

Community Health Workers, Promotores, & Representatives

Community Dialogue

Summary Report





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Introduction

This report provides a summary of recent engagement efforts related to California's Community Health Worker, Promotor, and Representative (CHW/P/R) workforce. This work is part of a larger statewide effort led by the California Health and Human Services Agency (CalHHS), in collaboration with the Department of Health Care Access and Information (HCAI) and the Department of Health Care Services (DHCS).

In this update, you'll find a quick look back at how the initiative started, highlights from the community engagement efforts, key takeaways from what was learned so far, and an overview of how HCAI is planning to fund programs to support this essential workforce.

California's underserved communities trust CHW/P/Rs

California's underserved communities trust CHW/P/Rs to help them stay healthy and connected to care. During the COVID-19 pandemic, their role became even more critical—and the state is committed to building on that work by supporting and expanding this vital workforce.

To do this, the state launched the CHW/P/R Initiative as part of the broader Workforce for a Healthy California effort.

On June 30, 2022, Welfare & Institutions Code Section 18998 authorized HCAI to develop statewide certificate program



requirements. On July 1, 2022, DHCS added CHW/P/R services as a Medi-Cal billable benefit.

CalHHS, HCAI, and DHCS designed and implemented a representative dialogue process. HCAI's role includes managing the advisory workgroups for feedback, determining how to allocate CHW/P/R workforce funding, building and strengthening the CHW/P/R workforce, and supporting the professional development of CHW/P/Rs. DHCS is responsible for maintaining and monitoring the current Medi-Cal CHW services benefit and providing technical assistance to stakeholders.

Following a nine-month initial community engagement process and in accordance with statutory requirements, HCAI issued a guidance letter on July 1, 2023, proposing statewide certificate program requirements. In response to stakeholder feedback, California paused the guidance in November 2023 to allow for further engagement.

Policy and Engagement Timeline

June 30, 2022

A state law requires HCAI to develop a statewide certificate program for CHW/P/Rs.

July 1, 2022

Medi-Cal begins reimbursing CHW/P/R services.

July 2022 – March 2023

HCAI holds nine months of community engagement to gather input on the proposed certificate program.

July 1, 2023

HCAI releases a draft certificate plan based on the community input collected.

November 2023

After receiving additional feedback, CalHHS, HCAI, and DHCS pause the certificate plan to better respond to community concerns.

February – November 2024

The state expands community engagement efforts to gain deeper insights into CHW/P/R workforce needs.

December 2024 – March 2025

CalHHS, HCAI, and DHCS develop a funding framework for one-time CHW/P/R funding based on findings from dialogues, and with guidance from advisory workgroup.

2024 CHW/P/R Community Engagement

Between February and November 2024, CalHHS, HCAI, and DHCS deepened their outreach to the CHW/P/R community. More listening sessions were hosted across the state, in addition to an ad hoc advisory group that took a fresh look at workforce needs.

CalHHS, HCAI, and DHCS created and asked open-ended questions to hear directly from the workforce, and improved the questions based on participant feedback and early session lessons.

These conversations were designed to identify real needs, spark ideas, and ensure that future plans reflect the lived experiences of CHW/P/Rs across California.



Questions that were asked in the Listening Sessions:

Theme 1: What Do You (CHW/P/Rs) Need to Succeed?

- What skills, knowledge, or resources would help you grow in your role?
- What would help you stay in this work for the long run?

Theme 2: Statewide Certificate and Training

- Would a statewide CHW/P/R certificate be helpful to you? Why or why not?
- Would state-funded training programs support your growth? How?
- Do you have other ideas that could support your professional development?

Theme 3: Funding Priorities

- Since the state has limited funding, what should we prioritize to best support the CHW/P/R workforce?

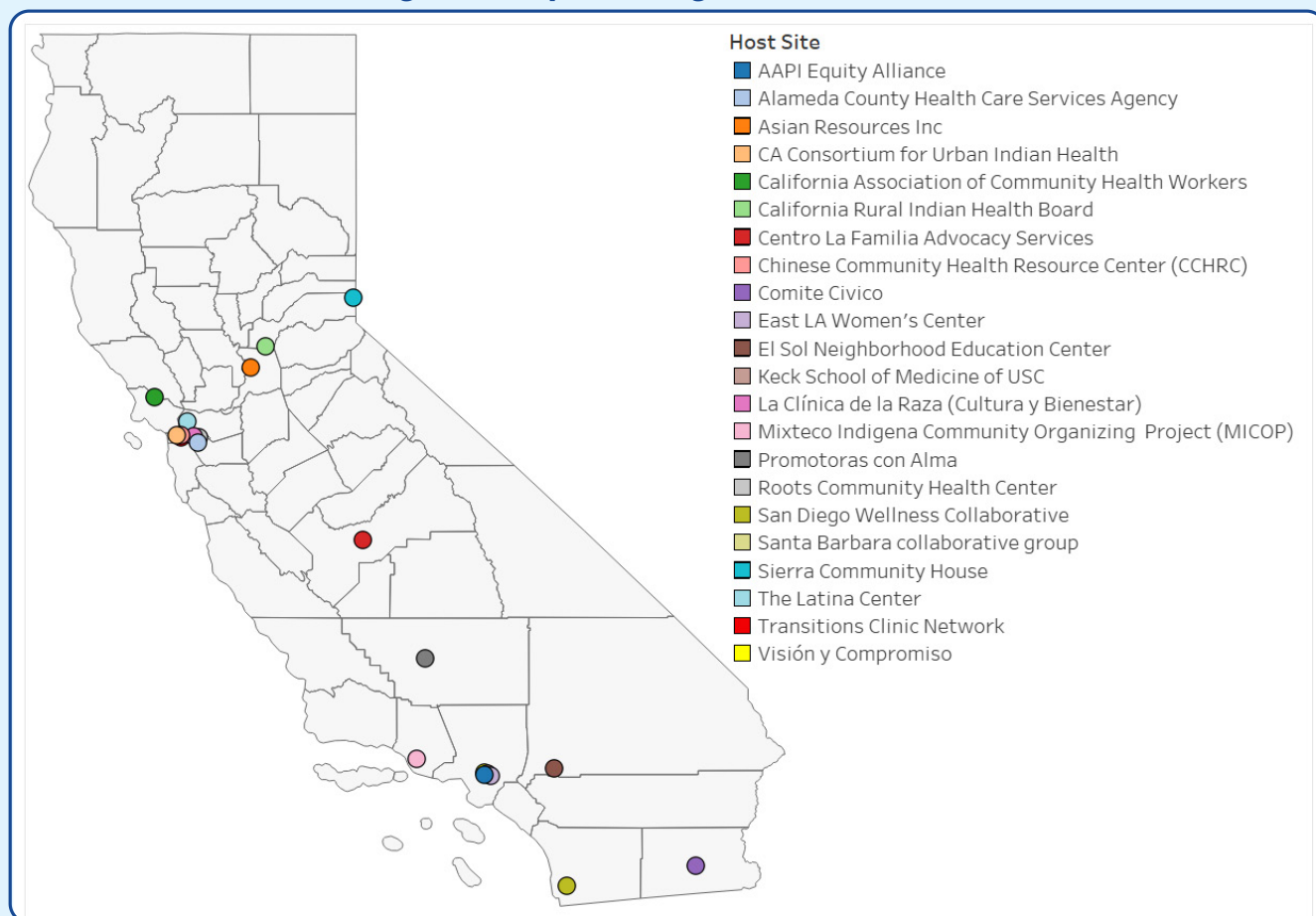
Choosing Host Sites

The state carefully selected host sites for the dialogue sessions to make sure they were easy to attend and meaningful for a wide range of communities across California. CalHHS, HCAI, and DHCS recommended locations based on several factors, including diversified regional locations, populations within the region, and whether strong community organizations previously existed.

Dialogue sessions and host sites were selected to address diversity across urban vs. rural settings, geographic location, CHW/P/R types, and communities served.

The sites shown in Figure 1 were chosen because of their strong community connections, ability to host meaningful conversations, and the importance of the populations they serve. By focusing on these key areas, the state hopes to make sure all communities—especially those who are often left out—have a voice in shaping future policies.

Figure 1: Map of Dialogue Host Locations



Note: The pins indicate host site addresses, and their community reach extends to unmarked surrounding areas. Virtual dialogues were open to attendees from across the state.

Community Dialogue Participants



From February to November 2024, 23 dialogue sessions were held by 20 community organizations, bringing together roughly 690 participants. Sessions took place both in person and online to make them accessible to more people. They were offered in English and Spanish, with interpretation provided to support full participation. Each session was designed to meet the needs of different communities across the state.

Conducted dialogue sessions with the CHW/P/R workforce who serve the following communities:

- Latine communities (including both Spanish and English speakers, U.S.-born and immigrant, and Mesoamerican-Indigenous groups)
- Black and African American communities
- Asian American, Native Hawaiian, and Pacific Islander communities
- Native American communities
- People who have been involved in the justice system
- Individuals experiencing homelessness
- Representatives from community colleges

Participants came from a wide range of roles in the workforce, including:

- Community Health Workers
- Promotores, including those from Mesoamerican-Indigenous backgrounds
- Community Health Representatives
- Program and organization administrators
- Public health and healthcare professionals
- Community allies and supporters

What the CHW/P/R Community Shared

After asking key questions, and listening closely to what CHW/P/Rs shared about their experiences, needs, and hopes for the future, the overall message was powerful and clear: **CHW/P/Rs want meaningful support that respects their lived experience, strengthens their skills, and helps them stay in this important work.**

The sections that follow summarize what was heard across three major themes. These summaries reflect the voices of the CHW/P/R workforce from across the state and highlight the complexity, passion, and urgency behind their feedback.

Each section captures not only what is needed, but also the values that must guide future decisions—from equity and accessibility to sustainability and recognition.



Theme 1: What CHW/P/Rs Need to Succeed

CHW/P/Rs shared that staying in this work requires more than just passion—it takes resources, support, and opportunities to grow. Many described how burnout, financial strain, and lack of recognition make it difficult to stay committed to a field they care deeply about. Their message was clear: support must be holistic and tailored to the realities of their work.



Top needs included:

- More training in leadership, digital skills, and navigating the healthcare system
- Better support for childcare, mental health, transportation, and fair pay
- Ongoing professional development, including regional and specialty training, like behavioral health, disability services, street medicine, and climate resilience

Community Voices:

“We need support for trauma response and mental health—burnout is a serious barrier to staying in the field.”

— Community Colleges Communities of Practice

“Paid mental health days, self-care retreats, and mentorship programs are critical for CHW sustainability.”

— Transitions Clinic Network

“We need training that matches the lived reality of our jobs—topics like trauma-informed care, street medicine, and tech literacy.”

— Mixtecto/Indigena Community Organizing Project

“Promotores want training incentives—stipends for food, gas, and materials — to make participation possible.”

— Santa Barbara Dialogue

Theme 2: Thoughts on a Statewide Certificate

The CHW/P/R workforce offered a wide range of views on a statewide certificate. While some recognized the value in a formal, statewide certificate for improving recognition and standardizing the field, others voiced deep concerns about creating exclusionary systems that overlook the expertise rooted in community experience.

Statewide Certificate:

Some participants saw a statewide certificate as a potential tool to:

- Expand job opportunities and career mobility
- Increase respect for CHW/P/R roles
- Provide consistency across the state

However, others raised concerns that a statewide certificate might:

- Marginalize those who gained skills informally or outside of classrooms
- Create a “two-tiered” workforce where uncertified CHW/P/Rs are undervalued
- Fail to capture the heart and culture of promotor work

To be equitable, CHW/P/Rs emphasized that any certificate must:

- Honor lived experience
- Be affordable or free
- Be offered in accessible formats, including multiple languages, non-traditional learning environments, and community-based settings

Community Voices:

“A two-tiered system divides the workforce... non-certified individuals may be passed over despite years of experience.”

— El Sol & Promotoras con Alma

“A certificate helps validate and bring respect to the field.”

— Clinica de la Raza

“The certificate should not leave behind those of us who learned in the community, not the classroom.”

— Keck Street Medicine

“A certificate gives CHWs more credibility and helps standardize the field across regions.”

— Asian American, Native Hawaiian, and Pacific Islander Dialogue

Theme 2: Thoughts on Training

State-Funded Training Programs:

CHW/P/Rs expressed strong agreement that community-driven training—more so than certification—is essential to strengthening the workforce. CHW/P/Rs called for training that reflects their day-to-day work and honors diverse learning styles.



Key training preferences included:

- Flexible and local access, including offerings in rural areas and multiple languages
- Real-world application, rooted in community challenges and cultural context
- Support for access, such as transportation, childcare, and meals
- Relevant content, such as trauma-informed care, motivational interviewing, de-escalation, billing, and digital literacy

Community Voices:

“We need training to reflect our local context, culture, and language. Not everyone has access to technology.”

— Roots Community Health Center

“Training is more helpful than a certificate if it meets me where I am.”

— Alameda County

“Trainings should include motivational interviewing, deescalation, and burnout prevention.”

— Tribal Session

“If training isn’t accessible—child care, transportation, food, flexible schedules—then it won’t help us.”

— The Latina Center

“We need training we can actually use in the field: CPR, trauma support, and how to talk to families.”

— Keck Street Medicine

Theme 3: Funding Priorities

When asked about priorities for funding and policy, the CHW/P/R workforce pointed to the importance of investing in what truly sustains their work: local leadership, long-term infrastructure, and greater public recognition of their value.

The workforce asked for funding that affirms trust in their expertise and history of grassroots leadership. They warned against one-size-fits-all approaches or funding that only reaches large institutions, emphasizing the importance of investing in groups that have been doing the work for years.



Top priorities included:

- Funding for community-led training and mentorship that fosters growth and leadership from within
- Support for basic needs like housing, mental health services, and childcare, which are critical for retention
- Public campaigns that raise awareness about CHW/P/R roles, contributions, and impact
- Sustained, flexible funding that allows organizations to innovate, expand, and build long-term capacity—not just meet short-term goals

Community Voices:

“Training and mentorship should be funded, but also housing, mental health, and child care.”

— Mixteco/Indigena Community of Practice

“We need funds to make our roles visible. People don’t know what CHWs do.”

— Transitions Clinic Network

“Invest in the groups who have been doing this work for years—not just big organizations.”

— Community of Practice

“Please let funding help us grow and lead—not just survive.”

— California Community Health Worker Statewide Session

Key Takeaways



California gathered feedback from the CHW/P/R workforce across the state to build a better support framework. The insights gathered highlight what the workforce needs to succeed and how the state can build systems that are fair, flexible, and accessible to all. Input also came from the CHW/P/R Ad Hoc Workgroup, which provided recommendations to make the system easier to understand and use. The following key takeaways reflect what was heard.

Community Engagement Insights

Start with Training: CHW/P/Rs believe the state should offer flexible training opportunities for people in all parts of California.

Certificates Must Be Inclusive: A certificate program should only be created if it doesn't block people from joining and if it includes those with real-life experience.

Value Real-Life Experience: Whether through training or certificates, the state should respect and recognize the experience CHW/P/Rs already have from working in their communities.

Keep It Accessible: Training and support programs should be available in different languages, reach rural areas, and be designed for people who may have less time or money.

Work with Local Partners: Local organizations understand their communities best. Funding and partnerships should reflect their knowledge and leadership.

Support the Whole Person: CHW/P/Rs need more than training, they also need support for their health, growth, and success on the job.

Ad Hoc Workgroup Insights

- Some CHW/P/R employing organizations find the Medi-Cal CHW benefit reimbursement system difficult to navigate; DHCS provides technical assistance and support to address this.
- Prioritize training program accreditation over individual certification.

Next Steps

Both the community and the Ad Hoc Workgroup shared important ideas to guide the state's work. However, the Budget Act of 2024 significantly reduced the CHW/P/R workforce budget, leaving approximately \$12 million in one-time funding available to continue supporting the CHW/P/R Initiative.

In December 2024, HCAI established the formal Advisory Workgroup, the majority of whom are active CHW/P/Rs, to provide input for plans for state funding and policy recommendations. HCAI shared a draft funding framework with both the ad hoc and formal advisory groups. Based on their feedback, the framework was improved to better meet the needs of CHW/P/Rs and their communities.

This funding framework focuses on supporting CHW/P/Rs, as well as the organizations that train, hire, and work alongside them. It aims to meet local needs and strengthen the workforce.

We will continue to share updates as this work moves forward. Community voices have shaped every step, and your input remains essential. We invite you to stay involved by attending future meetings, sharing your ideas, or signing up for updates.

**We're building this
work together!
Community voices
have shaped
every step so far,
and we invite you
to stay involved.**



Investment Strategy

HCAI is launching a set of strategies to strengthen the CHW/P/R workforce and the communities they serve. These efforts reflect what the community shared and focus on supporting families, improving training, and removing barriers to care.

Four Strategic Pillars

Pillar 1: Immigrant Community Health and Resilience

Help immigrant communities stay safe, healthy, and supported. As trusted community members, CHW/P/Rs help families find health care, link them to behavioral health support and social services, and educate them about their rights. Their work is essential as many immigrant families face fear, stress, and challenges in getting the help they need; CHW/P/Rs help see and support the whole person, family, and community.

Pillar 2: CHW/P/R Organization and Workforce Investment Grants

Expand grants to help CHW/P/R organizations, especially smaller, community-based organizations, get the support they need. This includes help with Medi-Cal billing systems, training development, and direct workforce support. Grants will also require organizations to invest in their CHW/P/R workforce.

Pillar 3: CHW/P/R Training Program Resources

Create clear, easy-to-use tools for training programs. These resources will support training aligned with the DHCS CHW Benefit, while allowing flexibility for community-based trainers.

Pillar 4: CHW/P/R Training Program Accreditation Blueprint

Develop a plan to accredit training programs instead of certifying individual workers. This will include details on how the process works, who is involved, costs, and timelines. It will help ensure training is consistent across California while staying rooted in community needs. Implementation of this plan depends on receiving future funding.



**Department of Health Care
Access and Information**

About Us

HCAI is committed to expanding equitable access to health care for all Californians—ensuring every community has the health workforce they need, safe and reliable health care facilities, and health information that can help make care more effective and affordable.



Service



Equity



Innovation



Professionalism

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