



January 23, 2008

POLICY BRIEF: Part 1
On Credentialing

Overview: Certain areas of the United States have decided to credential community health workers (CHWs) for varying reasons. Massachusetts is now at a critical juncture to make decisions on whether to credential CHWs, and if so, what would be the best model for CHWs in the commonwealth. These conversations began as a result of Section 110 of the Health Care Reform Law of 2006 which mandates the Department of Public Health, with the assistance of the CHW Advisory Council, to provide recommendations to the legislature about a CHW certification program. In order to make an appropriate decision for Massachusetts it is important to understand why certain areas of the US chose to credential CHWs, what are the possible benefits and concerns of credentialing CHWs, who needs to be part of these discussions, and recommendations for the future.

Background: There are different types of credentialing; three examples include registration, certification, and licensure.¹ Some states have moved to the credentialing of, and in particular, certification of CHWs. The table below lists cited reasons why each area chose to credential CHWs.² For the majority of these states, it appears that decision makers did not partner with CHWs to have the discussion about how credentialing could affect their workforce and if they would find it beneficial. To date, the majority of the states listed below have not received third party reimbursement.

State/City	Main Reason for wanting to Credential CHWs
Alaska	To set standards and get reimbursed for care through Medicaid where access to healthcare is limited ³
Indiana	To set standards for state funded CHWs in particular programs ⁴
Minnesota	To standardize the CHW knowledge base, get reimbursed by Medicaid, and be a stepping-stone to other healthcare professions ³
Ohio	For the purpose of third party reimbursement ³
Texas	For the purpose of third party reimbursement ^{3,4}
San Francisco	To form a career ladder for CHWs with defined salary grades ³

Possible Benefits of Credentialing: Some agree that credentialing at the state level would recognize and legitimize the work of CHWs, improve efforts to obtain third-party reimbursements, and strengthen research.³ In addition, some feel that credentialing could lead to increased job stability, and improved pay and working conditions.

¹ Please see MACHW's Policy Brief: Part 2 on Credentialing Terminology

² Please see MACHW's Policy Brief: Part 3 on Credentialing Models Across the Country

³ *Advancing Community Health Worker Practice and Utilization: The Focus on Financing*. National Fund for Medical Education/UCSF Center for Health Professions, 2006. Downloaded from http://www.futurehealth.ucsf.edu/pdf_files/CHW%202006.pdf [Dec 6 2007].

⁴ *Community Health Workers National Workforce Study*. Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services, May 2007. Downloaded from <http://bhpr.hrsa.gov/healthworkforce/chw/> [Dec 6 2007].

Potential Concerns about Credentialing: On the other hand, another social function of credentialing is to act as a gatekeeper which protects those who are advantaged to have the credential and excludes those who do not or cannot obtain the credential. This could “exclude many competent health workers or even change the class/race make-up of the field, undermining the very strength of CHWs as peer health workers.”⁵ Another concern is that credentialing CHWs will shift the focus to valuing a particular skill set rather than valuing the relationship a CHW has with their community.⁶ Thus credentialing CHWs could change the composition of the workforce as well as alter the scope of services performed.³

Issue: Since there are many decisions at hand that will influence an entire workforce in Massachusetts, the process in which these decisions are made must be carefully thought out. It will be impossible to predict how these complex decisions will affect CHWs unless CHWs are the majority at the decision making tables. “Negative outcomes are more likely to occur if CHWs are not directly involved in establishing the program.”⁷ In addition, the CHW workforce is diverse, therefore, the CHWs making these important decisions must also be diverse based on what type of employer they work for, what racial and ethnic group they feel a part of, what region of the state they represent, etc. Passing any form of credentialing policies without a diverse CHW leadership could have negative unintended consequences on the workforce as well as the health of the communities they serve.

Recommendations:

- **Engage CHWs in all discussions and decisions concerning credentialing** the CHW workforce, including the MDPH CHW Advisory Council workgroups.
- **Provide release time to at least 1 CHW employee per organization** to participate in the credentialing discussions on a consistent basis (including but not limited to the DPH CHW Advisory Council working groups, and/ or MACHW’s regional credentialing discussions).
- **Create innovative ways to engage a diverse group of CHWs** in the decision making process regarding credentialing.
- **Conduct outreach to employers across the state** to explain how credentialing could affect their organization.
- **Participate in conversations with CHW leaders and organizations** from other states to learn from their experiences with credentialing.

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⁵ *Community Health Workers in Chronic Care: A Discussion Paper.* Miller, J PhD & Legion, V. Unpublished discussion paper for Community Health Works. San Francisco State University and City College of San Francisco, November 2006. Downloaded from <http://www.communityhealthworks.org/CHWdiscussion.pdf> [Jan 16 2008].

⁶ *Basics of CHW Credentialing.* Rush, CH. Unpublished briefing paper produced for the Community Health Worker National Education Collaborative. University of Arizona, June 2007. Downloaded from <http://www.chw-nec.org> [Dec 6 2007].

⁷ *Community Health Workers: Closing the Gap on Families’ Health Resources.* Family Strengthening Policy Center, March 2006. <http://www.nassembly.org/fspc/practice/documents/Brief14.pdf> [Dec 6 2007].