



Community Health Worker Advisory Body (CHWAB)

January 2nd, 2020

Purpose of Today's Meeting

CHW Advisory Body

Meeting Agenda

1. Welcome & introductions
2. Public comment
3. Meeting summary approval
4. Review CHWAB governance & participation
5. Discuss training requirements
6. Discuss design groups
7. Certification application update
8. Next steps
9. Adjourn

Introductions

CHWAB Membership

CHWAB Chairs

Dr. Tekisha Dwan Everette
DeLita Rose-Daniels (CHW)

CHWAB Support

Vicki Veltri
Stephanie Burnham
Dashni Sathasivam
Jeannina Thompson

DPH Appointee

Chris Andreson

Community Health Workers

Mildred Landock
Bianca Noroñas
Jerry Smart
Nilda Paris
Derricia Parker

CHW Association of CT

Milagrosa Seguinot

Community College

Erika Lynch

Community-based CHW training organization

Michele Scott

Healthcare Employer

Adriana Rojas

Healthcare Provider

Jean K. Jacob, PharmD

CHW Employing Agency

Lee Carena

Meeting Summary Approval

CHWAB Governance Review

CHW Co-Chair

Governance rules

- Discussion limited to committee members
 - Feedback via public comment
- Governed by Robert's Rules of Order
 - Review
- CHWAB quorum: At least 7 people (50% + 1)

CHWAB Governance

Participation

Expectation: Attend 2 hour monthly meetings in person or via phone. Email if you are unable to attend.

Policy Discussion: If a member misses 3 consecutive meetings and/or less than 60% of meetings annually, they will be asked to step down

Today's meeting priorities:

- **Training program**
 - Minimum number of hours*
 - Training modality
 - Instructor qualification*
 - Assessment
- **Design Groups**

CHW Training Program Requirement Recommendations

Recommendations CHW Training Program Requirements

Program Content

Recommendation: The content of training CHWs should consist of the core skills and services utilizing the [Community Health Worker Consensus Project \(C3\)](#) Core Competencies.

Recommendations CHW Training Program Requirements

Key Considerations:

The Committee **accepted a modified version of the C3 Core Competencies** (See Appendix B), which were previously discussed and accepted as the key CHW roles and skills by the CHW Advisory Committee in the 2017 Report (pg. 12, para. 1-2, Table 1).

The C3 Core Competencies were developed as part of the CHW Core Consensus Project which, in 2014, brought together national experts to establish core elements of CHW Scope of Practice and Competencies.

Recommendations CHW Training Program Requirements

Skills

1. Communication
2. Interpersonal and relationship-building
3. Service coordination and navigation
4. Capacity building
5. Advocacy
6. Education and facilitation
7. Individual and community assessment
8. Outreach
9. Professional skills and conduct
10. Evaluation and research
11. Knowledge base

Roles

1. Conduct outreach
2. Provide culturally appropriate health education & information
3. Care coordination, case management, and system navigation
4. Provide coaching and social support
5. Advocate for individuals and communities
6. Build individual and community capacity
7. Provide direct service
8. Cultural mediation among individuals, communities, & health and social service systems
9. Implement individual and community assessments
10. Participate in evaluation and research

Recommendations CHW Training Program Requirements

Modality

Recommendation: Training modality and methodology should follow Adult Learning Principles, include role-playing, and be interactive.

Recommendations CHW Training Program Requirements

Key Considerations

The CHW Advisory Committee discussed different types of training modalities and methodologies. They took into consideration guidance from national CHW expert Carl Rush that CHW education be based on **adult learning principles**.

The Committee felt it was critical that training programs be **participatory** in nature, focus on **empowerment, popular education, and IBEST (integrated basic education skills training)**. They further recommended against lecture and quiz formats.

Recommendations CHW Training Program Requirements

Modality

Recommendation: Training should be delivered in-person or utilize a hybrid approach that includes in person sessions and distance learning in “real-time.” Online training alone should not meet the requirements of certification. At least 40% of the hours of instruction should be taught or co-taught by faculty who are Community Health Workers.

Recommendations CHW Training Program Requirements

Key Considerations

- With so many options for online education and training now available, the Committee discussed whether online training modalities would be sufficient for CHW training programs. They considered online, in-person, and hybrid training programs. The Committee took into consideration guidance from national CHW expert Carl Rush who indicated **that in-person training for CHWs is always best, independent online learning is not recommended, and hybrid and interactive TV modes can work well, especially to meet the needs of smaller states and rural areas.**
- The Committee **avored in-person training programs that offer interactive, person-centered activities like role-play and role modeling.** However, they determined that **hybrid models** offer opportunities for potential CHWs who may not be able to commit to a fulltime in person curriculum. Such options may be especially **important in rural areas.** Furthermore, online education has transformed in recent years to provide more “real-time” interactive components that could be beneficial to potential CHWs.
- The Committee **reviewed the requirement from Massachusetts** requiring that at least 40% of the hours of instruction shall be taught or co-taught by faculty who are CHWs or Community Health Worker Trainers. They chose to adapt this requirement by removing “or Community Health Worker Trainers.”

Recommendations CHW Training Program Requirements

Instructor qualifications

Recommendation: Instructors for CHW training should be inclusive of CHWs with experience in the field, as well as non-CHWs who meet the requirements of the training vendor. Instructors should demonstrate past experience training individuals who provide community health work services, including, but not limited to: Promotores, CHWs, or other health care professionals and paraprofessionals in the previous six years. They should have the knowledge, skills and competence to effectively teach a CHW Core Competency curriculum.

- Instructors who are not CHWs should provide a resume to demonstrate their experience training in the past six years. Other requirements may additionally be defined by the training vendor (i.e. educational background).
- Instructors who are CHWs should have at least three years of experience working full-time as a CHW, proof of completion of a CHW Core Competency Training, and knowledge of group facilitation.

Recommendations CHW Training Program Requirements

Key Considerations

- Instructor qualifications varied from state to state.
- The Committee looked at instructor qualifications in-depth for Massachusetts, Michigan, and Texas. Michigan's CHW Training and Instructor training is done by MiCHWA, which is a stakeholder coalition that serves as the hub for CHW information for the state. Since this is not the model for CT, **the committee decided to focus on Texas and Massachusetts**
- Texas requires that instructors are certified by the Department of State Health Services by one of two ways. Must be a Texas resident who is at least 18 years old and (1) completion of an approved 160-hour competency-based Community Health Worker Instructor training program certified by DSHS. Or (2) Experience – At least 1000 cumulative hours of experience training individuals who provide community health work services including promotores, community health workers, and other health care paraprofessionals and professionals in the previous six (6) years.
- **Connecticut currently does not have the infrastructure built for Community Health Worker Instructor training program and liked Texas's experience requirement.**
- Massachusetts just asks what the trainers experience is teaching the CHW core competencies.

Approval

Design Groups

Overview of design groups

- Smaller time-limited working group (3 – 5 people) with a singular focus appointed or designated by the CHWAB
- Can be reconvened in the future as needed
- May require additional time commitment to research and make recommendations to the larger advisory body.
- Generally, participation is open to the public to provide the opportunity for other voices to be heard

Establishing Design Groups

Top Priorities

- Outreach & Marketing
- Personnel committee (appoint individuals to sub-committee or design groups)

Discussing Other Priorities

- Best practices
- Connecticut CHW Code of Conduct
- Training vendor requirement
- Evaluating CHW certification
- Other suggestions?

Certification Update

DPH funding opportunity for marketing and promotion

General Questions

Looking forward

Next meeting:

Feb 6th at the CT Behavioral Health Partnership in Rocky Hill
from 10 – 12pm

Upcoming Training Program Requirements priorities:

- Program Duration
- Assessments

Contact

Tekisha Dwan Everette: teverette@hesct.org

DeLita Rose-Daniels: Delita.Rose-Daniels@hartford.gov

Stephanie Burnham: Stephanie.Burnham@ct.gov

Dashni Sathasivam: dashni@hesct.org

Adjourn