

STATE OF CONNECTICUT
State Innovation Model
Community Health Worker Advisory Committee

Meeting Summary

Tuesday, October 16th, 2018

2:30 pm – 4:30 pm

Location:

CTBHP, 500 Enterprise Drive, Suite 3D, Litchfield Room
500 Enterprise Drive, Rocky Hill, CT 06067

Members Present: Terry Nowakowski, Millie Seguinot, Grace Damio, Juan Carmona

Members on the Phone: Ashika Brinkley, Darcey Cobbs-Lomax, Loretta Ebron, Chioma Ogazi, Linda Guzzo, Liza Estevez, Thomas Buckley, Mayce Torres

Members Absent: Migdalia Belliveau, Robert Zavoski, Peter Ellis, Nicholas Peralta, Michael Corjulo, Tiffany Donelson

Other Participants: Jenna Lupi, Katharine London, Bruce E. Gould, Fernando Morales, Maggie Litwin, Fatawu Mahama, Meredith Ferraro (phone), Cecil Tengtenga, Keturah Kinch, Chris Andressen (phone), Giselle Carlotta-McDonald (phone), Dana Robinson Rush (phone), Nina Holmes (phone), Randy Domina, Cindy Dubuque-Gallo (phone), Adriana Rojas, Erika Lynch, Tekisha Everette

Call to Order and Introductions

Terry Nowakowski served as Chair and called the meeting to order at 2:35pm.

Public Comments

No public comments were submitted for discussion.

Approval of Minutes

Motion: Terry Nowakowski to approve minutes from September 6th

Second: Millie Seguinot

All in favor

Purpose of the meeting:

The purpose the meeting is to provide updates on the CHW Report and Legislation, discuss the future role of the Advisory Committee, and discuss the selection process for the Certification Advisory Body. In the course of our discussion, the Southwest AHEC team will describe their strategy for engaging Connecticut partners around Certification and share the attached Work Plan.

Review & Discussion of Report to the Legislature on CHW Certification

Jenna began the meeting with the review and discussion of the Report to the Legislature on CHW Certification. Jenna noted that the report was approved by the Steering Committee on September 13th. Jenna then reviewed the agenda prepared for the meeting.

The following are the agenda items to be reviewed and discussed during the meeting:

Updates: CHW Report and Legislation

Discussion: Future Role of the Advisory Body

Discussion: Selection process for the Advisory Body

Next Steps: Ways to get involved

Jenna reviewed updates to the report and stated that the next steps to turn the report to Legislation for approval. Report to the Legislature on CHW Certification approved by Steering Committee on September 13. Information was added to the Report to clarify the expected salary and fringe rate for a half time DPH staff member to oversee certification: \$44,662. The Committee discussed adding eligibility criteria that would protect against certain types of felonies, however no changes were made to the Report.

Jenna stated that the Office of Health Strategy is not planning to submit Legislation but Tekisha Everette confirmed that Health Equity Solution will work on the Legislation. More updates will be shared during the meeting in November.

Next, Jenna began the discussion regarding the future role of the CHW Advisory Committee in both short-term and long-term goal and asked the Committee to share their thoughts.

In short-term, the main goal is to advocate for the passage of Legislation for CHW Certification and ways for the Advisory Committee to support the work.

Next, Fernando from the Southwestern AHEC Team shared the work plan that support advocacy efforts for the Certification legislation. Some of the key points are:

1. Statewide Outreach, engagement and support for passage of legislation for CHW Certification.
2. To develop consistent easy to understand message campaign with flyers, social media events, newsletters, community conversations and more.
3. Work on the content for the CHW website.
4. Engage as many stakeholders as possible to spread the word regarding the CHW's and their future after the certification.

Jenna then asked the Committee members to share their ideas, comments and general discussion in efforts to support the Work Plan.

One of the members commented to get commercial payers involved. Jenna added that the certification is a great way to demonstrate the potentials of the CHW workforce, and to engage payers. Dr. Gould added that previous conversations with various executives regarding the reimbursement were not successful due to the fact that CHW's were not certified. These payers would not be willing to pay unless they were certain that the CHW's were competent to do their job and that would require certification. Dr. Gould added that another way would be to review the structure around quality performance program from Medicare and Medicaid and other programs to support physicians and clinicians in the areas to help meet the requirements of achieving quality measures. Adding qualified community health workers could potentially meet some of the quality requirement and get better outcomes.

Jenna added that having one pagers to describe the qualifications of the community health worker and more importantly the certification could potentially help payers and providers to meet their quality measures.

One group member added that some other groups to look at are the hospitals that are working with the social determinants of health and other institutions providing safety and the environment.

Jenna then asked for comments from the group regarding the concerns regarding the certification report. Fernando added that as the result from the Webinar that Southwestern AHEC held in August, one concern was the possibility of demotion. Jenna added that creating certification which is now voluntary to become involuntary as the payers would require all CHW to be certified.

Chris Andressen added that some concerns regarding the certification were that the certification process creates a barrier for some individuals and it would make it difficult for them to get certified.

Jenna added that these were valid concerns and insisted on the idea of creating one pagers to support the Certification efforts.

Randy Domina commented on the support from payers to those community health workers who struggle to get certified for various reasons but are competent at their job. Chris Andressen added that payers continue to support such CHW's as payers recognize the value of community health worker.

Mayce Torres added that her concerns as a community health worker are existing education requirements such as having an associate degree are raising the bar and further, adding certification requirements create a burden. Darcey Cobbs-Lomax added that certification will be important to any employer as they hire CHW as adding a skill set, and making sure that CHW are fully competent in doing their job.

Jenna added that payers hiring non-certified community health workers would provide them with

the support to get certified and currently there are no education requirements required to get certified. Furthermore, certifications would help employers and protect community health workers from future policy changes. Randy Domina added that the goal of having a certification is to use such certification as the eligibility requirements criteria in lieu of having an associate degree for payers hiring community health workers. Dr. Gould added that CHW Apprenticeship program is being developed in CT and the training cost could be covered by the employer for someone coming into the field without being certified.

Grace Damio added that CT Health Foundation is working on series of educational presentations specifically for community health workers on certification process and identifying community health workers advocates to help pass the Legislation. Jenna asked everyone to feel free to email her any ideas, concerns and possible contact that can be reached out to.

Jenna then moved on to the next item on the agenda to discuss the selection process for the Advisory Body, who decides on the Body, questions of conflicts, etc. Fernando shared with the group the outcomes from the four other models that were used to create such Bodies.

Fernando began by covering the question of how did other states such as Massachusetts, New Mexico, Rhode Island, Texas make their selections?

New Mexico findings were as follows:

1. Members must be Residents of New Mexico.
2. Membership includes: 3 currently practicing CHWs, with at least 1 tribal community health representative; the Secretary of Health or Secretary's designee; and 5 additional members from community stakeholders.
3. Process of Selecting of Members: A panel of DOH staff reviews the applications, ranks them and forwards to the Governor for vetting. The Secretary of Health makes the appointment.
4. Who decides? (Function of the Certification Board) The Board serves as an advisory body to the Secretary of Health on the implementation of standards, guidelines and requirements for state certification of community health workers.

Massachusetts findings were as follows:

1. Becoming a member of the Massachusetts Board of Certification of CHWs 11 members are residents of the commonwealth, 1 is the Commissioner of Public Health or the designee thereof, who shall serve as Chair of the board, and 10 of whom shall be appointed by the governor.
2. Process used to select members of the Massachusetts Certification Board:
Of the appointed members of the board, 6 shall be appointed to ensure representation of all 6 geographic regions of the executive office of HHS and shall include not fewer than 4 CHWs selected from recommendations offered by the Massachusetts Association of CHWs; 1 shall represent a CHW training organization; 1 shall represent the Massachusetts Public Health Association; 1 shall represent the Massachusetts Association of Health Plans; 1 shall represent the Massachusetts League of Community Health Centers; 1 shall represent a community-based CHW employer; and 1 shall represent the public.

3. Who decides? The Governor DPH Commissioner makes recommendations to the Governor, others can make recommendations to the Governor as well.

Rhode Island finding were as follows:

1. Becoming a member of the Rhode Island CHW Certification Subject Matter Experts? SME pick up application and it is reviewed.
2. Process used to select members of the Rhode Island CHW Certification Subject Matter Experts :(1) Applications are available for people to pick up, (2) Applications received, reviewed and process by the Rhode Island Certification Board (3) During processing, applicants are chosen depending on a diversity of practice, experience, geographic regions and education. Want every group/population to be represented in the group. The group originally should be 6 or 8, but we have 10 members now because we need more representation in the group.
3. Who decides? The RI Department of health (health equity Institute and chronic disease office representatives) and RI certification board meet to select members for the board.

Texas finding were as follows:

1. Members have to apply. A term is 3 years, then individuals can reapply.
Membership: 4 certified promotores(a) or CHWs, 2 members of the public, 2 professionals who work with CHWs in a community setting, and a member from the Texas Higher Education Coordinating Board or a higher education faculty member who has teaching experience in community health, public health, or adult education and has trained CHWs.
2. Process of Selecting of Members; Applications are reviewed and graded by a group of 6 individuals (3 are from 3 different departments from the DSHS and 3 are Advisory Committee members). Graded based on background, interest, diversity and other factors.
3. Who decides? Once reviewed and graded members are appointed by the Commissioner.

Jenna asked the group for their comments or concerns, reminding the group of the process the committee members went through before they were selected for the State Innovation Model. Randy Domina pointed out that there are concerns based on the finding shared by Fernando that the Commissioner or Governor makes decisions on the selection process. Chris Andressen added that anyone can be put on a Legislation. The group discussed different avenues regarding the selection process, rising a concern that Governor or Commissioner should not be the decision maker. Jenna added that the decision making process will continue and be reviewed during the meeting in November.

Jenna moved to the next item of the agenda and cover the topic of the future of the Advisory Committee. Some of the questions were: What is the relationship of the CHW Advisory Committee to the Advisory Body for Certification? Should there be a direct relationship with the CHW Association of Connecticut? What is the relationship of this advisory committee to the future Advisory Body for certification? What is the future of this Committee after SIM? Some comments from the group member included the necessity of adding the process to continue the work to support and promote the value of the community health workers.

Jenna concluded that there is a strong belief from the group to continue the process and will share these updates with OHS. Dr. Gould added to create a brief document of what we have accomplished up to this point adding to the process when new people are introduced. Furthermore, Dr. Gould added that in the process of marketing and educating the ideas, the American College of Physicians, American Academy of Physician, American Academy of Pediatrics, State Medical Society might become proponents and supporters of the efforts.

Review and Next Steps:

- CHW Advisory Committee meeting scheduled for November 20th
- 1-hour webinar
- November update to include legislation and engagement activities
- Relevant updates on the overall Office of Health Strategy plan
- Updates on the Advisory Body selection process

Motion made Terry Nowakowski to adjourn at 4:30 PM

Second: Milagrosa Seguinot

All in favor

