



CHW Certification: Overview and the Paths Taken in Different States

June 26, 2019

Objectives

- Build an understanding of what certification is (and what it is not).
- Provide an overview of processes and pathways taken for CHW certification in different states.
- Discuss how states have incorporated CHW perspectives into the certification process



NATIONALLY ACCEPTED DEFINITION OF CHWS

A community health worker (CHW) is a **frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served.** This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

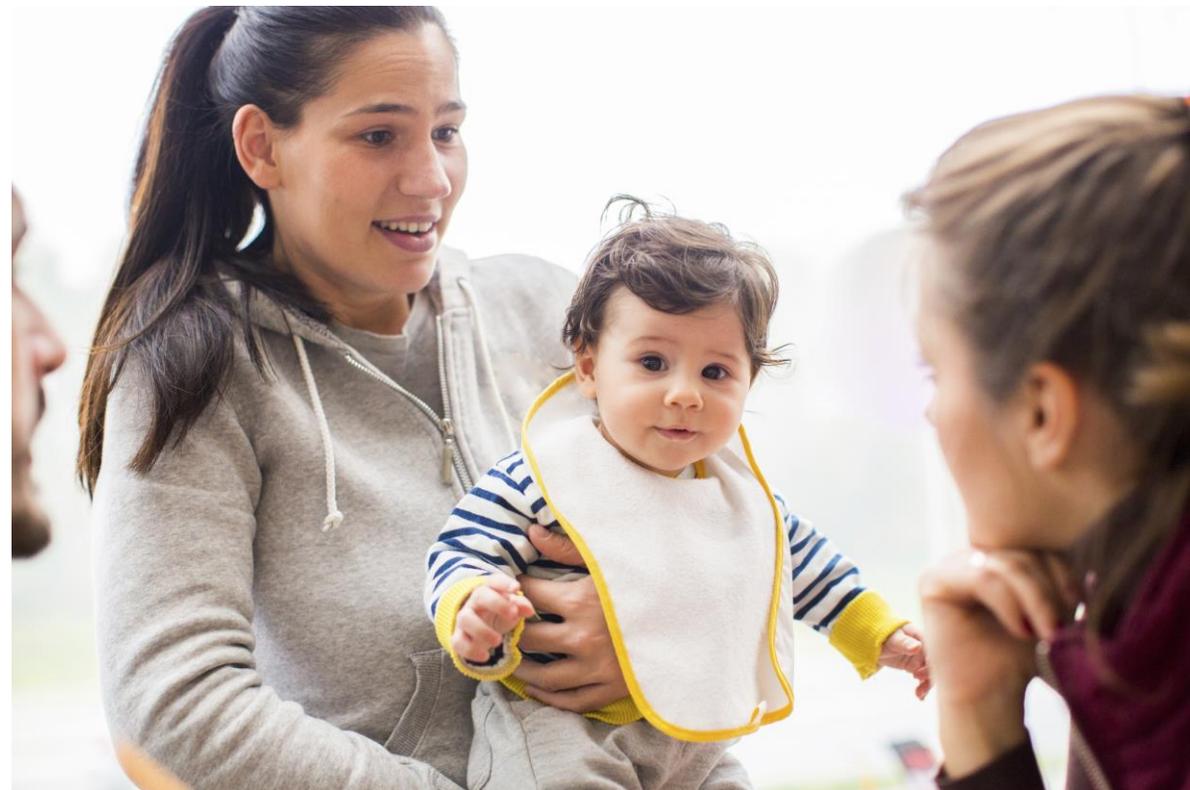
A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.



Available at: <https://www.apha.org/apha-communities/member-sections/community-health-workers>

WHAT MAKES CHWS DISTINCTIVE AND EFFECTIVE?

- Expertise is based on **shared life experience** and (usually) **cultural background** with population served.
- Generally do not hold another clinical license.
- Spend more time with people in home, community, and clinic.
- Address social determinants of health; understand the “whole picture” of a patient’s life.
- Trusting relationships based on shared power.
- Core values based in equality, justice, empathy.
- Can mobilize a community to deal with macro issues.



CHW SKILLS

The CHW Core Consensus (C3) Project describes the core skills of CHWs as:

1. Communication skills
2. Inter-personal and relationship-building skills
3. Services coordination and navigation
4. Capacity building
5. Advocacy
6. Education and facilitation
7. Individual and community assessments
8. Outreach
9. Professional skills and conduct
10. Evaluation and research
11. Knowledge base

CONNECTEDNESS

CHWs know the community and move freely within it.

CREDIBILITY

CHWs are known and trusted as leaders and “natural helpers.”

COMMITMENT

CHWs pursue their work out of a sincere commitment to the wellbeing of the community – because it is their community

UMBRELLA TERM: CHWS WORK UNDER MANY JOB TITLES ACROSS MULTIPLE SETTINGS

Examples of Settings

- Hospitals
- Community health centers
- Managed care organizations
- Substance abuse service providers
- State and municipal health departments
- Community-based organizations
- Public housing authorities
- Schools

Examples of Job Titles

- Community health educator
- Outreach educator
- Outreach worker
- Enrollment worker
- Health advocate
- Peer advocate
- Peer leader
- Street worker
- Youth outreach worker
- Family advocate
- Family planning counselor
- Family support worker
- Patient navigator
- Community health representative
- *Promotores de salud*



CHWS ADDRESS DIVERSE ISSUES AS GENERALISTS AND OFTEN SPECIALIZE

- Chronic Disease
 - Asthma
 - Diabetes
 - Cancer
 - Cardiovascular disease
- Maternal & Child Health
- Infectious Disease
 - HIV/AIDS
 - Sexually transmitted infections
 - Hepatitis C
 - Tuberculosis
- Violence
 - Domestic
 - Sexual assault
 - Youth violence
 - Suicide
- Nutrition Services
- Tobacco Control
- Lead Poisoning Prevention
- Early Intervention
- Behavioral Health

CHWS ADDRESS SOCIAL DETERMINANTS OF HEALTH

Central to CHW roles and activities

- Assess client/community challenges to caring for health and accessing healthcare.
- Assist with access to community resources, such as food, housing, and transportation.
- Provide social support by listening, empowering, advocating for patient.
- Connect client/patients with needed healthcare/behavioral health services.



CHWS TRAINED TO WORK WITH BEHAVIORAL HEALTH POPULATIONS

- CHWs have proven effectiveness in methods such as:
 - Motivational Interviewing.
 - Mental Health First Aid.
 - SBIRT Protocol.
- CHWs skilled in **overcoming stigma** and adapting to **consumer preferences** in service delivery.
- Techniques can be integrated with screening for social determinants of health.
- HRSA/SAMHSA demonstration projects have featured CHWs.

Why Pursue Certification?

	CHWs	Payers & employers
Anticipated benefits	<ul style="list-style-type: none"> • Higher wages • Improved working conditions • Increased respect from other professions • Wider career opportunities • Stable employment • Strengthened professional identify • Consistent standards for the field 	<ul style="list-style-type: none"> • Clear scope of practice boundaries • Consistent, reliable qualifications among CHWs • Simplified recruitment • Reduced on-the-job training costs • A clearer rationale for integrating CHWs into care teams
Assumed negative impact	<ul style="list-style-type: none"> • New barriers to entry • Creation of a “class” system among CHWs and/or marginalization of volunteer CHWs • Making CHW practice more clinical and less connected to the community • Regulations or restrictions on what CHWs are allowed to do • Employing people who attend a training but do not have strong community connections 	<ul style="list-style-type: none"> • Pressure to increase wages • New regulations or restrictions on their organizations • Increased overall training costs • CHWs losing touch with the community, thereby becoming less effective overall

What Certification Is (and Is Not):

- IS a declaration by issuing authority that an individual has certain qualifications (e.g., 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, association or employer-based

How to Develop Certification Policy: Process

- 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
- **Ongoing CHW leadership and inclusion!**

Major Certification Options

- Certify **individuals** who work as CHWs?
 - Voluntary v. Mandatory (Title v. Practice):
 - Will certification be required in order to use a title such as “Certified CHW?”
(*best/most common practice*)
 - Will certification be required for anyone doing the work of a CHW?
- Accredite or certify CHW **training programs/curricula**?
- Certify **instructors** in CHW training programs?
- Certify **employers**?
 - No state to date has taken this approach; would not provide CHWs with a “portable” proof of qualifications.

Basic Components of an Individual CHW Certification Program

- Authority and administrative home
- Certifying board or entity (composition, powers, operations)
- Definition of CHW
- Core competencies
- Scope of practice and practice standards
- Eligibility requirements
- Standards and protocols for assessing eligibility
- Continuing education requirements
- Procedures to apply, renew, revoke/expire, appeal, etc.

Can be the same
or distinct entities



Elements of a CHW-Centered Certification System:

- **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 CEUs**, distance learning
- **Respect for volunteer CHWs!**

Select 2018 state activity on CHW certification

State/bill	Description
Arizona H.B. 2324 (2018) – Governor signed into law May 16, 2018 (https://bit.ly/2xPrUZM)	Voluntary CHW certification (with support from the Arizona CHW Association and the Arizona CHW Workforce Coalition).
Connecticut H.B. 5290 (2018) – Governor signed into law May 14, 2018 (https://bit.ly/2HI2Pj6)	Required a feasibility study on CHW certification, conducted in consultation with a CHW Advisory Committee.
Maryland H.B. 490 (2018) – Governor approved May 8, 2018 (https://bit.ly/2VI3b1r)	Established a CHW Advisory Committee (which includes nine CHWs) to advise the Maryland Department of Health on matters related to CHW certification and training.

CHW Policy Tracking – Current legislative session (2019)

Topic	Bill
Certification	<p>Virginia HB 2004 (https://bit.ly/2VKagyk) and SB 1280 (https://bit.ly/2Slv4V8)</p> <ul style="list-style-type: none">• Would require the Department of Health to approve at least one entity to certify CHWs in Virginia based on a standard scope of practice and core competencies that align with national standards. <p>California SB 10 (https://bit.ly/2VLafKz)</p> <ul style="list-style-type: none">• Would require the State Department of Health Care Services to establish a peer, parent, transition-age, and family-support specialist certification program. Bill indicates these positions would partner with CHWs. <p>Connecticut SB 859 (https://bit.ly/2KATO0y)</p> <ul style="list-style-type: none">• Would require the Department of Public Health to establish a CHW certification program, in follow up from a previous feasibility study.
Certification and Reimbursement	<p>New Jersey A 3511 (https://bit.ly/2D2emKX) and S 61 (https://bit.ly/2REyife)</p> <ul style="list-style-type: none">• Would establish a CHW program to standardize CHW training and certification programs among higher education institutions and would integrate CHW services into Medicaid reimbursement. <p>Louisiana SCR 70 (https://bit.ly/2I1wtTV)</p> <ul style="list-style-type: none">• Would form a CHW Workforce Study Committee (including CHWs) to provide recommendations on CHW definition, core skills and competencies, training infrastructure, financing methods, and whether certification is necessary.

CHW Perspectives: leadership on certification boards

Arizona	Maryland	Massachusetts	New Mexico
<p>AZ CHW Association (AzCHOW) first piloted a certification process. Department of Health Services (DHS) managed a registry (passive function).</p> <p>HB 2324 passed in 2018 and directed DHS to implement a certification program and establish a CHW Advisory Council</p>	<p>SB 163 passed in 2018 and directed the Department of Health (DOH) to adopt initial regulations for CHW certification, with additional regulations based on recommendations of a CHW Advisory Committee.</p>	<p>Department of Public Health (DPH) Division of Health Professions and Licensure has administrative responsibility.</p> <p>DPH Board of Certification of CHWs has certifying authority.</p>	<p>Department of Health has administrative responsibility.</p> <p>Board of Certification of CHWs has certifying authority.</p>
<p>Majority of 9-member CHW Advisory Council must be CHWs.</p>	<p>At least nine of the 19 members of the CHW Advisory Committee must be CHWs.</p>	<p>Board includes Department of Public Health Commissioner plus ten governor appointees; at least four must be CHWs.</p>	<p>Board includes the secretary of health and eight additional members, a minimum of three of which must be CHWs.</p>

APHA Policy Statement: *Support for Community Health Worker Leadership in Determining Workforce Standards for Training and Credentialing*

...Encourages state governments and any other entities drafting new policies regarding CHW training standards and credentialing to **include in the policies the creation of a governing board in which at least half of the members are CHWs.** This board should, to the extent possible, minimize barriers to participation and ensure a representation of CHWs that is diverse in terms of language preference, disability status, volunteer versus paid status, source of training, and CHW roles.

Available at: <https://bit.ly/2uv9RBY>

Thank you!

CHW Resources Online: www.astho.org/community-health-workers