

CHW Certification Survey Results

1. Demographics of respondents:

- There were 116 views.
- 64 surveys started.
- 53 completed.
- Almost 50 percent of respondents reported they were a CHW.
- 15 percent reported they were a CHW supervisor.
- 25 percent reported “other”, which included: researcher, physician, social worker, diabetes educator.
- About 15 percent reported they were a CHW employer or potential employer.
- Approximately 80 percent were a Collaborative member.

2. Results

- CHW certification assures core competencies have been attained:
 - 89% of respondents agreed or strongly agreed
- CHW certification would create barriers to entering the profession.
 - 40% disagreed
 - About 30% were undecided.
 - About 20% agreed or strongly agreed.
- CHW certification would increase CHW value to employers.
 - 90% agreed or strongly agreed.
- CHW certification would limit scope of practice.
 - 58 percent disagreed or strongly disagreed.
 - 25 percent agreed or strongly agreed.
- Certification would lead to higher wages for CHWs.
 - 85 percent agreed or strongly agreed.
- CHW certification would minimize volunteers who do similar work.
 - 32 percent were undecided.
 - 34 percent agreed or strongly agreed.
 - 34 percent disagreed or strongly disagreed.
- Kansas and Missouri should establish a CHW certification process.
 - 89 per agree or strongly agree.
 - 10 percent are undecided.
 - About 2 percent disagree.
- CHW certification is necessary to recognize professional standards for CHW practice.
 - 87 percent agreed or strongly agreed.
 - 8 percent were undecided.
 - 6 percent disagreed.

3. If CHW Certification is established...

- There should be an assessment of core competencies for CHW Certification.
 - 91 percent agree or strongly agree.
- There should be a pathway to certification based on past work experience.
 - 87 percent agree or strongly agree.
- There should be a minimum age requirement.
 - 75 percent agree or strongly agree.
 - 15 percent disagree.
 - 9 percent are undecided.
- There should be a minimum education requirement.
 - 53 percent agree or strongly agree.
 - 28 percent are undecided.

- 19 percent disagree or strongly disagree.
- An oversight board or association should be created.
 - 87 percent agree or strongly disagree.
- There should be an approved, common curricula for all CHWs.
 - 90 percent agree or strongly agree.
- CHWs should have a strong voice in these processes.
 - 100 percent agreed or strongly agreed.

COMMUNITY HEALTH WORKER CERTIFICATION PROPOSAL

The vast majority of respondents, 89 percent, agreed that Kansas and Missouri should have a certification process for Community Health Workers. Many agree that a certification process would improve the value of the role to employers, lead to higher wages, and create recognition of professional standards. However, the certification process is not without concern, particularly whether it would limit scope of practice, create barriers to entry, or minimize volunteers in the role. The following is an attempt to develop a certification process that meets the goals for certification while minimizing unintended consequences.

The KC Regional CHW Collaborative recommends that certification is contingent upon a standardized set of core competencies and minimum training standards at the state level.

Requirement	
<i>Certifying Department/Agency</i>	TBD
<i>Advisory Board</i>	<p>Yes with 51 percent Community Health Worker (CHW) representation.</p> <p>Advisory board approves standards for training programs and is responsible for reassessing standards periodically.</p>
<i>Mandatory or Voluntary</i>	Voluntary. Needed to represent oneself as a “certified” community health worker.
<i>Certification Period</i>	Certification is valid for a period of 3 years.
<i>Certification Process</i>	<p><i>Training Only.</i> CHWs may apply for certification upon completion of a state-approved training program that includes completion of a minimum number of hours of classroom instruction and field experience, which can include both employed and volunteer experience.</p> <p><i>Work Experience Only.</i> Certification should include a grandfathering process that recognizes CHWs with volunteer or employed work experience (with or without completion of a training course). CHWs who meet the grandfathering requirements are eligible for certification and will not be required to complete a training course. Once a CHW is certified through the grandfathering pathway, CHWs must only meet the continuing education requirements to be eligible for recertification.</p> <p>The grandfathering process will be open for a period of 3 years. After the 3-year period, there will not be a grandfathering process and CHWs must complete the training pathway to receive certification.</p> <p>See below for specifics regarding the grandfathering process.</p>
<i>Grandfathering Process</i>	<p>CHWs shall be grandfathered into certification with:</p> <ul style="list-style-type: none"> • Verification of proficiency in core competencies set forth by the certifying department or agency. The verification may be completed by an organization with which a CHW is affiliated and that writes a letter of recommendation; • 2 letters of recommendation from an organization with which the CHW is affiliated; • Documentation of at least 2,000 hours of community health work (employed or volunteer) in the past 5 years; and • A CHW with work or volunteer experience in another state may qualify for certification through the grandfathering process, provided that all grandfathering requirements listed above are met.

<i>Reciprocity</i>	<p>The certifying department or agency shall accept certification from another state that offers CHW certification, provided that the CHW satisfies documentation requirements set by the certifying department or agency to prove he or she has a valid and current certification from the other state.</p> <p>The certifying department or agency would determine which States have equivalent CHW certification programs and which are eligible for reciprocity.</p>
<i>Continuing Education</i>	25 hours every 3 years. Continuing education units can be related to core competencies (e.g. communication, leadership, advocacy, etc.), or health specific trainings.
<i>Clinical Supervision Required</i>	None
<i>Licensing</i>	None
<i>State residency Requirement</i>	None
<i>Background Check</i>	None
<i>Age Requirements</i>	None
<i>Minimum Education Requirement</i>	None
<i>Language Requirement</i>	None
<i>Fees</i>	<p>\$30 for initial application</p> <p>\$15 for recertification every 3 years</p>