

MEETING MINUTES

Community Health Worker (CHW) Workgroup
Thursday August 9th, 2018 1:00 pm – 2:30 pm
Indiana State Department of Health
2 North Meridian Street, Indianapolis, IN
5th Floor Training Room

Members Present

Rebecca Adkins, *Systems Director-Population Health*, Ascension
Kathy Cook, *Executive Director*, Affiliated Services Provider of Indiana (ASPIN)
Terry Cook, *Assistant Director*, Division of Mental Health and Addiction
Hannah Burney, *Office of Medicaid Policy and Planning*
Margarita Hart, *Executive Director*, Indiana Community Health Workers Association (INCHWA)
Judy Hasselkus, *Chair, Program Director, Employer Engagement and Sector Specialist for Health Care, Ag., and Life Science*, Department of Workforce Development (DWD)
Laura Heinrich, *Co-Chair, Director of Cardiovascular Health and Diabetes*, Indiana State Department of Health
Lisa Smith, *Executive Director*, Mental Health America of Northeast Indiana
Jennifer Long, *Administrator of Community Based Care*, Marion County Public Health Department
Mary Anne Sloan, *Vice President Health Care*, Ivy Tech Community College
Andrew VanZee, *Vice President*, Indiana Hospital Association
Carol Weiss-Kennedy, *Director of Community Health*, IU Health Bloomington

Members Absent

Rick Diaz, *Chief Executive Officer*, HealthNet
Don Kelso, *Executive Director*, Indiana Rural Health Association
Lisa Staten, *Department Chair of Social and Behavioral Sciences*, Richard M. Fairbanks School of Public Health

Welcome

Chairwoman Judy Hasselkus calls the meeting to order at 1:02pm.

Review (Approval) of Previous Meeting Minutes* and Roll Call

Chairwoman Hasselkus refers to the previous meeting minutes and asks for comments, corrections, amendments, or a motion to approve. Andrew VanZee makes a motion to approve the minutes. Mary Anne Sloan seconds this motion. All members approve. No opposition. Motion carries.

CHW Workgroup: Recommendations to Governor's Health Workforce Council

Judy Hasselkus begins with providing an overview of the previous Council meetings and states as a result of workgroup's work from the last couple of months the draft of recommendations were drafted to include updates that were discussed and agreed upon by the workgroup. Draft recommendations were distributed in advance of the meeting. Hasselkus describes that each recommendation will be reviewed and a final opportunity will be presented at the end for an additional discussion. If there are consensus on changes, a live edit of the recommendations draft will be ongoing and completed during the meeting. A voice vote will be taken at the end of the meeting.

The workgroup discussed final language for recommendations to be presented to the Governor's Health Workforce Council at the August 28th meeting. The version of the recommendations below are a result of this collaborative discussion:

Recommendation 1: Definition

A community health worker (CHW) is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy (adapted from the American Public Health Association definition as of 2018).

Recommendation 2: Competencies and Associated Skills

Adopt community health worker competencies and associated skills defined in the Core Consensus C3 project with Indiana amendments (as adopted by the workgroup on April 19th, 2018; found in Appendix A).

Recommendation 3: Certification

State certification shall be required in order for an individual to use the title Certified Community Health Worker (CCHW); however, this does not preclude an individual from being employed as a community health worker in settings in which certification is not required by an employer.

Recommendation 4: Education and Training

Develop flexible education/training model which supports the development of customized curriculum, aligning with state-recognized competencies to certify community health workers. Develop a state-approved, standardized assessment and publicly publish aggregated assessment pass rates by vendor. Implement a curriculum review and approval process for training vendors to ensure alignment with identified competencies.

Recommendation 5: Grandfathering

Develop grandfathering provisions which facilitate certification for individuals who have previously completed training and experience. Grandfathering provisions shall include but may not be limited to: requiring the following: 1) demonstration of formal training as a community health worker, 2) employer-/organization-documented experience working as a community health worker, and 3) a period of time when grandfathering will be permitted.

Recommendation 6: Registry

Maintain a registry of state-recognized Certified Community Health Workers. Information maintained on Certified Community Health Workers may include but not be limited to: Name, Date of Birth, Social Security Number/or evidence of work authorization, address, qualifying education/training provider information [name, address, date of completion, director's signature], and examination. Information made publicly available for verification of certification: Name, Certification Number, Occupation Title, Certification Status, Certification Issue Date, Certification Expiration.

Recommendation 7: Regulatory Oversight

The Indiana State Department of Health shall provide regulatory oversight for Certified Community Health Workers.

As the certifying authority, ISDH shall oversee the following functions:

- Establish an advisory body to provide counsel and guidance, in a frequency to be determined, on aspects of Certified Community Health Worker regulation. The advisory body shall be limited to 8-10 members and shall include representatives from the following:
 - Stakeholder agencies: FSSA (OMPP/DMHA), ISDH, DWD
 - Employer of Certified Community Health Worker
 - Certified Community Health Worker

- Rural Health Association
- Primary Care Association
- Hospital Association
- Education
- Consumer
- Representative of Community Health Worker Association
- Adopt Competencies and Skills for Certified Community Health Worker (CCHW)
- Establish baseline criterion (hour, modes of delivery, etc.) for CCHW training
- Establish review criterion for CCHW curriculum
- Review CCHW curriculum to ensure alignment
- Generate assessment for CCHWs
- Develop strategy for implementation of electronic assessment required for Certified Community Health Workers
- Develop strategy to report pass rates for assessment by training program/vendor
- Consider a process for reciprocity
- Develop and oversee application process for Community Health Workers certification
- Maintain a registry of Certified Community Health Workers.
- Perform ongoing assessment of regulatory schema for Certified Community Health Workers to ensure alignment with state needs.

Voting on Recommendations

Voting occurred for the final text of the all recommendations collectively (presented above). Hasselkus asked for a motion and vote to approve these recommendations. Andrew VanZee makes a motion. Terry Cook seconds this motion. All members approve. No opposition.

Closing

Hasselkus states that these recommendations will be presented to the Governor's Health Workforce Council at their upcoming meeting. Following the Council meeting, workgroup members can expect to hear from the chairs (through the Bowen Center) regarding next steps, if any.

Judy Hasselkus called the meeting to adjourn at 2:35pm.