

Basics of Community Health Worker Credentialing
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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
- There are three basic types of credentialing: Certification, Licensing and Registration. Certification 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 means that what the licensed person does is illegal to do without the license. Licensing is more common with a clinical occupation as in nursing, social work, counseling or allied health, where 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. Registration is similar to licensing, in that for some occupations it is a requirement to practice some activities. The term “registered nurse” (RN) is probably the most familiar example of registration as a form of credentialing.

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 has created 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 2005)
- 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: Ohio may accept certification from another State “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 by the certifying agency
- 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, State Plan Amendment approved by Centers for Medicare and Medicaid Services in December 2007
- Allows reimbursement of providers for services provided by CHWs if:
 - Provider is a registered Medicaid provider
 - Services are provided under medical supervision
 - CHW has completed training following a new standard curriculum
 - CHW must register as a Medicaid provider but may not bill State directly
 - CHW may be employee OR contractor of billing provider
- Contact Anne Willaert, Minnesota State University – Mankato ((507) 389-2590; anne.willaert@mnsu.edu)

Indiana, 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 Noncollegiate 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 5+ years, only 600 of estimated 2-3,000 CHWs are certified; renewal rate has been less than 40% each year
- Ohio: after 3+ years less than 100 CHWs certified

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