Decisions in the certification of Community Health Workers

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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.
Developing certification policy: process

- CHWs in leadership roles
- Stakeholders agree on purpose and objectives
- Stakeholders agree on meaning/definition of certification (*includes sharing preconceptions*)
- Commit to create responsive certification policies and procedures that respect the nature of the CHW practice
What positive beliefs/preconceptions do CHWs have about certification?

Certification will lead to:

- Clear scope of practice boundaries
- Better wages and working conditions
- Respect and acceptance by others in the system
- Greater respect for CHWs within the community
- Wider career opportunities
- Sustainable, stable employment
What **positive** beliefs/preconceptions do **employers/payers** have about CHW certification?

Certification will lead to:

- Simplified recruitment and selection; fluid job market
- Reduced on-the-job training 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?

Certification will lead to:

- Pressure to increase wages
- New regulations and restrictions
- Increased overall training costs
- CHWs losing touch with community
What *negative* beliefs/preconceptions do CHWs have about certification?

Certification will:

- Change the nature of CHWs
- Regulate/restrict/change what CHWs can do
- Create barriers to entry
- Lead to employment of people without the necessary connection to the community (continued)
What **negative** beliefs/preconceptions do **CHWs** have about certification?

Certification will:

- Cause CHWs to lose touch with community
- Create a “class” system among CHWs
- Further marginalize volunteers
- Make CHW practice more clinical/academic
What certification is/is not:

- IS a declaration by issuing authority that an individual has necessary skills

- Is NOT necessarily regulation of practice

- Is NOT the same as an educational “certificate of completion” – UNLESS...

- Is NOT automatically a State government function: Issuing authority MAY be government, educational, association or employer-based
Major certification options

- Will certification be required in order to use a title such as “Certified 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?
A responsive certification system has:

- Multiple paths to entry, including path based on experience ("grandparenting")
- User friendly application process without unnecessary barriers of education, language, citizenship status
- Any required training available in familiar, accessible settings

(continued)
A responsive certification system has:

- Skills taught using appropriate methods (adult/popular education)
- Easy access to CEUs, distance learning
- Respect for volunteer CHWs!
Other crucial issues to consider

- Work experience requirements
- “Grand-parenting” – permanent or limited?
- Language requirements
- Citizenship status

(continued)
Other crucial issues to consider

- Background checks
- Assessing “3 Cs” of community connectedness, credibility, commitment
- “Reciprocity” with other states
Other states’ approaches

- Legislative mandate leading to state administration of system: TX, OH, MA, OR, IL, MD
- Outgrowth of SIM process: CT, MI, CA
- Independent multi-stakeholder coalition: AZ, FL, NE, PA, UT, MN*, IN, KS
- State executive action: NV, RI, SC, WA
THANK YOU!

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