

EXECUTIVE SUMMARY

More than 8 million Americans now have health insurance as a result of the Affordable Care Act (ACA). Insurance coverage is a means to an end: the aim is for the newly insured to use their coverage to access primary care and preventive services, as well as manage chronic illnesses to prevent future, costly complications.

Community Health Workers (CHWs) can contribute to this vision. A growing body of research demonstrates that CHWs improve health outcomes, especially among vulnerable, low-income populations. This finding is especially true when CHWs are incorporated into disease prevention programs and chronic disease management, for diseases like diabetes, asthma, hypertension, and depression.

As states continue to implement the ACA, there are multiple opportunities to expand the role of CHWs into our health care and public health systems. Section 5313 of the ACA identifies CHWs as health professionals and members of multi-disciplinary teams that can improve the delivery and quality of health care.

Illinois, like many other states, lacks some of the underlying policies, systems, and infrastructure to integrate CHWs effectively into the health care and social services systems. This report recommends that Illinois develop a strong supportive infrastructure to ensure the sustainability of this vital workforce and to strengthen the depth and breadth of its impact.

Toward this end, the Illinois Community Health Worker Advisory Board has developed recommendations for standards and policies around five key areas: (1) core competencies and roles; (2) training and certification; (3) financing and reimbursement; (4) workforce development; and (5) raising awareness.

1. CORE COMPETENCIES AND ROLES

In this report, “roles” are intended to inform job descriptions. “Skills” are intended to inform trainings, as they are the proficiencies acquired or developed through training or experience that allow one to complete tasks that contribute to fulfilling a larger function or “role”. We include a list of “qualities” that is intended to inform the selection of CHWs. These are inherent attributes that contribute toward the attainment of “skills” and serve to inform employers seeking successful CHWs.

- Roles for CHWs**
1. Community Engagement and Advocacy
 2. System Navigation
 3. Participatory Research
 4. Public Health Concepts and Approaches / Integration
 5. Coordination of Services
 6. Education
 7. Social-emotional support
 8. Community/Cultural liaison

- Qualities of CHWs**
1. Team player
 2. Empathetic/compassionate
 3. Relatable/shared life experience
 4. Good communicator
 5. Active listener
 6. Trustworthy
 7. Emotional intelligence
 8. Committed
 9. Good at testimony/story telling
 10. Mature
 11. Nonjudgmental
 12. Passionate
 13. Proactive, solutions oriented
 14. Reliable
 15. Personable, friendly
 16. Resourceful
 17. Patient
 18. Creative
 19. Flexible
 20. Global thinker/interdisciplinary/connector
 21. Leadership

- Skills for CHWs**
1. Communication Skills
 2. Interpersonal Skills
 3. Coordination/Navigation Skills
 4. Capacity-Building Skills
 5. Advocacy Skills
 6. Education and Facilitation Skills
 7. Assessment Skills
 8. Engagement Skills
 9. Professional Skills
 10. Public Health Skills

2. TRAINING AND CERTIFICATION

These recommendations focus on a certification and a certification renewal process for CHWs in Illinois. They also highlight the importance of developing a system of approval and accreditation for curricula and trainings leading to certification. Recommendations for this section are broken up into three main categories: (1) CHW Training; (2) CHW Certification; and (3) Creation of an Illinois CHW Regulatory Board.

CHW Training

1. There should be academic and community-based training opportunities for CHWs that lead to mastery of the CHW profession and facilitate career pathways.
2. Certified training programs should incorporate adult learning theories into the non-academic and academic curricula to reflect the approved core competencies for CHWs.
3. There should be multi-tiered training opportunities based on the needs of the communities CHWs serve and the demands of their workplace.

CHW Certification

4. Formal certification in the State of Illinois should *not* be mandatory.
5. Work-based/fieldwork experience should be embedded in CHW trainings and curricula and should be part of the certification requirement.
6. We recommend adopting a method of grandfathering to create requirements for experience-based certification.

Creation of an Illinois CHW Regulatory Board

7. The Governor should create, within the Illinois Department of Public Health (IDPH), a Community Health Worker Certification Board.
8. The CHW Certification Board should have balanced representation from the CHW workforce, CHW employers, CHW training and educational organizations, and other engaged stakeholders.

3. FINANCING AND REIMBURSEMENT

These recommendations identify reimbursement options and pathways through which secure funding for CHWs may be obtained. The Advisory Board explored financing in both the public and private sector.

1. We recommend that the Illinois Department of Healthcare and Family Services (HFS) amend contracts with managed care entities (MCE) to allow MCEs to hire CHWs or subcontract with community-based organizations that employ CHWs.
2. We recommend that HFS file a state plan amendment (SPA) in order for CHW services to be reimbursed by Medicaid.
3. We recommend that MCEs that contract with hospitals should encourage hospitals to establish and deploy CHW programs in support of patients upon discharge.
4. We recommend that Hospitals and FQHCs employ CHWs to assist with mandated activities such as community health needs assessments and community benefits.
5. We recommend that home visiting programs hire CHWs. Health care providers, the state and third-party payers should partner with and provide incentives for home visiting programs to hire CHWs.

4. WORKFORCE DEVELOPMENT

These recommendations focus on career pathways in the CHW profession and other professional areas as well as integration of CHWs into health care delivery teams, social services organizations, and government and community organizations.

1. Develop a tiered career ladder for CHWs to achieve upward mobility/occupational advancement, if desired, within the profession.
2. The Illinois Department of Employment Security (IDES) should incorporate CHW data into CHW employment statistics to identify trends and needs and to make projections.
3. CHWs should have a basic understanding of behavioral and mental health issues.

4. For CHWs who plan to or are working in the field of behavioral and mental health we recommend that training in this area should utilize best or promising practice guidelines for peer competencies in behavioral health from state and national experts.
5. Agencies that integrate CHWs into health care delivery teams, social services organizations, and government and community organizations should apply integrated and collaborative approaches in its efforts.
6. CHWs should be integrated into medical homes.

5. RAISING AWARENESS

Based on the above recommendations, it is important to raise awareness about CHWs, their contributions, and the impact they have on communities, specifically, raising awareness in the three main areas below.

1. State and local government agencies should adopt the “community health worker” term and the definition of a “community health worker” as set forth in Public Act 98-0796.
2. Develop and implement an educational campaign about CHWs targeted at CHWs, employers of CHWs, funders, policy makers, local health departments, and individuals receiving CHW services.
3. Encourage private and public funders of CHWs to use the term “community health worker” when releasing funding opportunities involving community outreach and engagement, health education and promotion, and assisting community members with health and social service systems navigation.