Initial Report

Last Modified: 03/03/2016

1. One objective of this webinar was to describe the current landscape of CHW certification and training across the country. To what extent do you think this objective was achieved?

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| --- | --- | --- | --- | --- | --- | --- |
| # | Answer | |  |  | | --- | --- | |  |  | | Response | % |
| 1 | The goal was not met at all. | |  |  | | --- | --- | |  |  | | 5 | 4% |
| 2 | The goal was partially met. | |  |  | | --- | --- | |  |  | | 28 | 20% |
| 3 | The goal was fully met. | |  |  | | --- | --- | |  |  | | 105 | 74% |
| 4 | I do not know. | |  |  | | --- | --- | |  |  | | 3 | 2% |
|  | Total |  | 141 | 100% |

|  |  |
| --- | --- |
| Statistic | Value |
| Min Value | 1 |
| Max Value | 4 |
| Mean | 2.75 |
| Variance | 0.30 |
| Standard Deviation | 0.55 |
| Total Responses | 141 |

2. The second objective of this webinar was to identify common content and methodology that can be included when developing CHW certification programs. To what extent do you think this objective was achieved?

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| --- | --- | --- | --- | --- | --- | --- |
| # | Answer | |  |  | | --- | --- | |  |  | | Response | % |
| 1 | The goal was not met at all. | |  |  | | --- | --- | |  |  | | 7 | 5% |
| 2 | The goal was partially met. | |  |  | | --- | --- | |  |  | | 45 | 34% |
| 3 | The goal was fully met. | |  |  | | --- | --- | |  |  | | 78 | 59% |
| 4 | I do not know. | |  |  | | --- | --- | |  |  | | 3 | 2% |
|  | Total |  | 133 | 100% |

|  |  |
| --- | --- |
| Statistic | Value |
| Min Value | 1 |
| Max Value | 4 |
| Mean | 2.58 |
| Variance | 0.40 |
| Standard Deviation | 0.63 |
| Total Responses | 133 |

3. The third objective of this webinar was to describe the opportunities, challenges, and barriers associated with establishing certification for CHWs. To what extent do you think this objective was achieved?

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| --- | --- | --- | --- | --- | --- | --- |
| # | Answer | |  |  | | --- | --- | |  |  | | Response | % |
| 1 | The goal was not met at all. | |  |  | | --- | --- | |  |  | | 9 | 7% |
| 2 | The goal was partially met. | |  |  | | --- | --- | |  |  | | 12 | 9% |
| 3 | The goal was fully met. | |  |  | | --- | --- | |  |  | | 114 | 84% |
| 4 | I do not know. | |  |  | | --- | --- | |  |  | | 0 | 0% |
|  | Total |  | 135 | 100% |

|  |  |
| --- | --- |
| Statistic | Value |
| Min Value | 1 |
| Max Value | 3 |
| Mean | 2.78 |
| Variance | 0.31 |
| Standard Deviation | 0.56 |
| Total Responses | 135 |

4. To what extent do you agree or disagree with the following statements:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| # | Question | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Total Responses | Mean |
| 1 | This call increased my knowledge of CHW certification practices across the country. | 3 | 2 | 9 | 69 | 48 | 131 | 4.20 |
| 2 | This call increased my knowledge of the CHW Core Consensus (C3) Project. | 3 | 2 | 19 | 72 | 33 | 129 | 4.01 |
| 3 | The information was presented clearly. | 3 | 4 | 6 | 68 | 50 | 131 | 4.21 |
| 4 | The call focused on the right issues within the specific focus. | 3 | 3 | 8 | 73 | 43 | 130 | 4.15 |
| 5 | The call was well-facilitated. | 3 | 2 | 2 | 69 | 53 | 129 | 4.29 |
| 6 | The call duplicated other events I have access to. | 10 | 58 | 29 | 25 | 9 | 131 | 2.73 |
| 7 | The time allotted for Q&A was appropriate. | 2 | 14 | 12 | 68 | 35 | 131 | 3.92 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Statistic | This call increased my knowledge of CHW certification practices across the country. | This call increased my knowledge of the CHW Core Consensus (C3) Project. | The information was presented clearly. | The call focused on the right issues within the specific focus. | The call was well-facilitated. | The call duplicated other events I have access to. | The time allotted for Q&A was appropriate. |
| Min Value | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Max Value | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| Mean | 4.20 | 4.01 | 4.21 | 4.15 | 4.29 | 2.73 | 3.92 |
| Variance | 0.67 | 0.68 | 0.72 | 0.67 | 0.62 | 1.15 | 0.92 |
| Standard Deviation | 0.82 | 0.82 | 0.85 | 0.82 | 0.78 | 1.07 | 0.96 |
| Total Responses | 131 | 129 | 131 | 130 | 129 | 131 | 131 |

5. What information from the call did you find to be most helpful? Least helpful?

|  |
| --- |
| Text Response |
| Certification findings across the US. Also the panel has a good grasp of "first, do no harm" as it applies to CHW's. |
| challenges to CHW certification |
| most helpful was the examples from the states and implementing bodies. least helpful was C3 |
| What states are doing regarding grandfathering in existing CHWs |
| Different approaches to CHW programs |
| CHW CERTIFICATION PROCESS |
| All info given was valuable |
| pros/cons |
| state by state updates |
| Pros and cons to certification was helpful. |
| Credentials for CHW's |
| All the info was helpful |
| Very helpful to hear various state processes and issues encountered. Good call and presenters! |
| Loved hearing the contrary opinion of NY - it mirrored a lot of my own thought around certification. |
| Comparison and contrast of states interested and not interested in credentialing. |
| No comment. |
| good to hear from both camps on the +/- of certification Wish there was more discussion of the training/education programs that support credentialing |
| The background and what is occurring in different areas. I'm new to this process so it was all very good. |
| It was most helpful to hear about what employers most valued in CHWs, and that certification was not one of these items. I think that some people feel that certification is a magic bullet for better CHW recognition and payment, when in fact it isn't. This was a very honest look at what states are doing (or not doing) and the reasons behind it all. |
| most helpful certification of CHW/least helpful no comments |
| What issues are faced in other areas by CHW for certification |
| The status of certification was helpful. Some of the info was vague and did not contribute to my understanding. |
| Information about certification |
| What is currently going on in California |
| Understanding that different states differed in opinion on the certification process was very helpful. |
| hearing from successful states |
| most interesting was the NY finding that employers did not value certification |
| Learning the diversity that exists even throughout the United States, I had no idea. I am from MN where things seem more organized, may not well used yet but organized. |
| Everything was helpful for I am a Community Health Worker, Care Coordinator funded by 1115 waiver and need to know what the next step is.... |
| The cons of a CHW certification. |
| probably shared before but would be nice to see content of chw trainings to compare across the country; length of program, etc. |
| good comparison of the current state |
| The barriers to be certified. |
| helpful! especially pros and cons issues, and also the certify process info from difference state |
| pros and cons regarding certification |
| Pro/Con discussion good, employer perspectives (and differences between states) helpful |
| Most helpful : Pros and Cons Least helpful: None |
| Great information on what other states are doing but not much about Maryland. |
| The Pro and Cons of CHW certification. Everything was very helpful |
| Information on C3 |
| First slide with the map of what each state is doing. Presenting differing opinions and reasons for decision was great! |
| The most helpful was the discussion of the certification and the least helpful was the clarity. |
| Understand the cons of certification. As Sergio said "no one is asking for it". |
| There were no information about Florida |
| information on core skills of CHWs vs. direct service providers was helpful. Helpful to hear the contrasting processes in NYC vs MA vs MI |
| Cons of certification. Tensions. Clarifying the reason. no evidence that all the reasons stated are achieved and more |
| Understanding of the process for obtaining certification, the potential "levels of CHWs", incorporating life experience as part of your credits |
| most helpful--how this issue is being perceived and dealt with in other states. |
| We were led to believe that this was an actual certification, Not a meeting about attempting the process of certificaiton with a stong degree of discouragement. |
| Most helpful was the content describing what other state are doing in terms of pursuing CHW certification. Q and A was helpful but I was interrupted with work si didn't get to fully listen to all the answers. |
| The web information at the end. Also that the slides will be available for review. Least helpful. Identified challenges/barriers of certification but offered no strategies to address them. Would have like to know how to support/advocate for certification without devaluing those who choose not to be certified. |
| panel presentations were most helpful. I could not see the questions that participants were asking which was least helpful. I was unsure if my question was even received due to this. |
| The information that certification doesn't seem to be a driver of CHW employment. |
| least helpful |
| Most: Expert presenters to talk about the objectives. |
| What the pros and cons of certifications in the field |
| information on licensing is helpful. |
| Diversity of CHW scope of work |
| The cultural context differences in the discussion about certification of CHWs (e.g. the difference between NYC and Michigan) |
| Understanding of Certification and the cons of it! |
| Cons to the certification process. very insightful because my previous assumption was that certification could only help the workforce. |
| The most helpful was confirming the need to secure academic partners and have clarity on the perception of the cons for CHW certification. |
| Although advancements are being made in regards to CHWs; successes and barriers are still unique state by state and requires dedication and commitment of the right people to make promote, grow and sustain efforts. Licensure is not the answer based on the CHWs known scope of work (this needs to be clearly communicated). Certification is not the "silver bullet to solve everything either. Bottom line, be persistent in gathering the data, making partners, including CHWs upfront and throughout the processes to achieve as much as possible. I haven't even address what was shared about reimbursement. Nothing was least important. This is such a challenge. Thanks for presenting. |
| the 3 perspectives! |
| Most helpful - Learning what the challenges are facing the future work/goals of CHW programs |
| CHW certication program was most helpful. CHW payment increase was least helpful. |
| Clear look at some of the Pros and Cons of Certification Difficult to assess unintended consequences of certification.... Time will tell..... |
| That data on your information is outdated. For example a lot is happening in NM, we just started certification and we also have a certification board. I really liked all the comments from Sergio Matos because a lot of what he talked about regarding certification we are struggling with now. Backgroud check, CHW dont have $$ for certifciation fees. Employers really are not bought in to Certication some are and some are not. |
| The most helpful information was seeing the graph of the nation not having any standards for certifications for CHW. |
| I consider Mr. Matos' remarks that centered around the day to day work that CHW's perform and the potential that exists for CHW to be included in the mainstream of new thought concerning how we, as a society, can help people overcome some of the social determinates of health that function to keep people away from the health care system |
| All the information in this call was important and helpful. |
| The presentation on C3 by Carl, specifically information about the date of the upcoming report. Panel could have been shortened because was a little repetitive -- states' experiences and recommendations overlapped some. |
| Map of state CHW progress, comparing and contrasting state perspectives |
| The pros and cons of Community Health Worker certification. Is certification available statewide question was not answered. |
| I thought the whole webinar was very informative. Being a CHW from Minnesota showed me we've come a long way and that across the country ,there's still a lot of work happening. |
| The opportunity to look at the issue from a number of different perspectives, to consider unintended consequences, and thus perhaps, reduce unintended consequences. There were issues that I felt were very state specific and not in my community. Those insights also did nothing to address the greater, perhaps one day, nation-wide need for certification, which might be needed for funding. |
| Most helpful = map at the beginning and access to insight from three different states Least helpful = not sure |
| Carl's explanation on licensesure vs certification because the panel speakers did not provide it. This is important to include as an advocate that works tirelessly to advance the CHW workforce, I am often challenged by clinical providers as to what CHWs can do that they're staff is not already doing and so don't find it beneficial to hire and sustain CHW positions. Thank you Carl! |
| Challenges |
| Focus on a range of considerations around certification from well-respected leaders in the CHW field |
| Overall context in the beginning, love ASTHO map as well, and stories from the field. Would be good to have added a CHW from Minnesota that has been paid through Medicaid to share their story. |
| the variability in certification across the different states |
| All was helpful |
| NA |
| Grandfthering. |
| It was helpful to hear the processes that have been taken by other to initiate a certification process for CHWs. I would have liked to hear more about the actual certification process, such as what are the eligibility requirements, what core competencies are used, opportunities to collaborate nationwide, etc. |
| The full perspectives from 3 different states were very helpful. Not knowing the roles of the advocates or what kinds of people are doing the research, legislature advocating, and lobbying was least helpful. Are most CHW orgs nonprofit, and who runs them? What degrees or fields are people coming from? |
| The fact that employers are not the ones who are spearheading certification. |
| All the information was most helpful. Did not find any that was least helpful |
| certification requirements in different places - most helpful I would have liked more info on the different job descriptions out there |
| Least helpful was the negativity from NY. There was too much commentary and reliance on an old survey. |
| The "journeys and lessons learned" |

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| Statistic | Value |
| Total Responses | 92 |

6. Please list specific ways in which you may be able to use the information presented on this call.

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| Text Response |
| working with local CHW coalition this information will be valuable. |
| I have a better grasp of the nuances around CHW certification, particularly the challenges |
| Help Pennsylvania develop competencies for CHW |
| To move forward with a State Program based on demand |
| All info given was valuable |
| we are working to establish a CHW workforce in Iowa so its all helpful |
| increase knowledge and possibly advocate around he isssues |
| Understanding the pros and cons as well as intricacies in developing certification processes will be useful in establishing standards for INCHWA. |
| In providing technical assistance |
| Will use information to consider the context of work going on in MN. |
| This may help guide the certification efforts in WV. |
| NH has recently started a CHW Coalition and we are discussing whether credentialing is a priority. |
| Undecided. |
| The value of certification. Bringing a core group of interested parties to the table. |
| This information will be used to inform efforts in my state concerning CHW certification. |
| e-mail |
| Personal understanding of the challenges for certification. |
| none |
| Coordinate with other California initiatives rather than duplicating efforts |
| We have a state CHW committee which meets monthly and is in the process of developing competencies, certification and return on investment information. |
| background, informational for work in my state |
| to help others who want to become licensed Community Health Worker in Texas |
| In my work with the Community Health Workers Association of Rochester (CHWAR). |
| being interviewed by so many folks interested in this hot potato topic right now...I will refer them to you:-) |
| working on DSRIP within NYS (WNY) pat of the goals is to work with the MMCOs to determine a reimbursement model |
| Developing a CHW model in our community, the types of staff to look for in this role. |
| educate / provide info to community / co-workers |
| I am better informed of the conversation happening in different states regarding certification thus being able to clearly explain to our CHW trainees the issues regarding this topic |
| Able to provide balanced policy discussion with others on pros/cons of certification |
| We are in the process of dealing with certification and credentials is CT. Everything was really well presented and helped clarify some questions that I had. |
| Made me more aware of the push towards attempting to gain more of opportunities for CHWs. |
| The information will be used to springboard conversations on how we can look at implementing CHW's in our community. |
| Better explain the necessity of CHW certification to employer |
| Making determinations on the usefulness of CHW certification. |
| 1. Personal knowledge; 2 Share with supervisors of CHRs in our program; 3) identify issues and ideas when talking with other stake holders. |
| i am working on a state task force and I am sure others were on the line as well. We will critique how we can work directly with key experts to assist us in moving forward. |
| There were no certification for us in Florida |
| In providing technical assistance to grantees working with CHWs. |
| state currently in the process of railroading certification and this gives more to ask for clarificaiton |
| Prepare for the possibility of becoming certified in my current position |
| As an employer; in working toward sustainability of CHWs |
| No way |
| Share with Chronic Disease Bureau Chief to hopefully engage our 2 MCO's to utilize CHW's in the future for Diabetes and HTN. |
| educating our state CHW association and others |
| I will use it to guide the need for employing a CBPR process in creating CHW certification. |
| Better able to asses the importance of CHW which should go beyond being grant funded positions. |
| Useful if i ever considered moving to another state. |
| The presentation will be helpful if it cuts across diverse groups. Challenges in religious and immigrants backgrounds. |
| Understanding CHWs' place in the US health system |
| Help Alaska develop a CHW initiative |
| Understanding my states reccomendations |
| Understanding that the effort for advancement in the CHW workforce in CT in a long and grueling process, but should be conducted in a systematic way. I'll use the advice given on steps towards recognition and certification to fully engage the academic partners and stakeholders. |
| I supervise CHW's and was interested in getting them certified and based on this webinar, they are at varied levels and it would be beneficial to certify through the employee. |
| The information will be shared with both leadership and partners for considerations in pursing changes in collaboration and/or processes to include CHWs. |
| We're going to use this for our CHW process with SIM in CT |
| Tailor the creation of our asthma curriculum for CHWs currently being developed with these lessons in mind |
| At the multidisciplinary meeting at practice. |
| Share with other interested stakeholders especially other community health workers |
| All of the information was useful and a big reminder is that we don't have many CHWs at the table and we need to work harder to bring them into the process. |
| The information presented on this call was informative to hear that there are studies in place to determine the value of CHW. |
| in particular, I would like to follow up this webinar with a conversation with Mr. Matos that might give me some direction as to how I might create a cadre of CHW 's to serve in their communities here in Brooklyn |
| I work in the community and I want to get certify as a CHW and the information presented today in this call was important for me and my certification. |
| We look forward to the C3 report. Provided some insight into ways to frame differences between licensing and certification, and the struggle in defining core characteristics component of core competencies of a CHW. The limiting factors of certification could be useful in future discussion with key stakeholders in my state. The differences in who governed the certification were insightful and clearly demonstrated a microcosm of how many ways a certification process can be developed. Gives hope for a state that many not be have the avenue of legislation open to it due to a lack of political support. |
| In research and to share with CHWs and stakeholders, also to inform the work of task forces and associations in which I work. |
| If having the certification be beneficial or necessary in the community that I reside. |
| The possibility of moving out of state is a possibility and so to know which states are up and running is good information. |
| I am a member of the CHW Association leadership team in SC. We have a certification program but we are looking at setting up a CHW Education Commission to certify curriculum and experiential learning. |
| Part of the Virginia CHW Advisory Group: we are currently considering statewide training and certification options |
| I can further explain to our association members the pros and cons shared across the states and how we have been learning from one another. It is also helpful in identifying common challenges and barriers and learning from these lessons so that history doesn't repeat itself and minimize the waste of resources that the CHW workforce direly needs. Also, I can more clearly name some of the differences Michigan, Mass, and NYC are undertaking to advance and professionalize the workforce. |
| Help develope CHW work in VA |
| Helpful considerations on how to organize and fund a statewide process of examining merits of and options for CHW certification |
| We have the same dilemma within my field of work (breastfeeding peer counselors which some are home visitors, paraprofessionals, licensing,etc) so this is helpful to use as transferable learning. |
| To marshal my health plan to consider including CHWs as part of the member care strategy |
| In planning CHW activities and workgroup goals. |
| The cons discussed will better prepare me ahead of time for cons I may encounter while discussing the issue with stakeholders. |
| Apply knowledge to my participation with the Texas CHW Advisory Committee. |
| This information will be used as a guide when designing a certification process for CHWs within San Joaquin County. |
| I plan to get involved in CHW worker research and advocacy in the near future and in graduate school. This call provided a basic summary of statewide and nationwide conversations about CHWs. |
| Specifically take information back to stake holders regarding certification in other state, currently does not seem to make any difference in the job market and reimbursement of CHW |
| Begin to start a dialogue about CHWs with potential stakeholders in the city where I reside. |
| Please provide a recording and the slides. It helps me to look at info after the call. |
| RI is in the process of certification through a non-profit certification board so the information is timely. |

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| Statistic | Value |
| Total Responses | 82 |

7. What are your suggestions for improving this call series?

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| --- |
| Text Response |
| none |
| none-well done |
| None |
| none |
| No comment. |
| There was a lot of coughing was very distracting. |
| None |
| None |
| no comments |
| none |
| Send the slides before the session. |
| More reasons why should a person get certified. |
| NA |
| more audience interaction/poll questions for example |
| New to it, none at this time. |
| Include a CHW currently working in the field. |
| none at this time |
| more on core competencies, skills needed for CHW's in the various settings they may find themselves, issues of appropriate support to CHW's hired in medical or other settings settings who are not placed under an MSW |
| None. Everything was good. |
| NA |
| Webinar should start a littler earlier if survey is expected to be completed |
| None |
| N/A |
| Clarity, to have everyone have a better understanding. |
| Please continue. |
| N/A |
| focus more on sustainable options like Medicaid, ACOs, VB Payment options. Show us examples. |
| How to support supporting chw associaitons |
| none at this time |
| none |
| no idea |
| Thought this first call was well organized and the format is perfect. |
| Perhaps having Questions sent to you before the next one and specific areas of interest to be addressed. Since only a few states are part of this project it doesn't give a complete picture of what is happening across the nation. |
| let us see the questions asked by participants. If panel guests indicated they provided technical assistance what specifically was that technical assistance (e.g. webinars hosted by them, creating CHW training programs, educational videos and materials to expand awareness of the CHW profession, etc.) |
| If possible, slide deck in advance so I can write my notes without having to rewrite information that is already on the slide - although I know this is difficult. |
| the certificate |
| Offer specific resource lists and or pathways to becoming certified as an option. |
| n/a |
| Bring other minorities in the pictures. The recent immigrants such as Africans, Europeans and others. |
| Prior access to some reading materials |
| Can't think of any |
| nothing |
| n/a |
| To have a little more time to address the questions at the end |
| This was an excellent call. Lots of concrete examples to include the struggles as well as how some of the barriers have been overcome. It gave the good, bad, and the ugly.. |
| Keep it going! |
| none |
| Make sure that the speakers phone are ok, sometimes I lost my contact. |
| none it was fine |
| Include Community Health Workers on the panel |
| It would have been nice to actually hear from 1 or 2 CHWs talking about their experience either for Certifaciton or not |
| I don't have any suggestions at this time. The call series should continue and think more input from actual CHW's would help clear the gray areas. |
| I found no problems with this webinar |
| Sending out pre-session materials (i.e. outline). |
| More CHW and employer presenters |
| None at this time. |
| Maybe a little more time. |
| First, the coughing was very distracting. The slides could have been more specific. |
| Thought it was great! |
| Conducting these at least once a year should be a must! Also, would have like to have heard voices from the CHWs themselves. |
| none |
| Excellent faculty for today's call. Looking ahead, as appropriate to the topic, incorporate perspectives of payors (Medicaid agency and health plan representatives) and CHW employers (integrated health systems, social services agencies, local public health, housing) and of course CHWs! |
| suggested before, story from the field- minessota |
| Longer Q&A. Otherwise great! |
| None |
| Was Well received by me |
| Perhaps establish a common thread to provide continuity across the various states that presented rather than each presenting in a vacuum. Highlight similarities and differences across the board for the audience. |
| It would be beneficial to have a section where technical assistance can be offered to those agencies who are trying to design or implement a certification system. |
| none. |
| I think it is great maybe we could have them more often. |
| I do not have any suggestions. In my opinion the call proceeded very well. |
| Would be good if all speakers were loud enough and clear enough to hear. |

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| --- | --- |
| Statistic | Value |
| Total Responses | 72 |

8. This is the first of a three-part technical assistance call series that will be focusing on community health workers and some of the key areas that states have identified as needing addition training and technical assistance. If there are any specific focus areas you would like to see presented, please list them here for consideration.

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| --- |
| Text Response |
| making sure CHW's are part of the conversation. Also increase awareness that MA,LVN, PA is not the audience that need to be labeled as CHW's. They need to continue to work in their communities without feeling they need a secondary education to do the job. |
| Time for adequate Q&A |
| Unionizing CHWs -- advantages and disadvantages |
| ROI information would be helpful |
| integration of CHWs into healthcare teams; developing champions for CHWs. |
| FFS vs. Value based payment |
| No comment at this time. |
| training program options and the +/- of different models and settings. |
| None, I'm too new to this |
| nothing specific |
| none at this time |
| Discuss the status of the CHW as a professional and the field as a profession. This seems to be in opposition to the very nature of the CHW. |
| What certifications could use for all states? |
| Reimbursement in California - opportunities and barreirs |
| 1. Developing a state alliance of CHWs 2. How was legislation championed 3. For states that are managing the certification process in their DOH, what is the organizational structure, staffing and database |
| other financing mechanisms other than medicaid for CHWs, more information about the national CHW association who will it be under? and will each state association need to be a recoginzed 501c3? or will TA be provided? |
| difference between roles of CHWs and existing case and care management roles |
| I myself would really like to see some of the competencies that workers have in the workplace. I would like to know how a health professional is to supervise a CHW. |
| Funding CHW's and more training (train the trainer) |
| More information on technical assistance will be helpful, |
| Sustainable financing, particularly outside of health care delivery - i.e. support for health-related social determinants, support for volunteer CHWs, etc. |
| Will think about them and will submit them later on. |
| NA |
| Can not think of any at the moment |
| Since payment for performance is replacing fee for service - it would be beneficial to understand the role of the CHW in the future of Medicare and Medicaid billing. |
| Not yet - I need to gain more knowledge of the topic first. |
| Yearly re-training is necessary and updates from actual CHW's. |
| Outcomes measurements specifically related to CHW's. |
| Integrating CHWs into a health system |
| Value-based insurance designs that can support using CHWs. |
| none at this time |
| -- |
| - How did you engage with potential stakeholders at the community level and state DPH level? - More information on credentialing training programs and is distance learning an option for initial certification |
| How to address the barriers certification creates |
| sustainable financing, integrating CHWs into the healthcare system, CHWs use in lifestyle change programs |
| none right now. |
| Thank you |
| Religion traditions. |
| I know in other countries CHWs can dispense OTC meds and this makes a critical difference. I would like a fuller discussion of why the CHW's potential role in clinical work is limited and how that can be changed. |
| curriculum for training CHWs |
| How does this impact Federally Qualified Health Centers |
| closer look at assessment tools of core competencies at different stages of development - training and employment. |
| Overall competency, cultural diversity, motivational interviewing, engaging the potential clients. Where to go in the community to obtain and maintain a client base |
| You are "nailing it". Can't wait for part 2. |
| Sustainability |
| Technical training for CHW, Projectors, computers. How to speak in public. |
| Strategies to access and organize community Health Workers Education and advocacy to help get buy in from workers in the role of CHW who do not yet self identify as CHW Will certification drive a move of employers individual CHW to use a different job title to avaoid costs legislative consequeces of certification of CHW? |
| We do a lot of training for CHWs and we have truly learned the hard way regarding creating training for CHWs. I feel that we now have a better understanding of adult learning and popular education but more folks need to learn those theories to creating better training. A webinar on "How to create good qualilty trainings for CHWS with pracitcal skills is needed. |
| At this time, I don't have any specific focus areas I would like to see presented. I would like to observe a little more before prejudging. |
| More information that I can use to develop a training program to teach peer to peer focused CHWs |
| Yes, I think the CHW we all should be trained to be able to do glucose screening test in the community as well a Blood pressure screening test. My program requires it and I wasn't able here in New Mexico to find an organization that provides those trainings. |
| Potential roles of an association (statewide and/or local/regional) and how to develop or strengthen one. Healthcare system integration. Evaluation and how to build into the CHW infrastructure from the beginning. |
| CHWs working in specialized health (mental health, LGBT health etc) and non-healthcare areas (social justice, community organizing, formerly incarcerated). Policy development, program evaluation, workforce development, financing and community-academic partnerships would also be of interest. |
| None right now. |
| Use of community health workers within health & wellness programs. Is there a standard? |
| South Carolina is struggling with grant funders, payors and providers understanding the role of CHWs. We would love to talk about ways to help them have a greater understanding of the role. Additionally, we have some CHW s working in Physician Practices. Often the staff nor the physician have any idea of the role of CHWs. |
| Curriculum development. More specifically, in states that have pre-existing CHW training programs, how have they combined elements from different trainings and/or involved different programs around the state in "buying in" to the statewide standardized curriculum? |
| With so much confusion around who is and is not a CHW, I would like to see more sharing about how the different states/networks/associations address this issue. In addition, what CHW definition do you most associate with and why. |
| none at this time |
| Sustainable financing, CHW integration strategies, business case |
| already mentioned abobe |
| Methods of successful and sustainable financing for this workforce |
| Payment innovation models for utilizing CHWs |
| none |
| financing models (inside and outside of the clinic) |
| It would be helpful to get information on how to engage stakeholders to participate in a certification process. Also, it would be of utility to discuss in depth ways that CHWs can be reimbursed |
| In what areas are CHWs being used the most in healthcare. In what areas are people advocating for them to be utilized more? Also: philosophy of CHW work - professors and medical professionals should share what cultural and social power CHW programs have, and why they appreciate the work. |
| None at this time. |
| Specific leadership development programs for CHWs. |
| How to get employers to hire CHWs when funding is uncertain |

|  |  |
| --- | --- |
| Statistic | Value |
| Total Responses | 70 |

9. In what state or territory do you work?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| # | Answer | |  |  | | --- | --- | |  |  | | Response | % |
| 1 | Alabama | |  |  | | --- | --- | |  |  | | 0 | 0% |
| 2 | Alaska | |  |  | | --- | --- | |  |  | | 1 | 1% |
| 3 | Arizona | |  |  | | --- | --- | |  |  | | 1 | 1% |
| 4 | Arkansas | |  |  | | --- | --- | |  |  | | 1 | 1% |
| 5 | California | |  |  | | --- | --- | |  |  | | 5 | 4% |
| 6 | Colorado | |  |  | | --- | --- | |  |  | | 1 | 1% |
| 7 | Connecticut | |  |  | | --- | --- | |  |  | | 5 | 4% |
| 8 | Delaware | |  |  | | --- | --- | |  |  | | 2 | 2% |
| 9 | District of Columbia | |  |  | | --- | --- | |  |  | | 2 | 2% |
| 10 | Florida | |  |  | | --- | --- | |  |  | | 5 | 4% |
| 11 | Georgia | |  |  | | --- | --- | |  |  | | 6 | 5% |
| 12 | Hawaii | |  |  | | --- | --- | |  |  | | 5 | 4% |
| 13 | Idaho | |  |  | | --- | --- | |  |  | | 0 | 0% |
| 14 | Illinois | |  |  | | --- | --- | |  |  | | 1 | 1% |
| 15 | Indiana | |  |  | | --- | --- | |  |  | | 1 | 1% |
| 16 | Iowa | |  |  | | --- | --- | |  |  | | 1 | 1% |
| 17 | Kansas | |  |  | | --- | --- | |  |  | | 2 | 2% |
| 18 | Kentucky | |  |  | | --- | --- | |  |  | | 2 | 2% |
| 19 | Louisiana | |  |  | | --- | --- | |  |  | | 0 | 0% |
| 20 | Maine | |  |  | | --- | --- | |  |  | | 0 | 0% |
| 21 | Maryland | |  |  | | --- | --- | |  |  | | 4 | 3% |
| 22 | Massachusetts | |  |  | | --- | --- | |  |  | | 2 | 2% |
| 23 | Michigan | |  |  | | --- | --- | |  |  | | 11 | 9% |
| 24 | Minnesota | |  |  | | --- | --- | |  |  | | 7 | 6% |
| 25 | Mississippi | |  |  | | --- | --- | |  |  | | 1 | 1% |
| 26 | Missouri | |  |  | | --- | --- | |  |  | | 0 | 0% |
| 27 | Montana | |  |  | | --- | --- | |  |  | | 0 | 0% |
| 28 | Nebraska | |  |  | | --- | --- | |  |  | | 4 | 3% |
| 29 | Nevada | |  |  | | --- | --- | |  |  | | 2 | 2% |
| 30 | New Hampshire | |  |  | | --- | --- | |  |  | | 2 | 2% |
| 31 | New Jersey | |  |  | | --- | --- | |  |  | | 1 | 1% |
| 32 | New Mexico | |  |  | | --- | --- | |  |  | | 6 | 5% |
| 33 | New York | |  |  | | --- | --- | |  |  | | 16 | 13% |
| 34 | North Carolina | |  |  | | --- | --- | |  |  | | 0 | 0% |
| 35 | North Dakota | |  |  | | --- | --- | |  |  | | 1 | 1% |
| 36 | Ohio | |  |  | | --- | --- | |  |  | | 2 | 2% |
| 37 | Oklahoma | |  |  | | --- | --- | |  |  | | 1 | 1% |
| 38 | Oregon | |  |  | | --- | --- | |  |  | | 1 | 1% |
| 39 | Pennsylvania | |  |  | | --- | --- | |  |  | | 6 | 5% |
| 40 | Rhode Island | |  |  | | --- | --- | |  |  | | 2 | 2% |
| 41 | South Carolina | |  |  | | --- | --- | |  |  | | 2 | 2% |
| 42 | South Dakota | |  |  | | --- | --- | |  |  | | 0 | 0% |
| 43 | Tennessee | |  |  | | --- | --- | |  |  | | 0 | 0% |
| 44 | Texas | |  |  | | --- | --- | |  |  | | 4 | 3% |
| 45 | Utah | |  |  | | --- | --- | |  |  | | 0 | 0% |
| 46 | Vermont | |  |  | | --- | --- | |  |  | | 0 | 0% |
| 47 | Virginia | |  |  | | --- | --- | |  |  | | 2 | 2% |
| 48 | Washington | |  |  | | --- | --- | |  |  | | 4 | 3% |
| 49 | West Virginia | |  |  | | --- | --- | |  |  | | 1 | 1% |
| 50 | Wisconsin | |  |  | | --- | --- | |  |  | | 0 | 0% |
| 51 | Wyoming | |  |  | | --- | --- | |  |  | | 0 | 0% |
| 52 | American Samoa | |  |  | | --- | --- | |  |  | | 0 | 0% |
| 53 | Federated States of Micronesia | |  |  | | --- | --- | |  |  | | 0 | 0% |
| 54 | Guam | |  |  | | --- | --- | |  |  | | 0 | 0% |
| 55 | Northern Mariana Islands | |  |  | | --- | --- | |  |  | | 0 | 0% |
| 56 | Puerto Rico | |  |  | | --- | --- | |  |  | | 0 | 0% |
| 57 | U. S. Virgin Islands | |  |  | | --- | --- | |  |  | | 0 | 0% |
| 58 | Republic of the Marshall Islands | |  |  | | --- | --- | |  |  | | 0 | 0% |
| 59 | Republic of Palau | |  |  | | --- | --- | |  |  | | 0 | 0% |
|  | Total |  | 123 | 100% |

|  |  |
| --- | --- |
| Statistic | Value |
| Min Value | 2 |
| Max Value | 49 |
| Mean | 24.75 |
| Variance | 161.42 |
| Standard Deviation | 12.71 |
| Total Responses | 123 |

10. For what type of agency or organization do you work?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| # | Answer | |  |  | | --- | --- | |  |  | | Response | % |
| 1 | State Health Agency | |  |  | | --- | --- | |  |  | | 19 | 15% |
| 2 | Local Health Department | |  |  | | --- | --- | |  |  | | 14 | 11% |
| 3 | Community Health Center | |  |  | | --- | --- | |  |  | | 13 | 10% |
| 4 | Community-Based Organization | |  |  | | --- | --- | |  |  | | 26 | 20% |
| 5 | Local Coalition | |  |  | | --- | --- | |  |  | | 2 | 2% |
| 6 | Federal Agency | |  |  | | --- | --- | |  |  | | 4 | 3% |
| 7 | National Organization | |  |  | | --- | --- | |  |  | | 4 | 3% |
| 8 | Hospital | |  |  | | --- | --- | |  |  | | 8 | 6% |
| 9 | Academic Institution | |  |  | | --- | --- | |  |  | | 9 | 7% |
| 10 | Other (please specify) | |  |  | | --- | --- | |  |  | | 28 | 22% |
|  | Total |  | 127 | 100% |

|  |
| --- |
| Other (please specify) |
| Public Health agency |
| nonprofit chronic disease organization |
| state health dept. |
| AHEC |
| State- Dept Human Services |
| PPS |
| Research, evaluation |
| Non Profit |
| Administrative support group for tribes |
| Transitions of Care Team opted by a Home Care Agency |
| CHS |
| community health and academic |
| other |
| Non-profit org |
| student |
| Independent researcher |
| Unversity of New Mexico |
| University |
| non profit organization facilitating primary care access |
| Advocacy Organization |
| CDC 1422 grant |
| Nonprofit |
| Healthcare company |
| Health Plan |
| For-profit consulting company |

|  |  |
| --- | --- |
| Statistic | Value |
| Min Value | 1 |
| Max Value | 10 |
| Mean | 5.33 |
| Variance | 11.35 |
| Standard Deviation | 3.37 |
| Total Responses | 127 |

11. How did you become aware of this technical assistance call series? (Select all that apply.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| # | Answer | |  |  | | --- | --- | |  |  | | Response | % |
| 1 | ASTHO Website | |  |  | | --- | --- | |  |  | | 12 | 10% |
| 2 | Other Website | |  |  | | --- | --- | |  |  | | 3 | 2% |
| 3 | List-serv | |  |  | | --- | --- | |  |  | | 28 | 23% |
| 4 | ASTHO Newsletter | |  |  | | --- | --- | |  |  | | 9 | 7% |
| 5 | Other Newsletter | |  |  | | --- | --- | |  |  | | 8 | 7% |
| 6 | Colleague | |  |  | | --- | --- | |  |  | | 50 | 41% |
| 7 | Search Engine | |  |  | | --- | --- | |  |  | | 0 | 0% |
| 8 | Other (please specify) | |  |  | | --- | --- | |  |  | | 31 | 25% |

|  |
| --- |
| Other (please specify) |
| HRSA |
| MiCHWA |
| Twitter |
| FL CHW Coalition |
| saw email can't recall from where |
| Research, Research |
| email forwarded |
| one of our own graduate CHW |
| supervisor |
| Baltimore County Coalition |
| teacher |
| via email I recieved |
| During a presentation on CHWs in a NYC program |
| State Health Department |
| In-house workgroup |
| Gail Hirsch |
| webinar invitation |
| program manager |
| Manager |
| Bard College public health professor reccomended this event |
| Webinar: Public Health Institue/Dialogue for Health: Sustainable Funding |
| My supervisor |
| Michigan Community Health Workers Alliance |
| IPHI |
| dont remember |
| one of the presenters |
| NY CHW Assoc |
| State Public Health Department promoted this as a resource |
| twitter |

|  |  |
| --- | --- |
| Statistic | Value |
| Min Value | 1 |
| Max Value | 8 |
| Total Responses | 123 |

12. Please use the space below to enter any additional comments you may have regarding this call series.

|  |
| --- |
| Text Response |
| Well done and very informative |
| none |
| The coughing was a distraction. |
| Looking forward to the series and will share with our state committee |
| None. |
| thank you |
| As stated earlier. Please include active CHWs. |
| none at this time. |
| Waiting for full C3 report - could you let us know when released? |
| NA |
| Thanks for the opportunity to attend the teleconferences |
| Well done - interesting and informative presenters. Thank you! |
| I really appreciate the learning opportunity. We do use CHW's in Ky. |
| -- |
| Look forward to leaning about engaging stakeholders, legislators, PCP's and MCO providers. |
| Thank you for creating a series of webinars focusing on CHWs. Those of us working with CHWs need more of these especially if we are also working on team-based care and health care providers. Please create more! |
| Thank you for the information |
| Give detail required curriculum |
| I'm a member of the CHW section of the APHA. Strangely, there was no message sent out on their list about this call. I would have expected to be informed by that section. |
| Very good series |
| Very informative. |
| It was informative would like a list of the core training and work experience pathway needed for certification in NY. Where I find training workshops to enhance their knowledge |
| There is so much information to be shared it is great for it to be available via multiple mediums and venues. Thank you! |
| Is the webinar taped, so we can go back and listen again? This is so critical for us in CT with the stage we are in. |
| It was very well organized. Speakers were very informed and well prepared. answered the questions posed to them. |
| very interested |
| Thank you to ASTHO for the technical assistance and financial support of this very important conversation . This was a well balanced and informative presentation |
| Invite more states to talk along aside you all |
| I don't have any additional comments at this time. |
| A very well thought out and delivered program. I look forward to the next in this 3 part series |
| Thanks you all for doing this certification and helping the CHW to improve our skills for the community and for us. |
| This was great. Please continue to offer these; would be interested in continuing after the original series of three. |
| Thanks very informative! |
| No thank you. No additional comments. |
| Was happy to have attended. |
| Overall, great job everyone! Please keep these coming. It is so important to continue these discussions as we all work towards better lives of our communities and what better workforce to help achieve this than the work that CHWs do but is still not embraced by all health, human, and social services systems. |
| none |
| Thank you for your leadership. ASTHO's policy influence and reach across the US can raise awareness of the CHW role and its impact. Health Commissioners' ACTIVE support for CHW strategies in their state agencies and by local public health, providers, health plans and Medicaid agencies will have an enormous impact on health equity and the Triple Aim. What might this look like? Making CHW approaches a cross-cutting state health department priority. |
| Looking forward to the others and would like to assure I am now on the mailing list. Thank you. |
| highly informative. I met Carl and Sergio years ago when I was trying to advocate for Managed Care Organizations to deploy this important resource |
| We have a lot forward progress with CHWs in KS and MO. How do we report that information to be recognized in presentations so our states aren't as gray |
| I am looking forward to hear what the other two calls will contain. |
| The visual representation of the map about CHWs was shocking and an eye opener for me to show the extent of legislative efforts across the country. How do we move this agenda more aggressively? |
| Thanks and again, please send slides and recording |

|  |  |
| --- | --- |
| Statistic | Value |
| Total Responses | 44 |

13. Name (optional):

|  |
| --- |
| Text Response |
| Bryan Talisayan |
| Carrie Portlance |
| Shirley Moy |
| Teresa Thompson |
| Leslie Cordova |
| Martha Roberts |
| Richard Wittberg |
| Paula Smith |
| liz V |
| Charlie Schlather |
| Charlotte Crawford |
| Sue Thomas-Cox |
| Debra Ann Zagala |
| Sandra McDougal |
| Luisa Arias |
| John Shaw |
| Earlette |
| Deanne Goodwine |
| Bev Beckman |
| Tracy Robinson |
| Vicki L. Duey |
| Kelli Janowski |
| Danielle Wing |
| Ramatu Ahmed |
| Nalini Visvanathan |
| Jean Findley |
| Judy Lichty-Hess |
| Meredith Ferraro |
| Belinda Stillwell |
| Geri M. Jaramillo |
| Yokasta Garcia |
| Stacey Thom |
| Carol West |
| Venice Ceballos, CHW |
| Gregory Sharrock Doughty |
| Sharon McAllister |
| Deborah Hernandez |
| Terri Jowers |
| A.Adams |
| Joan Cleary |
| Anita McDonnell |
| Michael Vincent Smith, MD |
| Alexis Barnett-Sherrill |
| Ana Longoria |
| Michael Anderson |
| Andrew Harmon |
| Susan B Thomas |

|  |  |
| --- | --- |
| Statistic | Value |
| Total Responses | 47 |

14. Title (optional):

|  |  |
| --- | --- |
| Text Response | |
| Chief Operations Officer | |
| CHW | |
| Director, Temple Center for Social Policy and Community Development | |
| Behavioral Health Assessor/ Counselor | |
| Community Health Worker | |
| Diabetes and Heart Disease Policy Planner | |
| Washington County (Ohio) Health Commissioner | |
| Director, SNHAHEC | |
| Community Healt Worker | |
| University of Hawaii Maui College Human Services Program Instructor | |
| CEO | |
| Chronic Disease Branch Manager | |
| Community Health Worker, Care Coordinator | |
| project manager, maternaland child health | |
| Career advisor/CHW Workforce Coordinator | |
| President | |
| CHW | |
| Community Health Worker | |
| Health Connections Project Manager for KentuckyOne Health | |
| Health Navigaor - Community Health Worker | |
| Executive Director | |
| Registered Dietitain - Health Educator | |
| Health Care Extenders Coordinator / Community Health Educator Sr. | |
| Executive Director, African Life Center | |
| Independent Researcher | |
| Health Program Manager | |
| Director of Clinical Projects | |
| CHW Supervisor | |
| Executive Director, | |
| R.N. | |
| Health Educator/Program Coordinator | |
| CHW | |
| Care Coordinator | |
| Community Health Worker | |
| Manager of CHW programs | |
| Humboldt County Coalition Coordinator - Frontier Community Coalition | |
| Community Health Worker/Tobacco Cessation | |
| Director, Healthy Columbia and VP for SCCHWA | |
| CHW Coordinator | |
| Executive Director, MN CHW Alliance | |
| Regional Vice-President, Medical Director, Central Region Medicare, Anthem | |
| Community Clinical Linkages Health Educator | |
| Program Coordinator | |
| Health and Wellness Coordinator | |
| Community Health Worker | |
| Industry Partnership Director | |
| Statistic | Value |
| Total Responses | 46 |