

~ Policy Brief ~

Community Health Workers: Status of Certification and Training

Community Health Worker (CHW) certification and training programs seem to be increasing in numbers all across the United States. A national survey examines the history and goals of Community Health Worker training and certification programs, and explores healthcare workforce implications. CHW programs were initiated due to lack of access to healthcare services in culturally, economically, and geographically isolated communities. Today, three states (Alaska, Indiana and Texas) have state sponsored certification programs for CHWs. Fourteen other states have established structured training programs that have regional to state-wide reach. Three distinguishable trends in CHW workforce development are identified: 1) Community college-based training- provides career advancement opportunities, 2) On-the-job training – improves the capacitation of CHWs and enhances their standards of practice, and 3) Certification at the state level - recognizes and legitimizes the work of CHWs and opens up potential reimbursement opportunities for CHW services. Study conclusions emphasize that CHW training and certification programs present opportunities for reducing healthcare workforce shortages. Policy recommendations suggest future courses of action related to CHW program evaluation and reimbursement costs.

Community Health Workers (CHWs), sometimes referred to as community health advisors, promotores(as), and lay health workers, help individuals and groups in their own communities access health and social services and educate them about various health issues. Increased utilization of CHWs in the U.S. is coupled with a growing interest in standardized training and formal credentialing of CHWs in order to establish standards of care for employers and the communities they serve. The National Rural Health Association recognized the value of the CHW as a natural helper and link to health care services, and encourages CHW program development (NRHA, 2000). The American Public Health Association recently recognized the value of CHWs in improving access to healthcare services in their communities and called for support for CHW programs in order to meet the Nation's health care needs (APHA, 2002).

The Southwest Rural Health Research Center recently completed the *Community Health Worker (CHW) Certification and Training: A National Survey of Regional and State-based Programs*. This qualitative study provides a national overview of state policy and state involvement in the standardized training and certification of CHWs, and analyzes the potential effects of these policy trends. Key informants were state public health officials, offices of rural health, primary healthcare associations, departments of social services, CHW networks and associations, community colleges with CHW training programs, and service providers who provide on-the-job training for CHWs. State legislative websites were used to identify legislative bills or laws concerning the training or certification of CHWs. Based on selection criteria, seventeen states were selected for in-depth interviews: Alaska, Arizona, California, Connecticut, Florida, Indiana, Kentucky, Massachusetts, Mississippi, North Carolina, New Mexico, Nevada, Ohio, Oregon, Texas, Virginia, and West Virginia.

National Survey Results

- 17 states have existing CHW certification and/or training programs.
- Only three states (Alaska, Indiana and Texas) certify CHWs at the state level.
- Most states have training programs at community colleges and direct service agencies and use standardized curricula.
- Agency level training is most prevalent in states that utilize specialized CHWs.
- Arizona, California, Kentucky, Massachusetts, Nevada, New Mexico, and Ohio are considering state-level certification of CHWs.
- Ohio, North Carolina, and Nevada have established standards for training at the state level.
- Only nine of these programs are supported by the state financially or through other means.

From May, Kash & Contreras (2004),
Community Health Worker (CHW)
Certification and Training: A National Survey.

The report addresses the following topics:

- Certification/training program history
- Structure of certification/training program
- Goals of certification/training program
- Curriculum
- Evaluation Process
- Impact and future of the certification/training program

History: The training and/or certification programs began in two distinct time periods. Indiana, North Carolina, Virginia, California Bay-Area, New Mexico, Kentucky, and Massachusetts began their programs in the early to mid-1990s. Connecticut, California (southern), West Virginia, Nevada, Arizona, Ohio, Texas, Oregon, Mississippi, Florida, and West Virginia initiated their programs in the late 90s, early 2000s. An exception is Alaska. Although its training and certification program, in its current form, was initiated in 1998, it evolved from a 1950s program of the Indian Health Service (IHS). Many of these programs began as a result of grassroots advocacy and tended to be shaped by the particular context in which they evolved.

Goals: All seventeen states identified general health education and outreach as one of their purposes. Only Alaska has CHWs providing basic health services. Eight programs identify professional development for CHWs as a program goal. Three (California-Bay Area, Mississippi and Texas) have “educating other agencies/staff” as a goal, and another three (Florida, Texas and Virginia) have a specialized focus on strengthening families.

Policy Implications: The ability to recruit, train, certify, and place CHWs in productive and sustainable positions is directly affected by the actions on the part of state governments, and governmental and private agencies that provide services. Policies that support CHW career advancement might include subsidizing school-based CHW education, providing stable jobs for CHWs, and/or supporting and finding new sources of substantial reimbursement of trained and certified CHWs. More standardized training and certification of CHWs have allowed for reimbursement of CHW services through Medicaid and therefore call for future investigation of reimbursement costs, healthcare delivery cost savings and quality of care implications. The specialized CHW models in the areas of maternal and infant care, heart disease, cancer, behavioral health, and HIV/AIDS might also extend to the development of disease management programs targeting culturally hard to reach communities. Specific policy recommendations for development of state training and certification programs include:

- full consideration of definitions, roles, and purposes of CHWs;
- attention to the range of program specializations and practice skills required of CHWs;
- ongoing evaluation of CHW training, certification, utilization, performance, and outcomes;
- support for CHW retention, stable funding, and sustainability of CHWs and CHW programs; and,
- balance between the “community” dimension and the specialized “work” dimension of CHW practice.

Finally, central to the continued development of CHW training and certification is an improved system of communication and collaboration. Such activities occurring within and across states and agencies are important to advancing CHW policy and program development.

Why Certification and Training?

Health System Perspective:

- Access to effective outreach workforce
- Systematic training – quality assurance
- Broaden healthcare access
- Legitimizing reimbursement to CHWs

Community Perspective:

- Access to new healthcare resources
- Access to existing services points
- Recognition and acceptance of CHW role

CHW Perspective:

- Career advancement
- Validation of the CHW role
- Contribution to community well-being
- Opportunity for reimbursement and wages

Resources for Policymakers, Providers and Consumers

- Texas Department of Health, Community Health Worker/Promotore(a) Training and Certification Program. <http://www.tdh.state.tx.us/ophp/chw/default.htm>
- Center for Sustainable Health Outreach, The University of Southern Mississippi. <http://www.usm.edu/csho/>
- Mujer y Corazon: Community Health Workers and their Organizations in Colonias on the U.S.-Mexico Border—An Exploratory Study. <http://www.srph.tamhsc.edu/centers/srhrc>
- Rosenthal (1998). A Summary of the National Community Health Advisor Study. <http://www.aecf.org/publications>

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