

RECOMMENDATIONS FOR THE COMMUNITY HEALTH WORKER WORKFORCE IN INDIANA

Adopted by the
Governor's Health Workforce Council

Prepared by the Community Health Worker Workgroup of the
Governor's Health Workforce Council

Adopted on August 28th, 2018

Introduction

The following document outlines recommendations prepared by the Community Health Worker Workgroup for the Governor's Health Workforce Council (Council) on the matter of the community health worker occupation in Indiana. The charge to this workgroup was to identify and recommend a formal definition for the community health worker occupation in Indiana. Recommendations were generated under the following principle for occupational licensing: individual ability to enter into an occupation should only be restricted to the extent necessary to ensure the safety and welfare of the public. Recommendations were adopted by the Council on August 28th, 2018.

Recommendations

Recommendation 1: Definition

A community health worker (CHW) is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy (adapted from the American Public Health Association definition as of 2018).

Recommendation 2: Competencies and Associated Skills

Adopt community health worker competencies and associated skills defined in the Core Consensus (C3) project.¹ with Indiana amendments (as adopted by the workgroup on April 19th, 2018; found in Appendix A).

Recommendation 3: Certification

State certification shall be required in order for an individual to use the title Certified Community Health Worker (CCHW); however, this does not preclude an individual from being employed as a community health worker in settings in which certification is not required by an employer.

Recommendation 4: Education and Training

Develop flexible education/training model which supports the development of customized curriculum, aligning with state-recognized competencies to certify community health workers. Develop a state-approved, standardized assessment and publicly publish aggregated assessment pass rates by vendor. Implement a curriculum review and approval process for training vendors to ensure alignment with identified competencies.

¹Rosenthal E.L., Rush C.H., Allen C.G. (2016). Understanding Scope and Competencies: A Contemporary Look at the United States Community Health Worker Field. Available at: <https://sph.uth.edu/dotAsset/28044e61-fb10-41a2-bf3b-07efa4fe56ae.pdf>

Recommendation 5: Grandfathering

Develop grandfathering provisions which facilitate certification for individuals who have previously completed training and experience. Grandfathering provisions shall include but may not be limited to: requiring the following: 1) demonstration of formal training as a community health worker, 2) employer-/organization-documented experience working as a community health worker, and 3) a period of time when grandfathering will be permitted.

Recommendation 6: Registry

Maintain a registry of state-recognized Certified Community Health Workers. Information maintained on Certified Community Health Workers may include but not be limited to: Name, Date of Birth, Social Security Number or evidence of work authorization, address, qualifying education/training provider information [name, address, date of completion, director's signature], and examination information. Information made publicly available for verification of certification: Name, Certification Number, Occupation Title, Certification Status, Certification Issue Date, Certification Expiration.

Recommendation 7: Regulatory Oversight

The Indiana State Department of Health shall provide regulatory oversight for Certified Community Health Workers.

As the certifying authority, ISDH shall oversee the following functions:

- Establish an advisory body to provide counsel and guidance, in a frequency to be determined, on aspects of Certified Community Health Worker regulation. The advisory body shall be limited to 8-10 members and shall include representatives from the following:
 - Stakeholder agencies: FSSA (OMPP/DMHA), ISDH, DWD
 - Employer of Certified Community Health Worker
 - Certified Community Health Worker
 - Rural Health Association
 - Primary Care Association
 - Hospital Association
 - Education
 - Consumer
 - Representative of Community Health Worker Association
- Adopt Competencies and Skills for Certified Community Health Worker (CCHW)
- Establish baseline criterion (hour, modes of delivery, etc.) for CCHW training
- Establish review criterion for CCHW curriculum
- Review CCHW curriculum to ensure alignment
- Generate assessment for CCHWs
- Develop strategy for implementation of electronic assessment required for Certified Community Health Workers

- Develop strategy to report pass rates for assessment by training program/vendor
- Consider a process for reciprocity
- Develop and oversee application process for Community Health Workers certification
- Maintain a registry of Certified Community Health Workers.
- Perform ongoing assessment of regulatory schema for Certified Community Health Workers to ensure alignment with state needs.

APPENDIX A

Competencies and Skills, as adopted by the CHW Workgroup on April 19th, 2018

COMPETENCY I: COMMUNICATION SKILLS

- A) Ability to use language confidently
- B) Ability to use language in ways that engage and motivate
- C) Ability to communicate using plain and clear language
- D) Ability to communicate with empathy
- E) Ability to listen actively
- F) Ability to prepare written communication (examples: client encounter documentation) including electronic communication (e.g., email, telecommunication device for the deaf)
- G) Ability to document work and communicate with care team (and employer) if applicable
- H) Ability to communicate with the community served (may not be fluent in language of all communities served)
- I) Ability to use culturally appropriate language

COMPETENCY II: INTERPERSONAL AND RELATIONSHIP-BUILDING SKILLS

- A) Ability to provide coaching, social support, and problem solving skills to the client
- B) Ability to conduct self-management coaching to empower individuals to improve their health
- C) Ability to use interviewing techniques (e.g. motivational interviewing)
- D) Ability to work as a team member
- E) Ability to manage conflict
- F) Ability to practice cultural humility and be sensitive to other cultures

COMPETENCY III: SERVICE COORDINATION AND NAVIGATION SKILLS

- A) Ability to coordinate care (including identifying and accessing resources, overcoming barriers, and understanding the social services and health systems)
- B) Ability to make appropriate referrals
- C) Ability to facilitate development of an individual and/or group action plan, goal attainment, and facilitate output of action plan
- D) Ability to coordinate CHW activities with clinical and other community services
- E) Ability to follow-up and track care and referral outcomes

COMPETENCY IV: CAPACITY BUILDING SKILLS

- A) Ability to help others identify goals and develop to their fullest potential
- B) Ability to work in ways that increase individual and community empowerment
- C) Ability to network and build community connections
- D) Ability to teach self-advocacy skills
- E) Ability to assist with community organizing

COMPETENCY V: ADVOCACY SKILLS

- A) Ability to contribute to development of policies that focus on community health
- B) Ability to advocate for change in policies that focus on community health
- C) Ability to identify barriers to care for individuals and community and speaking up to promote change.

COMPETENCY VI: EDUCATION AND FACILITATION SKILLS

- A) Ability to use empowering and learner-centered teaching strategies
- B) Ability to use a range of appropriate and effective educational techniques that are culturally appropriate
- C) Ability to facilitate group discussions and decision-making using culturally appropriate strategies
- D) Ability to plan and conduct classes and presentations for a variety of groups
- E) Ability to seek out appropriate information and respond to questions about pertinent topics (in culturally appropriate context)
- F) Ability to find and share requested information that is culturally appropriate
- G) Ability to collaborate with other educators in a culturally appropriate context
- H) Ability to collect and use culturally appropriate information from and with community members
- I) Ability to utilize education and facilitation skills that are culturally appropriate

COMPETENCY VII: INDIVIDUAL AND COMMUNITY ASSESSMENT SKILLS

- A) Ability to participate in individual assessment through observation and active inquiry
- B) Ability to participate in community assessment through observation and active inquiry

COMPETENCY VIII: OUTREACH SKILLS

- A) Ability to identify need, recruit, and follow-up
- B) Ability to prepare and disseminate information
- C) Ability to identify existing resources, build a current resources inventory, and maintain a current resources inventory

COMPETENCY IX: PROFESSIONAL SKILLS AND CONDUCT

- A) Ability to set goals and to develop and observe a work plan
- B) Ability to balance priorities and to manage time
- C) Ability to apply critical thinking techniques, problem solving, and identify when follow-up is needed with the appropriate multi-disciplinary teams
- D) Ability to use pertinent technology
- E) Ability to observe and follow ethical and legal standards (e.g. CHW Code of Ethics, Americans with Disabilities Act [ADA], Health Insurance Portability and Accountability Act [HIPAA])
- F) Ability to identify situations calling for mandatory reporting and carry out mandatory reporting requirements
- G) Ability to participate in professional development of peer CHWs and in networking among CHW groups
- H) Ability to set boundaries and practice self-care

COMPETENCY X: EVALUATION AND RESEARCH SKILLS

- A) Ability to assist, support, and contribute to evaluation and research processes

COMPETENCY XI: KNOWLEDGE BASE

- A) Knowledge about social determinants or social factors related to health and health disparities
- B) Knowledge about pertinent health issues
- C) Knowledge about healthy lifestyles and self-care
- D) Knowledge about mental/behavioral health issues and their connection to physical health
- E) Knowledge about the factors that contribute to health behaviors
- F) Knowledge of basic public health principles
- G) Knowledge about the community served
- H) Knowledge about system and resources for health and social service in the United States and local community