



Kentucky Public Health

Prevent. Promote. Protect.

Community Health Worker
Certification Manual
2021

Commonwealth of Kentucky

Cabinet for Health and Family Services

Department for Public Health



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Preface

The Kentucky Department for Public Health (KDPH) is pleased to offer a credential for Community Health Workers (CHWs) in Kentucky. The Commonwealth's rich history of CHWs began in 1994 with Family Health Advisors at Kentucky Homeplace. In the decades since, many communities and organizations have continued to utilize CHWs to improve healthcare access and meet the growing health needs of Kentuckians. In order to move forward with a standardized certification process for CHWs, the Kentucky Community Health Worker Advisory Workgroup formed in 2014. The Workgroup has provided substantial expertise, time, and support for the CHW certification process. Today, CHWs have become essential team members in organizations across the state and are employed in local health departments, Federally Qualified Health Centers, hospitals, mission-based health care, and primary care offices.

In 2016, the Kentucky Association of Community Health Workers (KYACHW) formed as the central networking, educational, advocacy, and communication hub for CHWs in Kentucky. KYACHW, a 501(c)(3) organization with a strong board and membership, views CHWs as the essential link between healthcare providers and clients. This link plays a key role in improving the health of our communities, and for that reason, KYACHW has been a major influence for the advancement of the profession in Kentucky, and has provided input into the development of this certification process and manual.

American Public Health Association (APHA) Definition

As defined by the American Public Health Association (APHA):

A Community Health Worker (CHW) is a frontline public health worker who is a trusted member of and/or has a uniquely close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy (APHA, 2018).

For more information, visit the [APHA CHW website](#).

Certification Process, Standards and Requirements Overview

The certification designation is awarded to individuals who demonstrate their competency in a given field. Competency is achieved through a combination of education and experience. In order to apply for the Certified Community Health Worker (CCHW) credential, an applicant must provide verifiable documentation that demonstrates he or she has the specified educational and/or experiential background.

This *Kentucky Community Health Worker Certification Manual* provides policy requirements and standardized forms designed to assist the applicant in gathering mandatory documentation ([Appendices](#)). Some of the forms are to be completed by the applicant, while other forms are to be submitted to employers, supervisors and/or trainers for completion on behalf of the CCHW applicant. Each form indicates the type of individual who must complete the document. *All forms should be collected by the applicant and then mailed together to KDPH.*

Please carefully read this manual PRIOR to applying for certification, as it contains essential information on the application process, requirements, policies, mandatory forms, and the recertification process.

Application Eligibility and Options

Minimum Eligibility Requirements

The following minimum eligibility requirements are for all individuals who intend to apply for CHW Certification in Kentucky:

- Currently live in and/or are employed as a CHW in Kentucky.
- A legal U.S. resident at least 18 years of age.
- Achievement of core competencies as outlined in this manual ([Appendix A](#)).
- Submission of a complete application, along with a color photo (format as specified by KDPH), and consent to criminal background check ([Appendix D](#)).
- Payment of the certification fee to KYACHW.

Community Health Worker Certification – Training

Individuals shall submit documentation of successful completion of an approved competency-based training program by a KDPH approved organization. Approved organizations must provide a minimum of 40 hours of didactic instruction and 40 hours of mentorship. These organizations will be listed on the [KDPH CHW webpage](#). Training and mentorship must be verified by the training organization and certification of completion must be attached to the application

Community Health Worker Certification – Experience

Based on experience, a person who has performed related CHW services in the three (3) years prior to their application date may submit an application and required documentation considered for certification.

KDPH shall verify the applicant’s related experience of not less than 2,500 cumulative hours in the previous three (3) years that demonstrate achievement of a minimum standard of proficiency in the core competencies.

Reciprocity

As of 2020, Kentucky does not have a reciprocity agreement with any other state certifying CHWs. This will be a consideration in the future and will be on a case-by-case basis with appropriate documentation.

Application Requirements and Procedures

Application Submission

Applicants must submit an “intent to apply” for the CCHW credential via the [KDPH CHW webpage](#). Once completed, applicants should download the Certification Manual from the KDPH CHW webpage, and fill out the forms electronically. All certification forms **must** follow in hard copy via certified mail or direct delivery to KDPH at:

275 East Main Street, HS2W-E
Frankfort, KY 40621.

The Kentucky Department for Public Health is not responsible for errors due to illegible handwriting if the applicant does not fill out the forms electronically.

The fee for initial certification as a CCHW is **fifty dollars (\$50)**, with subsequent renewal (annually) of **twenty-five dollars (\$25)**. Payment must be made via the [KYACHW website](#). **These fees are non-refundable.**

Applicants are encouraged to make a photocopy of their application, including all supporting documentation, *prior* to submission to KDPH, for their own records. All applications and supporting documents will be maintained at KDPH and entered into an electronic database.

Please Note: A valid email address is required for submission of both the online “intent to apply” and the hardcopy application; further, all CCHWs must maintain a valid email address on file with KDPH for communication purposes.

Application Approval

Approval of applications is contingent upon meeting the standards set forth in this guide. Applications may be disapproved under the provisions of the next section

Disapproved Applications

KDPH may disapprove the application if the applicant:

- has not met the eligibility and application requirements set out in this manual
- has failed or refused to properly complete or submit any required information
- has knowingly presented false or misleading information in the application process
- is on the [Medicaid provider exclusion list](#)
- has engaged in unethical conduct as defined in the CHW Code of Ethics ([Appendix B](#)) or
- has been convicted of a felony or misdemeanor directly related to the duties and responsibilities of a CHW, which will prevent the applicant from effectively working as a CHW.

If KDPH determines that the application should not be approved, the applicant will receive written notice of the reason for the disapproval and of the opportunity for re-application or appeal.

Application Processing Timeline

The following periods shall apply from the date of receipt of an application and payment until the date of issuance of a written notice that the application has been approved or disapproved

- Notice of approval for certification:
 - No more than 60 days from receipt of full application
- Notice of application disapproval:
 - No more than 60 days from receipt of full application
 -

Please note: failure to provide all of required materials at the time of submission will result in a delay in application processing times beyond 60 days.

Certification

Upon approval of the application, the KDPH shall issue the CCHW certificate.

- Certificates shall have a certification date, a certification number, and signature by the Commissioner's Office of the KDPH.
- A CCHW shall only allow their certificate to be copied for the purpose of verification by employers, professional organizations, and third party payers for credentialing and reimbursement purposes.

- Agencies or employers may contact the KDPH CHW Program through the [webpage](#), in writing at the address listed above, or by phone at 502-564-7996 to verify certification status of any individual.
- No one shall make any alteration on any certificate issued by KDPH.

Certification Renewal

Each CCHW shall renew their certification **annually** (every year). Certificates expire October 31st, one following application and approval. If a full year has not elapsed from the time of application or most recent recertification, renewal will be through the first full year of certification. Please refer to the table below regarding the recertification month that corresponds with the initial certification date.

Kentucky Community Health Worker Recertification Chart	
Initial Certification	Recertification Month
October - December 2019	October 2020
January - December 2020	October 2021
January - December 2021	October 2022

The recertification process is similar to the initial certification process and includes submission of a completed application, along with an updated photo, continuing education documents, and payment of the recertification fee. See [Appendix D](#) for application and recertification materials.

It is the responsibility of the CCHW to renew their certification by the annual renewal date prior to expiration. KDPH will attempt to email each CCHW a reminder to check their expiration date. Failure to receive notification from KDPH prior to the expiration date will not excuse failure to apply for renewal.

Expired Certification

KDPH shall attempt to inform each CCHW who has not renewed their certification in a timely manner. If a period of 90 days has passed after the expiration of the certificate, then the certificate will automatically expire.

Change of Name and/or Address

Change of name or address shall be submitted to KDPH along with the appropriate documentation. Documentation may include a copy of a marriage certificate, divorce decree, or court decree evidencing such change, or a social security card reflecting the new name, or a Kentucky driver's license or identification card reflecting the new name and/or address. Accurate spelling of the applicant or certificate holder's name is also essential in the event that an employer seeks to verify an individual's certification status.

Upon notification or discovery that the CCHW no longer resides or works in Kentucky, KDPH shall change the status of their certification to inactive.

Continuing Education Requirements

Continuing education requirements for recertification shall be fulfilled during each annual renewal period in which the certification was issued. A CCHW must complete **10 contact hours** of continuing education related to the core competencies each annual renewal period.

- At least five (5) hours shall be satisfied by participation in a KDPH approved training program including a training program sponsored or provided by KDPH or organizations that are approved by KDPH. Organizations approved to provide these hours will be posted on the [KDPH CHW webpage](#).
- Up to five (5) hours may be satisfied through independent self-study. Independent self-study can include participation in relevant trainings that have not been approved by the Kentucky Department for Public Health Community Health Worker Program.
- Credit for semester hours taken at a college or university, which are consistent with the CHW Core Competencies ([Appendix A](#)), will be approved at three (3) credits for each semester hour. If the course is not directly related to the competencies of a CHW, partial credit may be allowed at the discretion of KDPH after review of the course.

Acceptable Continuing Education

Continuing education shall be acceptable if the experience or activity is at least 30 consecutive minutes in length.

- A contact hour is defined as 50 minutes of participation.
- One-half contact hour is defined as 30 minutes of participation during a 30-minute period.
- All continuing education activities should provide for the professional growth of the CHW and be related to the CHW Core Competencies ([Appendix A](#))

Reporting Continuing Education

Each CCHW is responsible for and shall complete and file with KDPH a Continuing Education Tracking Form ([Appendix D](#)) when submitting for recertification. The form must provide the applicant's name, training title, training provider, training date, training hours, and core competency (ies) covered for each activity for which credit is claimed.

Documentation

It is the responsibility of the Certified Community Health Worker (CCHW) to maintain sufficient documentation for all Continuing Education.

KDPH Approved Trainings

Documentation for KDPH approved trainings includes a certificate of completion which includes: name of training organization, title of training, date and length of training and name of participant.

Additionally, KDPH approved trainings include the following statement: “this program has been approved by the Kentucky Department for Public Health Community Health Worker Program to provide X hours of continuing education credit.”

Independent Trainings

For independent trainings, a certificate of completion may be sufficient, provided it includes the following: name of the training organization, the title of the training, the date of the training, your name, and the number of hours.

If the training did not provide a certificate of completion, additional documentation such as a program agenda (with start and end times), program description and objectives, and a copy of the sign in sheet may be required. If you are using a college course for CE credit, you will need to provide the course syllabus.

Required Documentation

Please refer to the table below regarding required documentation for continuing education.

	KDPH Approved Training	Independent Training WITH Certificate	Independent Training WITHOUT Certificate
Documentation	Certificate of completion	Certificate IF it includes:	Agenda with start and end times
		1. Program name 2. Training title	Program description and objectives
		3. Date of training 4. Length of training	Copy of sign in sheet or online registration
		5. Participant name	Course syllabus (if applicable)

Audits

The Kentucky Department for Public Health reserves the right to audit any application and request documentation and proof of attendance at any time.

Failure to Complete Required Continuing Education

A CCHW may request one 90-day extension per certification period if needed in order to complete the continuing education requirement. Certification will not be renewed until the requirement is met.

A CCHW who has not corrected the deficiency by the expiration date of the 90-day extension shall be considered as noncompliant with the renewal requirements and will not be recertified. The CHW may reapply as a new CCHW.

Appendices

APPENDIX A - Core Competencies

This section establishes the core competencies for CCHWs in Kentucky. Core competencies are gained and developed through education and experience, and must be verified by training providers and/or supervisors.

APPENDIX B - Code of Ethics

This section establishes the standards of professional and ethical conduct required of CCHWs in Kentucky. Acknowledgement of review and acceptance of the Code of Ethics on the application is required for certification.

APPENDIX C - Violations, Complaints and Subsequent Actions

This section establishes the standards and processes relating to violations, complaints, and subsequent actions for CCHWs in Kentucky. This includes offenses or criminal convictions; methods to address violations resulting in disciplinary actions; procedures for filing complaints alleging violations and prohibited actions; and investigation of complaints.

APPENDIX D - Application and Recertification Materials

This section provides the application forms, additional documentation forms, and continuing education forms, as well as the instructions for completion and submission for initial certification and renewal of certification.

APPENDIX A - CORE COMPETENCIES

1. Communication

Effective and purposeful communication involves listening carefully and communicating respectfully in ways that build trust and rapport with clients, community members, colleagues and other professionals. Effective communication includes a mix of listening, speaking, gathering and sharing information, and resolving conflict.

Competency includes the ability to:

- a. Define cultural competency and explain the role and importance of cultural competency in meeting the needs of special populations in the CHW's area.
- b. Identify the CHW's role in addressing cultural competency.
- c. Demonstrate active listening and appropriate use of open-ended questions vs. closed questions.
- d. Speak clearly and honestly using language that conveys caring and non-judgmental attitudes.
- e. Describe the importance of non-verbal communication, including body language, tone of voice and other visual cues for both the CHW and the client.
- f. Effectively use the "teach back" method.
- g. Effectively utilize motivational interviewing techniques.
- h. Explain general literacy, health literacy, and how the CHW can be an advocate for clients with low literacy.
- i. Use alternative communication tools such as closed captioning, braille, etc.
- j. Demonstrate the appropriate use of the three (3) main types of adult learning styles (visual, auditory, and tactile).
- k. Model appropriate methodology used for conflict management and anger de-escalation.
- l. Identify and seek supervisory assistance as necessary to address language barriers, personal relationships, or other challenges.

2. Use of Public Health Concepts and Approaches

The knowledge base for CHW practice is strongly influenced by the field of public health. Public health is a science-based discipline that focuses on protecting and promoting population health, preventing illness and injury, eliminating health inequities, and working to improve the health of vulnerable communities and populations.

Competency includes the ability to:

Define similarities and differences between public health and health care.

- a. Accurately convey public health’s emphasis on prevention, the role of policy change in preventing injury and disease, and the CHW’s role in prevention strategies and reduction of health inequities.
- b. Identify and describe Social Determinants of Health and how they shape or influence a person’s health and perspective.
- c. Describe the relationships between public health inequities and race, ethnicity, socioeconomic status, ability level, and language; and explain how inequities drive social injustice and health disparities.
- d. Describe the CHW’s role as an advocate for policy changes to benefit their population and community.
- e. Identify the role the CHW can have on a local, state, or national level as both an advocate for their community and the professional role of the Community Health Worker.
- f. Describe the similarities and differences between preventive health care and management of chronic conditions.
- g. Convey the importance of the following public health concepts and approaches:
 - a. maternal and child health,
 - b. prevention of injuries/falls risk,
 - c. infectious diseases,
 - d. chronic diseases, and
 - e. mental and behavioral health.
- h. Describe the roles of formal and informal data in setting program priorities and targets.

3. Organizational and Community Outreach

Outreach is the process of contacting, engaging with, and helping people to learn about and use resources to improve their health and well-being. Outreach may be conducted with individuals, groups, organizations, and at the community level. In outreach, CHWs “meet people where they are,” building relationships based on listening, trust, and respect. Effective outreach is based on learning community needs and strengths, knowledge about available resources, and sensitivity to personal and cultural dynamics that affect behavior and relationships.

Competency includes the ability to:

- a. Establish and maintain cooperative relationships with community-based organizations and other resources to promote client services, care, education, and advocacy.
- b. Conduct outreach with attention to possible safety risks for self, clients, and colleagues.
- c. Convey how education and outreach plans are based on individual and community strengths, needs, and resources and developed in collaboration with others in order to accomplish assigned goals and objectives for the clients and/or community.

- d. Identify and share appropriate information, referrals, and other resources to help individuals, families, groups, clients, and organizations meet their needs.
- e. Describe the importance and methods of communicating effectively with diverse populations in a variety of community and service provider settings.
- f. Adapt and employ effective, culturally responsive strategies to address identified issues and behaviors.
- g. Initiate and sustain trusting relationships with individuals, families, and social networks.
- h. Work with a variety of special populations, which may include but not be limited to:
 - a. People who are non-English speaking;
 - b. People who are immigrants or refugees;
 - c. People with intellectual or other developmental disabilities (I/DD);
 - d. People with visual and/or hearing impairments;
 - e. People with mobility limitations;
 - f. People with mental health diagnoses;
 - g. People with serious mental illness (SMI);
 - h. People with serious emotional disabilities (SED);
 - i. People with substance abuse diagnosis; and
 - j. People with dual diagnosis (i.e., I/DD and mental health; mental health/substance abuse).
- i. Recognize the need to seek supervisory assistance per agency protocol.

4. Advocacy and Community Capacity Building

Advocacy is working with or on behalf of people to understand their rights and gain access to resources. Capacity building is empowering people to develop the confidence and ability to assume increasing control over decisions and resources that affect their health and well-being. Community capacity building involves promoting individual and collective empowerment through education, skill development, networking, organizing, and strategic partnerships.

Advocacy and capacity building go hand-in-hand and can help create conditions and build relationships that lead to better health. Capacity building requires planning, cooperation, and commitment, and it may involve working to change public awareness, organizational rules, institutional practices, or public policy.

Competency includes the ability to:

- a. Encourage clients to identify and prioritize their personal, family, and community needs and encourage the use of available resources to meet those needs and goals.
- b. Describe the importance of advocacy and when and how to advocate on behalf of clients and communities.

- c. Demonstrate principles and skills needed for identifying and developing community leadership and when and how to apply them.
- d. Implement a variety of strategies (i.e., role modeling) and their appropriate application in supporting clients to meet objectives, depending on challenges and changing conditions.
- e. Describe the importance of an environment that promotes and allows for independent living and the CHW's role in assisting the client to attain/maintain their goal(s) of independent living.
- f. Enhance the capacity of people with disabilities to access and participate in community activities.
- g. Network and collaborate with community partners in capacity building activities.
- h. Provide information and support to empower people to advocate for themselves over time and to participate in the provision of improved services.
- i. Recognize the need to seek supervisory assistance per agency protocol.

5. Care Coordination and System Navigation

Coordination of care and system navigation for individuals and families means that CHWs help people understand and use the services of health and service provider organizations. They also help address practical problems that may interfere with people's abilities to follow provider instructions and advice. CHWs help bridge cultural, linguistic, knowledge and health literacy differences and improve communications involving community members and agency or institutional professionals. They understand and share information about available resources and support planning and evaluation to improve health services.

Competency includes the ability to:

- a. Demonstrate knowledge of health insurance eligibility and enrollment processes to direct clients as appropriate.
- b. Provide referrals and necessary follow-up to help clients access needed services (e.g., social services, public health programs, other institutional services).
- c. Provide care coordination, including basic care planning with client(s) and families (includes client's desire for or against caregiver involvement, needs assessment, and facilitation of care changes).
- d. Demonstrate health care etiquette for Community Health Workers and in the CHW's communication with providers, community members, clients, family members, and organizations.
- e. Provide support for people to follow provider and/or caregiver instructions and advice.

- f. Inform care providers about challenges that limit the ability of clients to follow care plans and navigate the health care system, including barriers as outlined in the current version of the Americans with Disabilities Act.
- g. Recognize the need to seek supervisory assistance per agency protocol.

6. Health Coaching

Health coaching promotes education for healthy behavior change by providing people with information, tools, and encouragement to empower them to improve their health and stay healthy over time. CHWs “meet people where they are,” respecting their experience and their abilities to learn, take advantage of resources, and set priorities and goals for changing their own behavior. CHWs work with clients, family, community members, and providers to identify strategies and solutions to increase opportunities for healthy behavior. The CHW acts as a health coach, using a variety of techniques to motivate and support behavior change to improve health.

Competency includes the ability to:

- a. Apply information from client and community assessments to promote strategies for improving health.
- b. Develop individual health improvement plans in cooperation with clients, providers and other partners that recognize and build upon client goals and strengths to promote self- efficacy.
- c. Develop and encourage the use of SMART (Specific, Measurable, Attainable, Relevant, and Time-bound) objectives to identify problem areas and possible solutions.
- d. Identify and seek removal of barriers to improved health care and positive behavior changes.
- e. Measure client self-efficacy across the time span of program involvement.
- f. Implement at least two (2) different techniques for helping people to understand and address health risks for themselves, their family members, and/or their communities. Techniques include but are not limited to:
 - a. SMART objective development,
 - b. informal counseling,
 - c. motivational interviewing,
 - d. active listening,
 - e. harm reduction;
 - f. community-based participatory research,
 - g. group work, and
 - h. other strategies.
- g. Access, assess, and utilize technology in health care accessibility and assist clients to improve personal health by utilizing appropriate apps/websites.

- h. Access, assess, and convey accurate information utilizing agency-approved methods/materials for diverse cultural/linguistic/literacy populations that support health behavior change efforts.
- i. Provide continued coaching and support for health behavior change.
- j. Identify and seek resolution to barriers, utilizing a variety of techniques with providers and community-based organizations, in order to improve effectiveness of services.
- k. Recognize the need to seek supervisory assistance per agency protocol. (e.g., individual, family, community).
- l. Implement client/person-centered care coordination inclusive of education and behavioral change activities across the health care team.

7. Documentation, Reporting and Outcome Management

CHWs help to promote coordinated and effective services by documenting their work activities and/or writing summaries of client and community assessments. CHWs often present data outcomes and other relevant information about their clients and the issues they face to their agency, community partners, local, state and federal stakeholders about their clients and issues they face. When available, CHWs use computer technology and communicate in English; however, alternative arrangements may be made in order to utilize valuable linguistic capacities, cultural experience, and community relationships that individual CHWs may bring to their work.

Competency includes the ability to:

- a. Comply with the agency's reporting, record keeping, and documentation standards and requirements.
- b. Convey the importance of maintaining objective and accurate documentation per agency protocol.
- c. Describe the CHW's role in timely reporting of outcomes and facilitation of ongoing agency and community planning, program evaluation and quality improvement measures.
- d. Organize thoughts and to communicate effectively with clients, community members, supervisors, and other professional colleagues both orally and in writing.

8. Legal, Ethical and Professional Conduct

Legal, ethical and professional conduct for CHWs include methods to handle ethical challenges as they address legal and social challenges facing the clients and communities they serve. Client confidentiality and privacy rights must be protected in the context of employer and legal reporting requirements.

Care for clients must be balanced with care for self. CHWs must be able to act decisively in complex circumstances while also utilizing supervision and professional collaboration. They must observe agency rules and the regulations governing public and private resources while helping community members to meet their individual and family needs.

Competency includes the ability to:

- a. Practice in compliance with the Kentucky Code of Ethics for Community Health Workers ([Appendix B](#)).
- b. Observe the scope and boundaries of the CHW role in the context of the workplace team and employer policy.
- c. Respect client rights under the Health Insurance Portability and Accountability Act (HIPAA) and applicable employer rules, including legal ramifications of violating privacy policies.
- d. Convey knowledge and understanding of issues related to abuse, neglect, and criminal activities (exploitation) and the CHW's responsibility to file a mandated report of suspected child abuse, elder abuse, domestic abuse, or human trafficking.
- e. Maintain appropriate boundaries that balance professional and personal relationships and recognize the CHW's dual roles as both CHW and community member.
- f. Establish priorities and organize time, resources, and activities in ways that achieve optimal effectiveness.
- g. As necessary, utilize and advocate for supervision, training, continuing education, networking and other resources for professional development and lifelong learning for oneself and one's colleagues.

(Adapted from the Massachusetts Board of Certification of Community Health Workers, 2014)

APPENDIX B - CODE OF ETHICS

Introduction

A CHW is a frontline public health worker who is a trusted member of and/or has a uniquely close understanding of the community served. This relationship enables the CHW to serve as a liaison/intermediary between health and social services and the community and helps them to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities, including outreach, community education, informal counseling, social support and advocacy.

Purpose of this Code

The CHW Code of Ethics is adapted from and supported by the American Association of Community Health Workers. The Code provides a framework for CHWs, their supervisors and employers; all CHWs should strive for excellence by providing quality service and the most accurate information available to the clients and communities served.

The Code of Ethics is based upon commonly understood principles that all health and social service professionals are subject to (e.g., promotion of social justice, positive health, and dignity). Not all ethical issues facing CHWs are addressed; however, the absence of a rule does not imply that there is no ethical obligation present. As professionals, CHWs are encouraged to reflect on the ethical obligations they have to the communities they serve, and to share these reflections with others.

Article 1. Responsibilities in the Delivery of Care

CHWs build trust and community capacity by improving the health and social welfare of the clients they serve. When conflict arises among individuals, groups, agencies, or institutions, CHWs should consider all issues and give priority to those that promote the wellness and quality of living for the client. The following promote professional integrity of the CHW:

1.1 Honesty

CHWs are professionals who work to ensure the best health outcomes for the clients and communities they serve. They communicate the potential benefits and consequences of available services, including the programs under which they are employed.

1.2 Confidentiality

CHWs respect the confidentiality, privacy and trust of the individuals, families and communities they serve.

1.3 Scope of Ability and Training

CHWs are truthful about their qualifications, competencies and limitations to render services and should not misrepresent those qualifications or competencies at any time.

1.4 Quality of Care

CHWs strive to provide high quality service to individuals, families and communities through continued education, training and an obligation to ensure the information provided is up to date and accurate.

1.5 Legal Obligations

CHWs have an obligation to report actual or potential harm to others within the community to the appropriate authorities. Additionally, CHWs have a responsibility to follow legal regulations set forth by the state and/or their employing organization.

Responsibility to the larger society or specific legal obligation may supersede the loyalty owed to individual community members.

Article 2. Promotion of Equitable Relationships

CHWs focus their efforts on the well-being of the whole community and value and respect the expertise and knowledge that each community member possesses. In turn, CHWs work to create equitable partnerships with communities to address all issues of health and well-being.

2.1 Cultural Humility

CHWs possess expertise in the communities in which they serve. They maintain a high degree of humility and respect for the cultural diversity within each community. As advocates for their communities, CHWs have an obligation to inform employers and others when policies and procedures will offend or harm, or are ineffective in the communities they serve.

2.2 Maintaining the Trust of the Community

CHWs are often members of their communities and their effectiveness in providing services derives from the trust placed in them by members of these communities.

2.3 Respect for Human Rights

CHWs respect the human rights of those they serve, respect the principle of self-determination, and promote equitable relationships with all communities.

2.4 Anti-Discrimination

CHWs do not discriminate against any person or group on the basis of race, ethnicity, gender, sexual orientation, age, culture, religion, social status, disability, or immigration status.

Article 3: Interactions with Other Service Providers

CHWs maintain professional partnerships with other service providers in order to serve the community effectively.

3.1 Cooperation

CHWs value the well-being of those they serve above personal disagreements and work cooperatively with any other person or organization dedicated to helping provide care to those in need.

3.2 Conduct

CHWs promote integrity in the delivery of health and social services. They respect the right, dignity, and worth of all people and have an ethical obligation to report any inappropriate behavior (e.g., sexual harassment, racial discrimination, etc.) to the proper authority.

3.3 Self-Presentation

CHWs are truthful and forthright in presenting their background and training with other service providers.

Article 4. Professional Rights and Responsibilities

The CHW profession is dedicated to excellence in the practice of promoting well-being in the communities served. Guided by common values, CHWs have the responsibility to uphold the principles and integrity of the profession while assisting clients to make decisions that impact their well-being. CHWs embrace individual, family and community strengths and build upon them to increase community capacity.

4.1 Continuing Education

CHWs should remain up to date on any developments which substantially affect their ability to competently render service. They strive to expand their competencies and professional knowledge base through education and participation in professional organizations.

4.2 Advocacy for Change in Law and Policy

CHWs are advocates for change. They work on impacting policies that promote social justice and they hold systems accountable to be responsive to communities. Improved policies that promote better public health and well-being will enable them to provide better care for the communities they serve.

4.3 Wellness and Safety

CHWs are sensitive to their own personal well-being (physical, mental, and spiritual health) and they work to maintain a safe environment for themselves and the communities they serve.

4.4 Loyalty to the Profession

CHWs are loyal to the cause of advancing the work performed by other CHWs worldwide. They avoid denigrating the profession and they address any professional problems first with other CHWs.

4.5 Advocacy for the Profession

CHWs are advocates for the profession. They are members, leaders and active participants in local and state professional organizations.

4.6 Recognition of Others

CHWs give recognition to others for their professional contributions and achievements.

(American Association of Community Health Workers, 2008)

APPENDIX C - VIOLATIONS, COMPLAINTS AND SUBSEQUENT ACTIONS

Violations

This section establishes standards relating to: offenses or criminal convictions; violations that result in disciplinary actions; procedures for filing complaints alleging violations and prohibited actions; and KDPH's investigation of complaints. The following elements will be considered:

1. Criminal convictions that directly relate to the CHW profession.
 - a. KDPH may suspend or revoke any existing certification, or disqualify a person from receiving certification due to conviction of a felony or misdemeanor.
 - b. In considering whether a criminal conviction directly relates to the CHW occupation, KDPH shall consider:
 - i. the nature and seriousness of the crime and
 - ii. the relationship of the crime to the duties and responsibilities of a CHW.
2. Certain criminal offenses which indicate an inability to perform the duties and responsibilities of a CHW.
3. The extent to which any certification might offer an opportunity to engage in further criminal activity of the same type as that in which the person previously had been involved.
4. The relationship of the offense or violation to the ability, capacity, or fitness required to perform the duties and discharge the responsibilities of a CHW.
5. KDPH may consider other particular violations in order to promote the intent of this section.

Examples of Violations:

- A person intentionally or knowingly represents oneself as a CCHW without a valid certificate issued by KDPH;
- A person obtains or attempts to obtain a certificate issued by bribery or fraud;
- A person engages in unprofessional conduct, including the violation of the Code of Ethics for Community Health Workers;
- A person fails to report to appropriate authorities a violation or any allegations of sexual abuse by another person;

- A person has a certificate revoked, suspended or otherwise subjected to adverse action and continues to use the term Certified Community Health Worker to identify themselves.
6. **Procedures for revoking, suspending, or denying a certificate to persons with criminal backgrounds.** Written notice shall be given to the person that KDPH intends to deny, suspend, or revoke the certification after a hearing with the CHW Advisory Board.

If KDPH denies, suspends, or revokes a certification under these sections after a hearing, KDPH shall give the person written notice of the reasons for the decision.

7. **Filing of complaints.** Anyone may complain to KDPH alleging that a CCHW has committed an offense or action prohibited under state law or that a certificate holder has violated a regulation in this manual.

A person can notify KDPH of an alleged violation by the following means:

Mail

Kentucky Department for Public Health
Community Health Worker Program
275 E. Main Street, HS2W-E
Frankfort, Kentucky 40621

Email

CHW.Certification@ky.gov
Subject Line: “Community Health Worker Complaint”

Upon receipt of a complaint, KDPH shall send an acknowledgment letter to the complainant. Copies of the complaint form may be obtained from KDPH. Anonymous complaints will not be investigated.

If the information received addresses a concern that is outside the scope of the CHW Certification Standards of Process, KDPH will not consider the concern a complaint. KDPH will inform the individual or organization with the concern via certified letter that the concern is outside the scope and will not be investigated by KDPH.

8. **Investigation of complaints.** KDPH will investigate the complaint by the most efficient means available. This may include contacting the complainant for more information, the person or organization named in the complaint, and others who may be able to provide information. Whenever KDPH dismisses a complaint or closes a complaint file, KDPH shall give a summary report of the final action to the CHW Advisory Board, the complainant, and the accused party.
9. **Disciplinary action.** KDPH may take disciplinary action if it determines that a person who holds a certificate is in violation of the CHW Code of Ethics.
10. **Fair hearing.** The fair hearing shall be conducted according to established guidelines. Prior to making an adverse action regarding certification, KDPH shall give the certificate

holder written notice of an opportunity for a hearing on the proposed action. The certificate holder has 20 days after receiving the notice to request a hearing on the proposed action. A request for a hearing shall be made in writing and mailed or hand-delivered to KDPH, unless the notice letter specifies an alternative method. If a person who is offered the opportunity for a hearing does not request a hearing within the prescribed time for making such a request, the person is deemed to have waived the right to a hearing and the action may be taken.

11. **Final action.** KDPH may determine that a CHW has violated the standards or Code of Ethics and may take disciplinary action.

Disciplinary action may include:

- Reprimand.
- Action regarding certification which may include:
 - Denial
 - Revocation
 - Non-renewal
 - Suspension

12. If KDPH suspends a certificate, the suspension remains in effect until KDPH determines that the reasons for suspension no longer exist. A CHW whose certificate has been suspended is responsible for securing and providing to KDPH such evidence, as may be required by KDPH, that the reasons for the suspension no longer exist. KDPH shall investigate prior to making a determination.

During the time of suspension, the former certificate holder shall return the certificate and identification card(s) to KDPH. If a suspension overlaps a certificate renewal period, the former certificate holder shall comply with the normal renewal procedures in these sections; however, KDPH may not renew the certificate until KDPH determines that the reasons for suspension have been removed.

A person whose application is denied or certificate is revoked, as a result of disciplinary action, is ineligible for a minimum of one year from the date of the denial or revocation.

KDPH will give a summary of the final action to the complainant, the Community Health Worker, and the CHW Advisory Board.

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