**Nebraska Community Health Worker Coalition Steering Committee**

 **April 29, 2014 Minutes**

**Participants**: Roy Rivera, Rosa Valerio, Bill Brennan, Lisa Steele, Crystal Winfield, Susan Ferrone, Maria Hines, Jamie Hahn, Melissa Leypoldt, Kari Majors, Tracey Bonneau, Ryan Stamm, Marcie Kemnitz, Jessie Perez, Brandon Grimm, Josie Rodriguez, Diane Lowe. Guests: Sarah Evans, Mary Lentini

**Facilitator:** Aiko Allen

**Tasks/Outcomes:**

· Updates: Workgroup efforts and products (core competencies, awareness campaign components for approval)

· Collaboration focus – Association Workgroup/PHAN Section. Readiness for Leadership criteria; certification vs licensure CHWs

· Next steps to maintain momentum and produce outcomes by due dates (SHIP Implementation outline)

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| **Agenda Item** | **Discussion** | **Action** |
| Association and Education Workgroup Updates | Approval of products: * CHW fact sheets for recruitment of new Association members and for professionals to “spread the word” about the value of CHW workforce
* Association logo
* Draft press release
* Aiko also shared the Steering Committee/Coalition overview and milestones for progress document that is being used as background material to new coalition and workgroup members (in meeting participant packet)
 | Materials approved. |
| Pro’s/Con’s Certification vs Licensure (via Carl Rush) | Certification simpler. Can lay groundwork for licensure. Licensure complex. In health care involves a level of harm in direct care that doesn’t apply to the work CHWs perform. | * Get MCOs/Medicaid representatives to Steering Committee

-**Crystal**: Get Dr. Lazarus Arbor-**Kari**- Dr. Esser- Coventry-**Diane Lowe**: Alfonso Shade* Develop Career Ladder – grandfathering current CHWs in practice
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| Standards Workgroup: Certification vs licensure dialog | Opportunities:* Exam: Can look at areas for improvement if the exam yields an unsatisfactory score
* Can get input from employers-education; needs assessment for CHWs
* Self-sustainability – more formal a profession becomes, more funds generated for salaries
* Have documentation of success; accountability
* All CHWs trained at minimum core standards
* ROI for prevention(Buffalo County data)
* Polish CHW definition so we all have one message
* Interim legislative study – Senator Howard. **Study to launch 2nd week June**
* Incentive: Lay health ambassador training –just having this certificate encourages workforce development- having CHW certification could be perceived as next career advancement

Barriers for certification:* Employers not sold yet – have to leverage reimbursement by CMS – for example 30 day re-admission rate goes down; emergency room visits go down – measurable results
* Hospitals; MDs, through Medicare and Medicaid must see productivity of CHWs – impacts – measurable (inappropriate use of ERs; hospital discharge data)
* Among CHWs – could limit the pool of CHWs as some may not want to take exam for a number of reasons (feeling threatened by exam, technology,language challenges)
* Ground level CHWs more about empathy-not theory
* Costs passed on to students and institutions – who will pay; students will need to maintain skill sets
* From CHW standpoint, what is “core to the core” standards – not academic standards
* What happens to CHWs who don’t want to take an exam?
 | Recommendations:* Make sure that Senator Howard receives input from the Steering Committee/Coalition as there is groundwork and research about certification; recommended core competencies, etc. in preparation for policy development
* **Ryan and Brandon** will meet with Senator Howard in the next few weeks. Ryan will invite Senator Howard to attend Steering Committee meetings; Brandon also to share information about the coalition and work done to date by the workgroups
* **Aiko** to provide materials to Ryan to take as an introductory packet to Senator Howard.

Solutions regarding certification:* Exam should also have practical skills lab to show we have skills (broaden assessment – solution)
* Grandfathering current CHWs in practice
* Create career ladder-CHW I,II,III, etc.
* Create more than one exam - core competencies expand by CHW levels (exam I,II, III). Master each level’s requirements.
* Must make sure that, in regards to Steering Committee, if certification involved, that neutrality is demonstrated
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| Statewide CHW survey (who? where? what responsibilities and roles?) Kari Majors/Jamie Hahn | The national CHW survey coordinated by the University of Arizona was reviewed by Kari and Jamie. It was determined that the survey has many of the key questions that we want in Nebraska survey. University of Arizona will extend the survey deadline to end of workday May 15 so that we can access information pool for Nebraska. Discussion* Can paper surveys be distributed for those who may be technology challenged?
* Can surveys be in other languages?
* Could Stephanie, Victor, Rosa and others coordinate paper surveys with CHWs and get survey results to Mary who will enter the information into Survey Monkey
* Can we get an extension to May 31?
* Who should get CHW national survey?
 | * Use of the national survey was approved.
* University of Arizona, given research guidelines, cannot include a pool of separate paper survey in the analysis process.
* The deadline cannot be extended to May 31.
* All Steering Committee/Coalition members to promote the survey to CHWs so that we have as much information as possible to describe our CHW population in the workforce in Nebraska.
* **Kari** to provide PDFs to Steering Committee in other languages.
* **Aiko** to re-circulate the flyer with survey link and **new deadline: end of workday May 15**.
* Who should survey be directed to? CHWs who are employed or volunteers? Who sees themselves as CHWs? Include Definition so people can decide whether they want to complete the survey.
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| DHHS Employer CHWs Survey: Kari and Jamie | Funds originally intended for development, distribution, and analysis of a CHW workforce survey now shifted to CHW employers. Discussion:* What employers to survey?
 | * June draft. Get out late July/Aug
* Who do we include in sample? Membership orgs in Nebraska – PHDs local HDs/PHAN; FQHCs; NE Academy Family Physicians; ACOs; Hospital associations through on-line survey thru Medical Society; MHIs, Worksite wellness groups; Triple A’s.
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| Core competencies | As the Standards and Association Workgroup had already reviewed, edited, and approved the core competencies draft, the Steering Committee was asked to approve the competencies. With new participants at the table, the document was reviewed and further edits added.Discussion: concern for whether core competencies are “core” to current CHW practice and how will the door continue to be open to all individuals who consider themselves CHWs should there be a standardized certification process in place statewide? | * The core competencies document was finalized with approval by majority.
* **Roy, Rosa, Kari, and Mary** will work on development of a set of focus group/listening sessions for CHWs in practice to describe what the coalition is doing, learn opportunities and challenges to the development of the CHW workforce from their standpoint, and provide an educational presentation on a topic of interest to CHWs to attract them to attend the session.
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| Criteria for Leadership Transition: From Steering Committee to Association | Criteria for succession: * Strong Association with members who are engaged
* More CHWs in section
* Dedicated staff
* Coordination of stakeholder education; policy advocacy
* Mix of members with different skill levels and sectors

What would association look like 5 years from now? What Association can be anticipated to offer as a viable and sustainable organization?* Training and continuing education offered from Association
* Advocates for policy and resources
* Creates and defines the CHW workforce
 | At this time, the Association is working towards leadership transition. The Association can use the criteria generated so far to evaluate where it is in terms of readiness to take on leadership. Note: continued discussion of Steering Committee members as Association Section members – paying dues? For DHHS, further clarification (for those who already pay dues to PHAN) **Josie** |
| Communication - Follow through on tasks for Steering Committee and workgroups | DiscussionWhat can be done to follow the ground rules we’ve set in terms of participation as Steering Committee members and workgroup members? * Lack of response to emails for votes, edits
* Under utilization Share Drive where documents are housed

Are there other ways to circulate information? | * Place final products on the Association PHAN section webpage
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| State Health Improvement (SHIP) questions for collective impact  | As part of completion of SHIP objectives, questions were included on the agenda in the format requested by DHHS. What is 2014 Victory (measurable)?* Coalition formed, workgroups functioning, Association established (graphic of success); orgs statewide on SC; more defined data collection

Benefts for doing this?* Core competencies established; certification process initiated; increased awareness from legislature of CHWs
* One voice; unified message

Cautions* Turf issues
* Neutrality while setting criteria for certification
* Striking balance for CHWs in lead as coalition grows – More CHWs and organizations leaders at the table

Needed Resources* Time
* Support from organizations to involve their CHWs
* From health systems, understanding of health impacts if CHWs utilized
* Not enough data to show health outcomes

Keys of Success* Enthusiastic, passionate people
* A powerful champion in legislature
* CHW participation
* Keep focus
* Engaged local HDs
* Moving policy forward
* Presentations at national level
* CHW orgs pay dues to PHAN
* Transition SC into Association
* SC members to mentor CHWs

Communication from Association and not SC |  |
| Workplan completion |  | A smaller subgroup will meet by conference call to complete edits on the workplan for presentation to the group. **Roy Rivera, Jessie Perez, Teresa, Josie or Diane** **Aiko** will coordinate a conference call for the group in the next **two weeks**. |
| Next Meeting | May? Invite Carl Rush for a T/A sessionJune 24-25 Minority Health conference. Have a half-day meeting? | **Josie and Diane** will contact Carl Rush. **Aiko** will get a Doodle Poll out to participants. |
| Meeting evaluation | Pluses* A lot done
* Good participation
* New faces
* Food

Deltas* Parking
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