



**Community Health Worker National Education Collaborative  
Florida Technical Assistance Workshop  
Downtown Hyatt Regency Hotel – Tampa  
Buccaneer Suites**

**Thursday, May 24, 2007 – 9:30 AM- 4:00 PM**

**AGENDA**

- |                           |   |
|---------------------------|---|
| <b>9:30 AM -10:15 AM</b>  | Welcome, Energizer, and Introductions<br><i>- Don Proulx, Lee Rosenthal, Sergio Matos</i>   |
| <b>10:15 AM -10:30 AM</b> | Key Considerations Review<br><i>- Lee Rosenthal</i>   |
| <b>10:30 AM -11:30 AM</b> | College Curriculum Flexibility by Design and Delivery<br><i>- Lead Resource People: Sergio Matos &amp; Brenda Cartwright</i>  |
| <b>11:30 AM -12:30 PM</b> | Non-Traditional Adult Student Accommodations for Negotiating the Institution; Protocols and Requirements, including Student Financial Support<br><i>- Lead Resource People: Anne Willaert &amp; Napua Spock</i> |
| <b>12:30 PM -12:45 PM</b> | Break/lunch served  |
| <b>12:45 PM -1:45 PM</b>  | Working Lunch: Credentialing Issues<br><i>- Carl Rush</i>   |
| <b>1:45 PM - 2:00 PM</b>  | Energizer<br><i>- Sergio Matos</i>  |
| <b>2:00 PM - 3:15 PM</b>  | Outreach/Engaging Employers: Community-Academic Partnerships<br><i>- Lead Resource People: Anne Willaert &amp; Carl Rush</i>  |
| <b>3:15 PM - 4:00 PM</b>  | Wrap-up and Next Steps for Florida<br><i>- Sergio Matos</i>   |

**Basics of Community Health Worker Credentialing**  
**Carl H. Rush, MRP**  
**Community Resources LLC, San Antonio TX**

**Overview**

- Credentialing: pro and con
- Brief description of Texas and Ohio certification systems
- Opportunities and challenges in State credentialing of CHWs

**Certificates vs. Certification**

There is commonly some confusion about the meaning of certification, especially since formalized college-based programs generally award a “certificate” for completion of a CHW education program.

- Any organization can award a “certificate” – it is proof of the completion of a course of study, in the case of a college, this is like a degree, although degrees in most states require at least 60 semester credit hours
- Certification or credentialing is somewhat like a license to practice: it means that someone “certifies” you are qualified to perform a defined job. It also means that others can rely on this proof of your qualifications.
- However, a license is more common with a clinical occupation as in nursing, social work, counseling or allied health, meaning that the licensed individual is expected to be accountable for producing clinical outcomes with individual patients or clients. It is unlikely that CHWs will need to be licensed.

**Credentialing: pro and con**

In considering the establishment of credentialing for CHWs, it is important to ask certain basic questions, for example:

- How could credentialing benefit you as a CHW? How could it benefit your organization, or the community at large?
- What reservations or concerns do you have about it?

Benefits commonly cited for credentialing include greater respect for CHWs among other professions, improved pay and working conditions, increased job stability and opportunities for more sustainable funding from programs like Medicaid.

Many people have concerns that credentialing will take CHWs away from their “roots,” the things that make CHWs special, by focusing more on their skills than on their relationship with the community. There are also concerns that credentialing would create barriers (such as academic requirements) keeping many community members out of the field, and artificial

distinctions of status between “professional” CHWs and committed volunteers doing similar work.

### Options for credentialing

- The future of the CHW as a profession requires that the State government at least endorse the credentialing system.
- The State itself can do it – but that requires a budget to administer the system.
- A state CHW Association can do it, but there are pros and cons:
  - (+) CHWs can have more control of the process.
  - (-) there are costs to administer the credentialing system; also, the State must accept the validity of the credential.

What is required for a credentialing system?

- All options require a definition of the CHW occupation and skill requirements
- Someone will have to administer it
- Choose how you will assess whether someone is qualified
  - Direct testing of skill?
  - Completion of standardized education program?
- Renewal and continuing education requirements
- CHWs must be involved in design and implementation of the system

What CHW credentialing programs now exist?

- Texas and Ohio have the only formalized programs
- Minnesota is creating an implied credentialing requirement for CHWs who can be paid through Medicaid reimbursement
- Indiana and Alaska have standard requirements under specific programs
- The Cornell “Family Development Certificate” is a default certification in about 16 states; Florida is considering making it a standard for Head Start family workers

The Texas “Certified Community Health Worker”

- Established by House Bill 1864 (1999) as a voluntary system
- First rules adopted by Texas Board of Health (2001)
- Made mandatory by Senate Bill 751 (2001) for all CHWs who are paid

The Texas “CCHW” system

- Based on documented training/ experience
- Competencies based on National Community Health Advisor Study (1998)
- Administered by Dept. of State Health Services: see <http://www.dshs.state.tx.us/chpr/chw/default.shtm>

## **25 Texas Administrative Code, §§146.1**

**(10) “Promotor(a)” or “Community Health Worker”**—A person who, with or without compensation: provides cultural mediation between communities and health and human service systems; informal counseling and social support; and culturally and linguistically appropriate health education; advocates for individual and community health needs; assures people get the health services they need; builds individual and community capacity; or provides referral and follow-up services.

Texas Core Competency requirements (at least 20 hours of instruction, or equivalent experience in each of the following):

- Communication Skills
- Interpersonal Skills
- Service Coordination Skills
- Capacity-Building Skills
- Advocacy Skills
- Teaching Skills
- Organizational Skills
- Knowledge Base

Other certifications created

- Instructor (grandfathered with at least 1,000 hours experience before January 2004)
- Sponsoring institution (both curriculum and instructors must be approved)
- Instructor training programs

## **Ohio Board of Nursing - 2003**

### **Rules Chapter 26**

<http://www.nursing.ohio.gov/PDFS/NewLawRules/4723-26CommunityHealthWorkers.pdf>

Forms at <http://www.nursing.ohio.gov/forms.htm#CommHealthForms>

- Creates a “Certificate to Practice” as a CHW
- Provides for reciprocity with other certification programs “by endorsement”
- Requires citizenship or resident status, criminal background check
- \$35 application fee
- Grandfathering was provided only for the first year: required that the applicant had worked as a CHW “at some point”
- Allows for delegation of “nursing tasks” (except medications) from a Registered Nurse
- Requires a standard curriculum heavy in medical content
- No separate credentialing of instructors

Implications of Texas and Ohio programs

- They do not rely on direct assessment of skills
- Mandatory in TX for all paid CHWs, but no provision for enforcement

- Will it divide workers themselves? (“career” or “academic” CHWs vs. grassroots)
- Approved training programs are not required to grant academic credit

#### Further implications of Ohio program

- Possibly favors CHW education programs as extension of nursing programs
- “Medicalizes” CHWs more than any other system does
- Ambiguous on the status of non-certified and volunteer workers
- Creates standards of “quality of care” by CHWs – the only system that does this

#### **Minnesota Medicaid program**

- Provision for CHWs passed Legislature in May 2007, awaiting regulations and approval by Federal government
- Allows reimbursement of providers for services provided by CHWs if:
  - Provider is a registered Medicaid provider
  - CHW has completed training following a new standard curriculum
- Contact Anne Willaert, Minnesota State University – Mankato ((507) 389-2590; anne.willaert@mnsu.edu)

#### **Indiana and Alaska programs**

- Both states require completion of a state-sponsored training curriculum for employment in a specific health services program:
  - Indiana: CHWs in Family Care Coordination program
  - Alaska: Community Health Aide/Practitioner program, Alaska Native Tribal Health Consortium

#### **Cornell Family Development Curriculum**

- 90 hours of training divided into 10 modules
- Not specifically focused on health but good treatment of a number of generic skills
- Adopted as a “default” credential by over 3,000 workers in New York alone
- Includes mentoring by “Portfolio Advisors”
- Cornell grants continuing education certificate after exam and portfolio evaluation
- A few community colleges will award 6-7 semester credit hours for completion; also eligible for credit under National Program on Non-collegiate Sponsored Instruction (PONSI) program - <http://www.nationalponsi.org/index.html>
- Used as the basis for a maternal/child health CHW training in Florida
- Under consideration as a statewide standard for Head Start family workers in Florida

#### **Barriers to participation in formal credentialing programs**

- Cost of formalized training
- Fears related to immigration status

- Lack of penalties, ambiguity about responsibility for violations
- No link to compensation, advancement
- Texas: after 3+ years, only 600 of estimated 2-3,000 CHWs are certified

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## **Community Health Worker National Educational Collaborative Key Considerations**

All project partners in the Community Health Worker National Education Collaborative (CHW NEC) are at various stages in the implementation and evaluation of their CHW curriculum for their respective institutions of higher education. The role of the Advisory Council is to help advise project partners in these various stages, so that their CHW college-supported educational programs are truly responsive and representative of the past, present, and future of CHWs as well as community and employer needs.

The CHW-NEC recognizes that both paid and volunteer CHWs work throughout the US promoting health and access to care in their communities.<sup>1</sup> Educational programs should strive to serve these existing CHWs and new community members who wish to serve as CHWs

First and foremost, from the viewpoint of the Advisory Council, the integration of CHWs at all levels in program planning, implementation, and evaluation will provide the strongest foundation for creating a truly responsive educational program that builds on the CHWs' knowledge of the communities where they live and work. Every opportunity in program development and implementation must be taken to ensure the voice of CHWs is not lost.

Overall, the Advisory Council recommends integrating the best practice approaches identified by the CHW NEC in order to develop a balanced program responsive to workforce need. The CHW-NEC has identified seven Best Practice arenas organized around key steps in the development of a CHW program (A-G below). The Advisory Council has identified ten key considerations that fall under these seven areas. The combined list is now presented.

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<sup>1</sup> As an emerging force in Public Health, a clear definition of the contemporary roles and competencies of CHWs is still evolving. The CHW-NEC looks forward to leadership from CHWs in the field currently working to develop a formal definition and will share such a definition with all project partners as it is made public.

## Best Practice Areas and Key Considerations

### I. Program Development

#### A: Workforce Assessment and Market Development

1. Community health workers (students) need external support for education especially from current and future employers.

#### B: Institutional Climate and Program Development--

2. College-supported education for CHWs must take into account various student/faculty backgrounds and integrate these into program design and anticipate the impact their education will have once they graduate:

### II. Program Implementation

#### C: Curriculum Design & Instructional Approaches

3. Offering a diverse curriculum/teaching style for both community and classroom experience is essential as well as promoting core CHW skills.

#### D: Instructional Approaches

4. Focusing on effective instructional approaches that engage students becoming CHWs and CHWs becoming students is key.

#### E: Recruitment and Retention

5. There are various personal barriers to address especially during the orientation process in order to assure student success.
6. Life and work experience needs to be honored... seek opportunities to give credit where credit is due.
7. Career building incentives must be varied and need to lead to other opportunities

### III. Program Evaluation

#### F: Evaluation

8. Evaluation processes are needed and they must be multilevel and ongoing.

### IV. Program Maintenance

#### G: Sustainability

9. Sustainability efforts are needed and must address student and institutional needs **college supported educational programs.**
10. **Policy and advocacy are an integral part of developing and implementing successful CHW educational programs. Skills in these areas should be developed in faculty, staff, and students both to promote the educational program and the well being of the communities served by the CHWs.**

The following example is intended to facilitate the review of the attached document prepared by the Advisory Council for CHW NEC partner review. The example depicts how each Best Practice and Key consideration is presented:

**Example:**

A: **Best Practice Area**

- a) **Specific Key Considerations pertaining to this Best Practice area**
  - i) **Sub-categories of key consideration**
    - Details regarding item

## **A: Workforce Assessment and Market Development**

Workforce assessment and market development includes exploring the current employment market, workforce policy, and financial climate for CHWs as well as identifying and developing volunteer and paid CHW positions in the college service area. College-supported CHW educational programs must play an active role in assessing the availability of and opportunities for CHW jobs in their service area. Program staff should anticipate playing an active role in the development of the CHW field overall into a more sustainable component of the health workforce. College staff too must explore ways to link education to promotion opportunities within existing CHW employment sites.

### **1) Community health workers (students) need external support for education especially from current and future employers:**

#### **i) Collaborating agencies involved in the process include:**

- The Learning Institution offering:
  - Flexible Hours
  - Scholarships
  - Support Services (Childcare, transport assistance, alternative community based sites for classes)
- Local Health Department offering:
  - Technical Assistance re: community assets/needs
- Funding Sources offering:
  - Support for students/faculty/staff
- Work Environment offering:

#### **Remarks-Clarification of Best Practice area and Council's key considerations**

- Tuition reimbursement
- Continuation/Advancement within agency

## **B: Institutional Climate and Program Development**

Program development and institutional climate includes a comprehensive set of activities to aid in refining the overall CHW educational program development, implementation, and evaluation at the educational institution. It is important that every college-supported CHW educational program integrate involvement from experienced CHWs in their program at every stage through inclusion of CHWs as planners, faculty, and student mentors to meet their institution's and community's needs.

### **2) College-supported education for CHWs must take into account various student/faculty backgrounds and integrate these into program design and anticipate the impact their education will have once they graduate:**

- #### **i) CHWs must be involved in all stages of program planning, implementation, and evaluation.**
- CHWs can aid college administration in:
    - Planning and developing curriculum specifically to meet the needs of the community served
    - Establishing internship/mentorship programs within health related agencies

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- Evaluating the implementation process including impacts on students and the community
- ii) Programs should promote and support CHWs as faculty--
  - Programs should develop CHW leadership in their programs; possibly expanding mechanisms for CHWs to gain specialized teaching certification if needed as well as long term objectives that promote CHWs at the helm as faculty should be developed
- iii) CHWs college-supported educational programs should be flexible.
  - College-supported educational program should offer:
    - Flexibility and self-growth opportunities,
    - Foster natural mentoring between alumni, experienced students & newly entering students.
- iv) Programs need to allow for a wide variety of ages/experience, educational & work history backgrounds, family & financial situations, culture and personal desire.
  - Institutional policies should:
    - Consider pre-assessment arrangements for students who may have experience in course content areas; include CHWs in identifying ways that these assessments can be undertaken
- v) Career path options should be enhanced and developed:
  - Institutions/Colleges can develop and expand employment opportunities within the community by:
    - Recommending employers seek/pay for better services provided by educated CHWs.
    - Establishing opportunities for shadowing experiences in different target health fields, so students develop early networking skills within the community.
    - Creating opportunities through practicum experience for developing job seeking and technical skills, such as resume development, interviewing skills, and support in asking for promotions in existing job

### **C: Curriculum Design**

Curriculum design indicates the overall course structure (i.e., number of credits, elective courses etc) and course content that is utilized in a CHW educational program. Intimate knowledge of one's community is an essential part of being a CHW. It is essential that all individualized community educational methods and individualized classroom experience take into account local community and cultural context, tailoring the curriculum to the community in order enhance CHW knowledge and skills in the field.

- 3) Offering a diverse curriculum/teaching style for both community and classroom experience is essential as well as promoting core CHW skills.**
- i) Curriculum should anticipate adult learning approaches
    - Curriculum should build on a mix of methods and learning styles including:
      - group skills,
      - individual skills

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- listening/oral tradition learning skills,
  - writing and reading skills
  - on-line opportunities
  - processing field and life experience
- ii) Community health worker core competency classes should be mandatory
- iii) Electives opportunities are important
- Institutions can offer/open up technical skill electives to CHWs students and vice versa
  - Encourage/require students to enroll in college supported courses (ie. communication elective) where class room experience is available.
  - Develop opportunities for CHWs to take other classes at/from other institutions-example: the CDC has helped to develop Public Health Courses at Dine (Navajo) Community College

**D: Instructional Approaches**

Instructional approaches include the methods that are utilized in the capacity building/teaching process including assessment of competence for college credit, interactive classroom activities (role plays, etc) and fieldwork. College supported educational programs must not lose focus when working with two keys groups – CHWs becoming students and students becoming CHWs. Experienced CHWs are the change agents of their communities. New students have the capacity to impact the delivery of health in their communities and to grow as CHWs. The knowledge of both groups and their experience in the educational system will impact their approach in their own community education efforts.

**4) Focus on effective instructional approaches that engage students becoming CHWs and CHWs becoming students.**

- a) Adult learning methods should be utilized for all students using highly interactive, participatory and liberating approaches
- b) Help CHWs learn how you become an effective student in college.
- (i) Faculty/staff should support CHWs in:
- Navigation of the school
  - Learning the process of higher education
- c) Help new CHW students focus on how you become an effective CHW in the community.
- (i) Faculty/staff should support students becoming CHWs through
- Orientation to the field and access to field work
  - Expose CHW students to CHWs who have the experience of navigating the community

**E: Recruitment and Retention**

Recruiting and retaining students refers to strategies utilized by a CHW educational program to ensure that students/CHWs enter and stay enrolled in a CHW educational program. Strong recruitment and retention must be carried out by CHW college supported educational programs breaking down barriers and helping to develop appropriate and relevant systems that will support CHW efforts to further their learning.

**5) There are various barriers to address especially during the orientation process in order to assure student success.**

- ii) Institutional objectives/guidelines should develop mechanisms for assessing prior learning/experience in all students; in credit-bearing programs this should include offering credit for documented prior learning
  - College supported educational programs must introduce/adopt adaptable guidelines for college entrance and skills assessment requirements including:
    - Alternative admissions requirements (alternatives to GED, high school graduation requirements)
    - Strategies for addressing language barriers
    - Approaches to building reading/writing skills readiness
- iii) Mechanisms should be developed to address the fear of failure for all students (experienced/new CHWs) and the barriers that are basis for the fear.
  - Institutional policies must help faculty and staff address possible early failure through allowing flexibility.
    - Give student's opportunities to learn and assess learning utilizing methods that are comfortable, while giving them the chance to explore other learning methods, such as papers and tests.
    - Introduce cultural awareness and sensitivity topics early by sharing personal experiences about CHWs work experience & student experience.
    - Be careful how CHWs are defined and discuss issues of inclusion and exclusion so that all students and program faculty and staff feel confident that they understand the breadth and depth of who is included within the CHW field
  - Curriculum design and instructional approaches affect student outcome.
    - Introductory courses give students a chance to experience "student life" to decide whether or not the program is suitable for them and possibly help eliminate the fear of failing or of becoming a failure.
  - Institutional flexibility equals sustainability concerning retention of students and might include:
    - Addressing the unique needs for family support such as affordable to free daycare assistance for students who are taking courses and need study time.
    - Evening courses taken once or twice a week or weekend courses.
    - Community sites for courses

**6-Life and work experiences need to be honored... seek opportunities to give credit where credit is due:**

- iv) Life experiences as well as on the job training should be evaluated to assess student need for course work. Look at:
  - Credit by assessment
    - This must be culturally responsive and should offer a range of assessment strategies for credit.

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- As a part of this portfolio documentation of competence should be included as an option for competency testing

**7-Career building incentives are varied and need to lead to other opportunities:**

- i) Develop a clear vision of what the impacts are of having a college supported CHW education:
  - College supported educational programs must assess future career opportunities at the beginning stages of planning the program.
    - Document opportunities available to CHWs with a college supported education.
  - College based educational programs must help build advancement opportunities for college prepared CHWs in health and human services related careers.
    - Evaluate if post-college course work will lead to CHW promotions and increased compensation and enhanced benefits
    - Network with employers to promote incentives (example: tuition reimbursement) for CHWs to obtain college-supported CHW education.
    - Assess with employers and CHWs if there are additional areas of curriculum focus needed to respond to the market

**F: Evaluation**

Evaluation of the CHW educational program includes evaluating a wide range of variables including such areas as student outcomes in the classroom and workplace, curriculum content, staff and faculty development, field placements, and the institutional climate. Assessing programs successes and challenges is a key obligation of those coordinating CHW college supported education programs.

- 8) Evaluation processes are important to establishing and refining program success; they must be multilevel and ongoing.**

**G: Sustainability**

It is important that every college supported CHW program work on issues of sustainability. Sustainability efforts should be targeted to supporting and sustaining all aspects and phases of a CHW educational program and it should include goals for sustaining all contributors to the program including students, staff and faculty, and field partners.

- 9) Sustainability efforts are needed and must address a wide range of levels including student and institutional needs in college supported educational programs.**
- 10) Policy and advocacy are an integral part of developing and implementing successful CHW educational programs. Skills in these areas should be**

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**developed in faculty, staff, and students both to promote the educational program and the well being of the communities served by the CHWs.**

## Summary of Take Home Ideas (Don Proulx, CHW-NEC Project Co-director)

### **“Six (6) Take Home Ideas for CHW College Responsive Program Development”**

1. The first Rule is “KISS IT”...Keep it simple and salient from the start. Begin with an entry-level core competency-based “basic certificate” curriculum, which is CHW informed and employer validated
2. Avoid unrealistic and unnecessary academic admissions barriers for a basic entry-level program; avoid unnecessary pre-requisites
3. Three: “Take IT (the curriculum/program) to the Students”...to the Community...make IT “Student-Centered” not Campus-Centered
4. Four: “Built IT from the Outside In” not from the Inside Out...build the curriculum from the perspective of the community-based CHW practice sites (not from the campus/traditional academic perspective), rather from where CHWs work and serve their communities
5. Number Five: “Exercise Academic Humility” i.e., invite seasoned/active CHWs and employers to inform and validate the curriculum and the instruction that the college offers. Engage CHWs as program advisors, as teachers, as guest lecturers, as field work site leaders, supervisors, and preceptors to validate competence of students, as mentors and advisors for students, offering help for “CHWs as students” to navigate the college...etc. In other words, fully engage experienced/seasoned and successful CHWs in supporting the college’s development and delivery of a CHW responsive program!
6. Make sure IT meets a “4 As Test:”
  - Is IT Appropriate? Is IT entry-level, welcoming to adult learners, liberating, language-sensitive, competency-based, and culturally appropriate?
  - Is IT Acceptable? Is IT at a content level of acceptability (i.e., don’t require pharmacology, A&P, full blown medical terminology courses, etc., when this is truly not needed)...do the training in the context of the unique character and need of the community(ies) being served.
  - Is IT Accessible? Avoid barriers to matriculation...like academic screenings which make non-traditional learners feel fearful; offer the instruction where students live and work in the college’s service region; are transportation issues and options addressed ( i.e., student car pools...public transportation options); can childcare alternatives be explored/offered?
  - Is IT Adaptable? Is IT “community evidence-based?” Is IT tailored to “unique population/neighborhood needs?” Can instruction be “scheduled in blocks of time, like over weekends”...can “distance learning technology” reach students in multiple sites...is this technology user friendly...can resource-poor communities and students have access to distance learning technology?