

Welcome to

ASTHO's Community Health Worker Call Series

Certification and Licensure

Presented by ASTHO and the Health Resources & Services Administration



Objectives of the call:

- Describe the current landscape of CHW certification and training across the country.
- Identify common content and methodology that can be included when developing CHW certification programs.
- Describe the opportunities, challenges, and barriers, associated with establishing certification for CHWs.

Speakers

KT Kramer, JD, MHA

Director of State Health Policy
ASTHO



Speakers

Carl Rush, MRP

Project on CHW Policy & Practice
University of Texas Institute for
Health Policy



Panelists



Gail Hirsch, M.Ed.

Co-Director, Office of
Community Health Workers
Massachusetts Department
of Public Health



Katie Mitchell, LMSW

Project Director
Michigan Community
Health Worker Alliance
(MiCHWA)



Sergio Matos

Co-Founder and
Executive Director
Community Health
Worker Network of NYC

ASTHO's Community Health Workers Training/Certification Standards Map

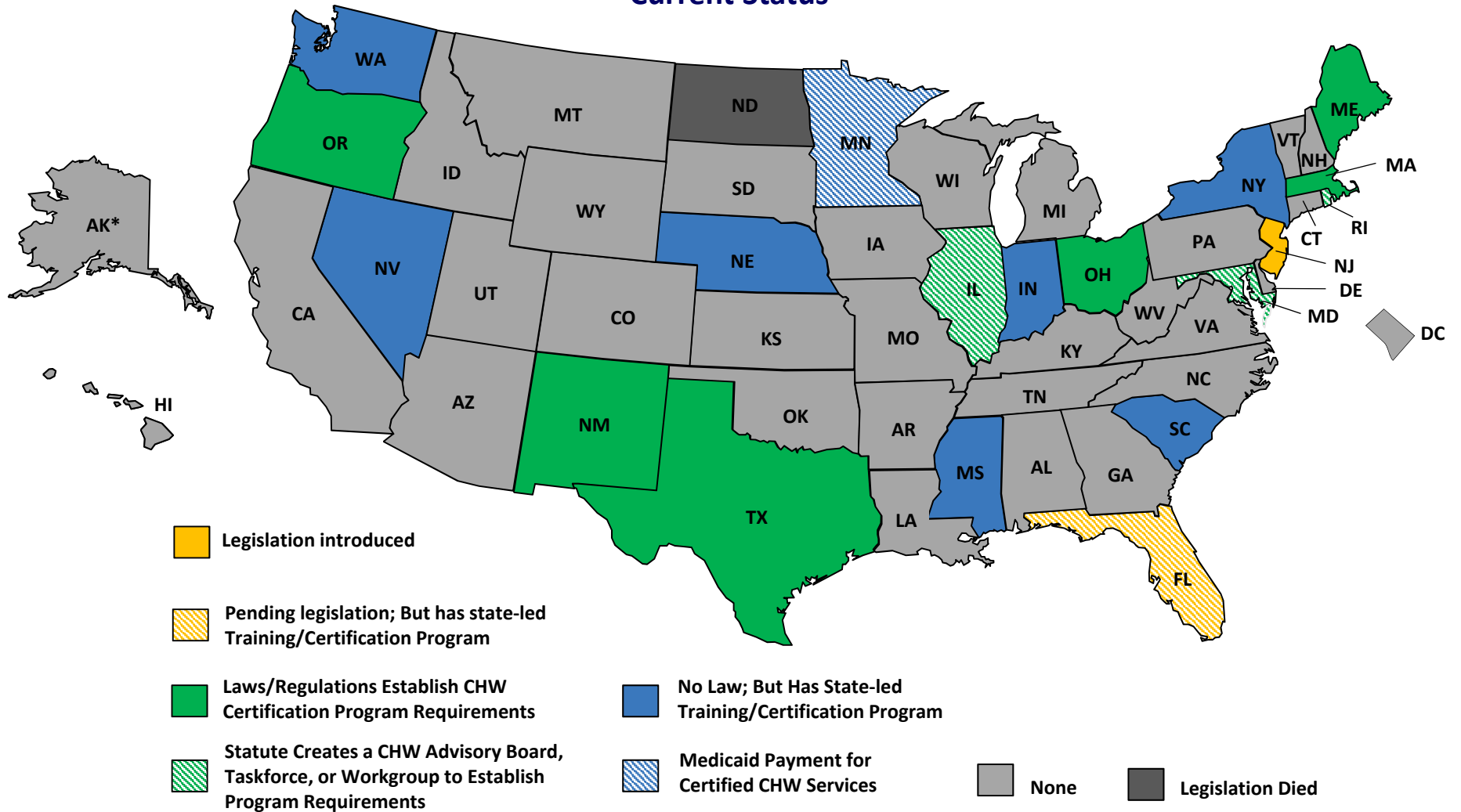
KT Kramer, JD, MHA
Director, State Health Policy
ASTHO





Community Health Workers (CHWs) Training/Certification Standards

Current Status



* 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.



Community Health Workers (CHWs) Training/Certification Standards Statutory & Department Program Requirements

State		IL	FL	IN	ME	MD	MA	MN	MS	NE	NJ	NM	NY	NV	OH	OR	RI	SC	TX	WA
Year of Enactment		14	--	13	15	14	10	07	12	--	--	14	10	13	03	11	11	12	99	11
Department or Agency Responsibilities	Dept. of Health/Public Health	•		*	•	•	•		*	*	•	•	*	*		•	•	*	•	*
	Dept. of Human Services							•												
	Board of Nursing														•					
Scope of practice described		•		*		*	•	*	*	*		•	*	*	•	•	•		•	•
Core competencies established		•		*		*	•			*		+		*		+			+	*
Health professional supervisor required								•							•	+		*		
CHW Advisory Board/Taskforce/Workgroup established		•		*		•			*		•	•				+	•	*	•	
Continuing education required							•					•			•	+			+	*
Board of CHW Certification to Recommend Standards							•					•							+	
University-run certification program								•												
Background/criminal checks required												•			•	+				
Age requirements established				*			•					+			•	+			+	
Out-of-state certifications accepted							•													
Fees collected to support program							•					•			•					
Complaint/disciplinary proceedings established							•					•			•	+			+	
Possession of certification documentation required							•					•							+	
Certification Renewal Period	Two years				•		•					•			•				+	
	Three years															•				

+ Information in regulations.

* Does not have legislation, but is Department-established.

Community Health Worker Core Consensus (C3) Project:

Moving Toward Consensus on
CHW Roles/Scope of Practice
and Competencies

ASTHO CHW Call Series #1

March 3, 2016

Carl H. Rush, MRP



UTHealth | **School of Public Health**

The University of Texas
Health Science Center at Houston

C3 Project Purpose

Develop “contemporary” recommendations for consideration and adoption throughout US related to:

- CHW Core Roles (Scope of Practice)
- CHW Core Skills
- ...and affirm existing knowledge about CHW Core Qualities



Why C3 now?

- National Community Health Advisor Study (1998) has provided a starting point for creation of CHW education programs, and state certification standards, BUT...
- Times have changed – more CHWs working “inside” health care
- More states developing official role definitions and skill requirements
- Pressure to create national standards, but agreement among states is not clear
- More organizations want to know “what’s a good training program?”

Project Core Value: CHW self-determination

- Reinforces APHA 2014 Policy Statement urging that standard-setting bodies for CHW practice consist of at least 50% CHWs



C3 Project timeline

- Precursor activity in 2013: analysis of over 40 training program descriptions by Coastal AHEC (TX)
- Fall 2014 - Spring 2015: Roles and Competencies Crosswalk and Review by Advisory Committee including a majority CHWs
- Summer 2015: CHW Networks Review and consensus building
- Spring 2016: release of 2015 report

The future of C3

- Mid-2016 – mid-2017:
 - Outreach and consensus building with other stakeholder groups
 - Analysis of roles and skills in community vs. clinical settings
 - Recommendations on methods to assess skill proficiency and Core Qualities

C3 Benchmark Documents

STATE	Roles /Scope of Practice (SoP)	Skills
California	California Health Workforce Alliance	City College of San Francisco CHW Curriculum
Massachusetts	State Board of Certification SoP Definition	State Board of Certification Core Competencies
New York	New York State CHW Initiative	New York State CHW Initiative
Oregon	Scope of Practice Committee, State Traditional Health Worker Commission	Scope of Practice Committee, State Traditional Health Worker Commission
Minnesota	MN Community Health Worker Alliance	Official State Curriculum
Indian Health Service CHR Program	National SoP Definition	<i>NA/Revisit –date TBD</i>
Texas	State Definition of CHWs	State Curriculum Standards (Coastal AHEC certified curriculum)

Other resource documents

- National Community Health Advisor Study
- New York State CHW Initiative
- Massachusetts Board of Certification
- California Health Workforce Alliance
- Forthcoming CDC policy study on certification

More info on C3

- Email: **info@c3project.org**
- Join mailing list:
<http://bit.ly/1UAYhRD>

Certification basics

- Declaration by issuing authority that an individual has certain defined skills/qualifications
- NOT the same as an educational “certificate of completion”
- Issuing authority does NOT have to be the State: could be educational, association or employer-based
- *Licensing* is probably off the table: CHW is not a provider of clinical care

A responsive CHW certification system has:

- Multiple paths to entry, including credit for experience
- User friendly application process without unnecessary barriers of education, language, citizenship status, cost
- Required education available in familiar, accessible settings
- Skills taught using appropriate methods (adult/popular education)
- Easy access to CEUs, distance learning
- Respect for volunteer CHWs – “first, do no harm!”

Panelists



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Panel Discussion

**What process was followed
in considering certification
in your state?**



Commonwealth of Massachusetts
Department of Public Health

Helping People Lead Healthy Lives In Healthy Communities

CHW Certification in Massachusetts

**ASTHO CHW Call Series #1
March 3, 2016**

**Gail Hirsch, Office of Community Health Workers
Massachusetts Department of Public Health**

Decision to Certify CHWs: How We Got Here

- Long term partnership: MACHW (Mass. Assn. of CHWs), DPH, MPHA, CHW training programs
- Synergy with national efforts to define and study the workforce
- Strategic convening; consensus building; legislation and advocacy; collaborative implementation
- Dedication of resources to support CHW leadership

Certification Legislation

- Statewide advisory council recommended certification (2009)
- MACHW drafted and advocated for rapid passage of Chapter 322, Acts of 2010 – establishing Board of Certification at DPH
- Decided to make the state to be the issuing authority (political will, credibility, capacity)
- Board comprised of strong CHW representation
- Voluntary certification
- Title act – not practice act
- Also sets standards for core training programs

Michigan Community Health Worker Alliance (MiCHWA)



The Michigan Community Health Worker Alliance's mission is to promote and sustain the integration of community health workers into Michigan's health and human service systems through coordinated changes in policy and workforce development.

Today's presentation by Katie Mitchell | MiCHWA Project Director

www.michwa.org

Q1: Process

What process was followed in considering certification in your state? Who or what was driving the process? What stakeholders or other factors seemed to be most influential in the outcome?



Q1: Process

MiCHWA founded in 2011

- *Mission:* to promote and sustain the integration of community health workers into Michigan's health and human service systems through coordinated changes in policy and workforce development.

Certification identified as an essential discussion item by CHWs and stakeholders creating MiCHWA's objectives and infrastructure



Q1: Process

2011- Present: Group discussions and stakeholder meetings

- MiCHWA working groups, MiCHWA Steering Committee, conferences and events

2012: Certification research

- In other states, for other professions

2013: CHW-only discussion forums

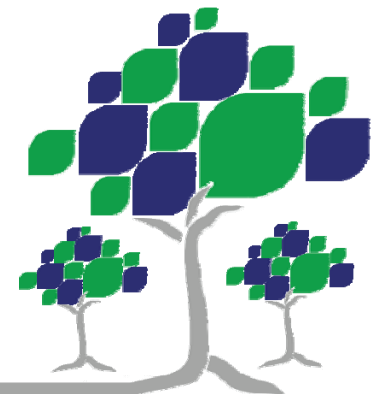
2013: Policy Brief

2014: Certification research

- In other states, for other professions

2014: Determination that MiCHWA would manage CHW certification process

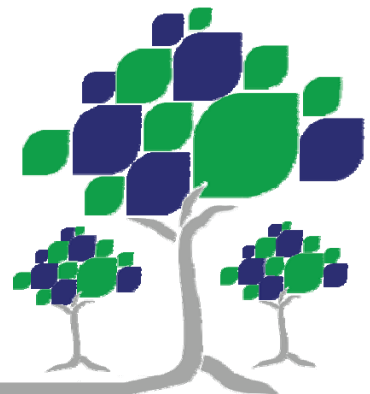
2015: Support from stakeholders



Q1: Process



- Used other tools to support this discussion
 - Conference calls, surveys, polls
- Process is iterative and ongoing
 - Engagement of all stakeholders (CHWs, policymakers, educators, employers, etc.)



Q1: Process

Challenges

- Getting all voices *and* respecting all voices
- Getting people up to speed on what decisions are being considered and why
- Working through the “what ifs” of certification discussions
- Getting caught up in details versus big picture
- Countering beliefs that stakeholders can only be reactive versus proactive



Community Health Worker Network of NYC



The Community Health Worker Network of NYC is a professional association of CHWs that exists to advance the practice through education, advocacy, and research, while preserving the identity and character of CHWs.

Today's presentation by Sergio Matos, Founder and Executive Director
www.chwnetwork.org

Process

- Secured funding to lead and support a two-year effort
- Committed to a stakeholder-led process under CHW leadership
- Secured academic partners
 - Columbia University Mailman School of Public Health
 - New York University School of Medicine
- Developed a leadership advisory group
 - Representatives from all stakeholder sectors
 - Engaged top leaders capable of realizing change
 - Statewide representation
 - Supported regional CHW organizing to participate in effort
 - Supported CHW leadership of entire effort



Process II

- Convened leadership advisory group
- Established three workgroups
 - Scope of practice
 - Training and credentialing
 - Financing
- Each workgroup co-chaired by a stakeholder and a CHW
- Workgroup efforts staggered as other groups needed results of the Scope of practice workgroup
 - Training, credentialing and financing depended on the CHW scope of practice
- Scope of Practice workgroup needed rigorous market analysis
 - CHW, employer, payer, regulator, labor and other stakeholder perspectives
 - Academic partners conducted the research, analyzed data, published findings



Results – CHW Scope of Practice

- Adopted APHA and CHW Network of NYC CHW definition
- Established a statewide evidence-based CHW scope of practice
 - Analyzed research results using several analytical methods
 - Applied labor functional task analysis to determine roles, tasks and skills
- Identified employer priorities in assessing and hiring CHWs
 - Shared life experience
 - A recognized set of personal attributes
 - Previous employment as a CHW
 - Previous training
- Discovered critical set of personal characteristics
- Credentialing was not identified as influencing CHW employment



Results – More

- Training/Credentialing Recommendations
 - Certification considerations were put on hold
 - Employer indifference
 - Desire for thoughtful deliberation
 - Examination of national experience with CHW certification
 - Content and methodology
 - Development, siting and delivery
 - Training institution requirements
 - Possible credentialing process
- Financing Recommendations
 - Medicaid/Medicare, commercial insurance, philanthropies, government, healthcare providers, employers



Panel Discussion

What are the pros and what is the value of establishing certification for CHWs?

Q2: Potential Positive Impact

What are the pros or perceived benefits of establishing certification for CHWs? How was the “value” or certification defined, and who introduced that value proposition?



Q2: Potential Positive Impact

MiCHWA's Recommendations (2013)

- Michigan should adopt a standardized competency-based training & certification system for Community Health Workers; and
- Michigan should support policies for Community Health Worker reimbursement through Medicaid, Medicaid managed care, & other payers.

Stakeholder Consensus (2015)

- MiCHWA should develop and implement standard steps for CHW certification in Michigan

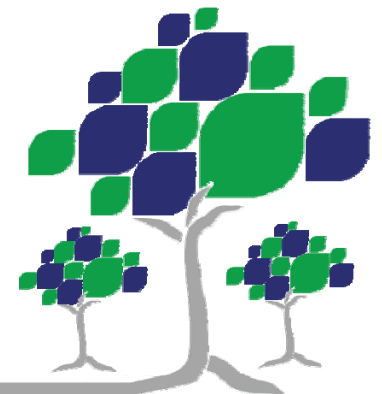


Q2: Potential Positive Impact

- Recognition of a CHW's role
- Acknowledgement that a “minimum standard” of competency and skill has been met
- Establishment of CHW as “profession” versus “paraprofessional” or “unprofessional” role
- Validation of a CHW's investment in training and skill development

Impact for Multiple Stakeholders

- Personal and professional value: to the CHW
- Professional value: to the employer



Q2: Potential Positive Impact?

For the CHW

- Wage increases?
- Gateway to new education opportunities?
- Increased personal and professional efficacy?

For the Employer

- Opportunities for new funding streams?
- Workforce standard?

For many of these, we won't know what the impact actually is for some time.



Certification Pros?

- Increased access to funding/sustainability
 - Business case and evidence for CHW effectiveness more impactful
- Better opportunities and wages
 - Experienced employers are not asking for certification
- Prestige, recognition, stability
 - No existing evidence
- Increased cooperation with health care community
 - Role understanding and CHW effectiveness more relevant
 - When providers witness CHW success cooperation increases



Potential Benefits of Certification: A Piece of Advancing the Field

- **For CHWs:**
 - Define the practice and build professional identity
 - Could support workforce development (pay, benefits, supervision, training, career ladders)
- **For providers and employers:**
 - Scope of practice in relation to other workforces
 - Training standards
- **For public and private insurers:**
 - Competency-based scope of practice, training
 - Possible prerequisite for payment
- **For all stakeholders: Educational Opportunity about CHWs**

Panel Discussion

What are the cons or potential negative impacts of establishing certification for CHWs?

Certification Cons

- Could redefine the practice – loss of identity and CHW power
- Establishes restrictions on the practice
 - Limit scope of practice
 - educational requirements, immigration status, language, financial
 - criminal background
- Not necessary
 - Nobody is asking for it
 - Business case is extensive and increasingly published
 - Employers prefer personal qualities and shared life experience
 - Certification alone does not provide recognition, security, increased employment nor better wages
- Legislative agenda requires state funding
 - Build credentialing structure
 - Test, evaluate, record, register, enforce
 - States are generally reluctant to expand government or spending



Challenges Inherent in Certification

- Certification means different things
- Potential adverse impacts
 - Barriers to entry into workforce
 - Diminish CHW effectiveness
 - Distort CHW identity
 - Over-medicalize CHW practice
 - Diminish flexibility to respond to complex needs
 - Create separate “classes” of CHWs

Anticipating and Addressing Challenges

- Include “grandparenting” provision
- Recognize voluntary and part time work experience
- Flexible training program approval standards (curriculum is flexible; based on adult learning principles)
- User-friendly application
- No minimum educational requirements
- English language proficiency not required
- No testing required – competency-based assessment
- Affordable fee

Anticipating and Addressing Challenges

- Engage, build consensus and create ownership every step of the way
- Actively support CHW leadership with resources
- Recognize inherent tension of formalizing CHW role while retaining and supporting grassroots nature of the profession
- Include CHWs who work in multiple settings (not only in health care)

Q3: Potential Negative Impact

What are the cons or potential negative impacts of establishing certification for CHWs? When in the process were these negatives articulated, and how influential were they on the outcome?



Q3: Potential Negative Impact

The CHW Role has historically been

- grassroots / community-based
- an opportunity for entry into the workforce for many individuals
- centered around life experience and/or unique connection to community

Will certification dilute the workforce by ignoring these proven attributes / qualities in favor of meeting an education requirement?

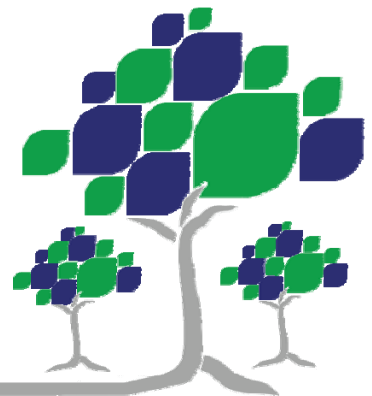


Q3: Potential Negative Impact

Disclaimer: Michigan has pursued CHW certification in addition to standard education because our CHW and employer stakeholders support it.

Potential negatives recorded in the process, including

- Oversight/regulation costs and decisions
- Exclusion of community-based CHWs who may not qualify or know about the process
- Cost to the CHW if employers unwilling to pay or if CHW is a volunteer



Q3: Potential Negative Impact

How do we handle potential negatives?

We talk. A lot.

- All pros and cons are included in conference call and in-person discussion
- MiCHWA built on participatory principles; all voices recorded and included as part of summaries and decisions
- Decisions made by consensus not voting



Q3: Potential Negative Impact

Concerns cited by CHWs and employers led us to pursue various aspects of certification over others:

- MiCHWA management of certification
- Grandparenting
- Voluntary process – inherent
- Employer-paid certification, when possible
 - Polled employers, received vary positive response
- Registry enrollment regardless of certification

We haven't launched yet, and when we do, it won't be perfect – and that's OK. We'll continue engaging CHWs and stakeholders.



Q&A

If you have a question, please type it into the chat box now.



References

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Catalani C, Findley S, Matos S, Rodriguez R (2009). *Community Health Worker Insights on Their Training and Certification*. Progress in Community Health Partnerships: Research, Education, and Action. Fall 3.3: 227-235



Resources

- C3 Project: <http://www.chrllc.net/id12.html>
- Massachusetts Department of Health Office of Community Health Workers:
www.mass.gov/dph/communityhealthworkers
- Michigan Community Health Worker Alliance:
www.michwa.org
- Community Health Worker Network of New York City:
<http://www.chwnetwork.org/>

Thank you for joining us!

Please complete our webinar evaluation survey:

http://astho.az1.qualtrics.com/jfe/form/SV_0IHlgGi3s6NUBUN

Visit ASTHO's CHW website for additional resources:

<http://www.astho.org/Community-Health-Workers/>

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