Journey to Certification of CHWs in Illinois

Presentation by:
Leticia Boughton, Chicago CHW Local Network/HealthConnect One
Venancia M. Batel-Ambrus, MS, PhD (c), Practicing Community Health Psychologist
Amparo Castillo, MD, UIC - Midwest Latino Health Research Training and Policy Center

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

- 2009 – 2012 hosted forums and meetings focused on building consensus to support CHW recognition in Illinois
- March 2011 CHW Policy Forum
  - Explored policy options from other States
  - Developed key policy questions for IL.
- CHW Local Network – “Policy workgroup” developed
- 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)
- 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

- Various definitions exist, APHA commonly preferred
- 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 basic common training related to their work?

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<tr>
<th></th>
<th>CHW (N=35)</th>
<th>Other (N=45)</th>
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<tbody>
<tr>
<td>Yes</td>
<td>88.57%</td>
<td>84.44%</td>
</tr>
<tr>
<td>Unsure/ Depends on the requirements</td>
<td>11.43%</td>
<td>15.56%</td>
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<tr>
<td>No</td>
<td>0%</td>
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Key findings – Training

Should there be different recognized levels of CHW work, like “basic,” “advanced,” “trainer/manager”?

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<tr>
<th></th>
<th>CHW (N=35)</th>
<th>Other (N=45)</th>
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<tbody>
<tr>
<td>Yes</td>
<td>82.86%</td>
<td>84.44%</td>
</tr>
<tr>
<td>No</td>
<td>17%</td>
<td>16%</td>
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Key findings – Training

Which process for core training would be best for CHWs?

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<th>CHW</th>
<th>Other</th>
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<tbody>
<tr>
<td>CHWs participate in training program and must pass an exam</td>
<td>14.29%</td>
<td>13.33%</td>
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<td>CHWs participate in an accredited training program and then show a portfolio of classes/experiences to a certification board</td>
<td>22.86%</td>
<td>22.22%</td>
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<tr>
<td>A board accredits/certifies training programs and each CHW who completes the training receives a certificate showing s/he has met the core competencies of that program</td>
<td>54.29%</td>
<td>48.89%</td>
</tr>
<tr>
<td>Every CHW job is different and there should not be core competency training</td>
<td>8.57%</td>
<td>15.56%</td>
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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
- 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
- Many core competencies not health specific:
  - Cultural competency
  - Knowledge of community served
  - Leadership skills
  - Interpersonal skills
  - Communication skills
- Basic health science knowledge needed
- 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.
- CHW supervisors should have understanding of the communities served and the mission of CHW work.
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.

Discussion:

- 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.
Conclusions:
• 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!

Closing Remarks
• Thank you for listening.
• Thank Venencia 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.