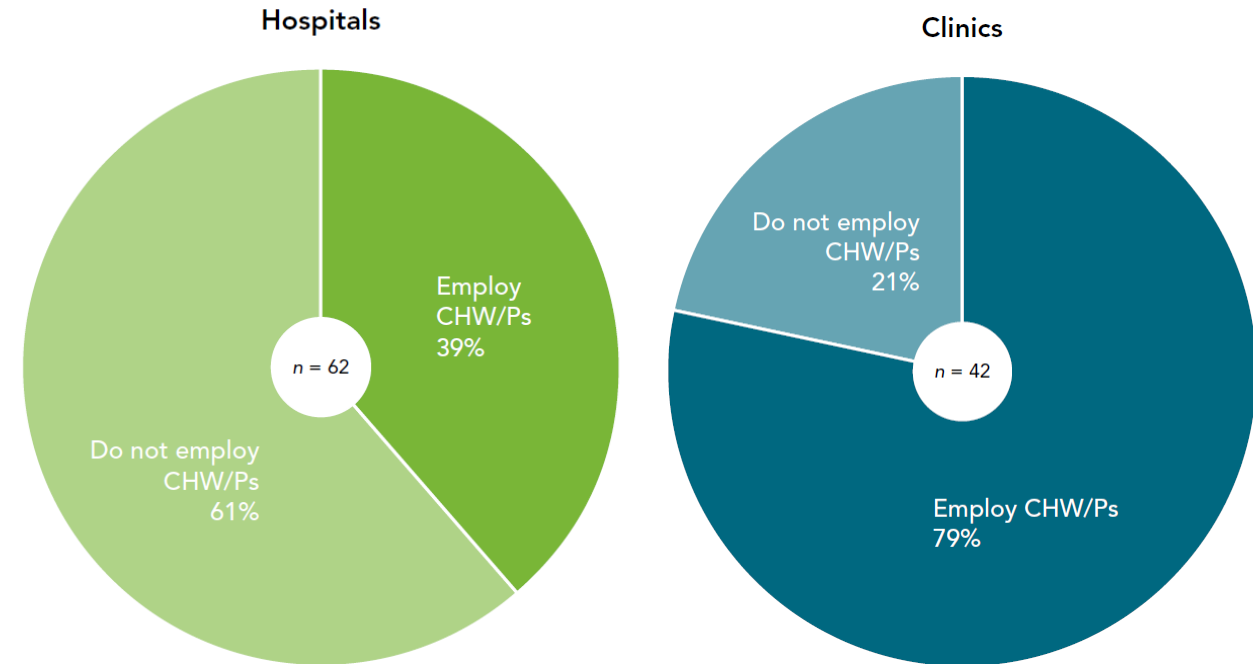
More clinics employed CHW/Ps than hospitals.

Hourly wages for CHW/Ps were higher in hospitals than in clinics.

- Entry Level
 - Clinics: 70% range of \$16–\$20/hour
 - Hospitals: 32% range of \$21–\$25/hour, 32% range of \$26–\$30/hour
- Senior Level
 - Clinics: 59% range of \$21–\$25/hour
 - Hospitals: 62% more than \$30/hour

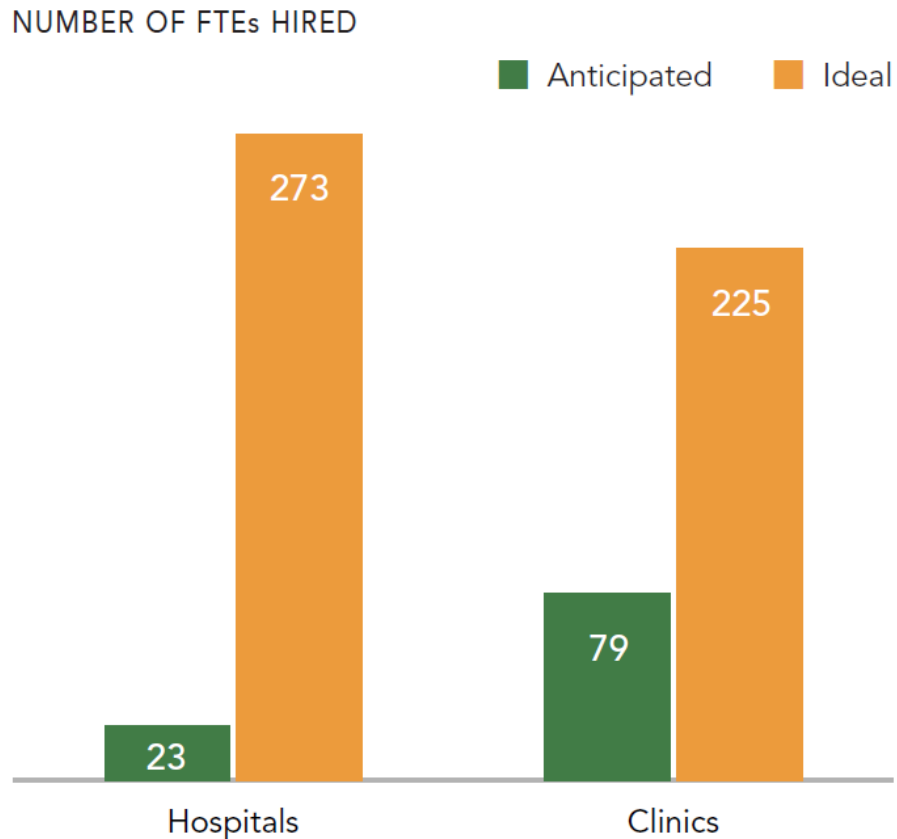
In some instances, CHW/P wages increased during the pandemic.

Figure 1. CHW/Ps Employed, Hospitals vs. Clinics



Demand for CHW/Ps by Hospitals and Clinics

Figure 9. Anticipated and Ideal Number of CHW/Ps (FTE) Hired in Next 12 Months, Hospitals and Clinics



- Both hospitals and clinics wanted to hire more CHW/Ps — especially hospitals.
- Hospitals would ideally hire more than 10 times the number of CHW/Ps than currently planned.
- Clinics would ideally hire almost three times more CHW/Ps than currently planned.

Source: Understanding California's Community Health Worker/Promotor Workforce: A Survey of CHW/Ps, CHCF, November 2022

CHW/P Training Programs

- For the state with the largest population in the country, there were relatively few opportunities for CHW/P training.
- 25 active programs.
- Large parts of the state, such as the far north had no training programs.

Figure 1. CHW/P Training Programs in California



Key Takeaways

- CHW/P/Rs are trusted health workers already working to advance health equity in our California communities.
- They are representative of the state's diverse population and provide culturally and linguistically concordant care.
- They augment the capacity of the health care team, in a time of acute health workforce shortages.
- Research shows the demand outweighs supply – in order to advance, CHW/P/Rs need additional support including thriving wages, good training, opportunities for advancement and recognition, supportive supervision, and good workplace integration.

Questions?



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