**Date:  Thursday, May 4, 2013**

**Time:  1:30pm – 4:30pm**

**Location:  UNMC Omaha COPH Building Rm.  2020**

**Agenda:**

1. **Introductions**

Teresa Anderson, CDHD; Jessie Perez BCCP; (Ruti Margalit UNMC CoPH;

Jaimee Goffin, UNMC CoPH; Rossa Goffin UNMC CoPH, Laura Vinson UNMC CoPH, Rebecca Haworth UNMC CoPH; Denise Zwiener BCCPMelissa Liepoldt (NeDHHS OWMH; Maria Hines (NeDHHS, OHDHE), Josie Rodriguez (NeDHHS, OHDHE), Captain Jose Balardo US DHHS.

1. **Round table discussion (each member is encouraged to bring their expertise and interest to the table in order to better understand the CHW process in Nebraska)**

Carl Rush from University of Texas will come on \*June 11-12th\* to discuss community health worker models and assist in development of a strategic plan.

Purpose of Today: 1) Plan what we should address when Carl Rush comes.

Denise Zwiener—Public Policy collaboration with the CoPH—

Cpt Balardo—CHW can provide a huge role in implementing the Affordable Care Act & enroll into the insurance Marketplace; The navigator program will also be very important.

US Office of Minority Health Resource Center—several training opportunities available—Jay Blackwell; can provide free training for CHWs

Rosa Goffin—What is the purpose of the CHW? Is it professional/career development? CHW as a support group? CHW in a clinic doing 1-1 pt follow-up and education? Navigation of health system?

Josie Rodriguez—Perhaps it is similar to a CNA program; some will not want to move up the ladder and want to stay

Medical Home Model through DHHS—work with clinics to assess outcomes; in Kearny

Ruti Margalit—Suggested that we use caution as we move forward, making sure we have evidence-based practices before moving forward

What are the needs in Nebraska for health? –how do we know the topics/needs?

Payment likely for CHWs, but could be volunteers;

Important to have CHW because the community trusts CHWs/they are needed and can increase efficiencies as well as outcomes. Clearly, using the CHW program simply because it is less expensive than using professionals is the wrong rationale.

Lay Health Ambassador training on July 25th for OHDHE in GI at the second annual Lay Ambassadors Summit.

CHWs need clear and defined roles/objectives they should accomplish within their community; Ratio of CHW to # community members varies—maybe 1 CHW:50-75 community members, depending on the role they play.

Melissa—The Health Navigator training is a 12 week modules on-line with homework etc.

 -Challenges—not all had time designated from their agency to do CHW training

 --not all computer savvy with computer skills

 --define role of CHW, specific to area

 --has core competencies, breast-feeding, cancer prevention, etc….

Debate: mandating a state competency for CHW training vs. local curriculum developed

Where should the CHW be located? Clinics, Service Agencies, Work place, Community Centers, etc….

1. **Establishing goals and objectives**

**As training level increases, the CHW responsibilities**

**For State-WideUse of Uniform Core Competencies:**

|  |  |
| --- | --- |
| **Pro** | **Con** |
| Uniformity across the state-may help with larger funding  | No power to enforce use of competencies |
| More efficient use of resources (time/money/etc.)  | Community receptiveness |
|  Clout for occupation – builds respect  | Intimidates people from partnering if competencies are “mandated” |
| Recognition as a state  | Who and how is efficiency evaluated? |
| Consistent outcome measures across state  | Enforcement of core competencies |
|  | Who defines competencies  |

1. **Action steps**

June 11-12th action plans

Can we do a webinar?

Stakeholders to invite on June 11th and 12th (certain reps from each place on 12th:

 -Nebraska Medical Association--NMA

 -NHA

 -HCAN

 -Refugee Representatives

 -FQHC

 -Workforce Development

 -Patient Centered Medical Home Group

 -Clients

 -Public Health Association of Nebraska

 -AHEC

 -UNMC; SLA-Ruti Margalit, PHTC-Brandon Grimm and CRHD-Dejun Su,

other?? Ruti may have suggestions

(Josie suggested Renaissa Anthony, Athena Ramos)

1. Who decides competencies?—this group (preliminary), Employers/Agencies, Current CHWs
	1. Will be decided on Day 2/June 12th

2. Share Lay Health Ambassador results from last year—Maria will send to this group

**DAY 1 Schedule:**

June 11th Day 1: (Webinar if possible)

1. Goals for Day 1
	1. Develop shared understanding of Community health workers
	2. Determine employer needs for strategic planning to take in to Day 2.
2. Activities for Day 1
	1. Orientation (outcome of meeting and prioritize biggest concerns/barriers moving forward)
	2. CHW’s training:

 Who are they?

What are they? What do they do? SoP

 How are they used?

 Why are they used?

* 1. Present Core Competencies (as below: discussed on 5/2/13):

Developing Nebraska standardized community health worker training and certification would incorporate the follow core competencies. *(Source: National Community Health Workers Advocacy or Advisory Survey*) [ACTUALLY A MIX OF ROLES AND COMPETENCIES]

1. Providing Cultural medication between Communities and Health and Human services systems

2. Providing informal counseling and social support

3. Providing culturally appropriate health education

4. Advocating for individual and community needs

5. Enduring that people obtain necessary services

6. Building individual and Community capacity and

7. Provide basic screening services.

**+10 years later HRSA-CHW national Workforce added: 5 MORE** [MODELS OF CARE]

8. Member of the care delivery system

9. Navigator

10. Screening and health education provider

11. Outreach/Enrollment/ informing agent

12. Organizer

**DAY 2 Schedule:**

June 12 Day 2:

1. Goals for Day 2 [SMALLER GROUP?]
2. **Complete steering committee membership to be all inclusive.**
3. **One year plan (develop matrix for goals/ objectives of next year)**
4. Activities for Day 2: Strategic Planning
5. Attendees by Invitation Only—
6. Quick review of 12 core competencies
7. Present Tri-level models; Strategic Planning, Employers/Agencies need to provide feedback about 12 core competencies (Do these meet your needs?/What are we missing?), Determine List of Core Competencies of CHW Occupation (state plan competencies)

Proposing a plan for state core competencies with the Tri-Level model (Level 3 have a mandated curriculum allowing for possible Medicaid Reimbursement). Contingent upon preliminary input from employer/agencies needs for CHW and existing CHWs about their educational competencies and the tri-level model;

 -Need to better identify needs of employers

 -Need to better define Level 1, 2, and 3 for educational competencies of the CHW

-Need CHW voice--CHW will define levels (education, work setting) in July

 \*Curriculum developed with educational competencies for the CHW can be developed

 independently, but curriculum can also be shared from agencies/counties/etc.

Follow up: July 25: Lay Health Ambassador Summit . Steering committee will assist with collection of data and discussion with current Community Health Workers so that they have ample opportunity to voice opinions on

Define level 1, 2, 3 with CHW

Members of Steering Committee to moderate meetings

Advance Questions needed—Melissa make table top questions

Questions:

1. How to get CHW representation on steering committee:
	1. Nominate CHW’s from all geographic areas
	2. Will they have employer support
2. Discussion of members on steering committee -concern about getting committee too big Maybe should narrow to a group of 12 or so.