

## CoP Meeting Agenda

**Project:** Health Worker Community of Practice

**Date:** Wednesday, June 7, 2017

**Time (Pacific): 10-11 AM Pacific**

**Dial-in:** 213-992-5321; PIN: 28561

### Attendees:

- Monique Cuvelier, Pres. of Talance Inc., Facilitator of CHW
- Amanda Santos, Program Coordinator, Nevada Department of Health and Human Services
- Quinn Cartwright, Project Manager, Nevada Community Health Worker Association (CHWA)
- Bill Applegate, Executive Director/CEO, Iowa Chronic Care Consortium
- Yanitza Soto, Community Health Worker Program Manager, Arizona Department of Health Services
- Margarita Allen, Community Health Worker Curriculum Coordinator, Nebraska Department of Health and Human Services
- Jessie Perez, CHW Facilitator, Nebraska Department of Health and Human Services

### Agenda Items:

1. Welcome
2. Introductions
  - a. Nebraska, Margarita Allen
    - i. Training: Online + (4 full days) In-person
    - ii. At the end of training, participants accomplish a graded capstone project.
      1. Done in the community.
      2. Certificate is given after.
3. Open Discussion
  - a. CHW certification programs
    - i. AZ
      1. Core competency curriculum still unavailable
    - ii. IA
      1. First training spent mostly with Alliance
        - a. "C.O.R.E. training" (rather than advanced)
          - i. Focused on core skills
  - b. What Online training means
    - i. AZ
      1. Health Coaching.
      2. Motivational interviewing.
      3. Specific training on:
        - a. Diabetes
        - b. Hypertension
        - c. Tobacco cessation

- d. Core skills (2 modules)
      - i. Piloted with internal CHW group, Maternal and Child Health Program (Health Start).
        - 1. Focused on pregnant moms and babies.
    - 4. Bill asking Yanitza to exchange info.
    - 5. Monique offers Talance's repository and newsgroup as additional reference.
- c. Nevada
  - i. December 2016, submitted grant application to ASTHO
    - 1. States approved for the grant to convene a CHW learning community:
      - a. LA
      - b. NE
      - c. NC
      - d. OK
      - e. NV
    - 2. Topics to discuss with ASTHO experts:
      - a. Trainings
      - b. Certifications
      - c. Strategic planning
      - d. Coalition building
      - e. Financing
      - f. Specific concern from Nevada: developing and sustaining CHW association.
    - 3. NV, chosen for onsite visit by ASTHO.
      - a. Tailored webinars and TA calls from ASTHO.
        - i. Topics: certifications, financial implications, integration of CHW into the care model and integrated care team.
        - ii. First webinar, scheduled for next week.
          - 1. Stakeholders and partners will be present.
    - ii. Registry for CHW, not discussed yet nor considered a priority but may be discussed during the meeting (ASTHO).
    - iii. Expected impactful outcomes from the grant:
      - 1. Convening stakeholders and partners together.
      - 2. Building members of the association.
      - 3. Working together.
      - 4. Providing reimbursements for CHWs for their services offered.
        - a. Sustains CHW health programs.
- d. Nebraska, not sure about the ASTHO status.
- e. Iowa on CHW program sustainability.
  - i. Building CHW workforce through active hiring of CHW health workers by Manage Care Organizations (MCOs).
    - 1. Helped shaped and given prominence to CHWs.

- ii. Increasing interest in the healthcare arena:
    1. Re-aligning of resources within the Public health organization to have CHWs
    2. CHW centers believe it's pivotal to have people in the community working.
      - a. Diversion of resources to CHWs.
    3. ACOs, just beginning.
- f. Arizona on CHW program sustainability.
  - i. Project: Integrating clinical CHWs into a qualified [hospital?]
    1. Include CHWs into their operational budget overall.
    2. Focused on:
      - a. Diabetes
      - b. Hypertension
    3. Process of diverting and re-allocating some of the CHWs' responsibilities to ensure that it's encompassing the entire clinic need.
    4. Robust alliance of Community Health centers that support the workforce.
      - a. Main challenge: Appropriate job requirements or responsibilities, or job title to have.
        - i. Gives CHWs proper identification.
        - ii. State registry for CHWs might be useful.
    5. Couple of ACO groups
- g. Margarita on State Registry
  - i. Ability to mass email everyone.
    1. Offer continued education.
- h. Nevada, Regulation of CHWs
  - i. Track CHWs and maintain continued education.
  - ii. Will help with reimbursement
    1. Helps push for reimbursement that these are certified individuals held to a standard.
- i. Job title issue
  - i. Nevada
    1. Compiled a list of self-identified CHWs
    2. During surveys, participants are asked about their main job responsibilities. Answers are checked if it is aligned with a CHW role.
    3. Some employers have started to show interest on CHW training.
      - a. In order for CHWs to do extra things outside of their scope of responsibility as defined in the legislation (completely passed in 2015) and regulation (not yet implemented), CHWs may be given different job titles such as care coordinators, health educators, etc.
    4. Nebraska does the same to identify CHWs.

- ii. Iowa
      - 1. Most participants of the training did not identify as CHWs.
      - 2. To be shared with group, results from an online survey developed after CHW training.
        - a. Still “no professional affiliation” with the CHW job title.
          - i. Positions are created based on needs.
        - b. Quinn, to follow up with Bill on the survey results.
  - j. Iowa on sustainability
    - i. “Proving value,” secret sauce to sustainability.
      - 1. Involved in a couple of discussions and applications to create defined CHW demonstrations in different settings around the state and evaluate aggressively to provide better proof of value added by CHWs.
      - 2. Looking to close grant funding for this.
4. Community of practice, celebrating its first anniversary.
  - a. First meeting question, “What are your needs and how can we all help?”
5. Group sharing: “What’s the biggest pressing issue and how can you imagine that we can help?”
  - a. Nebraska
    - i. Issues:
      - 1. Funding is going to end soon.
        - a. Looking for different ways to sustain and grow themselves.
      - 2. Not enough people to develop the materials needed.
        - a. Educational materials, training modules from other groups or State with already developed resources would help a lot.
          - i. Good source: Washington modules from Scott.
        - b. Iowa: Focused on gathering a group of people or organizations interested in sustaining CHWs.
          - i. Curricula are developed with the help of interns from University programs.
  - b. Iowa training
    - i. Drawn from Nebraska and Minnesota and other States.
    - ii. Training was also created based on what the local interests are.
    - iii. Not given priority on:
      - 1. Certification
      - 2. Funding
      - 3. Definition of CHWs
    - iv. Organization is experienced in online training.
      - 1. First training was in person training.
      - 2. Looking to combine online and in-person training to increase reach within the State.
6. Monique, to send out:
  - a. Needs Assessment to the group.
  - b. Poll for next meeting topic.

i. Last two weeks of July.