

Community Health Worker/Promotores Action Plan (Draft)

Broad Strategy: To address need for expanded training opportunities for Community Health Worker(CHW)/Promotores, including development of standards, ultimately leading to credentialing in conjunction with community colleges and/or at state level for multiple sets of roles.

Integrating CHW/Promotores within the provider setting and in communities and for vulnerable populations has been associated with improvements in access to care, health status, and health screening behaviors. To address the need for such workers and train them to assume both existing roles and new roles developed as part of health care reform (ACA), training opportunities must be expanded, needed core competencies must be assessed, and curriculum standards must be developed consistent with such competencies. It is also essential that career ladders be in place, buttressed by continuing education. Finally, it is critical that thousands of non-citizen (generally legal resident) promotores, practicing in paid and volunteer roles in community agencies throughout the state, be offered opportunity for basic skill development and support to expand their roles to serve millions of currently uninsured in California as part of health care reform. CHWs have seen expanding roles in the areas of disease-related education and prevention. To ensure their place as part of the Patient Care Team, State of California through the Health and Human Services Agency (HHS) and its designated CA Workforce Development Council (CWHDC)- needs to promote a formal training curriculum and courses of study that improve and ensure the competency of the CHWs.

Baseline: Promote training venues for CHW/Promotores based on standard setting and ensure longevity for these roles through continuing education and career ladders.

| Objectives | Activities | Anticipated Outcome | Timeline | Lead and Resources | Evaluation Method |
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| 1. Improve CHW training capacity | <ul style="list-style-type: none"> Convene CHW users with CHW/Promotores training groups to assess training capacity. Convene CHW training programs, including community colleges to establish a <i>CHW Partnership</i>. Formalize a network of university-based researchers to support CHW user agencies & training groups. Educate State Legislators on the value-benefits of CHW/Promotores Review of literature & conduct survey of CHW /Promotores in CA, including non-citizen CHWs, to assess best practices | 1. Compendium of CHW training programs, including their core components. | Fall, 2012 | CPAC VyC | Completion |
| 2. Assess core competencies in care team & external engagement | | 2. A partnership of CHW groups and training programs supported by the <i>CHW Research Network</i> . Key products: - Core competency set -Curriculum standards for CA | Early Summer 2012 | CHW partnership | Establishment |
| 3. Develop & assess curriculum standards | | 3. Identify best practice models to be used as baseline assessment for training & career ladder activity across California. | Summer | | Products completed & disseminated |
| 4. Identify &/or design career ladders | | 4. Forum in State Capitol promoting training of CHWs & | Fall 2012 | | |
| 5. Support skill | | | Winter 2013 | | CPAC, VyC, HIA |

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| training for non-citizen, Spanish language dominant promotores | | joint public-private efforts to support CHW deployment. 5. Support for annual forums by Vision y Compromiso (VyC) & Hlth Initiative of Americas-UCB (HIA) to provide basic skills & continuing training for Spanish Speaking & volunteer promotores | Spring 2013 December 2012 March 2013 | CPAC, CHW Partnership VyC HIA | Successful Forum in timeframe Expanded support for respective events |
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Broad Strategy: To develop additional resources to expand availability and use of CHW/Promotores in community-based agencies, public health systems and in the private sector, among providers and health plans.

Historically, CHWs have been an essential (and originally mandated) component of community health centers nationwide and of public health outreach-interventions at the county, regional and state levels. (Witness recent successful response to the H1N1 pandemic.) In recent years, the private sector, including through physician group practices, hospitals and health systems, and the coverage strategies implemented by health plans have greatly expanded the use of CHWs for internal and external purposes. Various fund reductions from the federal level, within State agencies and at the county level, have led to cut backs in CHWs over the last few decades in community clinics and county health departments. In recent times, the availability of CHWs has had to depend too often on “soft” money from sporadic government grants and from health care foundations active in California. Health care reform and its rapidly expanding implementation impacting all levels of the health care industry portends the availability of expanded resources for the use of CHWs.

Baseline: Ensure that every avenue for resource development to support the deployment of CHWs is cultivated during this era of health reform implementation.

| Objective | Activities | Anticipated Outcome | Timeline | Lead and Resources | Evaluation Method |
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| 1. Promote expanded embrace of CHW/Promotores Model by health plans for outreach & navigation 2. Promote & expand info alerts by State | <ul style="list-style-type: none"> Conduct meetings with CA Assn of Hlth Plans (CAHP) to assess use of CHWs by hlth plans in CA & nationally; do briefing(s) re: CHW role in ACA at CAHP regional & state meetings. Continue funding alerts by OSHPD & CHWDC to alert interested parties re: fed & other funding | 1. Funding to support CHWDC or CHW Partnership to promote use of CHWs by hlth plans contracted under ACA. 2. Convenings & briefings with CAHP health plan members & larger contracted providers. | Ongoing starting in Summer 2012 Ongoing starting in Fall 2012 | CHW Partnership, CHWDC CHW Partnership | Funding of Partnership Convening of events Expanding State |

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| <p>agencies to identify public & private support for CHW best practice projects.</p> <p>3. Assess CHW benefit-value & development of reimbursement for CHW services.</p> <p>4. Promote collaboration with State Dept. of Ed (DOE) for support thru Adult Ed. & other likely venues.</p> <p>5. Assist provider community in identifying operating/internal support approaches for funding CHWs.</p> | <p>RFPs; expand alert network to include CHW user & training groups.</p> <ul style="list-style-type: none"> Assemble studies on CHW cost benefit value & approaches for reimbursement for para-professional workers incl. CHWs Conduct dialogue between <i>DOE</i> & <i>CHWDC</i> to support Secondary & Adult Ed cooperation, incl. pilot projects promoting entry level hlth industry jobs, incl. CHWs Assemble studies describing & assessing use of CHWs in the care team & in external roles, wholly or in large part, supported | <p>3. Expanded alerts re: federal & possibly foundation funding to support ACA implementation; expanded alert list including CHW users & training groups.</p> <p>4. Studies leading to State legislation & Executive Branch actions for CHW reimbursement pilots for Medi-Cal & contracted plans under Exchange, both public and commercial.</p> <p>5. Agreements & understandings between <i>DOE</i> & <i>HHS</i> dept's to support training for entry-level hlth industry jobs, incl. CHWs.</p> <p>6. Best practice reviews leading to expanded use of CHWs in physician groups & hospitals and health systems.</p> | <p>Ongoing; expanding in Spring 2012</p> <p>Fall 2012 & Spring 2013</p> <p>Fall 2012 & ongoing</p> <p>Fall 2012 & ongoing</p> | <p><i>OSHPD, CaWIB</i> <i>OSHPD,</i> <i>CAWIB,</i></p> <p><i>CHWDC</i> <i>CHW Research Network,</i> <i>UCSF Ctr for Hlth Professions</i></p> <p><i>CHWDC, HHS</i> <i>DOE</i></p> <p><i>CHWPartnership,</i> <i>CHW Research Network</i></p> | <p>Funding Alerts</p> <p>Funding & completion of studies</p> <p>Initial agenda of completed joint activities</p> <p>Best practice CHW reviews disseminated to private providers</p> |
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| <p>Broad Strategy: to <u>develop policy</u> at the state and county levels to expand availability of government resources, improve knowledge base for CHW development and serve as a catalyst to new program innovations leading to expanded use of CHW/promotores in internal and external roles for provider groups, and in public and privately supported health plans.</p> <p>In this current environment, State agencies and private health industry are planning for expanded coverage for up to five million currently uninsured enrollees and over one million persons currently served by public and private coverage programs who will see their coverage transform by 2014. In California, up to 70% of this newly insured population will be people of color from vulnerable communities. These are communities and populations traditionally classified as “hard to reach”. Too often these populations reside in communities that are deficient in both public and private sector services. It is these very populations which are particularly amenable to engagement by CHWs acting in various external roles, i.e., navigating, educating, and implementing care interventions, and internal roles as valued members of the care team. The official decision makers that are responsible for implementing the various components of ACA in California include: the State Legislature, the California Health Benefits Exchange, State Department of Insurance, Managed Risk Medical Insurance Board (Healthy Families) and the Governor through the Departments of Health Care, Managed Health Care, and the California Health Workforce Development Council. It is these bodies that will make crucial decisions, particularly over the next three years, to make complementary State policy to address federal mandates, to allocate resources (federal and state), and to direct and/or collaborate with private sector partners to address this state’s diversity through an efficient and effective delivery model.</p> | | | | | |
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| <p>Baseline: Collaborate with elected officials, including the State Legislature and lead State agencies, to support the CHW concept and framework reaching the needs of California’s diverse populations leading to the introduction of policy actions supporting the use of CHW/Promotores in this era of health reform.</p> | | | | | |
| Objective | Activities | Anticipated Outcome | Timeline | Lead and Resources | Evaluation Method |

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| <ol style="list-style-type: none"> 1. Strengthen role of immigrant workers in CHW & other entry level health careers. 2. Mandate inclusion of CHWs in enrollment & outreach efforts in all portions of ACA. 3. Ensure voices representative of CA's diverse groups are part of governing & staff makeup of all parts of ACA. 4. Mandate use of safety net providers, CBOs & consumer-activist groups in outreach & health delivery for each of CA's diverse populations. 5. Ensure funding of CHW pilot projects to ensure client driven ACA implementation | <ul style="list-style-type: none"> • Expand state based naturalization programs. • Support state and federal legislation which strengthens protections for immigrant workers • Promote thru state's legislative & executive branches mandates & other means to ensure CHW use in all portions of ACA: Medi-Cal Adult expansion, Exchange hlth plans & their providers & integrated child health programs. • Assess Exchange & Medi-Cal planning to complete web based enrollment & outreach with direct CHW based contacts. • Secure federal, industry-based & foundation resources to support CHW pilot projects tied to community clinics, rural area special needs & best practices in clinics, hospitals & health plans. | <ol style="list-style-type: none"> 1. New, redesigned naturalization programs (based on CA models from '90s) with state & federal support. 2. State government protections against discrimination against immigrant workers, e.g., non-citizen drivers' licenses, maintaining State-only programs. 3. Legislative resolutions & bills & Executive Actions urging partnerships with CHW user agencies & CBO advocates to promote client & community-oriented solutions in ACA incl. using CHWs. 4. Analyses & White Papers assessing the "Single Door" approach adopted by ACA State leadership is addressing challenges of linking web-based, IT methods with prospective client realities in low-income, diverse populations. 5. Medi-Cal & Exchange joint effort to secure resources, State & national, to fund CHW pilot projects with emphasis on community clinics, best practices &, special need populations. | <p>Mid-2013</p> <p>Mid 2012 & ongoing thru 2014</p> <p>Mid 2012 thru 2013</p> <p>Spring 2012 thru Fall 2012</p> <p>Mid 2012 thru 2014</p> | <p><i>HHS, Legislature incl. Tri-Caucuses, CHW Partnership</i></p> <p>Same as above</p> <p><i>Tri-Caucuses, HHS, Exchange Board</i></p> <p><i>CHW Partnership, CHW Research Network, Latino Hlth Alliance-LHA</i></p> <p><i>Medi-Cal, Exchange, CHW Partnership LHA</i></p> <p>Same as above</p> | <p>Passage of legislation, by Executive Order, fed \$\$</p> <p>Same as above.</p> <p>Completion of actions prior to ACA implementation Summer 2013</p> <p>Analyses reviewed by <i>Exchange, Medi-Cal</i> in July '13 start-up</p> <p>Securing joint fed, foundation & hlth industry funds for pilot projects.</p> |
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Overarching Goal: Expand California's primary care and allied health workforce to provide access to quality, affordable healthcare and better health outcomes for all Californians