

MDPH CHW ADVISORY COUNCIL
WORKFORCE TRAINING WORKGROUP MEETING

September 27, 2007, 1:00 PM – 3:00 PM
Massachusetts Department of Public Health
250 Washington St., Boston, MA 02108.

MINUTES

Present: Joanne Calista (Chair), Jennifer Cochran, Andy Epstein, Roma Goodlander, Tatyana Gorodetsky, Gail Hirsch, Peggy Hogarty, Mary Leary, Cindy Marti, Heather Nelson, Cathy O'Connor, Krina Patel, and Ann Withorn.

I. Introductions of Workforce Training Workgroup Members

II. Overview of Sec. 110

-Gail discussed the components of the legislation.

-Joanne highlights the importance of involving more CHWs in this process of making recommendations regarding training and credentialing.

III. Overview of 8/15 Full Advisory Council Meeting

-Gail discussed the following workgroups that emerged: Financing, Survey, Research (additional members were added to an already existing group) and Workforce Training.

IV. Discussion: A General Brainstorm

Purpose of the Sub-Committee:

-Gail reviewed the legislation:

Part of Section 110 reads:

“The department shall convene a statewide advisory council to assist in developing said investigation, interpreting its results, and developing recommendations for a sustainable community health worker program involving: public and private partnerships to improve access to health care, elimination of health disparities, increased use of primary care and a reduction in inappropriate use of hospital emergency rooms, **and stronger workforce development in the commonwealth, including a training curriculum and community health worker certification program to insure high standards, cultural competency and quality of services.**”

-Gail stated that the MDPH, in 1995, convened an internal cross-departmental CHW Task Force in an effort to better understand CHWs and their current and potential impact in health care delivery in MA.

-Gail referenced the relevant part of Sec. 110 for this workgroup (see bolded portion of Sec. 110 above).

-Gail mentioned that the Advisory Council will meet quarterly, with each of the workgroups meeting approximately twice between these full Council meetings. She stated that we are aiming to have the report to the legislature completed by the end of the fiscal year.

Discussion of Training Issues and Recommendations:

-Peggy discussed the importance of having training accessibility in all regions of the state.

-Peggy mentioned that she would like to see more diversity on this Workforce Training workgroup. She stated that the diversity of the workgroup will be important when addressing credentialing.

-Cindy stated that the upcoming MACHW meeting would be a good opportunity to recruit CHWs for this effort.

-Andy discussed the series of Regional Dialogues on public health priorities for the new Administration that Commissioner John Auerbach hosted this summer. Promoting CHWs emerged and that is why certain RFRs, e.g. Chronic Disease Management were created.

-Andy stated the need to think politically and figure out who our allies are. She stated that we don't want our report just sitting somewhere. She stated that Dan Delaney, the MDPH Legislative Director, can assist us with understanding the political process and formulating legislative strategies.

-Ann stated that the Chancellor at UMass Boston would also be a good source.

-Several members of the group stated the importance of CHWs being involved in the whole process.

-Mary stated that CHWs and emergency management is a "hot topic" and we should not forget this.

-Tatyana mentioned that CHW effectiveness largely depends on how the clinical team views them.

-Ann discussed the following part of the DPH CHW functional definition:

"A CHW is distinguished from other health professionals because he or she:

- Is hired primarily because of his or her understanding of the populations he or she serves, and
- **Conducts outreach at least 50% of the time in one or more of the categories above."**

She expressed concern about the bolded bullet above. She stated that we need to make sure that we do not leave out groups of CHWs.

-Gail noted that each sub-committee had identified the need to revisit the definition.

-There was a discussion about CHW core competencies. It was stated that we should make sure that core competencies are not a barrier when hiring CHWs.

-Peggy stated that if you are training CHWs for higher levels, there needs to be higher jobs that they can move to (i.e., a career ladder). Employers need to cooperate.

Discussion of Credentialing Recommendations:

- Roma inquired about whether there is a plan for certification of CHWs in MA.
- Joanne stated that it is CHWs that should have significant input in this recommendation.
- Ann discussed the tension between reimbursement and credentialing.
- Gail stated that we are not just looking at reimbursement and are exploring diversified funding sources.
- Cathy asked how the part about CHW certification got into Sec. 110. Gail stated that we don't know; it was not part of the initial bill.
- Andy stated that it is important to have CHWs involved in the process; they can ask the legislature why that part about CHW certification got into Sec. 110.
- Gail discussed how the term "credentialing" is so broad and that she understands it to encompass a number of options, such as registration, certification and licensing.
- It was stated that, as a group, we need to define "credentialing" and understand what it means.
- Joanne asked about whether there is information on the different credentialing models. Roma stated that Carl Rush had prepared a good 4-page summary. This will be distributed to the group.
- It was stated that we should also look at models from fields, such as early childhood educators and medical interpreters.
- The difference between receiving a certificate and "certification" was discussed.
- Gail mentioned that the question of how many CHWs in MA have undergone training was posed at the full Advisory Council meeting on 8/15. The estimate was ½.
- Gail discussed the Sec. 110 survey that the Survey Workgroup is working on. She also discussed the 2005 DPH Survey Report, *Community Health Workers: Essential to Improving Health in Massachusetts*.
- Ann mentioned how MA is considered a leader in the CHW field.
- Members in the group discussed their programs (CHW Initiative of Boston (Skillworks), CHEC, OWTI etc.)
- Joanne made a request for other materials that can be used to help inform the Workforce Training Committee.

V. Next Steps

- To get information to the group about different state credentialing models.
- To get information to the group about CHW core competencies (of which there are several similar models to review).

VI. Next Workforce Training Workgroup Meeting: Wed., Oct. 10th from 1:00 – 3:00 PM at the Mass. League of Community Health Centers.

Meeting Adjourned at 3:10 PM.

Minutes prepared by: Krina Patel, DPH Student Intern