



Technical Brief Disposition of Comments Report

Research Review Title: Impact of Community Health Worker Certification on Workforce and Service Delivery for Asthma and Other Selected Chronic Diseases

Draft review available for public comment from September 24, 2019, to October 22, 2019.

Research Review Citation: Ibe CA, Wilson LM, Brodine J, Monroe D, Boonyasai RT, Meza B, Tschudy MT, McArthur K, Robinson KA. Impact of Community Health Worker Certification on Workforce and Service Delivery for Asthma and Other Selected Chronic Diseases. Technical Brief No. 34. (Prepared by the Johns Hopkins University Evidence-based Practice Center under Contract No. 290-2015-00006-I/290-320011-T.) AHRQ Publication No. 20-EHC004-EF. Rockville, MD: Agency for Healthcare Research and Quality. March 2020. Posted final reports are located on the Effective Health Care Program search page. DOI: <https://doi.org/10.23970/AHRQEPCTB34>.

Comments to Research Review

The Effective Health Care (EHC) Program encourages the public to participate in the development of its research projects. Each research review is posted to the EHC Program Web site or AHRQ Web site in draft form for public comment for a 3-4-week period. Comments can be submitted via the Web site, mail or E-mail. At the conclusion of the public comment period, authors use the commentators' submissions and comments to revise the draft research review.

Comments on draft reviews and the authors' responses to the comments are posted for public viewing on the Web site approximately 3 months after the final research review is published. Comments are not edited for spelling, grammar, or other content errors. Each comment is listed with the name and affiliation of the commentator, if this information is provided. Commentators are not required to provide their names or affiliations in order to submit suggestions or comments.

The tables below include the responses by the authors of the review to each comment that was submitted for this draft review. The responses to comments in this disposition report are those of the authors, who are responsible for its contents, and do not necessarily represent the views of the Agency for Healthcare Research and Quality.

Commentator & Affiliation	Section	Comment	Response
Public Reviewer #1 (Shreya Kangovi, Penn Center for Community Health Workers; Sarah Scholle, National Committee for Quality Assurance)	Introduction	In the Introduction section, we recommend an explicit discussion of goals the field hopes to achieve by streamlining and standardizing programs. We agree with your view of these goals as two-fold: improve the legitimacy and career advancement of CHWs, and improve the quality across the board of CHW programs. Once we have clearly described these goals at the outset of the report, the reader is better positioned to objectively question whether certification will help us achieve them.	Thank you for your suggestion. We feel that the introduction adequately describes the potential benefits/goals and limitations of CHW certification.
Public Reviewer #1 (Shreya Kangovi, Penn Center for Community Health Workers; Sarah Scholle, National Committee for Quality Assurance)	Introduction	It may also be helpful to include in your report's introduction a brief review of global implementation science literature focused on CHW programs. Developing countries have had a longer and more robust experience with CHW programs, and thus have lessons to offer on how best to advance the workforce and streamline quality. ^{1,2,3} For instance, global experience has highlighted the importance of program-level factors beyond individual CHW training: i.e. effective hiring practices to reduce turnover, adequate infrastructure (i.e. well-trained supervisors, manageable caseloads, safety protocols, etc.), and a balance between clinical and community-facing roles. ^{4, 5} Furthermore, the most effective CHW programs are grounded in behavioral and social science theory. ^{6,7,8} Few if any of these program-level factors are addressed through CHW certification, which typically focuses on whether an individual CHW has completed an approved training course.	An exploration of CHW workforce issues outside of the U.S. is beyond the scope of our project. While lessons may be learned from CHW programs g, there are also important differences such as in health care systems and culture that prompted us to limit our project to U.S. sources. This was pre-specified in our protocol.
Public Reviewer #1 (Shreya Kangovi, Penn Center for Community Health Workers; Sarah Scholle, National Committee for Quality Assurance)	Introduction	In the United States, many state policymakers are unaware of this global history and are simply caught up in the momentum for certification of individual CHWs. However, at least two states are focusing their efforts on program-level accreditation. The Louisiana Department of Health included voluntary standards for CHW programs in its latest request for Medicaid managed care proposals, and North Carolina's Department of Health and Human Services, after a multi-year program development process, recommended CHW program accreditation as a mechanism to develop and strengthen the state's CHW workforce.	Thank you for your comment. We agree that both North Carolina and Louisiana are both weighing program-level certification for their CHWs and that, presently, neither of them have instituted a statewide certification process. Our report reflects the fact that both individual and program-level certification are regarded as viable options for certifying CHWs.
Public Reviewer #1 (Shreya Kangovi, Penn Center for Community Health Workers; Sarah Scholle, National Committee for Quality Assurance)	Introduction	To help drive momentum behind these early innovators and encourage additional progress, our working group is committed to developing standards for CHW programs in collaboration with stakeholders from across the field. We aim to develop a digestible, useful prototype that will help to lay the groundwork for more expansive programming. We intend to include key elements such as recruitment and hiring guidelines, program infrastructure to enable the delivery of evidence-based interventions, training requirements, and methods for evaluation and quality improvement.	Thanks for sharing details of your working group. We hope that our report is helpful in your endeavors.

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Public Reviewer #1 (Shreya Kangovi, Penn Center for Community Health Workers; Sarah Scholle, National Committee for Quality Assurance)	Introduction	Ultimately, our standards can be used to support states as they seek to increase connection between community and health care while being good stewards of public funds; offer large and community-based providers guidance on contracting decisions; and offer CHWs clarity on their roles. Over time, wide dissemination and implementation of these standards among decision makers designing, purchasing and overseeing community health worker programs could provide the evidence-based foundation necessary for a meaningful transformation in our health care system.	Thanks for sharing details of your working group. We hope that our report is helpful in your endeavors.
Public Reviewer #1 (Shreya Kangovi, Penn Center for Community Health Workers; Sarah Scholle, National Committee for Quality Assurance)	Introduction	We share your concern that inordinate focus on an individual training might take precious resources from program-level characteristics that have been proven to drive positive outcomes. We suggest that the report might be improved by further exploration of program level accreditation as a potential solution to the quality gaps in CHW programming while also legitimizing the workforce.	Thank you for this suggestion for further work. We found no studies exploring the effects of any level of accreditation.
Public Reviewer #1 (Shreya Kangovi, Penn Center for Community Health Workers; Sarah Scholle, National Committee for Quality Assurance)	Methods	One way in which programs often land on the wrong path is by excluding critical voices: members of the community that programs are attempting to serve. In the case of the draft Brief, however, the diversity of your data sources contributed greatly to the accuracy of the results. In order to leverage this excellent foundation, we are including a few suggestions to inform any future work.	Thank you for your feedback. We agree that it was important to include a variety of perspectives on this topic.
Public Reviewer #1 (Shreya Kangovi, Penn Center for Community Health Workers; Sarah Scholle, National Committee for Quality Assurance)	Methods	We were struck by difference between grey literature (which seemed strongly in favor of individual CHW certification) and key informant interviews (who seemed concerned with ineffectiveness or unintended consequences of certification). The divergence of these sources suggests that there is a disconnect between thought leaders who compose the grey literature and the “average” frontline community health worker and other key informants. Given this finding, we think additional key informant interviews with CHWs and even patients would be useful to inform additional research.	Thank you for sharing your thoughts. We would not characterize the grey literature documents as strongly in favor of certification; as described for each of our key questions, some grey literature documents discussed the potential or perceived benefits with no evidence, others found no effect, negative effect or no link to effect from certification. Also, our key informants included thought leaders, as well as CHWs and patients/patient advocates. We agree that further interviews may be useful for future studies and included this in our detailed description of additional research needed in the Discussion section.

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Public Reviewer #1 (Shreya Kangovi, Penn Center for Community Health Workers; Sarah Scholle, National Committee for Quality Assurance)	Methods	<p>In order to further build the qualitative foundation for the alternative approach we are recommending, we suggest:</p> <ul style="list-style-type: none"> - Recalibration of the language used in Interview Guides in order to make interviews understandable by individuals at a wider range of reading levels - Additional Key Informant interviews with CHWs who are currently in the field, working with patients as well as patients who have been served by CHWs - Interviews with quality improvement organizations who bring expert knowledge to ensuring program standards, certification and accreditation - State officials from one (or more) states with individual certification requirements who can shed light on their decision-making process, including officials from Louisiana and North Carolina which are states that are exploring program-level accreditation. 	Thank you for these suggestions for additional interviews. The future research section of the Discussion includes some of these ideas.
Public Reviewer #1 (Shreya Kangovi, Penn Center for Community Health Workers; Sarah Scholle, National Committee for Quality Assurance)	Results	We appreciated the finding that nothing in the formal science supports individual CHW certification in advancing the CHW workforce or improving outcomes. We would recommend supplementing your review of the formal and grey literature with a global perspective. As mentioned above, global implementation science suggests that there are core components of CHW program effectiveness, e.g. effective supervision, manageable caseloads, the use of evidence-based interventions, etc. The global grey literature, composed by thought leaders like the World Health Organization, includes strategies and guidelines for advancing the workforce while streamlining quality. Based on our review, these sources support the approach of program-level accreditation.	An exploration of CHW workforce issues outside of the U.S. is beyond the scope of our project. While lessons may be learned from CHW programs globally, there are also important differences such as in health care systems and culture that prompted us to limit our project to U.S. sources. This was pre-specified in our protocol.
Public Reviewer #1 (Shreya Kangovi, Penn Center for Community Health Workers; Sarah Scholle, National Committee for Quality Assurance)	Results	We suggest revising the title of Figure 3 (“attractive possibilities”) as “potential goals”, given that nothing in the literature has suggested that any of these outcomes are attainable with individual level certification. This revision is designed to remove a bias in favor of certification.	Figure 3 summarizes a report from CDC and thus used the language from that report. We agree with concerns raised and changed heading from “attractive possibilities” to “possibilities”. We also added a footer to the figure to clarify that the figure is modified from the CDC report.
Public Reviewer #1 (Shreya Kangovi, Penn Center for Community Health Workers; Sarah Scholle, National Committee for Quality Assurance)	Results	Finally, we strongly endorse your recommendation that RCTs be conducted to test the impact of certification on CHW service delivery, and on patient outcomes in key disease-specific realms where CHWs are likely to be deployed, such as asthma, CVD, and maternal/child health outcomes. Without meaningful advancement of the evidence base around CHW programs, we risk forgoing significant return on investment, both in advancing the workforce and improving service delivery.	Thank you for your feedback!

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Public Reviewer #2 (California Breathing, California Department of Public Health State Asthma Program)	GQ3	Guiding Question 3: It would be helpful if the technical report specifies how long the grandfathering option is open for existing CHWs in each state (Table 6). To the best of our knowledge, for some states, it is open for a definite period of time. Texas has an indefinite grandfathering option.	Thank you for your recommendation. The table reflects details we were able to identify from the state websites.
Public Reviewer #2 (California Breathing, California Department of Public Health State Asthma Program)		It would be helpful if the technical report discusses the need to further investigate the implications of CHW certification requirements related to legal documentation status, especially for undocumented CHWs and/or promotores de salud, or background checks for CHWs with shared experiences of incarceration.	Thank you for your suggestion. While the issues you raise were not identified in our searches or interviews, we agree that there is a need for future investigations to consider the ramifications of legal documentation status, as well as background checks for CHWs with experiences of incarceration, on CHW certification requirements.
Public Reviewer #2 (California Breathing, California Department of Public Health State Asthma Program)	Table 5-6?	Is the Minnesota model considered state CHW certification? To the best of our knowledge, Minnesota has a state approved CHW curriculum and offers a CHW certificate, not individual CHW certification. See: https://www.health.state.mn.us/facilities/ruralhealth/emerging/chw/index.html	Thank you for your comment and the opportunity to clarify our stance. We consider Minnesota's model to be that of state certification, because the completion of the standardized curriculum, offered in partnership with 7 different schools, confers certification status (http://mnchwalliance.org/who-are-chws/requirements/).

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Public Reviewer #3 (Olenga Anabui, Penn Medicine)	Introduction	<p>I appreciate that you pointed out that "community health worker certification is not without controversy" and that downsides of CHW certification exist. While it's important for CHWs to have legitimacy and advancement in their careers, it's also necessary to ensure that CHW programs are of high-quality.</p> <p>As you noted, certification of individual CHWs based on whether they have completed a certain type of training may not be the best option for reaching these goals. Many other contextual work factors (e.g., hiring, supervision, infrastructure) matter. Certifying at an individual CHW level omits these ingredients from the recipe of what makes CHWs effective.</p> <p>Certification is likely to create a barrier for existing and would-be CHWs, who could thrive in the role but may be denied access because they can't pay for trainings or perhaps even understand them. Moreover, if certification is tied to reimbursement, I worry that certification will actually cause many CHWs to get "weeded out", even if they are the most natural, caring helpers from the community.</p> <p>I'm encouraged that this brief talked about the option for program-level accreditation, which I strongly support. Accrediting a CHW program goes beyond training and seems like a better approach. Program level accreditation accounts for other essential elements like hiring the right people, providing good supervision, keeping caseloads manageable, and simply making that CHWs are doing meaningful work with patients. This approach also would be less burdensome to CHWs and shift the responsibility of ensuring quality to CHW programs and employers who ultimately have a lot more control over program outcomes.</p>	Thank you for sharing your thoughts about program versus individual level certification. These issues came through in the interviews as noted in report.
Public Reviewer #3 (Olenga Anabui, Penn Medicine)	Methods	It's great that the report included interviews with Key Informants, including CHWs. The CHW perspective can get lost or manipulated by organizations that have a vested interest around certifications (e.g. training institutions who may benefit from having paid CHW training programs). Some may lead CHWs to believe that certification is the only route to career legitimacy, which doesn't seem to be the case. I'm concerned a bit that the "grey" literature can get dominated by some of these advocates. Yet, I think the report did a good job balancing this out with Key Informants. I would probably include more CHW interviews in this report to make sure that their voice is fully represented. This means that interviews will have to be done in a way that is easily understood by people of all educational backgrounds.	Thank you for your feedback. We have added the names and associations in the Acknowledgements of the report of our Key Informants, including CHWs. Unfortunately, conducting additional Key Informant interviews would be beyond the scope of this project.

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Public Reviewer #3 (Olenga Anabui, Penn Medicine)	Figure 3	<p>It was very interesting to see the scarcity of published research studies exploring whether CHW certification actually improves their careers or patient outcomes. Without this evidence base, it may be premature for states to be moving forward with certification so quickly. I was concerned to see some of the findings from the grey literature, notably, the CDC documents categorized the evidence for community health worker Certification as "Best" and cited, among other benefits, improved glycemic control in diabetic patients.^{30, 42, 43} Yet, the cited studies didn't specifically aim to link statewide certification to the health outcomes of interest. It's very important that your authors were so thorough in their review and caught this inconsistency to help keep the CDC accountable.</p> <p>In Figure 3, the report lays out "attractive possibilities" of CHW certification. Perhaps consider recasting that more generally along the lines of "objectives of the CHW field". I don't believe we can assume that certification might ever lead to these outcomes. Talking about it as a possibility could bias readers in favor of certification.</p>	<p>Figure 3 summarizes a report from CDC and thus used the language from that report. We agree with concerns raised and changed heading from "attractive possibilities" to "possibilities." We also added a footer to the figure to clarify that the figure is modified from the CDC report.</p>
Public Reviewer #3 (Olenga Anabui, Penn Medicine)	Discussion	<p>I support the idea of more mixed methods studies where CHWs are interviewed about their perceptions and suggestions for advancing the workforce and improving patient' health. This would be an important next step.</p>	<p>Thank you.</p>
Public Reviewer #3 (Olenga Anabui, Penn Medicine)	General	<p>Great - very thorough.</p>	<p>Thank you for taking the time to review our report and provide your feedback.</p>
Public Reviewer #4 (Molly Martin, University of Illinois at Chicago)	Methods	<p>I do not understand the search criteria for published studies. One study seems to find that training CHWs resulted in more CHWs deployed. How does that influence asthma or CVD outcomes? The Tang study compares different levels of training on outcomes. That is not certification. The other two studies seem again to just assess CHW deployment. There are many studies that detail the CHW training and then compare outcomes for patients receiving CHWs versus other services. The goal of the search criteria is confusing.</p>	<p>As noted in our PICOTS defining the eligibility criteria (table 1), we considered outcomes related to CHW workforce including CHW recruitment, retention, etc. Further, we considered studies which evaluated components of certification such as training.</p>
Public Reviewer #4 (Molly Martin, University of Illinois at Chicago)	Discussion	<p>I cannot imagine a randomized controlled trial that would compare under-trained to fully-trained CHWs. The only way an RCT design could be ethnically employed would be to randomize health systems to a workforce program (trained CHWs) compared to systems without that program. Or states that have certification could be compared to states without, but there is so much confounding in terms of other programs that isolating the CHW workforce impact would be very difficult. The more practical approach using a research lens would be to apply implementation science methods to understand which components of training and the certification process are most effective in supporting CHWs and health systems to provide services and impact outcomes.</p>	<p>Thanks for your suggestions. We agree that different sorts of studies will be needed and we outline a few different study designs, including a pragmatic RCT, in the Discussion.</p>

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Public Reviewer #5 (Stanley Szefer, Children's Hospital Colorado)	Introduction	The introduction provides an appropriate scope of the issue.	Thank you for taking the time to review our report and provide your feedback.
Public Reviewer #5 (Stanley Szefer, Children's Hospital Colorado)	Guiding Questions	The questions are appropriate for the literature review and the key opinion leaders.	Thank you for taking the time to review our report and provide your feedback.
Public Reviewer #5 (Stanley Szefer, Children's Hospital Colorado)	Results	The results are well organized and informative.	Thank you for taking the time to review our report and provide your feedback.
Public Reviewer #5 (Stanley Szefer, Children's Hospital Colorado)	Discussion	The discussion provides an appropriate summary fo the information available and provides useful information for those who wish to take the next step.	Thank you for taking the time to review our report and provide your feedback.
Public Reviewer #5 (Stanley Szefer, Children's Hospital Colorado)	References	The reference section appears to be complete.	Thank you for taking the time to review our report and provide your feedback.
Public Reviewer #5 (Stanley Szefer, Children's Hospital Colorado)	Abbreviations	Appropriate.	Thank you for taking the time to review our report and provide your feedback.
Public Reviewer #5 (Stanley Szefer, Children's Hospital Colorado)	General	I think the report is very well written and informative. The literature search is thorough and the input from the focus groups is important. The right questions were asked in terms of the structure of the review as well as the questions for the focus groups.	Thank you for taking the time to review our report and provide your feedback.

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