

Summary Notes from CHW Forum Breakout Sessions

2013 CHW Forum- January 25, 2013

*Chicago CHW Local Network/HealthConnect One, Health & Medicine Policy Research Group,
UIC School of Public Health and partners*

After a day of presentations and updates regarding the Community Health Worker (CHW) initiatives in IL, participants at the CHW Forum attended breakout sessions to review a draft endorsement form related to CHW training and certification. The document used qualitative and quantitative research findings from workshop and online survey participants (both CHWs and partner allies) to lay out potential components of a CHW training and certification program in Illinois. Forum attendees used this endorsement document as a starting point for their discussions, reflecting on what works, what's missing, and how consensus can be built for the initiative moving forward.

The notes below represent a summary of those discussions as well as next steps identified by the participants. Questions regarding this initiative should be directed to Laura Bahena, CHW Local Network Coordinator (lbahena@healthconnectone.org), or Leticia Boughton, CHW Local Network Board Chair (lboughton@hcionline.org).

Breakout Session Group A

Referring to each bullet pointed statement on the “endorsement sheet,” the group discussed the following:

- “The Board should include...” -- Do not deviate/ go beyond the goal stated in this document. We agree that CHWs need to control this process.
- Board members should be selected by CHWs...
Avoid politics to be included
- The Board functions would include...
Agreed
- Statewide recognition but not housed in State Government
Disagreed - needs to include someone from the state to represent the State, but not to make decisions for CHWs
We are looking for access to federal and state funds and so State representation is important
- The Board should recognize the following as true:
 - a) Yes, if titles are too many, mission is the same
 - b) Agreed
 - c) Agreed
 - d) Agreed
 - e) The majority agreed for the training to be performed on both.
 - f) Agreed
 - g) Agreed

- h) Agreed
- i) Agreed
- j) Agreed

Potential Next Steps:

- CHWs visit Springfield
- Make phone calls to colleagues and legislators
- Visit Cynthia Soto and William Delgado
- Sent letters of support to councilman and to state representatives
- Facebook, Linked-in, Twitter, and Health Fairs- spread the word!
- Identify legislator champion, and banners.
- Identify representative in each agency to do lobbying
- Contact a community representative for a news conference
- Include health entities, such as clinics and hospitals, in the discussion
- Present research evidence on cost reduction
- Mobilize community members who have received benefit
- Write legislation for them to edit it.
- Training funding (Start talking about funds)
- Decide who will visit the representatives
- Prepare the proposal
- Passion/Patience/persistence/perseverance/unity

Breakout Session Group B

- Governing is different from supporting and sustaining CHWs- has not advanced the workforce. Governing body regulates and gives rights for profession but this model has not advanced the workforce in other states when it is set up this way.
- Who should have the power in these different groups? CHW's, others? In OH it's now nursing that has control.
- Consensus of the group was that IL needs both a Certification Board (to regulate) and Association/Coalition (to support/sustain) but how that all would work there was not clear consensus
- Having both provides a check and balances
- Both should work together

Certification Board

- Possible 501c3
- Agreed it should be a non-government board but then where?
- How will it be funded? How will it be staffed?
- Need high quality staffing
- Need documented support for this effort by agencies, people, etc,
- Staff should represent clinic, faith-based healthcare team
- Culturally diverse – race/ethnicity/geography

- Certification Board should have at least 50% CHW on board but could not agree on an exact amount beyond more than 50%.
- Some felt 100% but others thought it would be strategic to have some allies and connectors to other areas
- Should want to ensure researchers, lawyers, expertise in risk management, non-health field were on the Certification board
- Are people appointed or elected? Feeling was that appointed would not be good as it creates a favoritism system
- Election should be statewide
- Board would need a committee on electing or appointing members
- Ensure there are mechanisms for electing a diverse board
- Other Board functions to include: Issue on recognition; Community benefits

Certification Board: functions/roles	Association Board: function/roles
Define curriculum	education
Review curriculum	Fundraising Collecting dues -
Training	outreach
*Certifying board CHW and institutions	lobbying
Funding to support	Conferences (likely host)
\$ receive money for certification fees	Advocacy – help define CHW scope of work
Defining levels of certification	Provide CEU opportunities
Feels legalistic	Feels organic
Union like dues	Recertification of CHW's
Potentially needs a grievance process/mediation	Potentially needs a grievance process/mediation

*many felt the board should only be certifying institutions and then responsibility would be put on institutions. Liability on institutions to ensure proper training

- If the Certification Board certifies institutions than the association board defines the scope of practice
- Energy around curriculum and scope go together
- Communication between the boards is critical
- Ensure mechanisms in place for high quality
- CHW want options for learning/training
- Accreditation of training programs needed
- Associate board - develops curriculum/ defines scope then the certification board approves it
- Or, CHW's should assert own scope and build buy in from other groups allies
- Certification and association board should parallel each other Association comprised of all CHW with allied membership like National Social Work Association

Changes/Questions about the endorsement sheet:

- Concern about “grandfathering” people in; perhaps still require a portfolio or a way to “prove it”
- Concern the definition is a complaint, who is defining?
- Didn’t like “and, interpersonal”

Other Issues:

- Working at the top of your license and what does that mean for CHW’s and the interaction with other health professionals
- Liability of work and role at a CHW in health settings

Breakout Session Group C

- At least 51% CHW (similar to FQHC guidelines). CHW should have the majority
- Administrators should have direct contact with and supervision of CHWs
- Change to middle management?
- Broaden the title of CHW: advocates, community stakeholders, caregivers, etc.
- Add public health along with the social services/science aspects
- Must ensure diversity of Board
- Who picks next board of directors? Wait to pick once we know the criteria. Develop oversight, especially in rural areas
 - Nominators should come from community organizations, peers, CHWs, people who are endorsed by CHWs
- Selection process needs more definition; not possible as written
- The Board should also:
 - Develop certification process/procedures
 - Align the approval of credit, marketing strategies, etc.
 - Write the by laws
 - Advocate for funding
- State governments (are other board directors included in state govt.?)
 - Medical staff
 - Identify boundaries
 - List of duties they cannot perform
 - Cultural competency to be effective
 - Core Must: mental competency, data and reporting, computer literacy, certain qualities like empathy, sympathy, character
- Change “licensed professional” and add “sometimes”
 - Supervision, independence
 - Consider to encourage
 - Need a process to grandfather in those with experience
 - Add health care delivery team
 - Push medical teams to include CHW; they will enhance effectiveness of team

Funding

- If CHWs stay grant funded, won't be sustainable
- Set a code with Medicare/Medicaid
- Billing will change based on outcome
- Can include CHWs as a team cost
- Readmission penalties, in the interest of hospitals to hire CHWs
- Need timeline and work plan
- If continuous certification isn't used, will there be a timeline to recertify?
- Patient and community feedback to the team?

Next Steps:

- Lobby at state capitol
- Get more data on CHW's and health care outcomes
- Research like they did in NY and other places to make a strong business case for CHWs
- We should be better organized, work together
- Advocacy day in Springfield
- Create an action alert about the initiative
- Letter writing campaign
- Support and join other efforts
- Encourage other health care workers to identify the work that CHW have done alongside of their own role
- The CHW local network needs to grow in #'s and staff.
- Contact my legislator
- Reach out to boards w/ similar structure and inquire about first steps or pitfalls to avoid
- Reach out to patients/participants impacted by CHWs to get them involved
- Reach out to churches/pastors
- Put together coalition of community organizations to determine initial members
- Develop talking points to promote the work of CHWs and certification
- Share info with networks
- Host presentations about CHW certification to gain more supporters
- Educate co-workers of need to support CHW role in advancement in recognition of their great impact on health care
- Need a high level champion at state level.
- Use social media as means to educate consumers about need for certification and to rally the troops to action
- Develop strong coalitions between broad numbers of CHWs
- Engage local churches, local schools, community based orgs

Breakout Session Group D

Patient advocacy, community advocacy, empowerment and research

- Follows discussion happening now with more contacts and dissemination
- Expand and describe who CHWs are and how they are trained, supported and supervised
- Self-care and understanding

- Expand CHW network
- Start by expanding role of CHWs in healthcare settings, then move to form licensure
- CHWs make supervisors aware of conditions and quality of what you are experiencing.
Ask for time to listen
- Competencies: listening and being a “big talker”
- Body language as part of communication
- Customer service- billed as recognizing and responding to vulnerability
- Respect for consumers; meet them where they are
- Facilitate mutual support for ongoing work
- Sustainability; need living wage
- Managers should identify with the community
- Supervisors should be out there with you, culturally relevant

Board

- Set number of people or range of people
- Reporting, collecting basic data
- Answering basic question at how CHWs are useful
- Change definition to patient advocate, broad skills of specific health outreach workers
- Starting as consumers, recruited and added into roles.
- Agency administrators; use their power as leverage
- Include professionals who have worked with CHWs
- Health professionals; broaden to fields where CHWs made a difference/case managers
- Board members should know what CHWs do; trenches work—what community comes in contact with
- Board represents people who are doing the work
- State funding/state action step; work on this more
- Involves mentoring and support for CHWs to build skills and gain roles/coaching as skills

Next Steps:

- Advocate within my organization to develop CHW programs
- Promote work with my nonprofit org. so it can see the benefits of CHWs
- Supervisor should promote and educate the public about benefits of CHW
- Call state legislators to inform them of CHW movement
- Training and certification should be provided
- Getting testimony to legislators
- Pursue question of how consumers/clients/patients can be part of advocacy for CHWs
- Serve as advisor in curriculum or grants
- Increase dialogue with Medicaid and other potential 3rd party reimbursers
- Go back and raise awareness or start committee at young lawyers division at Chicago bar assn.
- Present idea of CHW at my organizations magnet team meeting- present at magnet conference
- Become a credentialed group

- Get the support and backing of already organized medical/health groups
- Convene public health hospitals, FQHCs, community orgs. To align efforts, activities and programs
- In working/consulting with free clinics, suggest using CHWs to reach out to more members of community and spread word about free/charitable clinics
- Pass out fliers
- Go to local businesses
- Tell our participants, schools, etc.
- Teach, train, listen, advocate, be available, love!!
- Provide right information and help my community
- Donate my time to the network
- Get word out to other CHWs
- Take information to church weekly. Distribute information to providers such as community groups, clinics, and businesses

Breakout Session Group E

- Can everyone agree? (no one agreed)
- Why not: The participation of upper management
 - Brings different perspective
 - Employers should be represented
 - Brings insight, experience, history
 - Validates
- Why not agree with hearing out management:
 - Important to have legislative, public officials
 - Consumers need to be acknowledged
 - Grassroots orgs formed from this representation
 - Better clarification of what upper management is to agency administrators
- Need to talk to Legislature --- How can you help?
 - Talk to state rep
 - Get client involved
 - Visit at advocacy days
 - Phone calls
 - Letters
 - Empower the ones you serve
 - Look at current research
 - Organize lobby day
- Board Function:
 - Review curriculum and training competencies
 - Exam or advanced level certification status; how to evaluate a set standard
 - Recognition of employment titles should be the same for all CHWs
 - Agrees that the title should be more cultural
- Discussion: What can we do together?
 - Web of support
 - “Value statements” should be a part of the certification

Next Steps:

- Create action steps for certification process
- Caution against having only one title because it limits the scope of work and services being provided; focus on the function
- Have funders be on board as board members
- Aetna and IlliniCare are wanting to be aligned with the CHWs; HFS should contact them
- Need equal representation of speakers (Spanish and English) and keep the curriculum in multiple languages
- Why would upper management not be considered Board Members? 17 people in this meeting disagree with this concept.
- Ideas on sustainability
- Liability concerns without a united message; very deliberate frontline might not know
- Learn how to sustain this work; ACA seems like a great opportunity
- How do we get more involvement?
 - Launch own research initiatives
 - Bridge the gap of what is happening and know what evidence is out there
- What is exciting is the energy in the room; looking to capitalize on the momentum here today!
- Wondering how we can harness the energy in the room
- Has concern about language barriers and what certification at the college level would look like for Spanish speakers
- What's the future role for CHWs?
- Have one certification across the board and not multiple levels of certification
- Helps to validate profession; can be helpful with getting help with policy change
- Process to "open" to board. Concerned things / language might become convoluted
- Fantastic to see a college is on board. Love that this is a grassroots initiative
- Licensure
- Certification; no elected officials
- More grassroots organizations so non-profits would benefit
- Connecting with the parents
- Excited to see how things have expanded. Actually talking about a national standard and not just a neighborhood concept
- National organization of community health workers; contact them
- To Include on the Board:
 - Upper management to bring different perspective
 - Community based non-profit
 - Employers
 - Consumers
 - MCO if possible
- There should be one standard name for CHWs
- Extra sets of eyes. Bring in specialists or do community focus groups
- Board should set the standards for the certification and know how to evaluate
- The 50% should be clear; who are they?
- Involve AmeriCorps programs