Certification of Community Health Workers: Issues and Options for State Health Departments

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Rationale for CHW Certification

“Other professionals do many of the things CHWs do. Why create another profession?”
Why are CHWs effective?

- Specialize in working with low-income, communities of color, disenfranchised/underserved
- Operate on basis of trust based on shared life experience
- Spend more time with individual/family in home, community, or clinical settings
- CHWs possess the “Three C’s” of community:
  - Connectedness
  - Credibility
  - Commitment
- Core values based in equality, justice, and empathy
Why are CHWs valued in health and public health systems?

- Improve health outcomes and reduce disparities for:
  - Racially and ethnically diverse patients/clients/community members
  - Low-income patients/clients/community members
  - Patients with—or at risk for—high cost, complex conditions

- Demonstrated impacts on access, quality, and cost

- Work at the intersection of public health and healthcare systems—link clinical services to community resources
CHW Skills: CHW Core Consensus (C3) Project

1. Communication Skills
2. Interpersonal and Relationship-Building Skills
3. Service Coordination and Navigation Skills
4. Capacity Building Skills
5. Advocacy Skills
6. Education and Facilitation Skills
7. Individual and Community Assessment Skills
8. Outreach Skills
9. Professional Skills and Conduct
10. Evaluation and Research Skills
11. Knowledge Base
Distinctive capabilities of CHWs in healthcare

- Establishing close relationships with patients based on shared life experience and unique community knowledge
- Building trust: overcoming power distinctions and mistrust of institutions
- Fostering *candid and continuous* communication
Distinctive capabilities of CHWs in clinical settings (continued)

- Managing Social Determinants of Health (SDOH)
  - Providing context to team members on “whole picture” of patient’s life;
  - Serving as “SDOH expert” on the team
  - Assisting patient/family in dealing with non-medical issues affecting health status and access
  - Mobilizing community to deal with macro issues
Certification decisions underway in multiple states

Community Health Workers (CHWs) Training/Certification Standards
Current Status

- Legislation introduced
- Pending legislation: But has state-led Training/Certification Program
- Laws/Regulations: Establish CHW Certification Program Requirements
- Statute Creates a CHW Advisory Board, Taskforce, or Workgroup to Establish Program Requirements
- No Law: But has State-Led Training/Certification Program
- Medicaid Payment for Certified CHW Services
- None
- Legislation Died

* AK does not have a state-run CHW training program, but statutorily provides community health aide grants for third parties to train community health aides.

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Developing certification policy: process

- CHWs should help lead certification processes
- Stakeholder agreement on rationale and objectives
- Stakeholder agreement on meaning/definition of certification (*includes airing preconceptions*)
- Commitment to create responsive certification policies and procedures that respect the nature of the practice
What *positive* beliefs/preconceptions do CHWs have about certification?

CHWs may believe certification will lead to:

- Higher wages
- Improved working conditions
- Increased respect from other professions
- Wider career opportunities
- Stable employment
- Sustainable funding
- Progress in building professional identity
- Increased understanding of the field
- Consistent standards for the field
What *negative* beliefs/preconceptions do CHWs have about certification?

CHWs may believe certification will:

- Create barriers to entry
- Create a “class” system among CHWs
- Make CHW practice more clinical, less connected to the community
- Regulate/restrict/change what CHWs can do
- Lead to employment of people without strong connection to the community
- Further marginalize volunteers
What positive beliefs/preconceptions do employers/payers have about CHW certification?

Employers/payers may believe certification will lead to:

- Clear scope of practice boundaries
- Consistent, reliable qualifications
- Simplified recruitment and selection; fluid job market
- Reduced OJT costs
- Clearer rationale for integration of CHWs into care teams
- Reduced dependence on short term funding
What negative beliefs/preconceptions do employers/payers have about certification?

Employers/payers may believe certification will lead to:

- Pressure to increase wages
- New regulations and restrictions
- Increased overall training costs
- CHWs losing touch with community
What certification is and is not:

- IS a declaration by issuing authority that an individual has certain qualifications (training, skills)
- Is NOT necessarily regulation of practice
- Is NOT the same as an educational “certificate of completion” unless you deliberately choose to make it so as a matter of policy
- Is NOT automatically a state government function: Issuing authority MAY be government, educational, or association- or employer-based
Major certification options

- Voluntary v. Mandatory (Title v. Practice):
  - Will certification be required in order to use a title such as “Certified CHW?” OR
  - Will certification be required for anyone doing the work of a CHW?
- Certify *employers* in order to receive state/federal funding for CHWs? (standards of recruiting, training, supervision)
- Certify training programs and/or instructors? (individual CHW credential = proof of successful completion)
- Separate application/registration process for *individual* certification?
What are the driving interests in your state for pursuing certification?

- CHWs desire for certification?
- Reliable indicator/definition of scope of practice and qualifications?
- Recognition of CHWs as an occupation/profession?
- Required for sustainable payment?
Basic components of a CHW certification program

- Definition of CHW and core competencies
- Scope of practice: boundaries with other professions
- Practice standards
- Process/methods for assessing applicant's proficiency in required skills
- Eligibility and application process
- Administrative home: how to finance the cost?
- Continuing education requirement
- Procedures to renew, revoke/expire, and appeal certification
A responsive certification system has:

- Multiple paths to entry, including path based on experience ("grand-parenting")
- *User friendly* application process without unnecessary barriers of education, language, citizenship status
- Any required training available in familiar, accessible settings
- Skills taught using appropriate methods (e.g., adult/popular education; CHWs as trainers)
- Easy access to continuing education, distance learning
- Respect for volunteer CHWs!
Crucial issues to consider in the certification of individual CHWs

- Required core competencies
- Work experience requirements
  - “Grand-parenting” – permanent or limited?
  - Flexible “look back” period
- Training requirements
- Education requirements
- Continuing education
- Language and citizenship requirements
Crucial issues to consider for certification of individual CHWs (continued)

- Assessment of qualifications/proficiency
  - “3 Cs” of community connectedness, credibility, commitment
    - Who can serve as reference for core competencies?
- Reciprocity with other states
- Background checks
- Complaint resolution
Crucial issues to consider for certification of CHW training programs

- Model of training: certified organizations, individual trainers, or both?
- Requirements for CHWs to serve as certified trainers?
- Organizational fiscal, management, and legal integrity
- Organizational fit of mission—connection to community and familiarity with CHWs
- Training curriculum and program design
- Qualifications of trainers/faculty
- Methods of evaluating training effectiveness
- Reporting capacity and accountability
Crucial issues to consider for development and administration of CHW certification programs

- What is the certifying authority?
- Engagement of CHWs in developing and monitoring certification program
- Engagement of other stakeholders
- Internal lines of communication between CHW program units and professional licensure division
- Capacity for assessing individual and training program qualifications
- Capacity for administering continuing education and renewals
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