

Building Bridges Across Antiracist Workforces:

Lessons Learned from
Community Health
Workers, Promotoras,
Representatives,
Doulas, Peer Support
Specialists, and
Navigators



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California Pan-Ethnic
HEALTH NETWORK

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Introduction



On June 22, 2023, California Pan-Ethnic Health Network (CPEHN) hosted its 30th Anniversary Voices for Change Conference in Los Angeles, California. Every two years CPEHN brings together policymakers, elected officials, non-profits, and community organizations to share their thoughts and expertise on a wide variety of health equity policy areas. The conference consisted of various workshops, including the session,

"Leveraging CHW/P/Rs, Doulas, Peer Support Specialists and Navigators as an Anti-Racist Strategy to Advance Health Equity."

ANTIRACIST WORKFORCES

As defined by The Children's Partnership, CHW/P/Rs, Doulas, Peer Support Specialists and Navigators workforces are 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."

WHY NOW?

Evidence demonstrates that patients do better with racially, ethnically, and linguistically concordant providers. Yet the racial and ethnic breakdown of California physicians is still not representative of the state's population. In response, California is now reimbursing for services provided by Community Health Workers, Promotoras, and Representatives (CHW/P/Rs), Peer Support Specialists (Peers), Doulas, and Medi-Cal Health Enrollment Navigators (Navigators). But is this investment enough? In this workshop, participants had the opportunity to hear directly from a CHW/P/R, Doula, Health Navigator and Peer Support Specialist about the promise and pitfalls of state implementation of these new benefits and opportunities to strengthen access to these critical services.

In this report, we summarize key themes from the panel discussion including: lessons learned, current provider challenges and recommendations for how to work through these issues. Each of these panelists have been effective in using their lived experience to meet community members where they are to achieve community wellness. We hope that the lessons learned from this panel discussion can create opportunities of collaboration across these workforces on effective strategies to improve the overall Medi-Cal integration process and to promote health and racial equity for all communities across California.

Summary of Panel Discussion

VALUE OF THE WORKFORCE

1. Prioritize Integrating Providers with Lived Experience: Panelists were excited to see the state prioritizing providers with lived experience to help address institutional racism in healthcare and promote equity. Panelists also acknowledged differences in terms of the diversity of community-led professionals in these fields.

“We need to invest in a racially and ethnically diverse Peer workforce to validate experiences of racism that impact mental health.”

- There is a pressing need for increased diversity within the Peer Support Specialist field. To ensure the provision of culturally responsive and linguistically appropriate care, California must invest in the workforce development of Peer Support Specialists representing various ethnic and cultural backgrounds in local communities.

“Community Heals Community”

- Diversifying the healthcare workforce to mirror the communities served in California not only fosters a sense of community healing but also offers a unique opportunity for the development of a healthcare system that resonates with and addresses the specific needs of marginalized populations. Empathy is a powerful tool that can bring healing to the community. By having providers come from the same background as the patients that they serve, we are creating a system in which communities are healing communities. It is crucial to prioritize this alignment of culture and values to ensure an inclusive and effective healthcare environment.

2. Support Community/Patient/Client Agency: CHW/P/Rs, Doulas, Navigators, and Peer Support Specialists all support patients and community members in increasing patient agency, or empowering patients to actively participate in their healthcare decisions, which leads to improves health outcomes. The state should continue to sustain and enhance the positive impact these workforces have on community agency and health outcomes.

- CHW/P/Rs, Doulas, Navigators, and Peers uphold the belief that individuals possess the deepest understanding of their own bodies and have the right to express concerns to healthcare providers. Patients should be encouraged to seek clarification and pose questions, as they are entitled to understand the reasoning behind the care decisions being made. Engaging in role-playing activities can be helpful for increasing patient advocacy skills.

3. Providers, Employers, and Healthcare Delivery Systems need Education on CHW/P/Rs, Doulas, Navigators, and Peers' Roles and Responsibilities: Panelists shared a need for greater awareness of their roles and their value by employers.

- There seems to be a lack of awareness in the types of services provided by the CHW/P/Rs, Peer Support Specialists, Doulas, and Health Navigators. Providers, Employers, Health Plans, and other Healthcare Delivery Systems need to be trained in the roles and responsibilities of what they do and the value that they bring to the table, when it comes to providing patient-centered care.

SUGGESTIONS TO IMPROVE EXISTING POLICY

4. Providers need Training and Technical Assistance (TA) Infrastructure for Medi-Cal Billing: Continuous training on Medi-Cal billing and technical assistance are crucial for financial stability in the workforce. Unfortunately, these elements are lacking from the state.

“It’s one battle to be recognized and another to be billed.”

- Small grassroots organizations and individual workers face challenges with the capacity to meet Medi-Cal billing’s burdensome requirements. While the option to bill and gain recognition by the state of California as a community-led workforce is a positive development, the practical implementation of billing demands more support. It requires allocating additional resources such as time, energy, and expertise to navigate the complexities of billing processes.

“It has not occurred to them that medical billing is a specialty and a language in of itself.”

- Anticipating CHW/P/Rs, Doulas, and Peers to independently navigate the billing process is not only impractical, but also is inconsistent with state guidelines. For Doulas, the State Plan Amendment (SPA) mandates training in billing procedures, yet this crucial aspect has not been addressed. It is critical that the state provide training and technical assistance.

5. The State should Provide Sustainable and Equitable Funding: Adequate funding is essential for sustaining and expanding community-led healthcare services; however, the current reality is marked by either scarce, temporary funding or face the imminent threat of budget cuts.

- Currently, many peer-run organizations are receiving funding from Mental Health Services Act (MHSA) dollars, Prevention and Early Intervention (PEI), and some may receive funding from Innovation. Unfortunately, Innovation funding is short-lived projects that are pilot projects, and the funding stream is set to sunset in the future. There are also changes coming down for PEI dollars where most peers who may not be peer-certified will now need to get certified and somehow learn how to bill Medi-Cal. While there is excitement about having a certification process, the panelists note the importance of acknowledging those peers who may never get certification and we should avoid the unintended consequence of losing funding streams that may support the full scope of the peer workforce. There needs to be continuous, easeful funding for peer work—certified or not.

5. Providing Sustainable and Equitable Funding: (Continued)

- Panelists not only seek ongoing financial support, but also advocate for equitable funding. Some Black, Indigenous, People of Color (BIPOC) organizations working on mental health issues have lost their funding to provide services to community members. This funding was lost because it was assumed that funding for other services (such as peer support specialists) would fill that gap. However, because of the challenges in billing, it did not fill that gap in service. In addressing diverse health issues, it's crucial not to overlook organizations dedicated to serving people of color and marginalized communities. Panelists emphasized the need for equitable funding across organizations serving various diverse and marginalized groups.

6. Equitable Reimbursement Rates and Expanding Reimbursed Scope of Services: Medi-Cal reimbursement rates currently do not value the work of CHW/P/Rs, Doulas, and Peers. Equitable rates supports workforce sustainability and high-quality care.

- There is a strong concern around equitable payment. The majority of these community-led workforces represent culturally diverse and underrepresented populations in the state's health workforce. It is inequitable to pay community-led providers rates that will only perpetuate cycles of poverty for these workers who face socioeconomic disparities and come from the very communities served by California's Medi-Cal program. There are questions on how these providers can be reimbursed appropriately.
- For example, Peer Support Specialists need increased reimbursement rates and expand the reimbursed scope of services in Medi-Cal. There can be certain types of services provided that do not fit within the state's clinical definition of support. The list of billable services should be expanded to ensure that all parts of care are recognized as health care services and reimbursed accordingly.

OTHER EFFORTS TO SUPPORT THIS WORK

7. The State should Enhance Data Collection, Monitoring, and Analysis for Targeted CHW/P/R, Peer, Navigator, or Doula Support: Collaborative data collection enhances community insights and improves community-defined and evidence-based practices yet are critically missing for targeting services.

- Data is needed to illustrate the need for service. California is missing data on certain ethnic subpopulations. For example, the data on Native and Indigenous People is limited. It is difficult to demonstrate that certain communities need funding and community-led services if there is lack of adequate data to support the claim.



7. Enhance Data Collection: (Conitnued)

- Collecting data will require collaborations across multiple sectors of service providers. CHW/P/Rs, Peer Support Specialists, Doulas, and Health Navigators can come together to improve the data collection, monitoring, and analysis process together.

8. Community-Led Providers Need Culturally and Linguistically Tailored Materials: Medi-Cal materials and applications for CHW/P/Rs, Doulas, Navigators, and Peers must be culturally and linguistically tailored to reflect and respect California's diversity.

- The current availability of Doula applications exclusively in English poses significant limitations. It creates barriers for those who are non-English speaking doulas to become certified. Translation of the Doula application is imperative to foster workforce diversity and promote equity.

9. "We Are Stronger Together": CHW/P/Rs, Doulas, Navigators, and Peers must come together to find commonalities and opportunities to collaborate with one another to support community holistic wellness.

- Currently, Doulas collaborate with CHW/P/Rs and Peer Support Specialists around reproductive services. However, there is room for more collaboration that can take place, including:
 - connecting the mother to relevant community resources,
 - preparation for parenthood and how to better cope with stressors
 - Connecting the mother to organizations that can provide baby supplies, such as diapers, breast pumps, formulas, etc.
- CHW/P/Rs should connect with Peer Support Specialists to strategize together around improvements in the healthcare system. CHW/P/Rs should consider what have been effective approaches and strategies in the different workforces to promote quality care.
- Antiracist workforces should also identify ways to mitigate unintended consequences that may arise during implementation. Lessons learned from collaborative discussions between the workforces should be considered policy recommendations so California can

"Let Policy Heal what Policy has Harmed."

Conclusion

From CPEHN's Voices for Change Conference's workshop, "Leveraging CHW/P/Rs, Doulas, Peer Support Specialists and Navigators as an Anti-Racist Strategy to Advance Health Equity," there are nine lessons learned from the panel discussion to value these workforces that prioritize lived experience and enhance community agency, suggestions to improve existing policy to sustain and equitably integrate these community led workforces, and other efforts to support collaboration. We believe that these lessons learned serve as the building blocks for future policy recommendations. By building bridges across these antiracist workforces towards transformative solidarity, we aspire to advance holistic wellness for all Californians.



ABOUT CPEHN

We bring together and mobilize communities of color to advocate for public policies that advance health equity and improve health outcomes in our communities.



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Acknowledgments



THANK YOU TO OUR AMAZING PANEL!

A heartfelt thank you to our remarkable panel members for their dedicated work with and for community and their commitment to health equity. Their invaluable insights and voices shared during our panel and with this brief have provided us with invaluable lessons learned, enriching our collective understanding and collaboration.

Panelists:

- Joe Calderon, Community Health Worker
- Kelechi Ubozoh, Peer Support Specialist
- Celia Valdez, Medi-Cal Health Navigator, Maternal and Child Health Access
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