

## **Promoting Policy and Systems Change to Expand Employment of Community Workers (CHWs)**

### **Session 3: Public Policy Arenas: Workforce Development**

#### **Session Overview**

The objectives for this session include:

- Identify the arenas of public policy affecting CHWs
- Describe the Core Competencies necessary to be successful CHWs
- Define appropriate instructional methods for teaching CHWs
- Identify the possibilities for CHW career growth

#### **Audio Transcript**

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#### **Arenas of Public Policy Affecting CHWs**

The arenas of public policy affecting CHWs include:

- Workforce development
- Occupational regulation
- Standards for research and evaluation
- Sustainable funding for CHW positions

For more information, visit the following link:

<http://content.healthaffairs.org/cgi/content/abstract/29/7/1338>

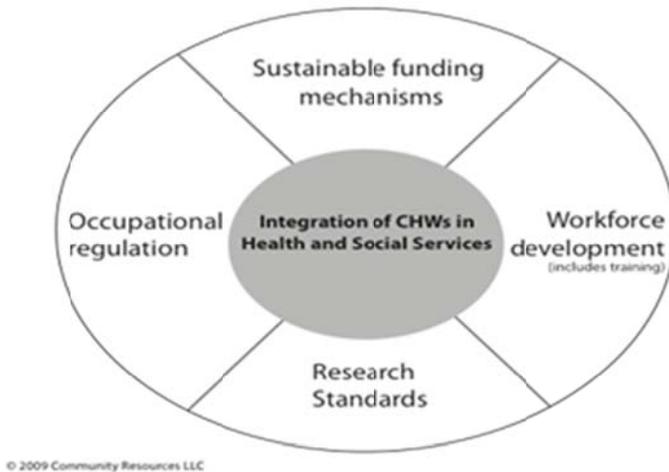
#### **Audio Transcript**

In this session and the next two, we will look at four arenas of public policy affecting CHWs:

- Workforce development
- Occupational regulation
- Standards for research and evaluation
- Sustainable funding for CHW positions

This session will begin with a summary of these four arenas and then go into detail about workforce development.

You can find further background information in the article cited at the bottom of the bulleted list.



### Audio Transcript

When looking at these policy arenas, we need to recognize that everything is connected to everything else. For example, a sustainable funding mechanism, such as Medicaid reimbursement, may be impossible to secure without official policy governing the qualifications of CHWs, which is a facet of occupational regulation. Community colleges, which may provide workforce development, are unwilling to offer vocational courses for CHWs without evidence that jobs will be available for those who complete the courses—which requires sustainable funding.

### Possible Unifying Frameworks for CHWs in State Policy

Before we discuss policy and system change concerning CHW employment, it may be useful to look at some of the potentially unifying reasons for pursuing such changes. CHWs can contribute to policy goals in a number of areas, such as:

- Reforming access to services (cost control)
- Reducing health disparities
- Improving health literacy and patient navigation
- Chronic illness prevention and management
- Community development
- Preparedness: population resiliency and emergency communication

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- Health literacy and patient navigation
- Chronic illness prevention and management
- Community development
- Preparedness, including population resiliency and emergency communication

The last two subjects may be less familiar, but they are relevant to public health. CHWs work in many non-healthcare settings, helping to increase community participation in a variety of community improvement efforts, such as housing, transportation, schools and parks. Through their impact on community connectedness and self-sufficiency, CHWs can also help the community respond more effectively to emergencies, especially health-related events. CHWs may be particularly well positioned to help the community protect its most vulnerable residents in the event of emergencies, and they are among the most trusted communicators available to convey emergency messages.

Any of these policy contexts can form the basis for engaging stakeholders, but you may find it useful to focus your message fairly narrowly to avoid confusing your audience. At other times, using the entire list, or even adding to it, may be useful.

Finally, before moving into specific policy discussion, we'd like to reinforce some key points that may affect efforts toward policy and systems change.

First, we cannot take for granted that stakeholders have even the most basic level of understanding of the CHW workforce. Concerted efforts will be required to raise awareness and understanding.

Second, change cannot take place unless CHWs themselves participate. This participation will require some form of infrastructure, such as networks or associations of CHWs at the local, state, and national levels. Such infrastructure takes time to develop, and each state or local network will operate in its own style and within its own cultural context.

Now we will turn to workforce development as a policy arena.

## **Workforce Development, Part 1 Training and Education**

There is a need to formally train CHWs as historically:

- Skills standards are linked to occupational recognition and funding of CHWs
- Most training is post-hire due to the lack of a functioning job market
  - Usually provided on the job by employers
- Community colleges face little demand for CHW education

## **Audio Transcript**

Employers will hire CHWs if outside funding is available or if they can expect a significant return on their investment, but they will also want assurances that resources will be available for training new CHWs. The availability of these resources will depend on establishing clearly stated standards for the skills required of CHWs, a function of the occupational regulation process.

Historically, in the absence of standards and standardized training programs, most CHWs were trained on the job by their employers. When funding is short-term and wages are low, employers try to provide the least amount of training necessary for the job. Furthermore, without a functioning job market for experienced CHWs, most employers have recruited inexperienced candidates and trained post-hire. Thus, candidates have had little incentive to seek CHW training and then look for a job, and few entry-level CHWs with training have been available for hire. Demand is minimal for open-enrollment CHW courses from community colleges, and when colleges have successfully recruited students, the students often struggle to find job placement.

We will be asking the following questions about the emerging structure of training programs for CHWs:

- What are the basic areas of skill, or core competencies, required for CHW practice?
- What level of skill in each of these areas should be required at the time of hire, or at the stage of becoming a "fully qualified" CHW?
- How much should a generally qualified CHW know about working in a specific field, such as diabetes, heart health, or cancer?
- What do we know about which instructional methods work in CHW training?

## **Recognized Core Competencies**

Recognized Core Competencies for CHWs include:

- Communication
- Interpersonal skills
- Teaching
- Service coordination
- Organization
- Advocacy
- Capacity building
- Knowledge base

### **Audio Transcript**

The list of core competencies that we are about to review is steadily gaining acceptance around the country, but opinions vary as to the extent of training in each of these areas that constitutes a fully qualified CHW.

We should also note that each of the CHW roles and functions and the models of care reviewed in Session 1 requires multiple competencies: no one area of competency corresponds directly to one role or function or to one model.

This list of core competencies is based on findings from the 1998 National Community Health Advisor Study. The systems of CHW credentialing that we will review in Session 4 all rely to some extent on these competencies, although each credentialing system defines each competency somewhat differently.

### **Generalist vs. Specialist Qualifications**

The following are concerns regarding the general or specific nature of CHW training:

- How transferable are core skills between specific jobs?
- Should CHWs be certified in specific areas (heart disease, diabetes, behavioral health)?
- Various parties interested in specialist standards (e.g., CDC, NHLBI, AADE)
- National- vs. state-level standards

### **Audio Transcript**

Opinions vary on the extent of training in core skills that is required to be a fully qualified CHW. Because most CHW positions do not require the full range of roles and functions a CHWs may fulfill, employers may limit training to the skills directly associated with the job at hand.

CHW training programs often require students to apply each of their lessons in field practice, whether through exercises in each course, an internship or practicum, or some combination of these. Thus, it is possible for a CHW to begin work before formal training is completed.

In July 2010, the U.S. Department of Labor approved the CHW as an “apprenticeable trade.” This route may be especially attractive to employers since the CHW can begin work as a trainee almost immediately and can develop skills while working.

Historically, employers have provided supplemental job-specific training, even for experienced CHWs. We have not seen any systematic research on the degree to which core or generalist skills developed in one job are transferable to another job.

Anecdotally, CHWs seem to want training in as many substantive areas as possible so they can better assist the families they serve. Several of the community college programs available for CHWs offer specialty tracks, such as pediatrics, gerontology, behavioral health, and oral health. Outside the states where these programs are located, however, these courses are not accepted for certification of competence in the particular health areas. A transferable specialty certificate could be an advantage to both CHWs and employers looking to hire CHWs for a particular program.

A number of organizations have expressed interest in standardizing content in specific areas. CDC has produced CHW curriculum materials on the prevention and management of diabetes, heart disease and stroke. The National Heart, Lung, and Blood Institute has invested extensively in curriculum development for CHWs in heart health and is investigating interest in national skills certification for CHWs. The American Association of Diabetes Educators has expressed interest in creating a national specialist certification for CHWs focusing on diabetes.

In a previous session, we noted possible concerns within the CHW field about moving too quickly toward national standards for CHWs. However, a system in which core skills standards for CHWs are set at the state level might still be compatible with the establishment of specialist skill qualifications and curricula at the national level.

### **Settings for CHW Training and Education**

The following are some currently used settings for CHW training and education:

- Employers
- Community colleges
- Community-based organizations
- Employer-based consortia
- Area Health Education Centers (AHECs)

### **Audio Transcript**

Currently, employers provide most CHW training post-hire. As standards emerge, however, employers increasingly find it attractive to hire CHWs who have already received core skills training from a central source, such as those listed here.

Dozens of community colleges now offer individual courses, certificate programs, and even associate degrees for CHWs. Certificates are generally equivalent to 10 to 24 credit hours, but not all curricula are offered for academic credit. The U.S. Department of Education funded a recent project involving some 30 colleges in defining promising practices in CHW education.

In a number of states, community-based organizations, such as the Gateway to Care collaborative in Houston, and employer-based consortia also offer CHW training for multiple organizations.

Although many Area Health Education Centers, or AHECs, around the country have been active in CHW training for years, most states' AHECs have not been involved. However, the Affordable Care Act specifically mandates that these centers include CHWs in interdisciplinary training for health-related professions. You may wish to invite your state's AHEC program to engage in policy and systems change efforts if it is not already involved.

## **Instructional Methods**

Our last topic under CHW training and education is a brief review of current thinking on instructional models.

- Use adult learning principles: avoid lecture-reading-exam format
- Potential of “popular education” methods
- Instructor as role model for CHW presence in community
- Role of community colleges
- Potential of apprenticeship model

## **Audio Transcript**

Our last topic under CHW training and education is a brief review of current thinking on instructional models.

Most CHWs are in their 30s and 40s, and many are older, so successful training for CHW candidates should follow basic principles of adult learning. Further, many CHWs have had limited success in conventional K–12 education, so most CHW training avoids a lecture, reading, and exam format. One of the earliest successful community college programs for CHWs, in San Francisco, pioneered the use of performance-based assessment for student evaluation. The program’s standards-of-practice manual has been studied by many CHW curriculum developers.

Some experts in the CHW field advocate the use of the “popular education” methods pioneered by Paolo Freire, which employ a structured process of group problem solving to address the root causes of community problems. Some have argued that a solid grounding in this methodology is good preparation for CHWs working with groups of community members to solve community problems. Groups of experts in New York City and in Portland, Oregon, are specializing in popular education with CHWs.

As demonstrated by the preceding points, the instructor in a CHW training program may find it most productive to model the CHW’s presence in the community and act more as a facilitator than an authority, encouraging cooperative learning and problem solving.

Community colleges can be an important avenue of educational opportunity for CHWs because they can be a stepping stone to higher education and because they emphasize workforce development. Their ability to award academic credit is attractive to many CHWs; they are able to access funding for workforce development; and they can offer continuing education credits. However, even the modest admission requirements of most community college systems may present a barrier to some CHWs. The ability to offer the same courses on a non-credit basis, found in some college systems, can help address this barrier to entry.

And finally, an apprenticeship can be an appropriate model for CHW education. Some apprenticeship programs may be eligible for subsidies for training costs and trainee salaries. An apprenticeship typically includes up to a year of highly structured on-the-job training in addition to basic classroom instruction.

## **Workforce Development, Part 2: Career Development**

CHW employment should:

- Have a career ladder for advancement options
- Have pathways to related careers with special supports for CHWs who need it
- Be viewed as a way into the workforce for people on welfare or formerly incarcerated

### **Audio Transcript**

We turn now to career development for CHWs.

Most employers do not see the CHW as a regular occupation and so simply do not think about career development for CHWs. The current funding structure for most positions does not provide incentive to offer career development for CHWs, who may be laid off or moved to another program after two or three years. Until the CHW becomes a “regular” occupation with long-term employment prospects, career development for CHWs will not be on the radar.

Some people assume that CHW positions are primarily stepping stones to other health-related occupations. The notion that one could actually have a career as a CHW has not occurred to most people, including many CHWs. An employer hiring people under a two- or three-year project grant is not likely to devote much thought or energy to longer-term career prospects, or even to continuing education for CHWs. In most places, therefore, the idea of advancement as a CHW may not have even been discussed.

What kinds of opportunities are available for the most experienced CHWs? Pursuing another career such as nursing is generally a positive step for a CHW, and given the characteristics of people usually hired as CHWs, the decision is probably also a positive thing for society. If the CHW returns to practice her new profession in the same community, the community benefits. However, the community and the employer will have lost an effective CHW. This potential “brain drain” has not yet become a serious issue for most communities, but it may in the future as the CHW job market begins to grow and stabilize.

Many CHWs may have chosen the field out of a general interest in health-related occupations combined with a belief that they would not be able to meet the academic requirements for other health-related professions. Others who may have been drawn to a medical career might have become CHWs because of a fear of blood, needles, and the like. Even so, many CHWs have grown in confidence and self-efficacy and successfully pursued one of these other professions.

One argument for the “pathway” philosophy is that the same qualities that make an effective CHW would also make a community-responsive and culturally competent nurse, physician, dental assistant, or other health care professional.

Because the CHW occupation is open to individuals with limited education and work experience, it can be an entry point into the workforce for welfare-to-work programs, offering employment in the familiar setting of one’s own community. One school-based CHW program in California encourages its CHWs to pursue other careers so it can open their positions as entry-level jobs for welfare recipients.

For CHWs who see their work as a career, provisions need to be made in longer-term employment for appropriate roles for the most senior CHWs. CHWs who choose to pursue other careers may need additional support from their employers and educational institutions to have the greatest chance for success.

We conclude this session with three specific needs for improving career development for the CHW workforce:

- CHWs need a career ladder with advancement options
- They need pathways to related careers and special supports in pursuing them
- CHW employment should be viewed as a possible entry to the workforce for welfare recipients and for people who were formerly incarcerated

### **Creating a Career Ladder**

Some possibilities for career growth include:

- Increased individual responsibility
- Added supervisory responsibility
- CHWs as trainers
- New, specialized positions
- Senior positions as troubleshooters or consultants

### **Audio Transcript**

How can employers provide a career ladder for CHWs? As with many entry-level jobs, employers may offer salary increases and upgraded job titles for increasing levels of responsibility, including graduated levels of supervisory responsibility. Some local health departments are already doing some of these things. San Francisco has four levels of community health worker positions. The highest-level CHWs have substantial supervisory duties and a considerable pay differential from lower-level positions. Experienced CHWs can make excellent trainers, and this responsibility can offer job enrichment as well as opportunities for higher pay. Another option is to create specialist CHW positions, such as breast-feeding counselor within a WIC program. Certification for specialized duties can carry an enhanced job title and supplemental pay. Finally, larger employer organizations may wish to create senior CHW positions as troubleshooters or consultants who assist other CHWs or teams with problem solving or setting up special projects.

### **Pathways to Related Careers**

Many CHWs need special support:

- Academic requirements for other fields can be intimidating
- Some may need additional education, including GED, to meet college requirements
- Some may need social and emotional support

### **Audio Transcript**

In Session 2, we commented on the common assumption that CHW positions exist primarily as a springboard or stepping stone to “higher” professional careers. We noted that some rationale exists for this assumption and that having CHWs move into other careers can contribute to overall cultural competence and increase the supply of professionals in underserved areas.

However, if the CHW is to be respected as an occupation, an individual’s choice to pursue a career as a CHW must be respected. Stakeholders should be careful not to create status distinctions between CHWs bound for other careers and those who wish to remain as CHWs.

### **CHW Employment as Entry to Workforce**

We should not overlook the potential of CHW employment as a point of entry into the world of work.

- People with limited work experience can be successful
- History of challenging life experiences can be an asset
- Some programs choose “positive turnover” as job creation strategy

### **Audio Transcript**

Finally, we should not overlook the potential of CHW employment as a point of entry into the world of work. The following points may be used as leverage in gaining other sources of support in state government, including from agencies responsible for cash assistance, for medical assistance—like Medicaid—and for workforce development.

CHWs with limited prior work experience can be successful. Indeed in a few instances, individuals whose first job was as a CHW have gone on to careers in medicine and other fields. CHW employment offers individuals a chance to get used to work responsibilities in a comfortable environment: their own community.

Unlike in most fields, for CHW positions, a history of challenging life experiences is regarded as an asset rather than a liability. Indeed, personal life experience can be a source of expertise for the CHW. Who better than a single mother who has raised children on Medicaid to advise another mother about enrolling her children and using Medicaid benefits effectively? As noted earlier, some programs use CHW positions as entry-level jobs for welfare recipients and people who have been through the criminal justice system, and who are good CHW candidates. This job creation strategy operates through the notion of “positive turnover,” in which CHWs gain the work experience necessary to go on to other positions and their jobs are refilled by new welfare recipients or ex-offenders.

### **Session Summary**

The takeaways for this session include:

- Multiple areas of policy need to be addressed
- Core competencies of CHWs are fairly well understood
- Career development for CHWs within and outside the field needs attention

### **Audio Transcript**

Take a moment to reflect on the messages that you take away from this session. Here are some that you might consider:

- Multiple areas of policy need to be addressed
- Core competencies of CHWs are fairly well understood
- Career development for CHWs within and outside the field needs attention

In the next session, we will explore standards—both occupational standards for the CHW workforce itself and standards for research and evaluation to build a coherent evidence base for the field.

Thanks for participating!