**MEETING SUMMARY**

**DCHI Subcommittee on Community Health Workers**

**February 9, 2017, 3:30 – 5:00 PM**

**Meeting Co-Chairs:** Kathy Janvier & Lolita Lopez

**Facilitator:** Donna Cohen Ross

**Notes:**  Liddy Garcia-Bunuel

**Attendees:** Kathy Janvier, Cassandra Codes-Johnson, Nadinia Davis, Brian Rahmer, Tanner Polce, Maggie Norris-Bent

**Absent:** Lolita Lopez, Norma Everett, Tyrone Jones

**Others:** Julane Armbrister, Judith Chaconas, Noel Duckworth, Donna Cohen Ross, Liddy Garcia-Bunuel, Jeanene Smith, Sarah Arvey, Lori Weiselberg

**Welcome and Introductions:**

Kathy opened the meeting at 3:30 PM, and welcomed the Subcommittee members, support staff and HMA team. She introduced Tanner Polce, Policy Director in the Office of Lieutenant Governor, who has joined the Subcommittee. Brian made a motion to accept the January 12, 2017 Meeting Summary. His motion was unanimously approved.

**Discussion**

The Subcommittee discussed the following issues:

*Delaware’s Approach to Population Health*

The Subcommittee reviewed the Population Health definition from the report, “Choose Health Delaware” and discussed the extent to which it presents a starting point for the Community Health Worker conversation. Subcommittee members agreed that framing the Community Health Worker efforts in terms of the approach described will encourage alignment with the state’s SIM work. Members suggested augmenting the language to incorporate a recognition of the need to achieve health equity and also to include the “financial constructs” that strive for value over volume in health care. Finally, members suggested referring to the “Quadruple Aim,” which is integral to Delaware’s health reform work: better health, quality care, improved experience for patients and providers, and cost that is affordable and sustainable.

*Definition of Community Health Workers*

Four definitions of CHWs were presented to work group including those used by the American Public Health Association (APHA), the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA), the Bureau of Labor Statistics (BLS) and the Affordable Care Act (ACA). In addition, the definition used by Rhode Island was discussed. The Subcommittee members discussed elements of the definitions they favored and suggested that:

* We build on the RI definition;
* Ensure the definition of CHW is distinct from the notion of a Care Coordinator; and
* Incorporates language regarding cultural sensitivity and life experience, as well as the role of the CHW as a liaison between the community and the health care system.

Subcommittee members stressed the importance of “community,” suggesting that the Healthy Neighborhood focus sets Delaware apart. The idea is that the vision for supporting workforce development and creating jobs with good salaries will help change neighborhoods.

*Core Competencies:*

The 10 core competencies adopted by Massachusetts were presented. Subcommittee members suggested that succinct competencies are most useful and can be fleshed out with more narrative descriptions later on. The group suggested consolidating some elements of the Massachusetts list, ensuring a focus on interpersonal skills and adding “stress and time management.”

*Training Program Elements:*

The Subcommittee reviewed a four-state (Oregon, Minnesota, Massachusetts, and New Mexico) “cross walk” of training program elements. The elements included: certification, eligibility, requirements, continuing education, grandfathering, fees, state registry for CHWs and CHW training programs, curriculum, and training program approval.

With respect to certification, Subcommittee members agreed that some form of state CHW certification is necessary to conduct third-party billing. Otherwise, certification could be recommended, but voluntary.

After a discussion of the elements in the “cross-walk,” Subcommittee members agreed that it would be helpful to construct a Delaware section of the document, as a prelude to the Step-by-Step Plan for establishing a CHW training program. A small group agreed to meet on February 23rd to prepare the Delaware section for discussion at the March meeting.

*Other Issues Discussed:*

* With respect to pursuing a stable source of funding for CHWs, in addition to Medicaid reimbursement, Brian pointed out that under the IRS rules for nonprofit hospitals, community benefit dollars may be allocated to workforce development.
* Tanner suggested that the state’s Pathways to Prosperity initiative could provide a framework for training and certification of CHWs. He stated that an Allied Health pathway is under development and this could be a good connection for the CHW work.

**Next Steps:**

* Liddy and Donna will craft the CHW definition, Core Competencies and Scope of Practice, based on the discussion and will present at the March 9th meeting for brief review and adoption.
* A small group will meet February 23rd to draft training program elements for Delaware. These will be presented at the March 9th meeting.
* Donna will reach out to Subcommittee members to identify CHWs to invite to present at the March 9th meeting.

Future Subcommittee meetings will be held on March 9th, April 13th, May 11th, and June 8th at Delaware Technology Park, 1 Innovation Way, Newark, DE.

**Meeting Adjourned**

Meeting adjourned at 5:30.