Journey to Certification of CHWs in Illinois

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Overview

- CCHWLN background
- Survey and Focus Group purpose and results
- · CCHWLN current activities
- · Conclusion and Q & A

Chicago CHW Local Network (the Network)

- · Created in 2003 by a group of health educators and their organizations from the Chicago area.
- · Mission: to support and facilitate the progress of CHWs and the diverse communities they serve through: group education, provision of information and resources, health promotion and disease prevention.
- The Network is by and for CHWs and is supported and advised by HealthConnect One, with the intention of becoming its own entity
- Since 2009, the Network, made up of CHWs and other stakeholders, has hosted forums, disseminated survey's, hosted focus groups and committee meetings around certification.

Introduction

- For many years Community Health Workers (CHWs) have had an important role in outreach, health promotion and prevention and health research in U.S.
- Too often their contributions to the healthcare workforce remain unknown and unrecognized by many.
- Illinois and other states do not have legislation recognizing CHWs
- The Network recognized the urgency of addressing the need for CHW recognition.
- This presentation covers the results of the series of surveys and focus groups with CHWs in Chicago and its surrounding suburbs.

Process

- \circ 2009 2012 hosted forums and meetings focused on building consensus to support CHW recognition in Illinois
- o March 2011 CHW Policy Forum
 - Explored policy options from other States
 - Developed key policy questions for IL.
- CHW Local Network- "Policy workgroup" developed
- o CHW/Stakeholders Policy Workshops developed
 - 4 Workshops with CHWs
 - 2 Workshops with Stakeholders
- Statewide online survey
- Data Analysis

Key Policy Questions

- How do CHWs and stakeholders define CHW roles, responsibilities and professional advancement?
- How are CHWs prepared to perform their duties in terms of training, competencies and supervision?
- What are the considerations pertaining to CHW certification?
 - Governance/Oversight
 - Core training/competencies
 - Supervision
 - Funding/Reimbursement
 - Challenges/Barriers

Participants

- Over 100 CHWs and partners participated in an in-person workshop (English and Spanish)
- o 83 CHWs and partners completed online survey:
 - 35 self-identified as CHW
 - 45 self-identified at employer, supervisor, stakeholder
 - 3 not from IL
- While this presentation will focus mainly on data from the focus groups, we will include some data from the online surveys.

Key Findings

Defining CHW Work/Scope

- o Various definitions exist, APHA commonly preferred
- o Community Health Worker Definition/Scope should:
- Differentiate between paid and non-paid CHW
 - Incorporate research
 - Be broad and inclusive of all areas of CHW work
 - Include more focus on the systems impacted by CHWs as opposed to the tasks performed
 - Include empowerment
 - Capture the essence and mission for a CHW
 - Address the social determinants of health

Key findings - Training

Do you believe it is beneficial for all CHWs to have

CHW (N=35) Other (N=45) 82.86% 84.44%		be different recognize 'advanced," "trainer/r	ed levels of CHW work, nanager"?
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17% 16%	es	82.86%	84.44%
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Key findings - Training CHW Other CHWs participate in training program 13.33% (academic or experiential) and then must pass an exam CHWs participate in an accredited training program and 22.86% 22.22% then show a portfolio of classes/experiences to a certification board A board accredits/ certifies training programs and each 48.89% CHW who completes the training receives a certificate showing s/he has met the core competencies of that Every CHW job is different and there should not be core 8.57% 15.56% competency training

Key findings – Certification Confusion over "certificate training" and "certification" Agreement to develop Board of Certification Board composition: At least 50% CHWs Other 50% should include other health professionals with community experience, social service/social science professionals, training/curriculum specialists, agency administrators.

Key findings - Certification

- Board members selected by CHWs and partners across state
 - Process yet to be determined
- o Board functions, at least:
 - Reviewing curriculum/training programs for approval/accreditation
 - Define basic and advanced CHW competencies
 - Further discussion needed RE additional functions
- Statewide recognition of Board but not housed in State government

Key findings – Core Competencies

- o Many core competencies not health specific:
 - Cultural competency
 - Knowledge of community served
 - Leadership skills
 - Interpersonal skills
 - Communication skills
- o Basic health science knowledge needed
- o Can allow for specialization in specific content areas

Other Important Findings

- CHWs with significant experience should be "grandfathered" into process.
- CHW training and certification should be portable to any CHW who has completed process.
- o CHW supervisors should have understanding of the communities served and the mission of CHW work.

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Networks Current Initiatives

- · Drafted legislation through the policy workgroup.
- Legislation would establish a standard definition for CHWs, a scope of practice, an advisory committee and encourage state agencies and other entities to utilize and reimburse the work of CHWs.
- Met with key policy makers, state legislators and state entities (IDPH, HHS) regarding legislation.
- Aiming to introduce legislation during the Spring 2014 legislative session.
- Curriculum and Certification committee revised and submitted CHW core curriculum to a junior college Board of Trustees and Illinois Community College Board.
- Happy to announce that a CHW basic certificate will be offered at the junior college (South Suburban College) in January, 2014.
- Currently in talks with a City College to implement a CHW core curriculum and establish a career pathway.

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- · Some points need more discussion and clarification:
- Training and certification are two different aspects of the process; no definition of certification from the outset;
- Certification Board and should be clearly differentiated from professional association;
- · Limits and implications of the power of the Board;
- Levels of certification for trainers and trainees; number of and requirements for training organizations; contents of training/education programs;
- Implications of grandfathering: pros and cons, limits, etc.

Limitations:

- Sampling frame: convenience sample; relied on collaborations with the CCHWN;
- · Opponents to certification are not included;
- Focus group data were not transcribed verbatim but reported in summary form;
- Focus group questions were not applied in a standardized way;
- Demographic characteristics of the respondents were not collected;
- No identifiers to differentiate statements; potential multiple contributions by a single participant;
- Two coders are members of the CHW local network.

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- Main recommendations:
- Define scope of CHW practice, core competencies;
 Standardization of education/training/certification processes;
- Establish tiered levels of occupational advancement.
- · Additional recommendations:
- Creation of governing body;
- Creation of grandmothering process sensible to immigration status and education level of experienced CHWs;
 Offer training to supervisors and trainers;
 Training locations embedded in the community;

- Portability of training and certification;
- Funding mechanism to give sustainability to the CHW workforce.
- Empower CHWs to give voice to their needs and wants;
 - Seek models from other states;Advocate;

 - Craft strategy that is inclusive of all types of CHWs; communities and occupational settings;
 Not strip the CHW profession of its heart!

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- Thank you for listening.
- Thank Venoncia and Amparo for co-presenting.
- Thank everyone in Illinois who have laid the foundation and supported the Network's efforts to move CHWs forward in Illinois.