

Statewide Training and Certification Program Strengthens the Community Health Worker/Promotor(a) Workforce in Texas

In 1999, Texas became the first state to formally recognize the community health worker (CHW) workforce. Since then, policymakers, state health officials, and other key stakeholders have taken a series of steps to develop and sustain this growing workforce. To meet the state's diverse needs, Texas is expanding the capacity of its CHW workforce by building partnerships, identifying workforce champions, and integrating CHWs in quality improvement and public health initiatives.

Community health workers have played important and varied roles in Texas by connecting individuals and families to needed healthcare services and resources in urban areas, such as Houston and San Antonio, and in border and rural communities. CHWs provide a wide range of services to promote maternal and child health, including home visits for pregnant women enrolled in Medicaid, community health education in border communities to promote safe drinking water, and counseling and education about the importance of preventive care for families who are eligible for Texas Health Steps, the state's Early Periodic Screening, Diagnostic and Treatment program.

Legislation directs the Texas Department of State Health Services (DSHS) to oversee a statewide CHW training and certification program, a voluntary certification program that certified over 3,000 CHWs in 2015.¹ DSHS certifies CHWs, instructors, and training programs, and approves training curricula and materials. The program is funded by the Title V Block Grant and is administered through the Family and Community Health Services Division in the DSHS Office of Title V and Family Health, fostering coordination within the state health agency and supporting integration with maternal and child health initiatives and goals.

Steps Taken

Since 1999, the legislature and state health agency have enacted multiple legislative and policy strategies to develop and sustain the state's CHW workforce.

- In 1999, the legislature passed [House Bill 1864](#) and established the Promotora Program Development Committee to study and provide recommendations to the health department, the governor, and the legislature about outreach and education programs for promotor(a)s or CHWs.
- In 2001, Texas lawmakers enacted [Senate Bill 1051](#) and directed DSHS to develop and implement a statewide, voluntary promotor(a) or CHW training and certification program. The

Promotor(a)/CHW Characteristics

[Tex. Health & Safety Code § 48.001](#) defines a promotor(a) or CHW as:

"...a person who, with or without compensation, provides a liaison between healthcare providers and patients through activities...such as assisting in case conferences, providing patient education, making referrals to health and social services, conducting needs assessments, distributing surveys to identify barriers to healthcare delivery, making home visits, and providing bilingual language services."

law requires paid CHWs to be certified; CHWs who do not receive compensation for their services may voluntarily apply for certification.

- Legislators also passed [Senate Bill 751](#) and directed the Texas Health and Human Services Commission (HHSC) to require health and human service agencies to use certified CHWs whenever possible to provide outreach and education for Medicaid enrollees.
- In 2011, [House Bill 2610](#) established a statewide Promotor(a) or CHW Training and Certification Advisory Committee to advise DSHS on matters related to funding, reimbursement, and maximizing access to CHWs. The committee is comprised of certified promotore(a)s/CHWs, members of the public, community-based professionals who work with CHWs, and higher education faculty members or board members.
- House Bill 2610 also directed DSHS and HHSC to study the desirability and feasibility of employing CHWs, explore funding and reimbursement methods for CHWs, and develop recommendations to expand funding and reimbursement for CHW services. DSHS and HHSC developed and submitted the [Texas Community Health Worker Study](#) to the legislature in 2012. As required by Texas Health and Safety Code [§ 48.101\(c\)](#), DSHS prepares an [annual report](#) that describes the Promotor(a) or CHW Training and Certification Advisory Committee's membership, accomplishments, and planned activities, as well as workforce data (e.g., certification and renewal rates), and trends and opportunities to improve training and certification.

DSHS and its partners have adopted various strategies to carry out the above policies and develop and sustain the state's CHW workforce.

- DSHS [certifies](#) CHWs and instructors, training programs, and the curricula to assure they support core competencies across eight areas.² Certification [courses](#) are delivered in person or via online or distance learning at more than 30 programs statewide.³
- The CHW training and certification program reviews and approves training programs and curricula. The maternal and child health program coordinator disseminates curricula to DSHS subject matter experts who review and provide feedback on proposed curricula (e.g., lead prevention or tobacco cessation for pregnant women).⁴
- DSHS does not require training programs to use a specific curriculum, but instead allows programs to develop training opportunities that address local needs and challenges.
- DSHS contracts with MAXIMUS, Texas' Medicaid enrollment broker, to employ CHWs as outreach counselors to educate families about preventive care, and how to select health and dental plans or use their Medicaid benefits. Outreach counselors provide home visits and targeted assistance

CHW Core Competencies

DSHS-approved CHW certification courses are at least 160 hours and address the following core competencies:

- Communication skills
- Interpersonal skills
- Service coordination skills
- Capacity-building skills
- Advocacy skills
- Teaching skills
- Organizational skills
- Knowledge about specific health issues.

Source: DSHS, "[Community Health Workers - Training Information](#)," January 2017.

to help pregnant women access care by quickly selecting a health plan and provider after enrolling in Medicaid.⁵

- Title V Maternal and Child Health block grant funding supports the Promotor(a) or CHW training and certification program.
- DSHS involves CHWs in an annual conference aimed at improving birth outcomes and maternal health. In 2015, for example, the department offered CHWs stipends to attend the Healthy Texas Mothers and Babies conference, which convened CHWs, clinicians, healthcare administrators and other stakeholders to highlight evidence-based practices in breastfeeding, maternity care practices, children with special healthcare needs, safe sleep, and other maternal and child health topics.
- CHWs are included in Texas' 1115 Medicaid Transformation [waiver](#), which establishes quality initiatives for hospitals and state Medicaid managed care organizations and provides incentives for delivery system reforms. Clinics and hospitals use waiver funds to hire CHWs and other providers to help patients navigate the healthcare system, access community resources, and manage chronic conditions.

Key Data and Results

- Between 2008 and 2015, the number of certified CHWs increased from 573 to 3,628, according to the Promotor(a) or CHW Training and Certification Advisory Committee's [annual report](#). The number of Texas counties with CHWs increased from 48 counties in 2008 to 138 counties in 2015.⁶
- The number of training programs for CHWs has also increased significantly, from 14 programs in 2009 to 38 programs in 2015. Training and continuing education programs are offered in a variety of settings, including community colleges and other academic centers, Area Health Education Centers, Federally Qualified Health Centers, a regional CHW association, and community-based settings.
- In 2015, the advisory committee formed an evaluation workgroup to help DSHS develop a survey to assess CHWs' views about the benefits and challenges related to certification. DSHS released the [Community Health Worker Evaluation Survey](#) in May 2016.⁷ More than 90 percent of respondents indicated that certification was valuable because it prepared them to meet the community's needs and make a difference. According to respondents, certification also encouraged respect from the community and other providers, increased self-confidence, and resulted in more job responsibility. The majority (54 percent of Spanish respondents and 56 percent of English respondents) cited lack of available job opportunities as a challenge.
- A [2010 study](#) published in the International Quarterly of Community Health Education examined the impact of monthly CHW visits on health literacy and diabetes self-management practices and outcomes for people living along the U.S.-Mexico border.⁸ The study concluded that monthly CHW visits had positive effects on glycemic control, including increased diabetes knowledge, self-efficacy, and self-management.

Lessons Learned

- *CHW and state health official leadership are key to CHW sustainability and integration.* The nine-member CHW advisory committee is currently led by CHWs who serve as the committee's

chairperson and vice-chair. CHWs in leadership positions can help ensure that policies and practices are developed to support, and not unduly burden, the CHW workforce. In addition, DSHS leaders play a key role in assuring coordination across divisions, identifying opportunities to utilize CHWs, and communicating about the CHW workforce with internal and external stakeholders (e.g., Medicaid staff, legislators, health plans, providers, the perinatal quality collaborative, and CHW employers).

- *Training and certification programs benefit families, communities, and the CHW workforce.* CHWs improve both access to care and health outcomes for vulnerable populations throughout Texas. Certification has become a path to greater economic security for CHWs who benefit from training, enhanced recognition, and increased job responsibilities.
- *Training and certification programs serve as critical information clearinghouses.* The CHW training and certification program informs and shares practices and resources among the CHW and broader healthcare workforce. DSHS provides a central repository for approved training programs and CHW resources, and the department is uniquely positioned to disseminate information and resources, such as new research about diabetes or hypertension rates, new grant opportunities, or other state best practices. Moreover, agency staff can share approved training curricula or resources with multiple communities.
- *Sustaining the CHW workforce is an ongoing challenge.* Sustaining the rapidly growing CHW workforce depends on reimbursement and adequate employment opportunities for certified workers. However, according to the 2016 CHW [survey](#), many CHWs in Texas are concerned about limited employment opportunities and lack of promotion or increased pay.⁹ In response, the Promotor(a) or CHW Training and Certification Advisory Committee has been meeting with stakeholders, including DSHS officials, to promote and explore employment and funding opportunities for CHW services and to study effective reimbursement models in other states.¹⁰
- *Training and certification programs must recognize and support diversity both in the CHW workforce and in the communities they serve.* State strategies should protect and ensure consistent care, but balance this priority with measures that provide flexibility and autonomy to meet CHWs' and communities' diverse needs. Texas strikes the balance through a framework that emphasizes core competencies, rather than a standard, "one-size-fits-all" curriculum.

For More Information

Manda Hall, M.D.
Maternal and Child Health Medical Director
Department of State Health Services
Email: Manda.Hall@dshs.state.tx.us

Christi Mackie
Family and Child Health Senior Director
Association of State and Territorial Health Officials (ASTHO)
Email: cmackie@astho.org

¹ DSHS. "Promotora or Community Health Worker Training Program." Available at <https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&cad=rja&uact=8&ved=0ahUKewi058eO2crRAhUL3m>

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² DSHS. "Community Health Workers-CHWs." Available at <http://www.dshs.texas.gov/mch/chw/CHW-Page.aspx>.

³ DSHS. "Community Health Workers-Training Information." Available at <http://www.dshs.texas.gov/mch/chw/CHW-Page.aspx>.

⁴ MacCarty B (personal communication, Aug. 31, 2016).

⁵ Coats B (personal communication, Sept. 13, 2016).

⁶ DSHS. "Promotor(a) or Community Health Worker Training and Certification Advisory Committee." Available at <http://www.dshs.texas.gov/mch/chw/docs/2015-DSHS-CHW-AnnualReport.pdf>. Accessed 1-4-2017.

⁷ DSHS. "Community Health Worker Evaluation Survey." May 2016.

⁸ Ryabov I. "The Impact of Community Health Workers on Behavioral Outcomes and Glycemic Control of Diabetes Patients on the U.S.-Mexico Border." *International Quarterly of Community Health Education*. 31(4): 387-99. Available at https://www.researchgate.net/publication/51919186_The_Impact_of_Community_Health_Workers_on_Behavioral_Outcomes_and_Glycemic_Control_of_Diabetes_Patients_on_the_US-Mexico_Border.

⁹ DSHS. "Community Health Worker Evaluation Survey." May 2016.

¹⁰ DSHS. "Promotor(a) or Community Health Worker Training and Certification Advisory Committee." Available at <http://www.dshs.texas.gov/mch/chw/docs/2015-DSHS-CHW-AnnualReport.pdf>. Accessed 1-4-2017.