



Hello, my name is Angela Eastlund, Workforce Policy Analyst at Health & Medicine Policy Research Group. I am here today to testify in support of advancing the CHW workforce through voluntary certification and Medicaid reimbursement strategies.

Community Health Workers (CHWs) are an important group of health workers helping residents—often in underserved communities—to manage chronic conditions, develop healthy lifestyles, gain access to care, and advocate for conditions that support people’s health.

Health & Medicine Policy Research Group has a longstanding commitment to the CHW model and has been an advocate in Illinois for the formation of CHW legislation at the state level, as well as supporting various CHW initiatives and collaborations.

On the topic of credentialing, we support the voluntary certification process outlined in Senate Bill 336 that the Illinois CHW Association has recommended via consultation with CHWs and CHW training programs in Illinois. Aligned with best practices from the national C3 Core Consensus Project, we believe that the core roles of CHWs include the following:

Core CHW Roles

1. Cultural mediation among individuals, communities, and health and social service systems
2. Providing culturally appropriate health education and information
3. Care coordination, case management, and system navigation
4. Providing coaching and social support
5. Advocating for individuals and communities
6. Building individual and community capacity
7. Providing direct service
8. Implementing individual and community assessments
9. Conducting outreach
10. Participating in evaluation and research

And the core CHW competencies to be assessed for credentialing include:

Core CHW Skills

1. Communication skills
2. Interpersonal and relationship-building skills
3. Service coordination and navigation skills
4. Capacity building skills

5. Advocacy skills
6. Education and facilitation skills
7. Individual and community assessment skills
8. Outreach skills
9. Professional skills and conduct
10. Evaluation and research skills
11. Knowledge base

Several states have developed models of Medicaid reimbursement for CHW services that Illinois may glean best practices from:

On the topic of defining CHW services, South Dakota has utilized the following definition which we think is the most expansive, inclusive, and appropriate. Health & Medicine encourages the Department to adopt similar language to the following:

“Services to prevent disease, disability, or other health condition, or support individuals with a documented barrier to care affecting health.”

On the topic of CHW reimbursement structure, we support a capitation structure, not fee for service, that supports livable wages for the CHW workforce. We also urge that capitation include travel and transportation, as particularly in rural areas this will undoubtedly be necessary, as CHW services often take them to multiple, remote sites.

As many CHWs in Illinois are currently employed by community-based organizations, we urge the Department to consider the least burdensome pathway for CBOs to be able to be reimbursed for services provided by CHWs. As the state develops its reimbursement strategy, it should look toward payment models for care provided by CBO employees for people living with HIV.

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