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Recommendations for Creating a Certification System for Community Health Workers in Maine

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Executive Summary

The following report was developed to inform the Maine Community Health Worker Initiative (MECHWI) on the processes used by five other states to create a Community Health Worker (CHW) certification system. An assessment of the current situation in Maine as it pertains to certification development was also conducted and a set of recommendations to guide the MECWHI in furthering CHW certification efforts is provided. In summary, the processes used to develop a CHW certification system in Massachusetts, Oregon, Texas, Rhode Island and Indiana tended to involve the following activities: outreach to CHWs and CHW employers, engagement of key advocacy stakeholders, research on CHW roles and core competencies, development of policy at the state level, and formalization of certification requirements and training. Based on findings the following recommendations should be considered by the MECHWI.

Recommendation 1: The MECHWI should conduct presentations to CHWs and CHW employers on the potential benefits of CHW certification. During these presentations, MECHWI should identify CHW champions that are interested in participating in the development of certification standards and requirements.

Recommendation 2: The MECHWI should convene CHWs to define CHW certification, determine which organization should act as the certifying body, brainstorm certification and training requirements, and assess how to lower barriers to becoming certified.

Recommendation 3: The MECHWI should work with advocacy organizations to engage statehouse representatives on the importance of workforce development for Community Health Workers.

Recommendation 4: The MECHWI should officially adopted either the MECHWI developed core competencies, the C3 Project's core competencies, or a hybrid.

Recommendation 5: If CHWs want certification oversight from the state, the MECHWI should draft legislation that creates a Community Health Worker Advisory Board within the Maine Center for Disease Control and Prevention.

Recommendation 6: The MECHWI should consider drafting CHW education requirements to guide certification development. Key decision points to consider include:

1. Whether a training program needs to be official approved
2. Who should officially approve of a training program
3. The number of hours of core competency training
4. Practicum requirements
5. Testing requirements

Recommendation 7: The MECHWI should draft certification requirements and pathways to certification to guide certification development. Key decision points to consider include:

1. Training requirements
2. Grandfathering pathway requirements
3. Number of documented service hours
4. Whether certification should be mandatory or voluntary
5. Age requirement
6. Background check requirements
7. Reciprocity between state issued certification
8. Code of conduct requirements
9. System for fielding complaints
10. Certification renewal requirements
11. Fees for processing application

Introduction

Community health workers (CHWs) are unique public health professionals that focus on preventative care for populations that are notably vulnerable and underserved. CHWs are trusted within their communities and usually have similar experiences to their clients. The roles of CHWs include but are not limited to: providing one-on-one assistance to improve access to care, managing client chronic diseases, providing public health education, and advocating for patients.[1]

It has been recognized by the Association of State and Territorial Health Officials (ASTHO) that CHWs are an integral part of achieving the Triple Aim of healthcare. That is, through their tailored skill set, CHWs can improve quality of care, population health outcomes, and reduce healthcare costs.[2] Evidence-based studies have shown that, in addition to improve health outcomes, CHWs also initiate healthy behavioral changes in patients with chronic conditions including: hypertension, diabetes, asthma, and HIV/AIDS.[3]

As more states recognize the value of CHWs, national efforts have been made to develop the CHW workforce. Major barriers to CHW workforce development include lack of: a clear definition of a CHW, training standards, return on investment data and, sustainable funding.[4] Development of a CHW certification system has been recognized as a strategy to further embed the CHW profession within the healthcare field.[5]

Description of the Problem

In 2013 Maine secured a State Innovation Model (SIM) Grant provided by the Centers of Medicare and Medicaid Services. The SIM grant is allocated to states wishing to explore models that further the Triple Aim of healthcare. The Maine SIM grant proposal was comprised of several initiatives including the Community Health Worker Initiative. The Community Health Work Initiative had two major goals:

1. Build supporting infrastructure for CHWs.

[1] Wennerstrom, A., Johnson, L., Gibson, K., Batta, S., & Springgate, B. (2014). Community health workers leading the charge on workforce development: Lessons from new orleans. *Journal of Community Health, 39*(6), 1140-1149.
[2] ASTHO. (2017). Variation in state approaches to community health worker certification. Retrieved from http://www.astho.org/Health-Systems-Transformation/Documents/CHW-Certification-Comparison-Chart-Toolkit-Version/
[3] Rosenthal, E. L., Brownstein, J. N., Rush, C. H., Hirsch, G. R., Willaert, A. M., Scott, J. R., . . . Fox, D. J. (2010). Community health workers: Part of the solution. *Health Affairs (Project Hope), 29*(7).
[4] Alvillar, M., Quinlan, J., Rush, C. H., & Dudley, D. J. (2011). Recommendations for developing and sustaining community health workers. *Journal of Health Care for the Poor and Underserved, 22*(3), 745-750.
[5] Malcarney, M., Pittman, P., Quigley, L., Horton, K., & Seiler, N. (2017). The changing roles of community health workers. *Health Services Research, 52*(S1), 360-382.

2. Provide recommendations on workforce development including: sustainable payment methods, training standardization, and formal recognition of the profession through a registry or certification system.

In executing the first goal, a stakeholder group known at the Maine Community Health Worker Initiative (MECHWI) was convened in 2013. The MECHWI stakeholder group worked to develop CHW core competencies and maintained regular meetings to support the network of Maine CHWs. In reaching the second goal, sustainable funding models were researched by the University of Massachusetts Medical School's Center for Health Law and Economics resulting in the *Sustainable Financing Models for Community Health Worker Services in Maine* report. CHW training was formalized by adopting the Institute for Public Health Innovation's CHW curriculum. The final SIM's report also provided recommendations on training standards and qualifications which were developed by the MECHWI stakeholder group. These recommendations have not been adopted in an official capacity but can be viewed in the *Maine State Innovation Model (SIM) Grant Community Health Workers Pilot (CHW) & National Diabetes Prevention Program Evaluation (NDPP) Report*. To further the recognition of the profession, the SIM's report suggested that the Maine Registry of Certified Nursing Assistants and Direct Care Workers would be an opportune place to integrate CHW certification.[6]

Since the completion of the SIM grant, the MECHWI has remained active as a stakeholder group. In the Spring of 2018, the MECHWI created a strategic plan for CHW workforce development. One of the priorities outlined in the plan was exploring the processes used in other states to create a certification system. By learning from other states, the MECHWI hopes to determine the best course of action for CHW certification in Maine.

Literature Review

Community Health Worker Workforce Development

CHW programs have been around since the 1950s and have continued to grow in popularity.[7] The 1998 National Community Health Advisor Study was the first study in the nation to engage CHWs in defining core competencies for the profession. The findings from this study were updated in 2007 by a Health Resources and Services Administration study which also included CHW employer perspectives regarding workforce development and sustainability.[8] CHW core competencies continues to be

[6] Truesdell, N., Calise, T., Greene, T., Chow, W., & Ehrlich, L. (2018). *Maine state innovation model (SIM) grant community health workers pilot (CHW) & national diabetes prevention program (NDPP) evaluation report.* (1-236).John Snow, Inc.

[7] APHA. (2014). Support for community health worker leadership in determining workforce standards for training and credentialing. Retrieved from https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2015/01/28/14/15/support-for-community-health-worker-leadership

[8] Sabo, S., Allen, C. G., Sutkowi, K., & Wennerstrom, A. (2017). Community health workers in the united states: Challenges in identifying, surveying, and supporting the workforce. *American Journal of Public Health, 107*(12), 1964-1969

developed through the Community Health Worker Core Consensus (C3) Project which launched in 2014.[9] In 2010, the U.S. Department of Labor created an official labor category for CHWs and, as of May 2017, it is estimated that there are 54,760 CHWs working in the field.[5,10] CHW services are used in a variety of work sites including: community-based organizations (CBOs), hospitals, health departments, schools, and primary care clinics.[3] In 2013, the Center for Medicaid changed regulations to allow licensed clinicians to order services from non-licensed professionals and for that work to be billable through Medicaid. The implication of this ruling for sustainably funding CHWs is being explored by numerous states.[1] Furthermore, it has been speculated that as the funding models for healthcare change from fee-for-service to those that use global budgets, CHWs may be instrumental in care delivery.[11] However, it has generally been recognized by national CHW stakeholders that for the CHW profession to succeed efforts need to be made to develop training curriculums, certification requirements, and sustainability models.[11]

Community Health Worker Certification Nationally

Certifying CHWs is seen as a strategy to develop the workforce. The goals of certification are to: ensure proficiency of core competencies, distinguish the profession within the healthcare field, improve compensation, and generate means for sustainable funding.[12,13] However, often there is confusion on the definition of certification. As detailed by the Maine SIM project, certification falls under credentialing and is defined as the following:

> ***Credentialing****: The process by which an authorized entity grants recognition and use of a certificate or other credential to individuals who have met predetermined and standardized requirements. Credentialing may be tied to policies that allow the performance of specified services. There are three basic types of credentialing that range in formality: Certification, Licensing and Registration. A license means that what the licensed person does is illegal to do without the license. Registration is similar to licensing, in that for some occupations it is a requirement to practice some activities. Certification is the least formal and does not grant rights to engage in or perform any act or service for which a license issued by a professional licensing board is required*[6].

According to a 2007 study, only four states have CHW certification either recognized by a state agency or through state legislation.[14] As of 2019, data provided by the Center for Disease Control and

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[9] Rosenthal, L. (2018). *The community health worker core consensus (C3) project together leaning toward the sky.* (1-31).

[10] Bureau of Labor Statistics. (2017). Community health workers. Retrieved from https://www.bls.gov/oes/2017/may/oes211094.htm#(1)

[11] Pittman, M., Sunderland, A., Broderick, A., & Barnett, K. (2015). Bringing community health workers into the mainstream of U.S. health care. *Institute of Medicine, ,* 1-8.

[12] Astho. (2016). Community health worker certification and financing. Retrieved from http://www.astho.org/Community-Health-Workers/CHW-Certification-Financing/

[13] Miller, P., Bates, T., & Katzen, A.Community health worker credentialing- state approaches. *Center for Health Law and Policy Innovation Harvard Law School, ,* 1-24. Retrieved from http://www.chwcentral.org/community-health-worker-credentialing-state-approaches

[14] Ash, B. A., May, M. L., & Tai-Seale, M. (2007). Community health worker training and certification programs in the united states: Findings from a national survey. *Health Policy, 80*(1), 32-42

Prevention shows that this number had increased to nine states.[15] According to a 2016 ASTHO report, there is a general trend for states to adopt voluntary certification systems.[12] Critics of certification argue that creating strict standards will diminish what makes a CHW unique, and if certification standards are developed, they should be done with extensive input for the CHW workforce.[5]

Methods

This project was conducted in three phases. The first phase consisted of choosing five states that currently have CHW certification systems in place and researching how they were created. The second phase involved assessing resources available in Maine that can be used to develop a CHW certification system. The third phase consisted of creating recommendations to guide the MECHWI stakeholder group in creating a CHW certification system. The recommendations are based on other state models and available resources in Maine. See below for more details on data collection.

Phase I

Secondary Data Collection:

With guidance from the MECHWI, five states were chosen to be researched in detail including: Massachusetts, Oregon, Texas, Rhode Island, and Indiana. These states were chosen based on either their location, their unique organizational structure, or the maturity of their certification system. Information on the development of each states certifications system was collected from published literature, legislative documents, government issued reports, and internal documents from key CHW organizations. From the literature, major preparatory events, key organizations, and certification and training requirements were documented in a database and analyzed for reoccurring themes. Timelines and tables were used to display collected data.

Primary Data Collection:

To supplement the literature, key informant interviews were conducted. A key informant interview protocol was developed with input from the MECHWI (see Appendix A) and submitted to the University of Southern Maine's Internal Review Board (IRB). The protocol was deemed exempt by the IRB. Appropriate key informants were identified through MECHWI connections. A representative from each of the five identified states were recruited and four agreed to be interviewed including: Massachusetts, Oregon, Rhode Island and Indiana. Qualitative data from the interviews include: lessons learned, key stakeholders, and barriers to certification. The data are displayed in tables.

Phase II

Secondary Data Collection

[15] Centers for Disease Control and Prevention. (2019). Background on statewide community health worker certification.

Literature provided by the MECHWI was used to determine the resources available in Maine to create a certification system. Reviewed literature included: reports, documents created under the SIM's grant, and MECHWI meeting notes. From the literature major preparatory events, key stakeholders, core competencies, and training materials were documented as being influential to CHW certification development. Collected information is displayed using a timeline and tables.

Phase III

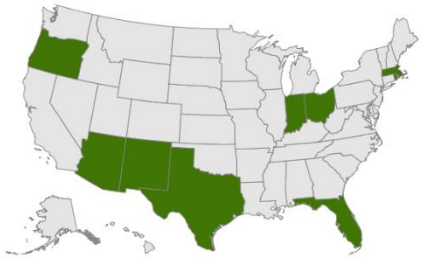
Recommendations

Upon comparing the process used in other states to create a certification system and what has currently been developed in Maine, a set of recommendations were created to guide the MECHWI in their decision making.

Results

State Certification

Nine states have implemented CHW certification systems including: Arizona, Florida, Indiana, Massachusetts, New Mexico, Ohio, Oregon, Rhode Island and Texas[15]. This report explores the processes used to develop certification systems specifically in Massachusetts, Oregon, Texas, Rhode Island, and Indiana. Massachusetts, Texas, and Oregon share a similar process of certification development. All three states used a legislative process resulting in certification being overseen and regulated by a government health department. Rhode Island also used a legislative process; however, a third-party organization is contracted to track and approve applicants for certification. Lastly, Indiana has chosen to not pass formal legislation regarding CHW certification. However, the Indiana State Department of Health has approved the Indiana Community Health Worker Association to certify training programs, and a person is considered certified upon the completion of a certified program.[16,17] Below are the processes each state used to develop their CHW certification system. An overview of major preparatory events for each state is provided followed by information on certification and training requirements. Findings from key informant interviews are displayed under appropriate states.



[16] *The state of the community health worker field in Minnesota;* (2018). (1-36). Retrieved from http://mnchwalliance.org/wp-content/uploads/2019/01/MNCHWA_State-of-the-CHW-Field_Dec_21_2018.pdf

[17] INCHWA About. Retrieved from https://inchwa.org/about/

Massachusetts

Preparatory Events

The creation of a CHW certification system in Massachusetts consisted of a series of events as depicted in Figure 1. CHW workforce development in Massachusetts started in the 1990's through a partnership between the Massachusetts Department of Public Health (MDPH) and CHW leaders. In 2000, the MDPH received funding from The U.S. Health Resources and Service Administration, Maternal and Child Health Bureau to continue to develop the workforce and conduct a workforce survey. This funding was the catalyst for the formation of the Massachusetts Association of Community Health Workers (MACHW).[18] The results from the workforce survey were released in 2005 in the *Community Health Workers: Essential to Improving Health in Massachusetts* report. The report identified CHW roles, skills, and created a working definition of a CHW. The report also found that that the majority of CHWs were eager for more training.[19]

In 2002 MACHW recognized the Massachusetts Public Health Association as a key advocate in promoting CHWs as a part of healthcare reform. The Massachusetts Public Health Association in turn was brought on as MACHW's fiscal sponsor. This new partnership was instrumental in securing funding from Blue Cross Blue Shield of Massachusetts Foundation to promote and develop the CHW workforce in 2003. In 2004, MACHW, in partnership with the MDPH, developed legislation to create a CHW Advisory Council to study the workforce. During 2005, MACHW increased its presence at the statehouse and though a series of advocacy efforts, established relationships with legislators. These advocacy efforts led to the inclusion of the CHW bill drafted in 2004 in the landmark Massachusetts healthcare reform bill of 2006.[18]

From the 2006 healthcare reform bill, a CHW Advisory Council was created at MDPH, which conducted a comprehensive workforce investigation and made recommendations to the legislature, including a recommendation to establish CHW certification. This led to MACHW and MDPH drafting a bill on CHW certification. In 2010, Chapter 322, An Act to Establish a Board of Certification of Community Health Workers passed. The board worked to establish CHW core competencies, standards for approving core CHW training programs, draft regulations and guidelines to certification. This culmination of efforts led to the Board of Certification of Community Health Workers issuing certification through the grandparenting pathway by the Bureau of Health Professions Licensure starting

[18] Mason, T., Wilkinson, G., Nannini, A., Marti, C., Fox, D., & Hirsch Gail. (2011). Winning policy change to promote community health workers: Lessons from Massachusetts in the health reform era - ProQuest. *American Journal of Public Health*, *101*(12), 2211-2216.
[19] Ballester, G., & Evans, D. (2005). *Community health workers: Essential to improving health in Massachusetts Findings from the Massachusetts Community Health Worker Survey;* (1-31).

in 2018.[20,21] Massachusetts preparatory events highlights the use of stakeholder engagement, advocacy, and workforce research to enact state level policy leading to the establishment of certification rules and regulations.

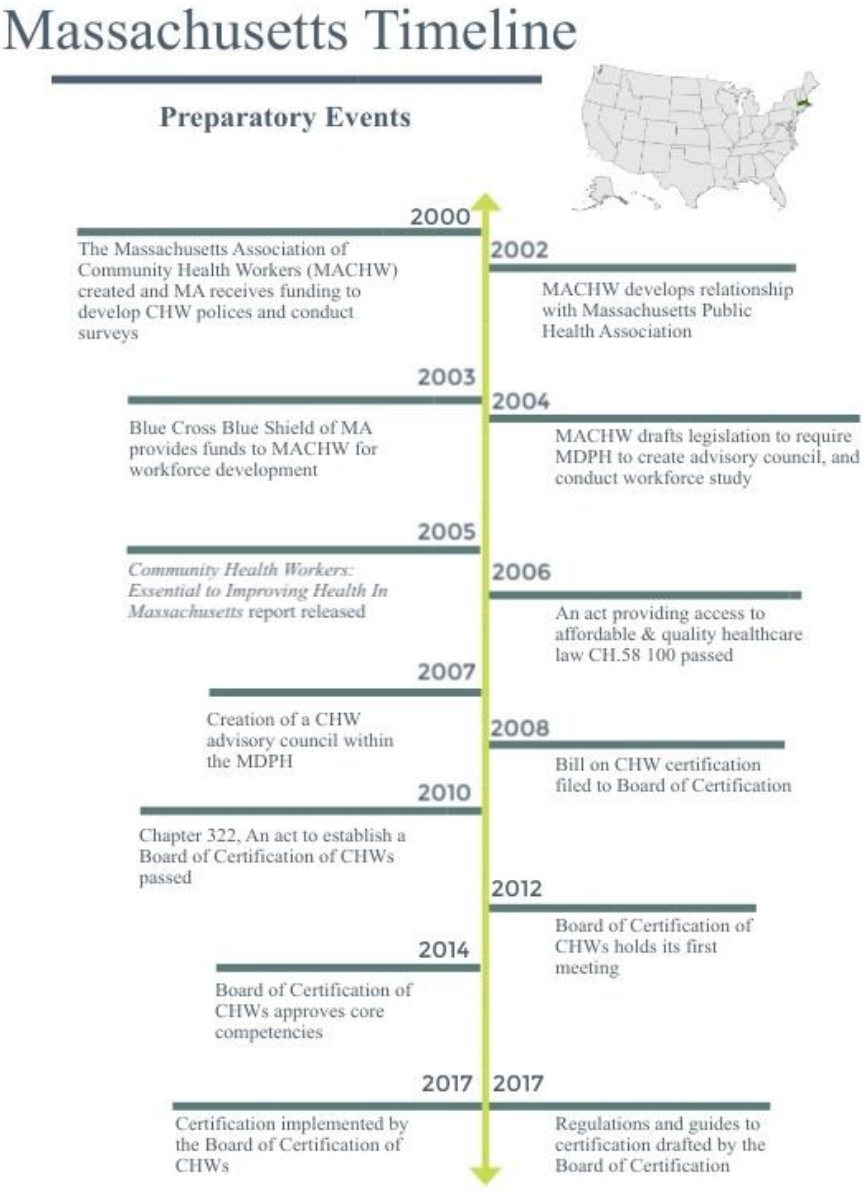


Figure 1. A timeline of major Massachusetts preparatory events leading to CHW

[20] ASTHO. (2017). *Massachusetts strengthens its community health worker (CHW) workforce through broad-based policies and collaboration.* Retrieved from http://www.astho.org/Maternal-and-Child-Health/AIM-Access-Mass-CHW-State-Story/

[21] Healthcare Workforce Partnership of Western Mass. (2017). *Community health workers (CHW) workforce training and development team.* (1-7). Retrieved from http://westernmasshealthcareers.org/wp-content/uploads/2018/04/report.pdf

Certification and Training Requirements

As depicted in Table 1, the responsible party for certification in Massachusetts is the Board of Certification of Community Health Workers within the Massachusetts Department of Public Health. Decisions on certification regulations and rules are made by the Board of Certification of CHWs with four of 11 board members being CHWs.[22] CHW certification in Massachusetts is voluntary and there will be two paths to becoming certified, including a Work Experience and Training pathway and a Work Experience (grandparenting) pathway. The requirements for both pathways are centered around the ten CHW core competencies. Multiple agencies that offer CHW core competency training.[21]

Table 1. Information on Massachusetts CHW Certification

Key Organization	Certification Requirements	Training Requirements
Certifying Body: The Board of Certification of Community Health Workers at the Massachusetts Department of Public Health. The board consists of 4 Massachusetts Association of Community Health Workers CHWs, 1 training center representative, 1 community-based CHW employer, and 1 member of the public who knows about CHWs, as well as several others. It is chaired by the Commissioner of Public Health or his or her designee.	Certification is voluntary **Two pathways to certification:** **Pathway 1:** 80 hours of training from a state approved training programs and 2000 hours relevant work experience over the last 10 years **Pathway 2:** Grandfathering: 4000 hours of relevant work experience over 10 years prior to application. Grandfathering will be phased out 3 years after the state certification program begins **Both pathways require that CHWs:** -Be at least 18 years-old -Pay a $35 application fee -Sign a Standard Conduct form -Provide 3 professional references -Sign a document to authorize Board of Community Health Worker's receipt of CORI results -Complete 15 hours of continuing education every 2 years	**Requirements:** Training must be 80% core competencies, 20% health topics. The training can be partially online and must incorporate interactive learning methods. CHW trainers are required to teach for a minimum of 40% of the time. **Core Competencies** 1. Outreach methods and strategies 2. Individual and community assessment 3. Effective communication 4. Cultural responsiveness and mediation 5. Education to promote healthy behavior change 6. Care coordination and system navigation 7. Use of public health concepts and approaches 8. Advocacy and community capacity building 9. Professional skills and conduct 10. Documentation

[22] Hirsch, G. (2015). *Building a sustainable community health worker workforce in Massachusetts.* Unpublished manuscript. Retrieved from https://med.nyu.edu/prevention-research/sites/default/files/prevention-research2/hirsch-massachusetts-doph.pdf

Key Informant Interview

The key informants from Massachusetts have extensive knowledge on how CHW certification was developed. Table 2 details lesson learned in the process of implementing certification, key stakeholders that were engaged in the process, and barriers experienced while implementing CHW certification. Notably, the key informants emphasized the importance of including CHWs in the decision-making process regarding certification requirements.

Table 2. Key Informant Interview- Massachusetts

Lessons Learned:

- Involving CHWs throughout the process is key. During certification development, town hall like forums were held with CHWs to discuss whether CHWs were in support of implementing a certification system. This was an important part of the process.
- It is important to define what is meant by certification and to define your certification goals. Once goals are defined you can determine how to best evaluate whether you are reaching those intended goals.
- When creating legislation make sure there is a secure funding source for creating and maintaining a certification system.
- Having certification through the Bureau of Health Professions of Licensure was decided upon because it would bring more legitimacy to the certification itself. However, it was a very slow process and subjected to changes in government administration.
- It is important to communicate the importance of certification to CHW employers and CHWs. That is, how certification is used to further professional development.

Key Stakeholders:

- CHWs, training institutions, the state public health association, advocacy organizations, State Medicaid Office, the primary care association, public and private partners, anyone interested in health reform

Barriers:

- It is difficult to get CHWs to the table. It is often hard for CHWs to leave work for meetings and they often do not feel empowered to speak up.
- Working through a state agency makes the process much slower.

Oregon

Preparatory Events

The certification system for CHWs in Oregon was developed under the Traditional Health Worker Program. Traditional Health Workers are individuals that provide physical and behavioral services. Traditional Health Workers include: doulas, peer support specialists, peer wellness specialists, personal health navigators, and community health workers. Each type of Traditional Health Worker has their own set of certification and education requirements. As depicted in Figure 2, the development of the

Oregon CHW workforce and certification system started in the 1990's. In 1994 the Oregon Public Health Association recognized CHWs as a growing health profession and held the first committee meeting of CHWs. In 2001, community-based CHW organizations, in partnership with the Multnomah County Health Department, created a training center and since opening has trained over 600 CHWs. In 2011, House Bill 3650 led to the creation of the Traditional Health Workers Steering Committee which was tasked with developing standards and requirements for certifying the different types of Traditional Health Workers. Also, during this time, CHWs and prominent CHW organizations convened to discuss the changing landscape of the CHW profession. This meeting resulted in the formation of the Oregon Community Health Worker Association (ORCHWA). ORCHWA acts as an organization that advocates and empowers the CHW workforce. In 2012, the Traditional Health Worker Steering Committee released a report on CHW core competencies, and education and training requirement and in 2013 these requirements were adopted. House Bill 3407 passed in 2014 which created a Traditional Health Worker Commission. The Commission, with input of ORCHWA, helped the Oregon Health Authority's Office of Equity and Inclusion in developing policy. These combined efforts led to the implementation of a CHW registry which tracks CHW certification.[23] The process used in Oregon reflects the use of CHW outreach, stakeholder engagement, advocacy efforts, and policy development leading to CHW certification rules and regulations.

Certification and Training Requirements

As Table 3 indicates, CHW certification in Oregon is voluntary. The Oregon Health Authority's Office of Equity and Inclusion is responsible for maintaining CHW certification and CHWs pursuing certification must take an Oregon Health Authority approved training program. Oregon recently included a requirement for oral health training. CHWs that were certified before the oral health requirement are still considered certified but must take the oral health training course upon certification renewal.[24]

Key Informant Interview

The key informant from Oregon has a strong understanding of how certification was developed. Table 4 details lesson learned in the process of implementing certification, key stakeholders that were engaged in the process, and barriers experienced while implementing CHW certification.

[23] Sanford, B., Wiggins, N., Reyes, M. E., & George, R. (2018). *Community health workers: Integral members of oregon's health workforce.* (1-57). Retrieved from https://www.oregon.gov/oha/OEI/Documents/2018-11-29_ORCHWA%20CHW%20Statewide%20Needs%20Assessment%20Report_FINAL.pdf

[24] Traditional health worker training program, (2016). Retrieved from https://www.oregon.gov/oha/HSD/OHP/Policies/180rb100116.pdf

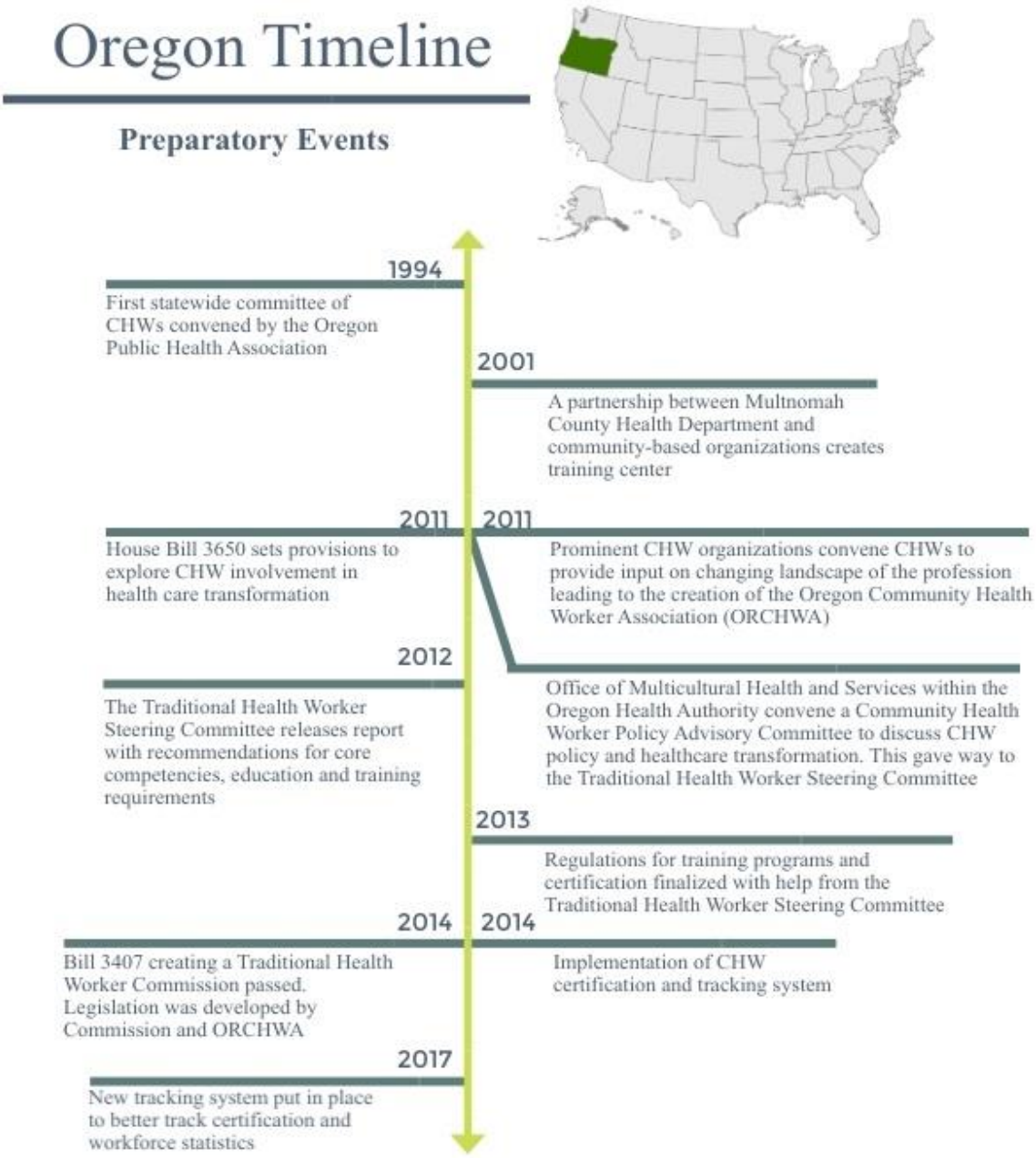


Figure 2. A timeline of major Oregon preparatory events leading to CHW certification

Table 3. Information on Oregon CHW Certification

Key Organization	Certification Requirements	Training Requirements
Certifying Body: Oregon Health Authority, Office of Equity and Inclusion	Certification is voluntary **Requirements:** - Completion of an Oregon Health Authority approved training course -Completion of an approved oral health training course -Completion of a state registry application -Passage of a background check CHW certification must be renewed every 3 years and 20 continuing education hours must be documented	Training curriculums must be approved by the Oregon Health Authority Curriculum requirements include: -a minimum of 80 contact hours addressing 34 key principles. List of key principles can be found at: https://www.oregon.gov/oha/HSD/OHP/policies/180rb011514.pdf

Table 4. Key Informant Interview- Oregon

Lessons Learned:

- The state worked very closely with the Oregon Community Health Worker Association in creating the certification system. Throughout the process there was strong emphasis to make sure that CHW voices were at the table.
- The Commission, created by the state, worked with CHWs to advise major decision making. For example, CHW input was used to define how certification could be helpful to CHWs, and what certification and training requirements should be.
- Momentum for CHW workforce development and certification came from Oregon Health Authority's reorganization for the need to help marginalized populations.
- Having a CHW certification registry through the state has allowed healthcare organizations to search a database and find a certified CHW within an area and population. Healthcare organizations can then request a CHW to improve their health care delivery.

Key Stakeholders:

- Health systems, coordinated care organizations, hospitals, community colleges, unions, nursing associations, doulas, social workers, statewide representation.

Barriers:

- There has been confusion among CHWs around the application process. The website is hard to navigate and find necessary application information.
- It has been difficult to get CHWs to go through the registration process after completing the training course.
- There has been a lot of turnover in the Commission which slows down the process of approving rules and regulations.
- Getting CHWs to attend Commission meetings has also been a challenge.

Texas

Preparatory Event

Texas often refers to CHWs as Promotor(a)s and was the first state to pass legislation on CHW certification. As seen in Figure 3, workforce development efforts began in the mid-1990's with the convening of: CHWs, Promotor(a) alliances, community leaders, and public health professionals.[25] This led to the ground-breaking passage of House Bill 1864 in 1999. The bill created a Promotor(a) Program Development Committee which was tasked with making recommendations to the legislature regarding training standards and certification requirements.[26] The Committee developed CHW core competencies, learning requirements, and presented these standards at a public hearing for comment. The hearing was attended by CHWs, government agencies, community health organizations, and universities. The standards were passed by the Texas Board of Health in 2000.[25] In 2001, Senate Bill 1051 was passed which mandated that paid CHWs become certified.[27] This led to the creation of the Promotor(a) Training and Certification Committee to oversee the certification process and determine state approval of CHW training programs and instructors. The Promotor(a) Training and Certification Committee piloted the certification tracking system in 2002. By 2003, the system was operational and 224 CHWs were certified in the first year.[25] As of December 31, 2017, this number has increased to 4,033 certified CHWs.[28] To achieve CHW certification the process in Texas involved CHW outreach, stakeholder engagement, policy development and the creation of certification and training requirements.

[25] Nichols, D., Berrios, C., & Samar, H. (2005). Texas' community health workforce: From state health promotion policy to community-level practice. *Preventing Chronic Disease Public Health Research, Practice, and Policy, 2*, 1-7.

[26] Department of State Health Services. (2017). *Promotor(a) or community health worker (CHW) training and certification advisory committee.* (1-32). Retrieved from https://www.dshs.texas.gov/mch/chw/reports/

[27] Astho. (2017). *Statewide training and certification program strengthens the community health worker/promotor(a) workforce in Texas*. Retrieved from http://www.astho.org/Maternal-and-Child-Health/Texas-CHW-State-Story/

[28] Department of State Health Services. (2018). *Promotor(a) or community health worker (CHW) training and certification advisory committee.* (1-19). Retrieved from https://www.dshs.texas.gov/mch/chw/reports/

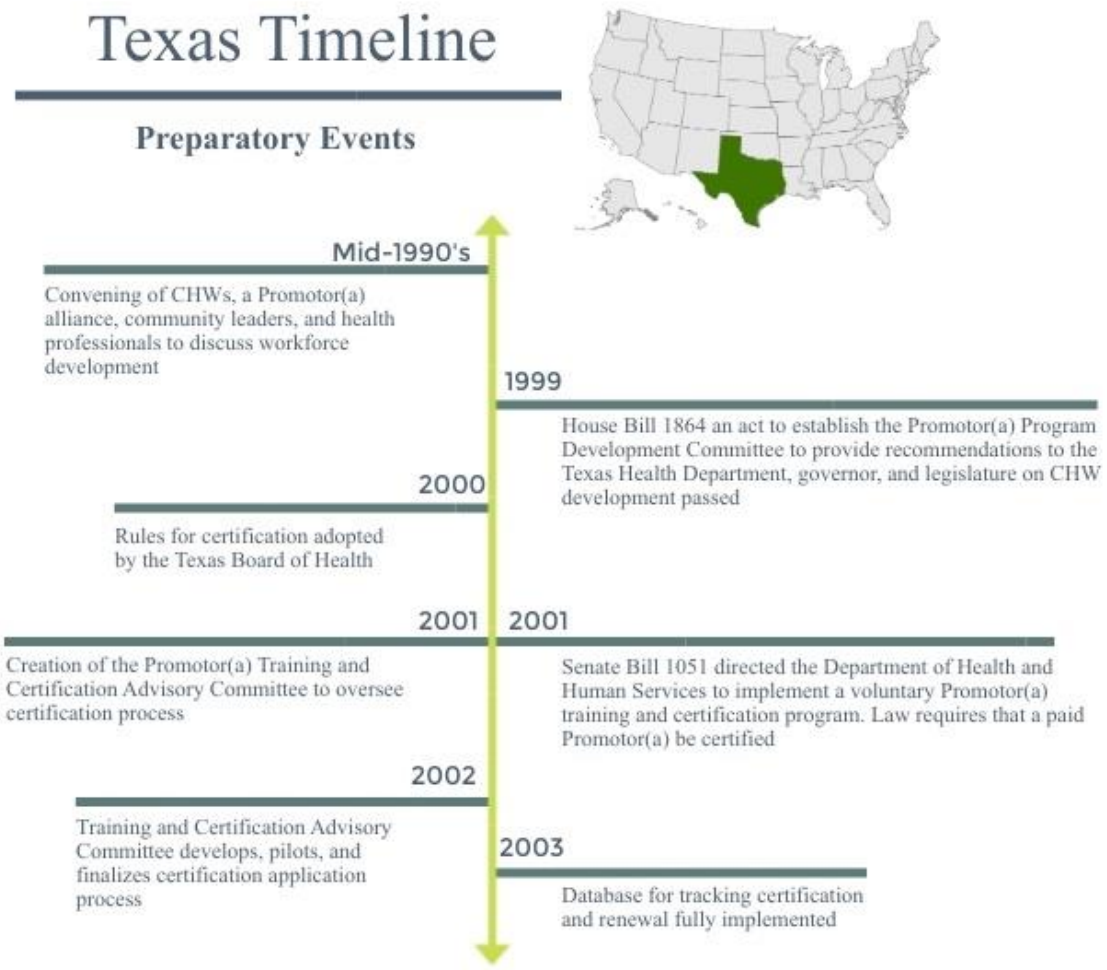


Figure 3. A timeline of major Texas preparatory events leading to CHW certification

Certification and Training Requirements

As indicated in Table 5, certification for CHWs in Texas is voluntary if a person is working as a volunteer, if a CHW is paid for their services they must become certified. Certification is maintained through the Texas Department of State Health Services and is guided by a Community Health Worker Training and Certification Advisory Committee. Certification requires that the applicant either complete 160 hours of competency-based training or submit proof of 1000 hours of CHW service within the last six years.[29]

[29] Texas Department of State Health Services. (2018). Community health workers - certification information. Retrieved from https://www.dshs.texas.gov/mch/chw/chwdocs.aspx

Table 5. Information on Texas CHW Certification		
Key Organization	**Certification Requirements**	**Training Requirements**
Certifying Body: Texas Department of State Health Services **Advisory Body:** Training and Certification Advisory Committee: 4 Texas Department of State Health Services certified CHWs 2 public members 1 member from the Texas Higher Education Coordinating Board 2 professionals who work with CHWs in a community setting, including employers and representatives of non-profit community-based organizations	Certification is voluntary for CHWs who volunteer. Certification is mandatory for CHWs that are paid. **Requirements:** Completion of 160 hours of an approved competency-based training program OR Completion of at least 1000 hours of CHW services within the last 6 years. -Must be 18 years old -Completion of an application -Submission of a photo -Submission of an employment/volunteer history verification form (if applicable) Certification is renewed every two years and 20 hours of continuing education is required	Curriculums are approved by the Department of Health and Human Services **Requirements:** -160 hours of training that touch on the 8 core competencies: 1. Communication skills 2. Interpersonal skills 3. Service coordination skills 4. Capacity-building skills 5. Advocacy skills 6. Teaching skills 7. Organizational skills 8. Knowledge on specific heath issue

Rhode Island

Preparatory Events

As depicted in Figure 4, in 2008 Rhode Island CHW leaders and stakeholders convened to plan a CHW training event. The meeting was received so positively by participants that the group developed into a CHW workforce planning committee that eventually became the Community Health Worker Association of Rhode Island (CHWARI). In 2009, a survey was conducted by the Rhode Island department of labor to assess the extent of the CHW workforce. The report found that there were over 350 CHWs in Rhode Island. Given the vast amount of CHWs, CHWARI developed a standardized training curriculum in 2010.[30] In 2013, legislation was passed to create a Commission for Health Advocacy and Equity which was tasked with evaluating and developing the workforce by creating a set of

[30] Lamaree, B. (2012). *Community health worker association of Rhode Island.* Unpublished manuscript. Retrieved from https://cdn.ymaws.com/www.cpha.info/resource/resmgr/Resources_CHW/CHWARI_for_CTrevised.pdf

recommendations around recruitment, training, and employment.[31] In 2015 the Rhode Island Certification Board conducted a job analysis which defined CHW core competencies. The job analysis led to the development of certification standards and detailed training requirements.[32] A certification grandfathering period started in 2016 and by 2017 the Rhode Island CHW certification system was fully implemented.[33] Rhode Island used outreach to stakeholders, job analysis research leading to the development of certification requirements, and the passage of state level policy to create their CHW certification system.

Certification and Training Requirements

As seen in Table 6, Rhode Island's certification is voluntary and is administered by the Rhode Island Certification Board. The Rhode Island Certification Board is not a part of a Rhode Island state department. However, the standards, rules and, requirements for certification are maintained by the Rhode Island Department of Public Health. The certification requirements include documentation of work experience, hours of supervision as they pertain to the eight core competency domains, 70 hours of relevant education, and submission of a portfolio containing three of the eight components listed in Table 6. Education hours can consist of workshops, seminars, college/ university credits, and approved distance learning.[34]

Key Informant Interview

The key informant from Rhode Island had experience working to develop CHW certification. Table 7 details lesson learned in the process of implementing certification, key stakeholders that were engaged in the process, and barriers experienced while implementing CHW certification.

[31] Commission for health advocacy and equity, (2013). Retrieved from https://law.justia.com/codes/rhode-island/2013/title-23/chapter-23-64.1/

[32] Rhode Island Certification Board. (2016). *Certified community health worker job analysis and standards.* (1-10). Retrieved from http://www.health.ri.gov/materialbyothers/CommunityHealthWorkerJobAnalysisAndStandards.pdf

[33] Dunklee, B., & Garneau, D. (2018). Community health workers in Rhode Island: A study of a growing public health workforce. *Rhode Island Medical Journal*, 40-43.

[34] Rhode Island Certification Board. (2017). *CCHW application * (1-17). Retrieved from https://www.ricertboard.org/sites/default/files/applications/RICB_CCHW_Application.pdf

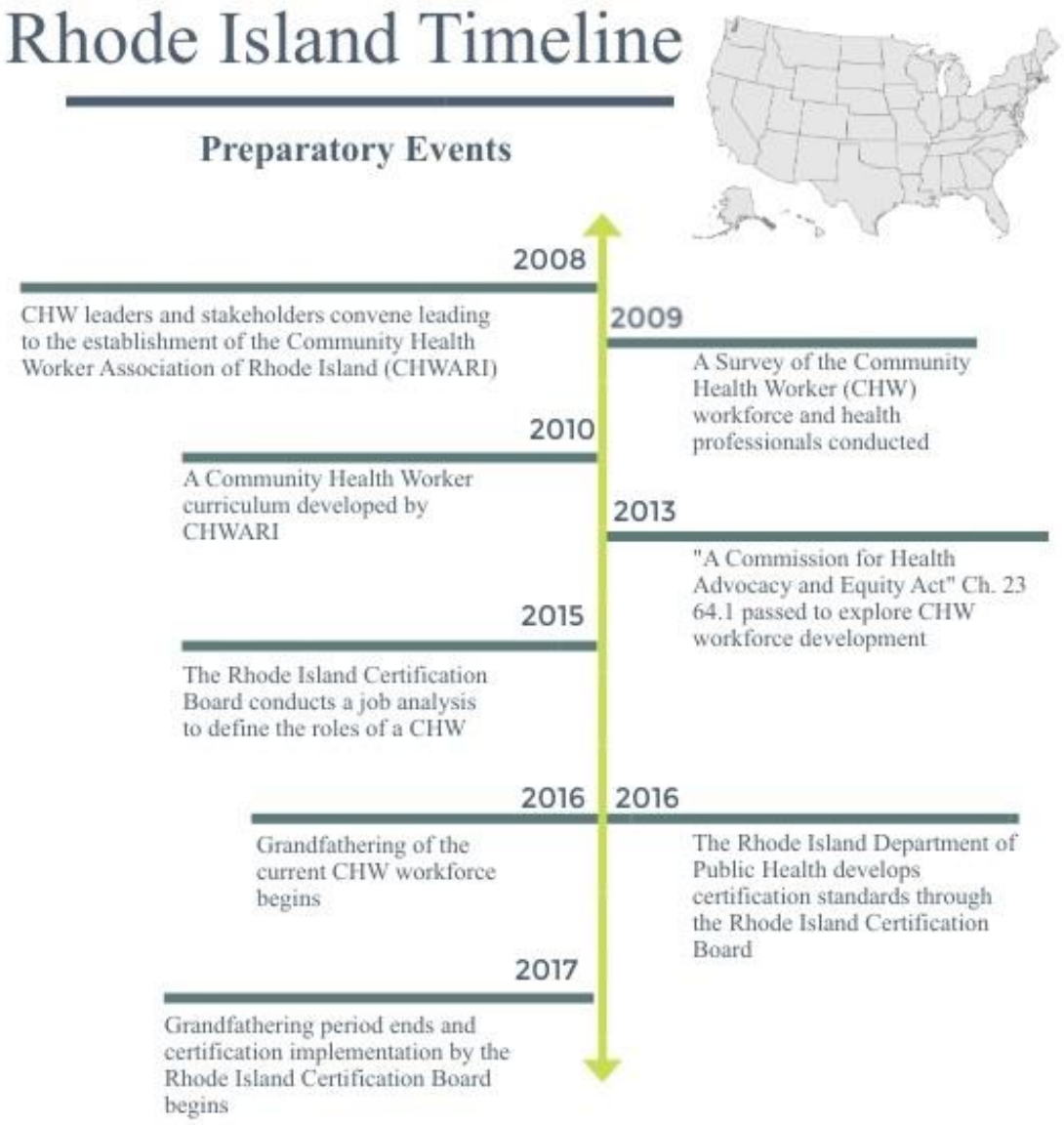


Figure 4. A timeline of major Rhode Island preparatory events leading to CHW certification

Table 6. Information on Rhode Island CHW Certification

Key Organization	Certification Requirements	Training Requirements
Certifying Body: Rhode Island Certification Board **Guiding organization:** Rhode Island Department of Health	Certification is voluntary **Requirements:** -Six months of full-time experience or 1000 hours specific to the CHW domains (see training requirements) in the last 5 years -50 hours of supervision specific to the domains -70 hours of education relevant to the domains. Education includes: workshops, seminars, institutes, in-services, college/university course credit. -Portfolio submission. A portfolio must include documentation of 3 of the 8 following activities: 1. Community Experience & Involvement 2. Research Activities 3. College Level Courses/ Advanced or Specialized training 4. Community Publications, Presentations & Projects 5. Statement of Professional Experience 6. Achievements/ Awards 7. Resume/ CV 8. Performance Evaluation -Letter/ signed form from supervisor -Signed Acknowledgements Page -$125 Fee	Education and work experience must be related to the following 8 domains: 1. Engagement Methods and Strategies 2. Individual and Community Assessment 3. Culturally and Linguistically Appropriate Responsiveness 4. Promote Health and Well-Being 5. Care Coordination and System Navigation 6. Public Health Concepts and Approaches 7. Advocacy and Community Capacity Building 8. Safety and Self-Care 9. Ethical Responsibilities and Professional Skills

Table 7. Key Informant Interview- Rhode Island

Lessons Learned:

- CHWs should be involved throughout the development of certification process. CHWs are the people doing the work they should define what it is they are doing.
- The job analysis conducted in 2015 was instrumental in developing certification requirements.
- There was a lot of support from the State Department which was key to creating the certification system.
- It is important to make sure that stakeholders are on the same page.
- To kick start the certification process the Department of Public Health provided CHW training scholarships which encouraged participation.

Key Stakeholders:

- CHWs, The Department of Public Health, insurance Companies, training programs

Barriers:

- Finding sustainable funding for the workforce.

Indiana

Preparatory Events

As seen in Figure 5, in 2012 an Indiana CHW coalition was created, and a workforce survey was administered. From the CHW coalition, the Indiana Community Health Worker Association (INCHWA) was founded. INCHWA in 2015, received funding from the Indiana State Health Department to hold strategic planning meetings and develop a process for INCHWA to become the certifying body for CHWs in Indiana. An Education Committee was assembled to further develop training requirements in 2016. In 2017 the Indiana State Health Department approved INCHWA to certify vendors to provide CHW training. The first certified training program was HealthVisions Midwest. Also, in 2017 Indiana's governor created a workgroup to discuss how CHW certification could be integrated into a state department. Integration is still being discussed.[17] Indiana's certification system is unique in that is does not involve state level legislation. Instead it uses a CHW-based organization to certify training vendors. The activities that Indiana engaged in to create this system involved workforce research, outreach to CHWs and stakeholders, and the development of education requirements as they pertain to Indiana's core competencies.

Certification and Training Requirements

INCHWA is responsible for certifying training programs. Once a CHW has taken an approve training course they are considered certified. For a training vendor to become certified they must cover CHW core competencies that are outlined in Table 8. Other training elements include 45 hours of interactive learning and an internship, externship, or capstone opportunity. Two training vendors are currently approved including: HealthVisions Midwest and Manchester University.[35] The HealthVisions Midwest and Manchester University programs costs $1,500 per student and both programs require passing a final examination.[36,37]

Key Informant Interview

The key informants from Indiana have been extensively involved in the development of CHW certification. Table 9 details lesson learned in the process of implementing certification, key stakeholders that were engaged in the process, and barriers experienced while implementing CHW certification.

[35] INCHWA.Education. Retrieved from https://inchwa.org/education/

[36] HealthVisions Midwest.Certified community health worker (CCHW) training. Retrieved from https://www.hvusa.org/index.php/training

[37] Manchester University.Certified community health worker training. Retrieved from https://www.manchester.edu/academics/colleges/college-of-education-social-sciences/academic-programs/communication-studies/communication-studies-home/majors-and-minors/health-communication/cchw-training

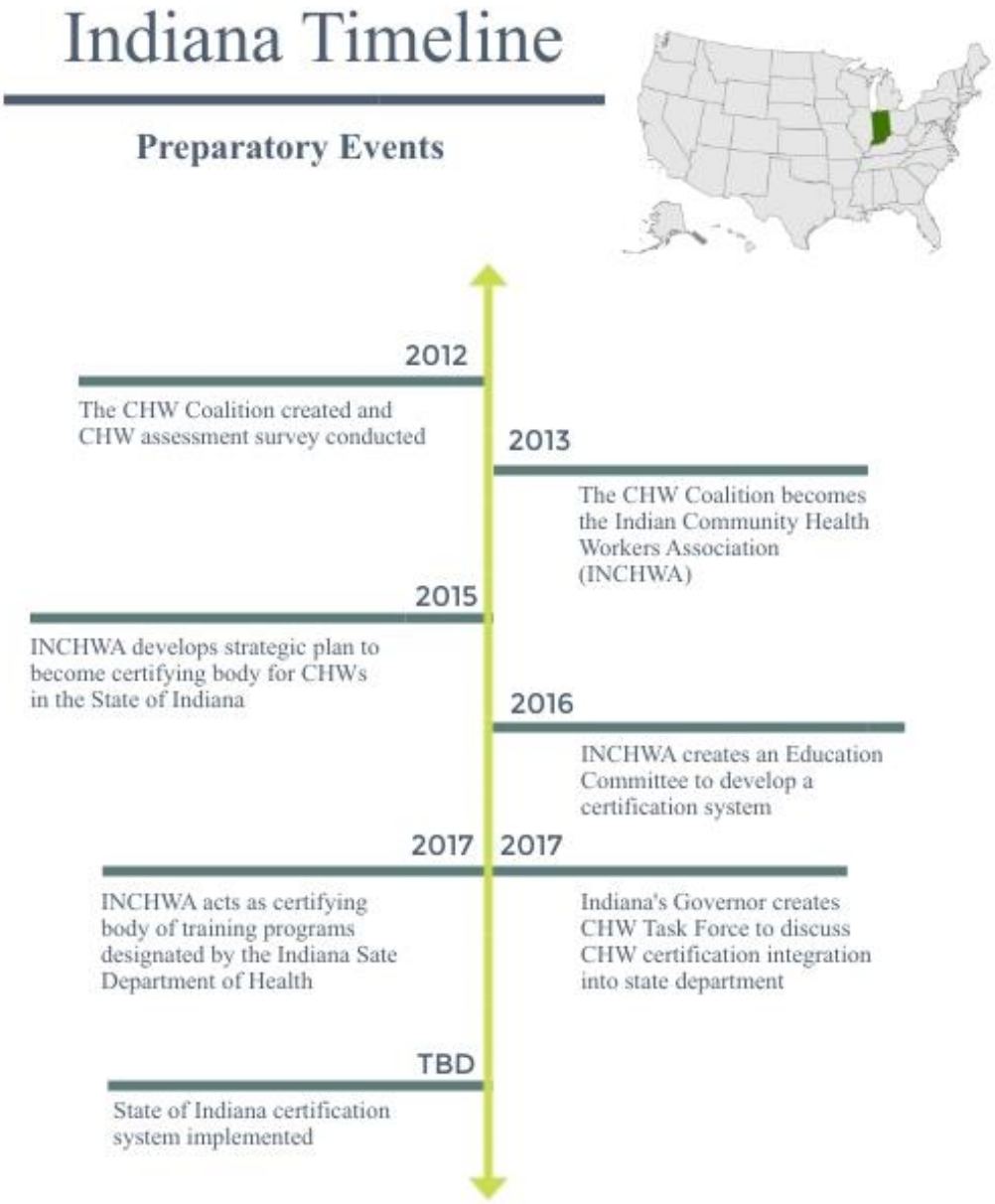


Figure 5. A timeline of major Indiana preparatory events leading to CHW certification

Table 8. Information on Indiana CHW Certification

Key Organization	Certification Requirements	Training Requirements
Certifying Body of Training Programs: Indiana Community Health Worker Association designated by the Indiana State Department of Health **Providers of certification to CHWs:** Training Vendors	**Training vendors must cover core competencies including:** 1. Cultural mediation among individuals' communities and health and social service systems 2. Coaching and social support such as motivational interviewing 3. Culturally appropriate health education and information 4. Care coordination, case management, and system navigation 5. Direct services with emphasis on the code of ethics, HIPPA, and functioning within a multi-disciplinary team 6. Building individual and community capacity 7. Advocating for individuals and communities 8. Conducting individual and community needs assessment 9. Conducting outreach 10. Participating in research and evaluation	**Training requirements include:** -A minimum of 45 hours -interactive learning An internship, externship, or capstone project opportunity -Maximum student to trainer ratio of 20:1 -On-ramp for higher education **Certified Vendors:** -HealthVisions Midwest -Manchester University

Table 9. Key Informant Interview- Indiana

Lessons Learned:

- Keeping certification outside of the state government keeps the process away from politics and allows for the workforce to be advocated for as purely as possible.
- While developing CHW certification it was discussed whether an apprenticeship would be more appropriate way of receiving education. It was decided at the time an apprenticeship did not seem like the right direction however, in hind sight there is more funding opportunities for apprenticeships in Indiana.
- Determining the core competencies and roles for CHWs is necessary. Indiana's core competencies were heavily influenced by the C3 Project because they want to make the skills learned through trainings transferrable among states.
- Indiana decided not to make certification mandatory because they wanted to allow people who many not have legal status in the US to keep working as a CHW. Furthermore, they did not want to deter people who have come out of the jail system from working as a CHW.
- It is important to be committed to the workforce. It takes a lot of time and energy to develop a system and people should always keep in mind that the end goal is having a healthier population through the aid of CHWs.

Key Stakeholders:

- Federally qualified health centers, social service agencies, academic institutions, volunteers, and CHWs

Barriers:

- There are capacity issues with maintaining a CHW certification within an association.
- The trainings offered by vendors cost $1500 and can be too expensive for CHWs.
- There are multiple state departments talking about creating CHW certification at the state level and they do not talk to each other. Each department is developing their own process causing a lot of confusion.

Maine

Maine has not implemented a CHW certification system however, efforts have been made through the MECHWI to lay the ground work. Below is a summary of events and resources that, based on other state models, may help with the development of a CHW certification system in Maine.

Preparatory Events

As see in Figure 6, in 2013 Maine received the State Innovation Model grant which included funding to develop the CHW workforce and pilot the use of CHWs at four sites. Funding from the SIM grant also led to the formal convening to the Maine Community Health Worker Initiative. The Maine Community Health Worker Initiative is a stakeholder group with statewide representation and includes a policy subcommittee committed to the development of sustainable funding methods and CHW certification exploration. Since its inception, MECHWI has worked to define CHWs roles, core competencies, and provide opportunities for training.[6] The first training for Maine CHWs, organized by MECHWI, was held in 2014 and was based on a Massachusetts CHW core competency curriculum.[38] In 2017, the second statewide CHW training was offered with the curriculum updated to reflect core competencies developed by the Institute for Public Health Innovation. In 2015, the state of Maine passed LD1426 an Act to Establish a Registry for CNAs and Direct Care Workers through the Department of Health and Human Services. Under the definition of direct care workers, the act specifically includes Community Health Workers. The act also includes language provisions for creating unique registration requirements around training and education, background checks, and registration renewal periods. LD1426 could be an avenue towards certifying CHWs through a state agency.[39] In 2018, MECHWI held a strategic planning meeting to discuss the direction of the CHW workforce in Maine. The discussion included exploring the creation of a CHW certification system.[40] In January 2019, LD 227 An Act to Strengthen Maine's Public Health Infrastructure was introduced to the house of representatives. The act calls for the modernization of public health in Maine while also improving efficiency and effectiveness. CHWs are named as an emerging public health profession that can help achieve these goals.[41] In April 2019, the MECWHI put a survey into the field for CHWs and CHW employers to better understand the

[38] Maine Migrant Health Program.Training and events. Retrieved from http://mechw.org/events.html

[39] An act regarding the maine registry of certified nursing assistants and direct care workers, (2015). Retrieved from https://www.mainelegislature.org/legis/bills/display_ps.asp?LD=1426&snum=127

[40] Maine Community Health Worker Stakeholder Group. (2018). *Draft strategic plan and strategic planning retreat notes.*(1-28).Good Group Decisions.

[41] An act to strengthen maine's public health infrastructure, (2019). Retrieved from https://legislature.maine.gov/legis/bills/display_ps.asp?LD=227&snum=129

CHW workforce landscape. The survey also includes questions on whether Maine CHWs are in favor of certification.

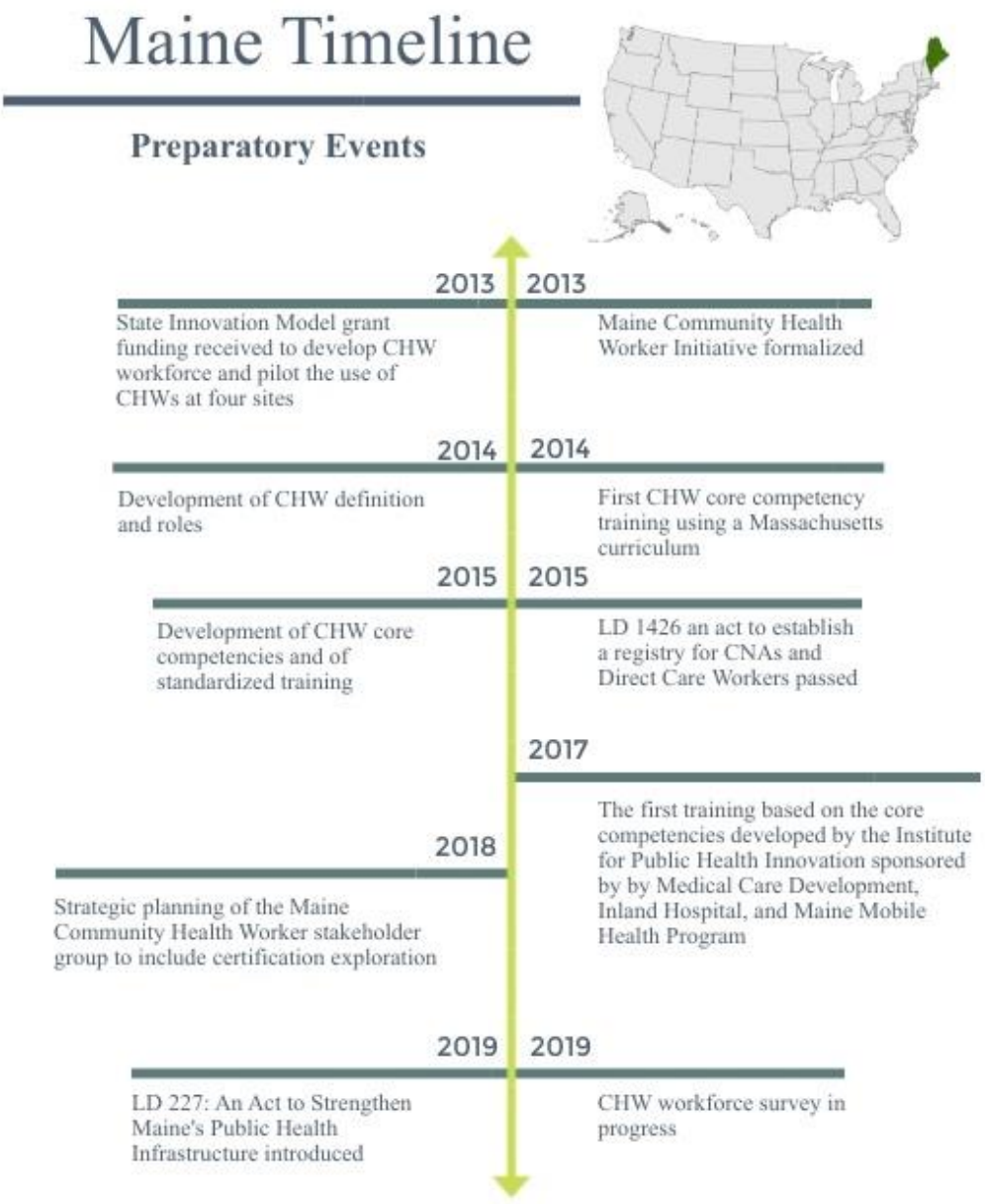


Figure 6. A timeline of major Maine preparatory events leading to CHW certification

Stakeholders

The Maine Community Health Worker Initiative has convened a diverse group of stakeholders which include state/ federal agencies, public health focused non-profits, community-based organizations,

healthcare facilities, federally qualified health centers, academic institutions, advocacy agencies, a health insurance agency, and Maine's primary care association.

Table 10. Maine Community Health Worker Initiative Stakeholders

State/ Federal Agencies	Non-Profits	Community Based Organizations	Healthcare Organizations	Federally Qualified Health Centers
-Maine Center for Disease Control -US Department of Health & Human Services	-Eastern Maine Development Corporation -New England Public Health Training Center -Portland Adult Education -Portland Downtown -Spectrum Generation -York Community Service Association	-Amistad Inc. -Maine Access Immigrant Network -New Mainers Public Health Initiative -Southern Maine Agency on Aging	-Androscoggin Home Care & Hospice -Inland Hospital -Maine General -Maine Mobile Health Program	-Clinical Community Services in Lewiston -Greater Portland Health

Table 10. Continued Maine Community Health Worker Initiative Stakeholders

Academic Institutions	Advocacy Agencies	Health Insurance Agency	Primary Care Association
-University of New England -University of Southern Maine Muskie School	-Disability Rights of Maine -Maine Developmental Disability Council	-Community Health Options	-Maine Primary Care Association

In terms of available resources that are necessary for creating a CHW certification system, the MECHWI has drafted the core competencies listed in Table 11. The Maine core competencies align very closely with the CHW core competencies that were drafted by the national Community Health Worker

Core Consensus (C3) Project.[9] When exploring certification opportunities, the MECHWI can be confident that they are creating trainings that are within the national standards.

Table 11. Core Competencies Comparison Maine Vs National Trends

Maine Core Competencies	The Community Health Worker Core Consensus (C3) Project
1. Communication 2. Individual and Community Assessment 3. Outreach/ Engagement 4. Care Coordination and System Navigation 5. Professionalism 6. Advocacy/ Capacity Building 7. Use/ Understand Health Systems & Health Equity 8. Health Teaching/ Coaching/ Behavior Change 9. Documentation 10. Cultural Competency/ Responsiveness	1. Communication Skills 2. Individual and Community Assessment Skills 3. Outreach Skills 4. Service Coordination and Navigation Skills 5. Professional Skills and Conduct 6. Advocacy Skills 7. Capacity Building Skills 8. Knowledge Base 9. Education and Facilitation Skills 10. Evaluation and Research Skills 11. Interpersonal and Relationship-Building Skills

The CHW training curriculum created by the Institute for Public Health Innovation is a 40-hour course held over six days. The training covers ten modules which are detailed in Table 12. The training aligns very closely with the MECHWI core competencies and is a potential resource for CHW certification.

Table 12. Maine CHW Training Curriculum

Institute for Public Health Innovation Community Health Worker Curriculum
• Module 1: Perspective Transformation • Module 2 Communication • Module 3: Public Health Knowledge • Module 4: introduction to CHW Role • Module 5: CHW Legal & Ethical Issues • Module 6: Data Collection & Documentation • Module 7: Teaching, Capacity Building Skills, & Clinical Practice • Module 8: Health Education & Prevention • Module 9 Outreach & Advocacy • Module 10: Resource Identification & Organization

Recommendations & Discussion

Based on the five researched states, five major events tended to be used in the creation their certification systems. These activities include: outreach to CHWs and CHW employers, engagement and advocacy of stakeholders, research into a states CHW workforce, passing of state level legislation on CHW certification, and the development of education and certification requirements. Based on these activities the following recommendations were developed to guide the MECHWI.

Statewide Outreach

Recommendation 1: The MECHWI should conduct presentations to CHWs and CHW employers on the potential benefits of CHW certification. During these presentations, MECHWI should identify CHW champions that are interested in participating in the development of certification standards and requirements.

In 2018 the MECHWI started the first step of engaging interested parties in CHW certification by holding a stakeholder group strategic planning meeting. The meeting raised awareness of the possibility of certification and sparked further exploration. This meeting led to questions on the desire for CHW certification being added to the CHW workforce survey which was put into the field in April 2019. The results from the survey will serve as an initial indicator on CHW interest in developing certification. If the survey shows that CHW are interested in pursuing a certification system, then outreach and convening of CHWs is the first step in the development process.

Conducting outreach and providing education to CHW organizations on the benefits of certification will raise awareness of the opportunity to further the workforce. As mentioned by the Massachusetts, Oregon, and Indiana key informants, it can be difficult get CHWs to participate in certification discussions due to time restraints and lack of empowerment. Engaging CHWs in presentations could lead to the identification of CHW champions that are willing to participate in the certification development process. Furthermore, strategies to incentivize meeting attendance by CHWs should be considered by the MECHWI.

Stakeholder Engagement

Recommendation 2: The MECHWI should convene CHWs to define CHW certification, determine which organization should act as the certifying body, brainstorm certification and training requirements, and assess how to lower barriers to becoming certified.

The development of certification standards and requirements in all five researched states has been heavily influenced by CHWs. Convening CHWs to define certification will aid in generating a common language that can be adopted by the MECHWI. It was recognized by the key informants from Massachusetts and Indiana that sharing a common language prevents confusion among stakeholders. Furthermore, initiating conversations with CHWs from the beginning of certification development will ensure that the wants and needs of CHWs are fully reflected throughout the process.

Recommendation 3: The MECHWI should work with advocacy organizations to engage state representatives on the importance of workforce development for Community Health Workers.

If CHWs decide to pursue certification through a state agency, engagement of state representatives is paramount. The MECHWI policy subcommittee should work with their advocacy stakeholders to form relationships with state representatives. The Massachusetts Community Health Worker Association acknowledges that their partnership with the Massachusetts Public Health Association was necessary to initiate advocacy for CHW workforce development at the state level. These advocacy efforts were cited as a driving force to passing legislation on CHW certification.

CHW Workforce Research

Recommendation 4: The MECHWI should officially adopted either the MECHWI developed core competencies, the C3 Project's core competencies, or a hybrid.

As seen in Massachusetts, Rhode Island and Indiana, results from CHW workforce research was used as a tool to develop CHW roles and core competencies. The MECHWI recently put out a survey that, in addition to assessing CHW interest in certification, collects data on the type of work CHWs are doing. The survey results should be compared to the core competencies developed by the MECHWI

through the SIM grant and the C3 Project core competencies. The set of core competencies that are more aligned with what Maine CHWs are doing should be adopted and approved by the MECHWI as the official set of Maine CHW core competencies.

Policy Development

Recommendation 5: If CHWs want certification oversight from the state, the MECHWI should draft legislation that creates a Community Health Worker Advisory Board within the Maine Center for Disease Control and Prevention.

As seen in Massachusetts, Oregon, Texas and Rhode Island, a legislative process was used in the creation of their certification systems. The policies that were passed usually consists of the creation of an advisory committee within a health-related government department, and the committee was usually tasked with making recommendations on CHW certification and requirements to the legislature. The only major piece of legislation that has been passed regarding CHWs in Maine is LD 1426 which calls for a registry of direct service workers including CHWs. However, given that LD 1426 was passed in 2015, currently only CNAs can apply for the registry.

If Maine CHWs decide that the appropriate certifying body is the state and to pursue a formal legislative process, then it is most likely that a CHW advisory board would be housed within the Maine CDC. Ideally, advisory board members would consist of a diverse group of stakeholders with most of the stakeholders being CHWs. As seen in other states' advisory boards, in addition to CHWs, members are usually representatives from CHW training institutions, employers of community-based organizations, and members of the public that have a strong understanding of the profession. Furthermore, as recommended by the key informant from Massachusetts, it is important that any bill that is passed have allocated funding towards the development of the certification system.

Training Requirements

Recommendation 6: The MECHWI should consider drafting CHW education requirements to guide certification development. Key decision points to consider include:

1. Whether a training program needs to be official approved
2. Who should officially approve of a training program
3. The number of hours of core competency training
4. Practicum requirements
5. Testing requirements

All five of the researched states required that training be aligned with approved core competencies. However, each state differs slightly in the number of training hours, services hours, and testing requirements. The MECHWI has adopted a CHW training curriculum from the IPHI that is aligned with the core competencies developed the MECHWI stakeholder group. This is currently the only training for CHWs that is formally offered in Maine.

The MECHWI may consider using the IPHI curriculum as the only approved CHW training program, or they could consider including other ways to meet education requirements such as approving state offered workshops or university work.

Certification Requirements

Recommendation 7: The MECHWI should draft certification requirements and pathways to certification to guide certification development. Key decision points to consider include:

1. Training requirements
2. Grandfathering pathway requirements
3. Number of documented service hours
4. Whether certification should be mandatory or voluntary
5. Age requirement
6. Background check requirements
7. Reciprocity between state issued certification
8. Code of conduct requirements
9. System for fielding complaints
10. Certification renewal requirements
11. Fees for processing application

Massachusetts, Oregon, Texas and Rhode Island have documented requirements for certification as they pertain to the listed decision points above. Grandfathering requirements tended to include a number of documented hours over a certain period of time. Texas was the only state that had mandated certification for CHWs that are paid employees. Massachusetts, Oregon, and Texas required background checks as part of the certification application while Rhode Island and Indiana did not. As stated in the Indiana key informant interview, requiring a background check was seen a possible deterrent for a highly qualified CHW, that happens to have an illicit past, to pursue certification. States also differed in the number of continuing education requirements to maintain certification and the cost of the certification application.

Appendix A

Key informant Interview Protocol

Thank you again for agreeing to this interview. I have a consent statement to read you before we begin.

Introduction:

As I mentioned in my initial email, I am interviewing you today to collect qualitative data to inform my capstone project. My project is focused on learning the process used by other states to implement a CHW certification system.

Participation:

This interview will take approximately 30 minutes and is completely voluntary. We can stop the interview at any time. The data from this interview will be displayed in a case study format. Your name will not be associated with the case study, however, the state that you represent will be included.

Risks and Benefits of Participation:

There are no anticipated risks in your participation in this interview. Your responses will aid in the development of a CHW certification system in Maine and your answers will be shared with the Maine Community Health Worker Initiative stakeholder group and included in a report submitted to the University of Southern Maine's digital commons database.

Questions:

Is it alright if I record this conversation?

The recording will be listened to right after our conversation to fill in any missing notes and then deleted.

Do you have any questions before we begin?

Let's begin.

1. Please explain your involvement in the creation of a CHW certification system in your state.

2. Please describe the process your state used to implement a certification system.

3. In your opinion, which step in the process was most crucial to implementing CHW certification and why?

4. Please give some examples of barriers your state encountered while creating a CHW certification system.

5. What were the necessary resources (for example, regulatory, structural, technological, and monetary) that aided in the creation of your CHW certification system?

6. Which stakeholders were engaged, what were their roles, and to what extent did they contribute?

7. What was the level of CHW engagement in the creation of the certification system and were there any key activities or tools that were used?

8. Is certification mandatory for all CHWs in your state? Please describe how your state arrived at this decision.

9. Now that certification has been implemented, please provide some examples of success and/or challenges you have encountered with the certification process.

10. Is there anything else that you would like to add about the process your state used?