**ASTHO CHW Learning Community: Kentucky State Team Call – Agenda Setting and TA Needs Discussion**

**(October 11, 2019)**

**Objectives:**

* Hear updates from Kentucky state team on activities related to CHWs
* Discuss opportunities and challenges to help identify areas where ASTHO and SMEs can provide TA
* Agenda setting for the next 6 months and discuss sustainability considerations

**Attendees:** Laura Eirich, Bev Beckman, Carl Rush**,** Terry Mason**,** Anna Bartels and Tequam Tiruneh

**Kentucky State Team Updates**

* CHW certification was launched on October 1 (one application received so far). Also launched an intent to apply survey online (25 respondents, plus all of Homeplace Program’s 20 CHWs). Certification is voluntary, but employers may choose to require their CWHs to apply.
* The Kentucky state team is considering developing state regulation to enable them to establish an official advisory board. ASTHO has previously shared MA’s regulation to use as a model.
* The Fourth Annual KYACHW Conference was held on September 19 in Lexington. 140 were in attendance (a third were new to KYACHW). Panel topics included opioid crisis, self-defense for home visit, mental health, and diabetes. Next year’s conference is currently being planned.
	+ Carl extended invite from NACHW encouraging members of KYACHW to also join NACHW’s membership. NACHW has recently appointed an executive director and is developing a database for CHW resources. Carl will continue to share updates on what’s happening at the national level.
* KY Homeplace (longest running CHW program) did a project with Well Care with 22 CHWs trained to do health coaching workshops in asthma, diabetes, blood pressure, and obesity. Saw a ten percent reduction in ER visits, 13 percent reduction in nonemergency visits, hospital inpatient days dropped by 27 percent. Laura shared a shortened version of the report.
* KY is also working on a training curriculum review matrix and is interested in modeling it after Texas’s process. They were interested in learning about the process for determining the requirements for the number of hours worked (Texas uses 1,000 hours).
	+ Carl indicated that Texas recently underwent a revision adjusting requirements based on 17 years of experience. They added a three-year look-back period, parallel to other state rules. Grandfathering will be available, but experience (1,000 hours) over the last three years will be considered.
* KY Medicaid reached out to KDPH a month ago to discuss CHWs. Devon (division director) is currently working on setting up the meeting.

**Group Discussion**

* Laura indicated challenges in conducting an evaluation with common outcome measures, since not all CHW programs focus on the same clinical outcomes and the department doesn’t have the authority to require them to do so.
* Bev shared that KDPH had received some TA in the past to learn about Michigan’s Common Indicators report; however, there were challenges getting people to complete the surveys. She also indicated that KDPH is interested in conducting an evaluation for program specific outcomes, since Medicaid is interested in seeing the value and cost savings.
	+ Carl shared that the trend is now to define CHWs more as generalists and that there could be common measures collected from the patient or community members view (health literacy, understanding one’s own health-related behaviors) that can cut across multiple programs. In terms of the distinctions between different kinds of evaluation and assessment, there are assessments for seeing how well CHWs are performing. An evaluation could also assess the level of proficiency of individual CHWs, which is a central issue for certification.
	+ Terry also suggested looking at the common indicators measures to suggest a menu of outcomes to measure, although organizations might not necessary want to choose them all.
* Laura shared that KDPH has a general list of programs that employ CHWs, but that it doesn’t have a pared down list of which ones could/should be influenced.
* She has also worked on sharing suggestions on how to evaluate CHWs to a sub-committee (through the CHW Advisory Workgroup), although getting a consensus has been challenging.
	+ Anna offered ways that ASTHO/SMEs can support in this area. Suggestions include hosting a webinar for the sub-committee or providing support to KDPH on how to facilitate the next sub-committee meeting.
* KDPH shared as a challenge the automation of collecting data as well as system support.
* Laura shared that Katrina Cummings from VT reached out indicating interest in replicating KY’s work on certification. She has also been in touch with NC discussing about ways for supporting each other in efforts around CHWs.

**Next steps and Wrap up**

* Laura and Bev to follow-up with Sue Thomas-Cox and Connie White on:
	+ Status of conversations with Medicaid
	+ Information that is needed to continue the evaluation conversation with Medicaid (what would Medicaid need to see from those evaluations?)
	+ Whether it would be helpful to have a presentation or facilitation support from the ASTHO team during conversations with the certification sub-committee.
* KDPH could consider putting together a list of programs that employ CHWs across the state that could be influenced in current efforts on evaluation.
* ASTHO/SMEs could assist in reviewing a regulation draft or outline that the KY team would put together.