Illinois Workforce and Scope of Practice  
House Bill 5412¹ (HB5412)-DPH Community Health Workers (CHWs)

In Illinois, CHWs are invaluable to our changing healthcare environment of integrated healthcare delivery. CHWs help residents manage chronic conditions; intervene to prevent and control HIV/AIDS; develop healthier lifestyles; improve maternal and child health; increase rates of preventive screenings; and improve access to and use of health care and social services through outreach, enrollment, and patient education.

HB 5412 passed both Houses of Illinois’ General Assembly on May 29, 2014 and was sent to the Governor on June 27, 2014. This bill recognizes the important contributions CHWs make to our healthcare teams. HB5412 provides an established statewide standard definition for CHWs (which was adopted from the American Public Health Association). In addition, the Illinois Department of Public Health (IDPH) is to appoint a 15-member advisory board. The advisory board will be created within 90 days after the law is effective. The advisory board will develop a report that addresses issues that impact CHWs, including: scope of practice, core competencies, curriculum, training programs, certification options, and funding and reimbursement possibilities. The proceeding information will analysis the key components of HB5412, what other states have done and what Illinois needs to consider moving forward with the profession of CHWs.

<table>
<thead>
<tr>
<th>Key Component of HB5412</th>
<th>Outcomes from Other States</th>
<th>Illinois’ Legislation</th>
<th>Policy Considerations</th>
</tr>
</thead>
</table>
| Professional Identity: Standard Definition | **Massachusetts CHW Definition**² — A public health worker who applies his unique understanding of the experience, language and culture of the populations he serves through 1 or more of the following roles: (a) providing culturally appropriate health education, information and outreach in community-based settings such as homes, schools, clinics, shelters, local businesses and community centers; (b) bridging or culturally mediating between services, including actively building individual and community capacity; (c) assuring that community members access the eservices they | HB5412 adopted the APHA definition of CHWs. In addition, it included that a CHW will not perform direct care or treatment to any person or to perform any act or service in which a license issued by a professional licensing board is required. | • Role of CHWs is growing in the changing healthcare system and the fluidity of scope of practice among different licensed professionals, including core competencies, needs to be addressed.  
• CHWs have different titles, there are still people who may be CHWs and not go by any of the titles on the list. The CHW job title list³ is not |

---


Developed by: Health & Medicine Policy Research Group (June 2014)        Phone: 312-372-4292        Email: info@hmprg.org
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

<table>
<thead>
<tr>
<th>Key Component of HB5412</th>
<th>Outcomes from Other States</th>
<th>Illinois’ Legislation</th>
<th>Policy Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Infrastructure:</strong> CHW Advisory Board</td>
<td>Alaska Community Health Aide Program Certification Board (CHAPCB)⁴ - Currently the board has 13 members: represent the Indian Health Service, State of Alaska, CHAP training, CHAP directors, medicine, dentistry, behavioral health and community health aides. There is not a set number of members. Massachusetts Board of Certification of Community Health Workers⁵ - 11 members: Chaired by a designee of the commissioner of the Department of Public Health and 10 Governor appointed members. 6 should ensure geographic representation of all 6 geographic regions of the department of health and human services and at least 4 must be CHWs, 1 must represent the community health worker training organization, 1 must represent the MA Public Health Association, 1 must represent the MA League of Community Health Centers, 1 must represent a community based community health worker employer, and 1 must represent the public⁶. The board has monthly meetings and is open to the public. Varying term lengths for board members (one, two and three year terms). Two consecutive</td>
<td>• Appointed by Director of IDPH, chair is elected by the advisory board members. • Majority CHWs (8 CHWs) • CHWs are currently serving in numerous counties in Illinois, including rural communities. • Different racial and ethnic backgrounds should be represented on the advisory board. • Various professions represented • A report is due 12 months after Advisory Board’s first meeting.</td>
<td>• Appoint a diverse group to different categories. Recommendation: Request referrals of representatives from within different categories from organizations in Illinois who supported or demonstrated interest in HB5412 or CHW work in the past. (A list of organizations that supported HB5412 is found at the end of this document.) • Social science professionals, such as anthropologists, were not listed as part of the board composition in the legislation. • Will the composition of the advisory board be temporary or permanent? HB5412 currently does not have a sunset clause, but are responsible for developing a report 12 months after</td>
</tr>
</tbody>
</table>

**Note:**
1. CHWs who currently serve in Cook County, 1 CHW who currently serve in Cook and Kane, Lake, or Will County, 2 CHWs who currently serve in DuPage, Kane, Lake, or Will County, 1 CHW who currently serve in Bond, Calhoun, Clinton, Jersey, Macoupin, Madison, Monroe, Montgomery, Randolph, St. Clair, or Washington County, 1 CHW who currently serve in any other county, Physician, Nurse, Social Worker, Counselor, or Psychologist, CHW Employer, Health Policy Advisor

---


Developed by: Health & Medicine Policy Research Group (June 2014) | Phone: 312-372-4292 | Email: info@hmprg.org
<table>
<thead>
<tr>
<th>Public Health Professional</th>
<th>Education/Training Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>term limit. Board responsibilities and a catch all power: “to perform such other functions and duties as may be required to carry out this section” is also included.</td>
<td></td>
</tr>
</tbody>
</table>
| **OH Board of Nursing** - 13 members:  
8 RNs, 4 LPNs, and one consumer appointed by the Governor.  
**Texas Community Health Workers - Training and Certification Advisory Committee** - 9 members:  
Committee membership includes four certified CHWs, two members of the public, two professionals who work with CHWs in a community setting, and a member from the Texas Higher Education Coordinating Board or a higher education faculty member who has teaching experience in community health, public health, or adult education and has trained CHWs. There was a temporary committee of 15 members to provide recommendations in the past. |
| Advisory Board’s first meeting.  
- What are the advisory board responsibilities and term limits? HB5412 does not specify.  
- Advisory board should create opportunities to engage and gather input from stakeholders who are not members of the board. |

---

7 Texas Department of State Health Services – Community Health Workers, Training and Certification Advisory Committee. Web. [http://www.dshs.state.tx.us/mch/chw/advMEM.aspx](http://www.dshs.state.tx.us/mch/chw/advMEM.aspx)
<table>
<thead>
<tr>
<th>Key Component of HB5412</th>
<th>Outcomes from Other States</th>
<th>Illinois’ Legislation</th>
<th>Policy Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Identity: Core Competencies:</td>
<td>Massachusetts’s Core Competencies*: Core competencies are described as skills. Includes a prohibition of CHWs performing any act or service for which a license issued by a professional license board is required. New York’s Core Competencies: Scope of practice laid out by the New York committee will define the CHW profession and specify boundaries that separate it from other professions.</td>
<td>CHWs were directly engaged in the process and provided feedback on core competencies. Research, including community based participatory research, was greatly supported.</td>
<td>Core competencies are not established as part of the scope of practice in the bill. The list of core competencies is inclusive and captures the wide variety of CHW work. Recommendation: Provide descriptions of what core competencies would not be considered scope of practice for CHWs. Specify boundaries that separate CHW work from other professions. Differentiate between professional scope of practice and legal scope of practice. The scope of practice should be a guide to help develop job descriptions, performance evaluations, supervision requirements, training curricula, and recruiting.</td>
</tr>
</tbody>
</table>

Core competencies for effective community health workers may include, but not limited to:
- outreach methods and strategies;
- client and community assessment;
- effective community-based and participatory methods, including research
- culturally competent communication and care
- health education for behavior change;
- support, advocacy, and health system navigation for clients
- application of public health concepts and approaches
- individual and community capacity building and mobilization
- writing, oral, technical, and communication skills.

<table>
<thead>
<tr>
<th>Key Component of HB5412</th>
<th>Outcomes from Other States</th>
<th>Illinois’ Legislation</th>
<th>Policy Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workforce Development:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certification</td>
<td>Massachusetts Certification Process(^9): The certification process is currently underway and includes completion of forms, certification fee, documentation, length of certificate validity, and renewal procedures.</td>
<td></td>
<td>• Certification should be voluntary, not all CHWs will want to become certified. Recommendation: No certification should be required to be hired as a CHW.</td>
</tr>
<tr>
<td></td>
<td>Minnesota’s Certificate Program(^10): Minnesota’s standardized CHW curriculum is offered as a certificate program. There are now over 500 CHW certificate holders in Minnesota. CHW students are often the first in their families to seek higher education and serve as role models and educational navigators for members of their families and communities. Currently, five post-secondary schools offer the certificate program. Faculty members have master’s degrees in public health, nursing and/or allied health and work experience in public health, health care and/or community services. Schedules, tuition and fees and financial aid policies vary by school.</td>
<td></td>
<td>• Training programs should be accessible and affordable. Recommendation: Approved training programs should be structured to also be made available online to reach rural communities and accommodate for busy working schedules. In addition, the curriculum should be offered in different languages and culturally appropriate based on the needs of different communities.</td>
</tr>
<tr>
<td></td>
<td>Minnesota CHW Curriculum(^11): Minnesota has a statewide competency-based CHW educational program based in accredited post-secondary schools. The 14 credit program is a blend of classroom and field-based learning for those who have a high</td>
<td></td>
<td>• Approved training programs should be offered in different educational and community settings. In Illinois there are currently two educational institutions who will begin offering a curriculum in the fall 2014, South Suburban College (has approval of the Illinois Community College Board and Illinois Board of Higher</td>
</tr>
</tbody>
</table>

---


school diploma or GED, at a minimum. The curriculum is designed to coordinate with other health professions’ preparation programs in nursing and allied health so that it is an educational pathway.

**New York CHW Training**12: The Community Health Worker Network of NYC curriculum is available as a 35-hour13 and 70-hour14 course of study. In addition to the core competencies, training in disease-specific topics (diabetes, asthma, hypertension, cardio-vascular disease and nutrition) is available in modules of up to 35 additional hours.

**Texas Community Health Worker Training and Certification Program**15: Community health workers are eligible to be certified in Texas by completing DSHS-certified training of at least 160 hours, or based on experience, through verification of at least 1,000 hours of community health work services in the most recent six years.

**Ohio’s Certification Eligibility**16: There is a state law that describes the standard curriculum for CHW training programs17, which include classroom instruction and clinical experience. There are currently six approved CHW Training programs.

---

16 State of Ohio Law 4723.84 Eligibility for Certificate. Web. [http://codes.ohio.gov/orc/4723.84](http://codes.ohio.gov/orc/4723.84)
18 1115 Medicaid Waiver Application. Web. [https://www2.illinois.gov/hfs/SiteCollectionDocuments/1115waiversubmission.pdf](https://www2.illinois.gov/hfs/SiteCollectionDocuments/1115waiversubmission.pdf)
<table>
<thead>
<tr>
<th>Key Component of HB5412</th>
<th>Outcomes from Other States</th>
<th>Illinois’ Legislation</th>
<th>Policy Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reimbursement and Financing Options:</strong></td>
<td></td>
<td></td>
<td>- Potential collaborations with MCOs to develop financing and reimbursement models.</td>
</tr>
<tr>
<td>Recommendations are to be made by the</td>
<td></td>
<td></td>
<td>- In the proposed statewide 1115 Medicaid Waiver¹⁹.</td>
</tr>
<tr>
<td>advisory board (options are not detailed</td>
<td></td>
<td></td>
<td>- Cook County Health and Hospitals System proposes to develop a CHW residency program in collaboration with Malcolm X City College of Chicago (see: pages 86-87). Assuming that this is a paid residency, it could potentially provide some paid positions as the CHW residency program develops.</td>
</tr>
<tr>
<td>in the legislation; however, it is a very</td>
<td></td>
<td></td>
<td>- On page 52 of the 1115 waiver application, the authors state that “Utilization of community health workers and other health professionals in integrated team-based settings” will be used as an evaluation activity of performance for the impact of waiver implementation. This suggests an incentive and encouragement to utilize CHWs in different care settings and could lead to paid positions, as institutions work to meet this evaluation measure.</td>
</tr>
<tr>
<td>important issue both to fully integrate CHWs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>into the workforce and to make CHW positions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>sustainable).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alaska - Reimburses CHWs through the</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indian Health Service.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Massachusetts</strong> - Recommends including CHW</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>as part of Massachusetts Health’s and</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commonwealth Care’s administrative costs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>and increasing foundation funding</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Minnesota</strong> - Medicaid reimbursement, fee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>for service model.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>New York</strong> - Medicaid FFS, ambulatory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>patient groups, and pay for performance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>payment models.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

HB5412 Supporting Organizations

Access Living
AIDS Foundation of Chicago
Asian Health Coalition
Cambodian Association of Illinois
Chicago Asthma Prevention Program University of Illinois
School of Public Health
Chicago CHW Local Network
Chicago Hispanic Health Coalition
Chicago Women’s Aids Project
Chinese Mutual Aid Association
Chinese American Service League
Chinese Mutual Aid Association
Department of Preventive Medicine at Rush University Medical Center
EverThrive Illinois
Hanul Family Alliance
Health & Medicine Policy Research Group
HealthConnect One
Healthcare Consortium of Illinois
Healthcare Alternative Systems
Heartland Alliance for Human Needs & Human Rights

Illinois Academy of Family Physicians
Illinois Chapter, American Academy of Pediatrics
Illinois Coalition for Immigrant & Refugee Rights
Illinois Public Health Association
Korean American Community Services
Mano y Mano
MidWest Latino Health Research Training Policy Center
Muslim Women Resource Center
Northwest Community Healthcare
Renz Center
Respiratory Health Association
Sargent Shriver National Center on Poverty Law
SEIU Healthcare Illinois
Sinai Urban Health Institute (SUHI)
South East Illinois Area Health Education Center
South Suburban College
The Center for Faith & Community Health Transformation
Westside Health Authority
Women’s Health Foundation
Vietnamese Association of Illinois