How CHW Leadership Strengthens Certification: A View from Two States

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Disclosures

• Geoff Wilkinson served as founding chairman of the Massachusetts Board of Certification of Community Health Workers and has been involved in CHW workforce promotion since 2002 as director of the Massachusetts APHA affiliate and as a senior manager of the Mass. Department of Public Health.
Contributors

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Session Objectives

• Summarize CHW certification initiatives, including opportunities and concerns
• Describe certification in Florida and Massachusetts
• Present lessons about certification that may be useful in other states
CHW movement is driven by a justice agenda

• CHWs are a historically exploited workforce.
• CHWs and allies seek justice in pay, benefits, supervision, training, job security, and career opportunities.
• CHW movement seeks justice for communities CHWs serve.
Issues raised by CHW integration into health systems

• CHW professional identity
• Scope of practice
• Roles and relationships with other health workforces
• Financing for CHW services
• How and to whom savings accruing from CHW effectiveness will be allocated.
Consensus on Strategic Value of Certification

• CHWs:
  • Empowerment for building professional identity
  • Workforce development (pay, benefits, supervision, training, career pathways)

• Providers/employers:
  • Scope of practice in relation to other workforces
  • Training standards

• Public & private insurers:
  • Scope of practice, training
  • Possible prerequisite for payment
Certification underway in multiple states
Florida’s CHW Certification Program

• Voluntary certification program.

• Partnership between the Florida Department of Health, the Florida Certification Board and the Florida Coalition of Community Health Workers.

• Program developed and administered by the FCB, under the guidance of a standing advisory board of CHW subject matter experts.

• Program developed to nationally accepted standards for certification programs (ICE/NCCA).
Florida’s CHW Certification Program

• Role Delineation Study, included field validation.
• Validation study conducted in English and Spanish
• Results were the same from both surveys.
• Generated a psychometrically sound, legally defensible scope of service and exam blueprint.
Florida’s CHW Certification Program

• 28 core competencies were established in five (5) performance domains:
  • Communication and Education
  • Resources
  • Advocacy
  • Foundations of Health
  • Professional Responsibility

• Competency indicators/certification requirements established for certification application and award.
# Florida’s CHW Certification Program

<table>
<thead>
<tr>
<th>Grandparenting</th>
<th>Full Standards</th>
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<tbody>
<tr>
<td>Jan 1, 2015 – June 30, 2016</td>
<td>All applications received after June 30, 2016</td>
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<tr>
<td>No formal education required</td>
<td>HSD/GED or higher required</td>
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<tr>
<td>500 hours of work or volunteer experience providing CHW services</td>
<td>30 hours of specified training</td>
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<tr>
<td></td>
<td>Supervisory and Personal/Professional Letter of Recommendation for Certification</td>
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<tr>
<td>No Test Required</td>
<td>Test Required</td>
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<tr>
<td>Must follow a Code of Ethics &amp; complete 10 CEUs annually</td>
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<tr>
<td>$50 application fee/$100 biennial renewal fee</td>
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Florida CHW Leadership

- Florida CHW Coalition established 2011
  - > 750 coalition partners
  - Educational programs
  - Leadership development
  - Professional partnerships
  - Workgroups on networking, curriculum, practice, policy, & research
- CHWs helping to lead legislative campaign for CHW certification law
  - Bills filed 2012-2015
  - HB285, SB482
CHW certification in Massachusetts

• Chapter 322 passed in Acts of 2010
• Certification under auspices of state Dept. of Public Health, Division of Health Professions Licensure
• Mass. Board of Certification convened July, 2012
• Regulations pending approval in 2015
• Voluntary certification program
• Competency based (10 core competencies)
CHW certification in Massachusetts

• Regulatory provisions:
  • Certification of individual CHWs
  • Approval of CHW training programs
  • Standards for CHW trainers
  • Scope of practice
  • Good Moral Character
  • Option for tiered practice levels
  • Continuing education requirements
  • Reciprocity with other states
  • Discipline, grievance procedures
  • Fees, etc.
Guiding Principle

“Nothing about us without us!”
CHWs Led at Every Step in Massachusetts

• Massachusetts Association of CHWs (MACHW) active since 2000
• Won 2006 health care reform law requirement for CHW workforce study
• Leadership in state CHW Advisory Council, 2008-009
• Drafted and led fight for 2010 CHW certification law
• Won CHW provisions in 2012 health care reform law
• Leadership in drafting state certification regulations
• Contracts with state DPH to educate CHWs
Certification is still controversial

- Different understandings of what certification means
- Concerns about potential adverse impacts
  - Barriers to entry into workforce
  - Diminishing CHW effectiveness
    - Distorting CHW identity
    - Over-medicalizing CHW practice
    - Diminishing flexibility to respond to complex needs
  - Creating separate “classes” of CHWs
Well-designed certification can anticipate & prevent barriers to entry: **Florida**

- Grandparenting program designed to allow current community health workers to earn certification without having to earn a formal educational degree or pass a written exam.
- All standards allow for a 5-year “look-back” window.
- Eligible training may come from a wide variety of providers.
- Accept both formal and volunteer experience.
- 12-month period from FCB receipt of application/fees to complete all CCHW certification requirements/earn credential.
- Coalition provided certification-related funds/scholarships and technical assistance to applicants, in both English and Spanish.
Well-designed certification can anticipate and prevent barriers to entry:

Massachusetts

Draft regulations pending approval include:

• Two paths for individual certification:
  • Work experience only (4,000 hours over 10 year look-back period during 3 year “grandparenting” period)
  • 80 hour training plus 2,000 hours work experience
  • Recognition of voluntary and part time work experience

• Flexible training program approval standards

• No minimum educational requirements

• English language proficiency not required
Well-designed certification can anticipate and prevent barriers to entry: Massachusetts

• Competency-based application requires 3 references
  • One former or current supervisor
  • 2 others may include co-worker or professional from another profession
  • Work experience outside US acceptable for some of the references

• No testing required
Certification doesn’t create the challenges of CHW identity and integration

• Certification helps highlight the challenges
• Continued struggle necessary in multiple arenas
• Opportunities abound
  • “Upstreamist” provider partners
  • Triple Aim health care incentives
  • Expanding body of evidence for CHW impact
Lessons from Florida, Massachusetts, and other states

• CHW leadership is critical at every step!
• Certification is voluntary (reject mandatory licensing).
• Certification should be competency based.
• We can prevent barriers to access in legislation and regulations
  • Regulations may help shape market behavior
Lessons from Florida, Massachusetts, and other states

• No guarantee certification will produce anticipated benefits

• Certification is probably a prerequisite for sustainable payment for CHWs in integrated care.

• We are learning from one another.

• APHA CHW Section continues to provide leadership
  • APHA CHW definition used nationally
  • US Dept. of Labor occupational classification
  • 2014 resolution
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