

Solidifying the Role of *Promotoras de Salud* in County Services

Promotoras/es de salud, or community health workers, play a growing and vital role in Los Angeles County’s efforts to expand access to care and connect residents to resources in a culturally and linguistically appropriate manner. *Promotoras* are frontline health professionals that share life experience, trust, compassion, and cultural and value alignment with the communities they serve. Now, more than ever, as they extend capacity beyond the Latino community to serve additional priority populations, including Black, African-American, Asian Pacific Islanders, Native-American, LGBTQ+, Access for All, and Eastern-European communities, the *promotoras* form a vital bridge between these underserved communities and the services provided. As leaders in the respective communities they serve, they are critical and trusted liaisons between their community and health, human, and social services organizations, including County departments. In fact, the very name *promotores de salud* carries historical significance in the Latin American community, as these workers have been entrusted and flourished since the 1960s in Latin America to bring health care to the poor. In the United States,

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promotoras have been well known and respected in the migrant and seasonal farm working communities, particularly in California where they were first used in 1988 to help with HIV/AIDS prevention.

Promotoras are essential for communities that have traditionally lacked access to care, especially Latino communities in Los Angeles County. Even before the pandemic, structural barriers existed that resulted in Latinos and other communities of color having disparate health outcomes particularly as compared to their White and more affluent counterparts. Challenges like language barriers, transportation issues, lack of knowledge or trust of the health system, and a lack of medical professionals that shared their background resulted in patients receiving inferior care or forgoing care altogether. These challenges have made residents less likely to understand and accept preventive care, immunizations, care plans, diagnoses, and treatment plans.

Fortunately, the *promotoras* are uniquely talented individuals who can help break down these barriers and improve access to care. *Promotoras* have established relationships in the communities they serve and embody a strong desire to help their communities. As empathetic, creative, and motivated community experts, they are ready and eager to help others. As such, they are able to relay relevant health information back to their communities, provide linkages to critical services, and help bridge the gap between residents and systems of care. They are trusted peers, and through their efforts are able to encourage participation in maintaining health while increasing access to prevention, services, and after care. These workers play a pivotal role in promoting health equity and closing system service gaps.

The County's Department of Health Services (DHS), Department of Public Health

(DPH), and Department of Mental Health (DMH) all utilize *promotoras* to help increase health equity. These workers are key to connect linguistically and culturally underserved communities to resources to bolster their health and mental well-being. In 2017, DMH and DPH *promotoras* raised community awareness about Exide, working with public health nurses to visit clinics to inform them of lead contamination and inform local residents of opportunities for blood lead testing. Outreach teams have visited households throughout the County, offering resources, health education information, and health screenings. And DHS uses *promotoras* and Community Health Workers with shared lived experience to provide resources and access to care with some of the most vulnerable populations in the County, including the reentry population and persons experiencing homelessness. They also utilize CHWs to support programs like MAMA's Neighborhood, which provides mother-centered prenatal care and health coordination to first-time moms and mothers of multiple children, helping babies be born at full term, at a healthy birthweight, and putting them on a pathway of healthy outcomes.

In recognition of these successful models, in May of 2020 the Board passed a motion to expand the *promotoras* program to other communities, including those that primarily speak Arabic, Armenian, Cambodian, Tagalog, Vietnamese, and Mandarin, among others. And with the onset of the COVID-19 pandemic, *promotoras* and community health workers played an essential role in combatting misinformation in communities. As leaders, *promotoras* have co-created workshop content so that is truly developed by the community for the community from a linguistically and culturally competent manner. *Promotoras* have provided beneficial and relevant health information to communities heavily impacted by the virus and encouraging vaccination

uptake in communities most impacted. In fact, the role of *promotoras* has become even more critical as an effective pandemic response, being regularly deployed at vaccination and testing sites. They are also involved in door-to-door efforts to help encourage childhood vaccinations and booster shot uptake.

To further emphasize the support of the role that *promotoras* play, especially given the mental health fallout from the pandemic, in September of 2020 the Board passed a further motion to retain and expand the program within DMH, to provide even wider cultural and linguistic support to communities hardest hit by COVID-19. And in further recognition of the importance of this program, the County allocated an unprecedented \$30 million of federal CARES Act funding and \$15 million of American Rescue Plan Act funds to sustain and expand the program.

Despite these investments, there continues to be funding shortfalls that hinder sustainable, long-term funding for these programs, as well as the provision of full employment and a clear career pathway leading to long-term employment. As one example, despite clear demonstration of positive clinical outcomes, CalAIM does not provide as broad of coverage for MAMA's Neighborhood services as what was covered under DHS' Whole Person Care pilot, leaving the Department with a funding gap. Despite these challenges, the County must continue its commitment to the *promotoras*, in recognition of the rich history of the program and its cultural significance to many communities and provide for its long-term viability. These workers are essential to close disparity gaps and promote the County's goal of achieving health equity. Furthermore, the County should identify and secure funding to not only sustain these programs, but to expand upon them and provide opportunities to expand the range of services and

opportunities to connect more residents to culturally and linguistically accessible care.

I, THEREFORE, MOVE that the Board of Supervisors instruct the Chief Executive Office, in collaboration with the Department of Health Services, Department of Public Health, the Department of Mental Health, and the Alliance for Health Integration to:

1. Report back to the Board with the status of the CalAIM initiative and potential funding revenues that can be utilized to fund and/or expand the role of *promotoras* and Community Health Workers within the Health Departments;
2. Identify any State funding sources outside of the CalAIM initiative that can be further utilized to strengthen and expand Community Health Worker and *promotoras/es* initiatives;
3. Review American Rescue Plan allocations and verify that any funding distributed for the purpose of *promotoras/es* and Community Health Workers are aligned with this motion; and
4. Provide recommendations on opportunities to sustain these efforts and support the long-term viability of a permanent program.

I FURTHER MOVE that the Board of Supervisors instruct the Department of Health Services to:

1. Assess and report on which CalAIM programs may be best suited to incorporate and expand the use of *promotoras* and the timelines for their implementation;
2. Report on status of available Medi-Cal revenue, future CalAIM funding and other sources of funding to support the continuation of the MAMA's

Neighborhood program; and

3. Report on how any residually available ARPA funding, as identified by CEO per above directive, may be repurposed to launch a pilot program that would expand the role of DHS Community Health Workers to engage residents and connect them with DHS resources and care services.

I FURTHER MOVE that the Board of Supervisors instruct the Department of Public Health to:

1. Assess and report on how CalAIM funding streams can be utilized to provide further support vulnerable populations served by DPH, including but not limited to those with substance use and treatment disorders; and
- ~~2. Assess the availability of CalAIM and other funding streams to support the continuation of the County programs that reduce maternal and perinatal morbidity and mortality, including MAMA's Neighborhood program and other similar programs, among vulnerable populations; and~~
3. Assess the need and viability of utilizing any additional funding to sustain and expand *promotores* use in pandemic response, while also expanding their role to provide outreach and education in other health conditions like chronic diseases and sexually-transmitted diseases.

I FURTHER MOVE that the Board of Supervisors instruct the Department of Mental Health to:

1. Provide an updated report regarding current efforts within the Department to retain and expand upon the *Promotores de Salud Mental* program and provide long-term participants of the program with a pathway to full-time

employment;

2. Report back on existing allocations of CARES Act and ARPA funding for the *Promotores de Salud Mental* program and plans for its use to preserve and expand upon the program; and

Report back on initiatives to include the *promotores* and Community Ambassador Network programs in the Department's Anti-Racism, Diversity, and Inclusion initiatives.

I FURTHER MOVE that the Board of Supervisors instruct the Chief Executive Office and the Alliance for Health Integration, in collaboration with the Departments and other relevant stakeholders, to report back in ~~90~~ 120 days on the status of these directives and provide regular quarterly updates thereafter.

I FURTHER MOVE that the Board of Supervisors direct the Chief Executive Office's Legislative Affairs and Intergovernmental Relations branch to advocate for expanded federal and State revenue to support and expand the Community Health Worker and/or *promotoras/es* initiatives.

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