

Exploring Policies that Support Community Health Workers in Illinois
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Health and Medicine Policy Research Group

Workforce/Jobs Small Group Discussion
Notes

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Barriers to/for Jobs

- Need permanent positions
 - Benefits
 - Normal (regular) hours
 - Safety
 - Physical safety—training needed
 - Support needed
- Higher wages
 - AmeriCorps—just a stipend, not a salary
 - Some people were able to access public assistance
 - Considered subsidized employment, does not count against cash grant
 - Population that could be looked into
 - Resource to tap into

- Inability to provide even a stipend or a part-time job after trainings
 - Funding for trainings but not jobs
- Education about what a CHW is—need employer education about why it behooves them to hire CHWs, why CHWs would be an asset
 - Need to speak in the language of employers
 - Need to show/share outcomes
 - Need to look beyond the traditional categories of employers
 - Adult day care centers
 - Physical therapy centers
 - Important for CHWs to demonstrate a diverse knowledge
 - Important to interpret the work of CHWs as transferable skills
 - How work adds value to organizations and communities
 - Relate the work CHWs do to people within the organizations they work and within the community
 - Need to help CHWs build resumes effectively—it has to be translated to language that relates to the employer
- Grant-funded positions
 - Hiring as part of progression
 - Look for other opportunities
- Certifications
- Stipends
 - Every two weeks over a year of service for minimum of living
 - Many workers supplement stipends with additional work (weekend jobs)
 - Not enough for parents/families
 - Not sustainable
 - Good in addition to part time work
 - Workers in stipend programs coupled with skill building programs, development programs
 - Need diverse training but also transferable skills
 - Training programs for CNA coupled with CHW certification
 - Opens up job opportunities as CNAs
 - Transitional Jobs models
 - Allows training agency to provide stipends for participants to work in other agencies
 - Training agency provides workers to employing agency to try out the worker and possibly hire
 - Not perfect, there are good examples and models, but not all work
 - Need integrity to the model
- Gift-cards (undocumented workers)
 - Wal-Mart (walking distance, can get everything)
 - Was the beginning, want to evolve from that
- Better than nothing, but CHW work needs to be sustained
- Building skills/getting certified as a CNA
 - Road for certain people
 - Don't want it to just be a road out
 - How do we get CHWs paid for the work they're doing?
 - Need to be educated about the problems you're working with

- Promotora training first, then build on that
 - Need to understand the diseases to build trust with doctors, etc.
 - Need to be able to explain to the community
- People are trained as CHWs, but they're not job-ready
 - Tapping into people in the community who have various barriers as it is
 - Certification is good
 - Add job-readiness
 - Basics:
 - Dress/appearance
 - Conflict resolution, workplace issues
- Work with providers to build relationships/trust
 - Ask what they need/expect
 - Prove that what CHWs are doing is important
- Need a new mindset
 - Not all CHWs are unskilled workers or need job readiness
 - There are different levels of the people that are CHWs
 - They are passionate about their communities and work
 - Career ladder
- Data on CHW workforce in America—it would be good to look at that
 - Communities that use CHWs and need them
 - Disenfranchised with health system
 - Minority
 - Low income
 - Don't ignore the struggles of the CHWs themselves
 - Don't ignore the money that is in the institutions that utilize CHWs
 - If you value the work they do, you need to pay them accordingly
 - As a CHW, if you value the work you do, CHWs have to show that by seeking to advance
 - Be respected
 - Be rewarded
 - Hold institutions accountable
- Two forces at play
 - Cost of health care
 - Professionalize the CHW
 - As nursing did
 - Will be a movement from stipends, uncertified, to paid, certified, linking to education
- CHW license/certification is of utmost importance
 - Institutions taking advantage of the benefits they're reaping from CHWs and not paying for it
 - Certification a way to help stop that

Policy Solutions

- Taskforce for education of employers
 - Promote the value of CHWs
 - Heard a lot about this over the past few years
 - Are people doing this right now? Are they successful? Let's build on what we have
 - Show how the work of CHWs can lead to revenue generation

- Market CHW work to hospital administrators, etc.
- Legislative Days (advocacy)
 - Locally
 - Nationally
 - Put legislation forward, develop the language
 - Develop legislation to build the profession and certification
 - Funding/appropriation in Springfield
 - Having to prove that whatever you're seeking funding for is going to work
 - Data
 - Research
 - Putting that information in the fore-front
 - Keep track of outcomes
 - Return on investments
 - Document
- Standardizing the profession
 - Empirical data
 - Certification
 - There is a national conversation
 - Not a full-fledged proposal
 - Lisa Renee's presentation
 - Worked on training first, then certification
 - Makes sense if it's done with people around the table that actual do the work
 - CHWs need to be present and speaking on their behalf—need to be at the table
 - Can't happen with other people speaking on CHWs behalf
 - Ex. High school diploma needed would be a barrier
 - If that wasn't a requirement for the certification?
 - Maybe that would be the deal-breaker, maybe based on skills, not diplomas
 - Find ways to incorporate that into the trainings
 - Multiple-tiered trainings
 - Literacy, etc, as transferable skills
 - A lot of support for this idea
 - Link capacity building
 - Incorporating CHW training with GED
 - Positive and negative sides
 - Would help some barriers but not others
 - Develop a tool for CHW portfolios
 - Experience
 - Past training can count towards certification
 - Cross-training
 - Medical interpreters
 - Doulas
 - Etc.
 - Seeking to advance
 - Multiple trainings and certifications for all the issues CHWs work with
 - HIV/AIDS

- Nutrition
 - Etc.
 - Makes them more marketable
- Timeline
 - 6 months
 - Develop the profession
 - Get involved with Network
 - Certification committee, 2nd Friday of every month, 3-5pm
 - Keep trained CHWs engaged
 - Employer education
 - Show how CHWs lead to revenue generation
 - Develop presentation (CEED)
 - Include testimonials—need to collect
 - Fact sheet—one-pager
 - Bullet points for employers
 - CEED needs CHW input
 - Can happen simultaneously with the presentation
 - Get on network email list!
 - List of attendees for this discussion to network (names and contacts)
 - 1 year
 - Employer education
 - Marketing website, open up for feedback—use CEED or network website
 - Focus groups and surveys of CHWs for development of the profession
 - Skill sets
 - Experience, education
 - Define the profession
 - Necessary steps
 - Centralize the information that is already out there
 - Add new information to that
 - Consensus document from the network
 - Get involved with the network
 - Contact Laura Bahena
 - Attend certification subcommittee meetings (2nd Friday of the month)
 - Legislative Day
 - Sound the alarm
 - Even before development of the legislation—for promotion of the model
 - Expand network job announcements
 - 1-3 years
 - Survey/focus group that include voices of clients, participants, consumers
 - 3 years
 - Develop legislation
 - What would it be for?
 - Job resources