



CONNECTICUT
Office of Health Strategy

Community Health Worker Advisory Committee

September 6, 2018

Meeting Agenda

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| 1. Introductions/Call to Order | 5 min |
| 2. Public Comment | 10 min |
| 3. Approval of the Minutes | 5 min |
| 4. Public Comments and Report: Review & Approval | 95 min |
| 5. Next Steps | 5 min |
| 6. Adjourn | |

Introductions/Call to Order

Public Comment

10 minutes per comment

Approval of the Minutes

Public Comment & Report Review & Approval

Themes

- Pathways to Certification – New/Experienced vs. Path 1/2
- Eligibility to Certification – Preferred Minimum age
- Certification issuance and renewal – Continuing Education
- Continuing Education – When should it be completed?
- Establishing a Code of Ethics for CHWs
- Advisory Body and CHW representation
- Instructor Qualifications

Key

Blue Background = Public Comments

Yellow Background = Response

Yellow Background with Red Outline = Recommendation

Red Font = Change to Recommendation

Comment: Recommendation #1 & 1a

Comment #1: We support the two pathways to CHW certification presented in the report but recommend altering the language to avoid using the terminology “new CHW.” Proposed change: Align the language used in Recommendation 1 throughout to describe the pathways as Pathway 1 and Pathway 2 OR Path 1 and Path 2. **Rec.1**

Comment #2: It is important to standardize the certification process for community health workers, and having two separate paths, as recommended in the report, could lead to confusion and a lack of consistency. We recommend that the “experienced CHW” certification process be used primarily to “grandparent” existing CHWs in Connecticut, and for CHWs transferring from other states. As such, we suggest that this path have an end date for existing CHWs in Connecticut, and only remain in effect for CHWs moving from other states. We suggest the “experienced CHW” process be limited to CHWs from out of state beginning in 2021. **Rec. 1**

Comment #3: As written, newly trained CHWs could not be considered for certification, despite going through a certified training program/vendor, unless they can demonstrate experience equivalent to 1,000 hours in the past 3 years. This seems like a high bar for the training pathway. Recommend re-evaluating this recommendation to consider the time, money, and effort spent in pursuing training, especially since the report outlines recommendations to certify training entities. Also would the internship hours or training hours count toward the experience hours? **Rec. 1a**

Comment #4: The proposed certification requirements for those not currently working as CHWs in CT include a higher number of hours of experience per applicable year than other states. We suggest decreasing the hours of experience to the 100-200/year required by other states. **Rec. 1a**

Response: Recommendation #1 & 1a

Response: Based on several other recommendations received through public comment, we have renamed the two pathways as “Path 1” and “Path 2” to reduce confusion with the terms “new” and “experienced” CHWs. The Committee deliberated extensively on the question of a time-limited path to certification. Ultimately, they determined that implementing such a limitation could prohibit long-serving CHWs in Connecticut from becoming certified. For example, an employed CHW may not choose to pursue certification when the option is initially offered due to their current employment status. If they then lose their job or choose to pursue another opportunity in five years, they may not be eligible to become certified due to the time-limited nature of Path 2. The Committee felt strongly that this could negatively impact the workforce and those served.

In addition, the Committee considered a pathway to certification that requires only the completion of a training program, they felt that it provides the basic skills to serve as a Community Health Worker but that the basic skills are insufficient as the only criteria. The Committee felt strongly that the recommended number of hours of experience, which is equivalent to 6 months of full-time work, is necessary and reasonable for certification. Furthermore, a supervisor would need to observe a CHW over a period of time in order to assess and certify the CHW’s proficiency in at least four (4) skills. **Internship hours could count toward this experience requirement.**

Recommendation #1 and 1a

Recommendation 1:

Connecticut should establish two ongoing pathways to certification: one path with training and one without training. The two path will serve individuals currently working in a CHW capacity and those that are interested in starting their careers as CHWs.

Recommendation 1a.

To be considered for one of the two CHW Certification paths, applicants should meet the following requirements:

Table 3. Requirements for CHW Certification

Requirements	Path 1	Path 2
Training	90 hour training & 50 hour internship (minimum)	None
Experience*	1,000 hours in past 3 years	2,000 hours as paid/unpaid CHW in past 5 years
Portfolio	Optional: A portfolio including 3 of the 8 items on Rhode Island's list	Required: A resume documenting years of experience, and A portfolio including 3 of the 7 other items on Rhode Island's list

*Experience does not need to occur in Connecticut.

Comments: Recommendation #2

Comment #1: While the only eligibility criteria recommended is that applicants should be at least 16 years of age, subsequent recommendations in the report limit the ability of a 16-year-old applicants from being able to fulfil the certification requirements.As such, we recommend that the age criteria be raised to 18 years old

Comment #2: Keep minimum age of 18 years with a high-school or equivalent diploma. CHW training & certification should parallel most other vocational fields.

Response: The Committee deliberated on this recommendation at length. While it is true that a 16-year-old is unlikely to meet the training and experience requirements, it is possible that through volunteer experience, a young adult would qualify. The Committee does not want to prevent a motivated 16 or 17-year old from receiving certification, especially in vulnerable communities. Several members of the Committee work with CHWs in this age bracket and felt strongly that we should not unnecessarily prohibit certification for the few individuals who may pursue it.

Recommendation 2: To be eligible to apply for CHW Certification, applicants should be at least 16 years of age. There should be no additional eligibility requirements.

Comment: Recommendation #5

Comment #1: Since CHWs are integral to the community and there is a focus on cultural competency and humility, we recommend that 2 hours of continuing education requirements be focused on cultural competency/humility or on systemic racism/oppression and that 2 hours be focused on social determinants of health (SDOH) every two years.

Response: 2 hours of continuing education requirements will be focused on cultural competency and 2 hours will be focused on social determinants of health (SDOH) every two years. The Committee felt that adding too much specificity to the Continuing Education requirements could limit CHW exposure to new and emerging topics, as well as add an unnecessary burden if such continuing education opportunities were not readily available. Like the other continuing education requirements, CHWs will self-attest that these hours have been completed in the specified categories. A subset of CHWs may be required to present evidence of completion of these hours as determined by the Certifying Entity.

Comment: Recommendation #5

Comment #1: This recommendation says that certification should be issued for two years and for renewal. I suggest that the certification should be issued for three years and for renewal. Taking into consideration that CHWs pay rate is low, this will be an obstacle to have the workforce applying for certification and even considering renewal. What will happen if employers do not want to support their Community Health Workers on this matter?

Response: The Committee felt strongly that certification be established for two years, with minimally burdensome requirements for recertification. The main requirement for recertification is the attestation of completion of continuing education. Because of the rapidly evolving nature of healthcare and community approaches to improving health outcomes, the Committee identified this attestation of continuing education critical to the continuous growth of CHWs. The length of certification is also consistent with many other states.

Comment: Recommendation #5

Comment #1: We agree that certified CHWs should have continuing education requirements. We further recommend that CHWs should be required to document this education to assure that this critical continuing education is completed.

Response: The Committee agrees that such documentation is important. The recommendation to attest to the completion of these continuing education hours is consistent with the Department of Public Health's existing approach to continuing education verification. DPH conducts random audits of the certifications it oversees to ensure compliance with the continuing education requirements.

Recommendation 5: Certification should be issued for two years and for renewal, applicants should be required to attest to the completion of 20 hours of continuing education requirements (CERs), **including two hours focused on cultural competency and two hours focused on social determinants of health.** Applicants may be required by the certifying entity to produce evidence of completion of CERs, but it should not be a routine requirement.

Comment: Recommendation #6

Comment #1: Conferences, webinars, workshops, seminars, trainings, presentations and self-studies should count toward continuing education hours and be tracked on a designated tracking sheet. I agree with this part of the recommendation, but totally disagree that this should be complete outside of employment or volunteer positions.

Comment #2: The report recommends applicants complete continuing education hours outside of volunteer and/or employment positions. We suggest consideration of allowing CHWs to count trainings or other educational experiences from their volunteer and/or employment positions towards continuing education, as it may be a challenge for a CHW to seek outside opportunities in addition to their volunteer and/or employment positions.

Response: The recommendation has been changed to remove the requirement that continuing education hours be completed outside of employment or volunteer positions.

Recommendation 6: Conferences, webinars, workshops, seminars, trainings, presentations and self-studies should count toward continuing education hours and be tracked on a designated tracking sheet.

Comments: Recommendation #7

Comment #1: In order to not place undue burden on DPH or an Advisory Board, the committee may consider adopting the CHW Code of Ethics developed by the American Association of CHWs or using the Code of Ethics already adopted by the CHW Association of CT for continuity and legitimacy.

Comment #2: Should mention that having abided by the Code of Ethics prior to certification is also a requirement to be issued certification: It doesn't say this right now. My reading of the current language is that the Code of Ethics only applies post-certification, but should apply pre-certification also (to some extent).

Comment #3: DPH should be responsible for developing a code of ethics for this or any profession; this should be developed by the profession itself.

Response: While the Committee agrees that a CHW should always uphold the Code of Ethics, it is not possible to hold an applicant to this Code prior to granting certification. A recommendation that the Advisory Body adopt the Code of Ethics as previously adopted by the CHW Association of CT has been added. Upon consultation with the CHW Association of CT, this may be adjusted to “Code of Conduct.”

Recommendation 7: Applicants for CHW certification should commit to abide by a CHW Code of Ethics. The following infrastructure should be established to implement this recommendation:

- The Advisory Body should adopt the nationally-utilized Code of Ethics as previously adopted by the CHW Association.
- In response to an alleged Code of Ethics violation, DPH should follow its established investigation, adjudication, and disciplinary proceedings. The Advisory Body should be informed of such complaints and remediation efforts.

Comment: Recommendation #8a

Comment #1: In order to ensure that there is not an undue burden on CHWs to maintain certification, we recommend that the recertification fee be as nominal as possible. There does not appear to be a formal recommendation from the committee regarding the recertification fee. **Section F. 1, Recommendation 11**

Comment #2: We also ask that recertification fees be nominal since no dollar amount is given. We suggest allowing for a process to waive the fee if there is a financial burden on the CHW applying for recertification. (Recommendation 11)

Response: These types of fees are decided by the Legislature. We have added a recommendation (8a) that fees be nominal and to provide an option for waived fees due to financial burden. However, the latter may be difficult to administer and assess through the Department of Public Health.

Recommendation 8a: To the extent possible, the Committee recommends that the certification and recertification fees be as nominal as possible in order to reduce barriers for the CHW workforce. Additionally, if there are opportunities to waive fees due to financial burden, the Committee recommends doing so. To help offset these costs, outside funding should be allowed to support the start-up costs for CHW Certification.

Comment: Recommendation #10 – 10a

Comment #1: We recommend providing a rationale for the CHW Association serving in a Lead Administrative role and having a seat on the Advisory Body. 10-10a

Comment #2: We support the recommendation and suggest adding details to clarify the authority and governance processes of the Advisory Body.

Comment #3: One of the key reasons for certification is to help move the state closer to sustainable funding for community health worker services. It is critical that potential payers for community health worker services are engaged in the process and are fully able to participate. We suggest that all stakeholders should have an opportunity to vote.

- *Suggested change:* We recommend that DSS, DMHAS, and commercial payers have a voting role for the advisory body. This will promote continued engagement from these key stakeholders. **Rec. 10a**

Response: Recommendation #10 – 10a

Response: The Committee recommends the CHW Association serve as the lead administrative role in addition to having a seat on the Advisory Body in order to ensure that CHWs have a strong voice and leadership role in the complete development of the Certification Program. Further, the Committee recognizes the critical importance of a strong CHW Association in Connecticut to promote and support the CHW workforce. The Committee believes this leadership role will provide the Association a needed platform from which to continue their work. This explanation has been added to the Report.

The Committee expressed concern about the size of the Advisory Body, however, this point is well taken. CBOs and healthcare organizations represent two different but equally important perspectives on CHW certification. The composition has been adjusted to include both types of employers. To maintain the size of the Advisory Body, we recommend removing the health educator from the composition. As CHWs often serve as health educators, we believe the 7 CHWs represented on the Advisory Body will fulfill this role.

Response: The Committee deliberated on this question extensively. Ultimately, the Committee felt that it was inappropriate for potential payers to vote on certification requirements for a workforce. Instead, the Committee felt that the workforce itself should define the requirements to demonstrate proficiency in their field, as is standard in other workforces. In discussions with Connecticut state agencies that oversee certifications and licensure, there was no notable precedent for including payers on such an Advisory Body, nor were payers included in similar groups in other states. While the Committee agreed that is important to engage payers, it did not feel that this Advisory Body was the appropriate place to do so.

Recommendation #10 – 10a

Recommendation 10:

The Advisory Body should include: 6 CHWS; 1 CHW Association of CT representative; 1 Community-Based CHW training organization representative; 1 Community College representative; **1 Community-Based CHW employer; 1 Healthcare organization CHW employer**; and 1 Health Care Provider with direct CHW experience.

Recommendation 10a. The Advisory Body representatives should be selected through a neutral appointment process, such as the process used to select SIM advisory committee members.

The CHW Association of CT should serve as the administrative lead for the Advisory Body, including such activities as scheduling meetings and coordinating recommendations.*

**The Office of Health Strategy may consider providing support to the CHW Association of CT to serve in this capacity.*

Recommendation 10b. The Advisory Body should include non-voting members in the Advisory Body process for special engagements, including DSS, DMHAS, and commercial payers

Recommendation 10c. To promote a fair process, the Community-Based CHW training organization and Community College representatives should not participate in the assessment of training programs.

Comment re Recommendation 13 supporting documentation

Table 9: Internship Requirements by Training Programs

Comment #1: Tables 4 and 9 are misaligned on internship hours for Massachusetts, Texas, and Rhode Island.

Response: This has been adjusted.

Comment re Recommendation 13 supporting documentation

Table 9: Internship Requirements by Training Programs

Training programs in these states typically require an internship. Note that the state certification program may not require internship hours for certification.

State	Internship Hours	Training Providers	Credits
Florida	NA	-	-
Massachusetts	125	Holyoke Community College	Certificate Program, 26 credits
Rhode Island	50		-
Texas	80-160	Variety of organizations provide training	
Minnesota	72-80 80-90	Minnesota West Community and Technical College, Normandale Community College	-
California	128	City College of San Francisco	Certificate Program, 20 Units of Study

Comment: Recommendation #16

Comment #1: For clarity, does the wording in Recommendation 16 regarding the additional requirements for Instructors who are CHWs mean that a community college or community-based training program located in New Haven preferably not hire an instructor who is a CHW from Hartford? Why is this important/relevant? Additionally, how does one prove knowledge of the community and what is a sufficient threshold of such knowledge? Section F. 2, Recommendation 16

Comment #2: What qualifies or would be accepted as "proof of completion" of this training for a CHW or non-CHW trainer? Appendix F (Draft Training Vendor Application) simply has a check box for "Proof of completion of a CHW Core Competency Training"

Response 1: The intent of the Committee was to emphasize the importance of the CHW Instructor having experience working in underserved or vulnerable communities. The recommendation has been amended, removing "Preferably reside in the community" and adding "Knowledge of the community and community resources."

Response 2: To become an approved training vendor, an applicant would have to attest to their trainers having completed the CHW Core Competency Training and be able to provide evidence of such training if requested. Most trainings provide participants with a certificate of completion, which would suffice as evidence of training completion. The Advisory Body may also choose to accept other proof of Core Competency Training or expertise.

Comment: Recommendation #16

Comment #3: The role of CHWs in the process of training other CHWs is critical. There is a concern that it may be difficult to identify CHW training instructors in Connecticut who meet the criteria outlined in this proposal. While the key considerations point out that the Committee liked the Texas model of 1,000 hours of experience, the Committee has also added the additional 3-5 years of experience, the completion of the Core Competency Training, and the community knowledge requirements, which may make becoming a training instructor as a CHW more cumbersome than those who are non-CHW instructors.

Response: The Committee believes the components of this recommendation are critical to ensure adequate training for CHWs in Connecticut. As 1,000 hours of experience is only equivalent to 6 months of full-time work, an additional 3 years minimum of CHW experience is important to ensure CHW Trainers can fully support students engaging in CHW training. Further, experience with the Core Competency training and knowledge of the community have proven critical in helping students fully understand their future roles. In developing this recommendation, the CHW Committee consulted with multiple training organizations in Connecticut who conveyed that their trainers currently meet these requirements. The Recommendation has been modified to reflect additional requirements for trainers who are not CHWs.

Comment: Recommendation #16

Comment #4: We agree that instructors need an understanding and appreciation of the workforce, but the requirements in this section might limit the number of talented instructors. The report notes that non-CHW instructors would need at least 1,000 hours of training experience, along with 3 to 5 years of experience working fulltime as a CHW. Based on Recommendation 1, this would nearly qualify an individual as a “grandparented” CHW. Does this mean the committee is recommending that all instructors be certified CHWs?

- *Suggested change:* We recommend providing more clarity for this recommendation, and suggest reconsidering the required length of training and work experience for CHW instructors.

Comment #5: Requirements for CHW instructors should be as flexible as possible. A CHW’s knowledge and experience is critical to share with CHWs, so we recommend easing the requirements so that more CHWs can become instructors as this field grows. (Recommendation 16)

Response: The Committee believes the components of this recommendation are critical to ensure adequate training for CHWs in Connecticut. As 1,000 hours of experience is only equivalent to 6 months of full-time work, an additional 3 years minimum of CHW experience is important to ensure CHW Trainers can fully support students engaging in CHW training. Further, experience with the Core Competency training and knowledge of the community are critical to help students fully understand their future roles. In developing this recommendation, the CHW Committee consulted with multiple training organizations in Connecticut who conveyed that their trainers currently meet these requirements. Ultimately, this requirement would ensure that all trainers who are CHWs would also be eligible to be certified CHWs, although this is not an explicit requirement.

Recommendation 16 has been edited for clarity.

Comment: Recommendation #16

Comment #6: This recommendation states that “CHW instructors should have 3-5 years of experience working fulltime as a CHW and preferably reside in the community.”

Does this mean that in a CHW training certification program there will be instructors who are CHWs and some who are not CHWs; for those who are CHWs, they should have 3-5 years of experience working fulltime as a CHW (thus not allowing those who are new to the field)?

Comment 7: This recommendation states that “CHW training instructors, both Non-CHW and CHW, should have at least 1,000 hours of experience training individuals who provide community health work services...in the previous six years.”

I think that this requirement for CHWs could create a barrier to being involved as a trainer because I’m not sure of how many opportunities CHWs have to train others. Also, I’m curious as to how someone, CHW or not, would be able to prove

Response 6: The Committee believes the components of this recommendation are critical to ensure adequate training for CHWs in Connecticut. As 1,000 hours of experience is only equivalent to 6 months of full-time work, an additional 3 years minimum of CHW experience is important to ensure CHW Trainers can fully support students engaging in CHW training. Recommendation 16 has been edited for clarity.

Response 7: The Committee believes the components of this recommendation are critical to ensure adequate training for CHWs in Connecticut. In developing this recommendation, the CHW Committee consulted with multiple training organizations in Connecticut who conveyed that their trainers currently meet these requirements. Trainers would need to attest to the completion of these hours through the training vendor application (Appendix F) submitted to the Advisory Body. The Advisory Body will determine how to verify this attestation.

Recommendation #16

Recommendation 16: 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 the community and community resources.

Other edits to report

- Review edits to key considerations and other report text
- Any questions, comments or suggestions?

Next Steps

Next Steps- Legislative Report

- Updated Report will be shared with the Steering Committee tomorrow 9/7
- Steering Committee will review the Report on 9/13 and we will request approval to submit to the Legislature
- SIM CHW team will begin pre-work with DPH that may inform Certification legislation

Next Steps- CHW Advisory Committee

- September 18 Advisory Committee Meeting- Canceled
- Next Meeting- October 16
 - Discuss Progress on pursuing legislation for CHW Certification
 - Identify future role of the Advisory Committee
 - Discuss any needed changes to the Advisory Committee composition
- More details on October 16 meeting to follow

Adjourn