Form Approved

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**Instructions**

Welcome!This information collection is for state, local, tribal, or territorial health department staff and their delegates to learn about best practices in community health worker certification. The purpose of this information collection is to inform CDC and state-level decision makers including health department staff, health plans, insurers, and professional associations about effective strategies and potential challenges associated with state level actions and organizing structures relevant to CHW certification.

The information collected will be used by CDC’s Division for Heart Disease and Stroke Prevention (DHDSP) and Division of Diabetes Translation (DDT) to identify and examine issues related to implementation of CHW certification and to develop technical assistance material for state grantees and other decision makers that will be disseminated via conference presentations, webinars, fact sheets and implementation guides. The information will be used for CDC planning and technical assistance purposes and will not be generalized.

**Completing this interview is voluntary and will take approximately 90 minutes.** You may choose to skip specific questions. CDC will not publish or share any identifying information about individual respondents. I am going to ask you a series of questions about community health worker certification in your state. Keep in mind there are no right or wrong answers, and we are grateful for any information you can provide. If there are any questions to which you do not know the answer or any questions that you do simply do not want to answer, just say pass and we will move on. There are no known risks or direct benefits to you from participating or choosing not to participate, but your answers will help CDC improve its technical assistance on effective strategies and potential challenges to state-level actions and organizing structures relevant to CHW certification. You are welcome to stop the interview at any time. If you agree, we plan to record the audio from this interview and develop a complete transcript that will be used for qualitative data analysis.

If you have any questions or concerns about this assessment, please contact Erika Fulmer, Division for Heart Disease and Stroke Prevention, Centers for Disease Prevention and Control, at efulmer@cdc.gov.

Are you ready to proceed?

CDC estimates the average public reporting burden for this collection of information as **90** minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0879).

**Background**

I’m going to start off with a few background questions and then we’ll go on to talk in more detail about CHW certification.

1. First, what is your role in working with CHW Certification? How long have you served in this role?

2. Please describe the current status (stage of development) of CHW certification in (state).

**Process**

Now let’s explore about more about the process of considering/developing CHW certification in (state).

3. How did the idea of certification for CHWs in (state) come up?

* What individuals/organizations provided leadership or were involved early on?

4. What has been the extent and influence of CHW leadership in the process (thus far)?

* What factors may have aided or impeded their degree of influence and participation?

5. What have you observed in terms of the “pros and cons” (attractive features vs. concerns) about certification expressed/perceived by key stakeholders in (state), specifically including:

* CHWs?
* Current/potential employers?
* Payers, including the State?
* Patients/consumers/community members?

6. How well have these pros and cons been addressed in the process of considering certification? Are there any such issues that still appear to be unresolved?

* Were there any issues or barriers that delayed or stalled the process of implementing certification? Where there any issues or facilitators that helped the process continue to move forward?

7. Can you describe the steps being taken by your state to consider/implement certification?

8. As (state) considered/is considering certification, what evidence, or examples from other states, have been most helpful?

* What evidence are stakeholders waiting on? What questions do they still need answered?

**State government role**

Now let’s think a little bit about the role your state has played exploring/implementing CHW Certification

9. What is the (proposed) official role/commitment of the state government (and specifically the state health department) in (consideration of certification) / (administration of the certification program)? Are there other “unofficial roles?” Please describe.

10. What official roles do (will) other entities play in administering the program?

* Are entities representing CHWs involved? To what degree?

11. What are some of the reasons the state chose the specific approach it did?

12. Where within state government has the leadership emerged supporting pursuit of the question of certification?

* Individual champions
* Departments
* Others?

**CHW qualifications, scope of practice, and training**

Now let’s talk a little bit about CHWs roles and training.

13. One of the well-established characteristics of CHWs is community membership, which can include individual attributes, relevant life experience, and a background that matches the community being served. These are qualifications that cannot be achieved through training. How has (state) addressed this issue so far?

* How well do stakeholders understand this concept?
* How much weight has it been given in the process?
* How it (might be) / (has been) incorporated in standards for certification?

14. Another common issue in CHW certification is consideration of scope of practice. What (determinations have been made) / (discussions have taken place) as to boundaries between CHW practice and the scope of practice domains of other health-related professions?

15. What has been considered/decided regarding formalizing CHW qualifications, responsibilities, and training? For example, limiting who may perform the duties of a CHW\ as opposed to establishing standards for the use of a title such as “Certified CHW?”

16. There are various ways to certify CHWs including as individuals or by certifying employers, training programs or individual trainers. What options has (state) considered?

* What has been the rationale for including/excluding these options?

17. If CHWs, are only being certified for a particular setting or health concern, can you tell me about why that approach was selected?

* How is it working so far?

18. If your state has implemented training as part of the certification process, are CHWs being trained to provide services to address chronic disease, specifically prediabetes, diabetes and high blood pressure?

**Sustainability and outcomes of CHW certification**

19. Can you describe the steps being taken or considered by your state to link CHW certification to payment for CHW services?

20. With respect to health care services delivery, what types of economic models were considered by stakeholders to sustain the CHW workforce, including through the use of certification? Specifically, what models were considered by the following stakeholders:

• CHWs?

• Current/potential employers?

• Payers, including the State?

21. If you are implementing or preparing to implement certification, have you assessed the costs and/or benefits?

* What did you find?

22. If you are implementing or preparing to implement certification, can you tell me what data on process and outcomes may have been generated so far?

23. If you have implemented certification, can you share any ways that it may have contributed to a change in how CHWs are used to support chronic diseases such as diabetes and cardiovascular disease?

Thank you very much for taking the time to speak with us today!

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