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## **ILLINOIS COMMUNITY HEALTH WORKER ADVISORY BOARD**

### **MEETING MINUTES**

Meeting Date: May 4, 2015 10:00AM – 12:00PM

Meeting Location: IDPH

**APPROVED MAY 19, 2015**

#### **1. ATTENDANCE**

See attached attendance list.

#### **2. MEETING LOGISTICS**

Building: IDPH Director's Conference Room: 69 W. Washington, 35<sup>th</sup> floor, Chicago / 535 W. Jefferson, 5<sup>th</sup> floor, Springfield

Remote Access Tools Used: Phone number - 888-494-4032, pass code 264 5426 804

#### **3. MEETING START**

Meeting Schedule Start: 10:00am

Meeting Actual Start: 10:05am

Meeting Scribe: Jamie Campbell, SUHI

#### **4. AGENDA**

##### **1. WELCOME AND ROLE CALL**

- a. Each meeting, attendees need to email Juana their name to be documented in the meeting minutes.

##### **2. REVIEW AGENDA**

##### **3. REVIEW 3/2/15 MEETING MINUTES**

- a. Meeting minutes for 4/6/15 were reviewed and approved on 4/17. Meeting minutes are publicly available on the IDPH website. Please email Juana if you have any questions.

##### **4. Workgroups**

###### **a. Updates**

###### **i. Core Competencies and Scope of Practice**

1. This group has developed preliminary recommendations for CHW core competencies and CHW roles. The group expects to make minor modifications (e.g. tweaking of words, etc.) before final submission of recommendations.
2. Juana stated that some workgroups have suggested that some of the core competencies need to be more specific/ further defined.
3. Molly discussed that the workgroup was purposely vague as to not restrict future application as the CHW field may grow or change over time. and to not constrain the training that leads to such core competencies

- a. Juana suggested that this workgroup should state that explanation in their final report, and also explain that the CHW core competencies are based off of the work of other states and a national effort to establish national core competencies.
- 4. Molly stated that if workgroups need more definition in these core competencies to move forward in their work, then email Molly and Leticia and they will work on adjusting the wording.
  - a. Leticia requested that workgroups provide specific examples.
- 5. Fatima asked if CHWs are a workforce or a discipline; for example, care coordination. Molly responded that CHWs are a workforce that is cross-disciplinary and that care coordination is just one aspect of healthcare that CHWs may play a role in.

## ii. **Training and Certification**

1. This workgroup has broken up into four smaller subcommittees pertaining to each of the four responsibilities of the workgroup.
2. Subcommittee 1 is led by Melissa Gutierrez Kapheim.
  - a. This subcommittee developed a summary of research regarding the best practices, curriculum, and training programs for designing a CHW certification program.
  - b. The intention is that other workgroups can use this information to have better informed recommendations.
    - i. One suggested recommendation is that any curriculum has to match CHW core skills and roles.
  - c. This research summary will be cleaned up and added in some way to the final report.
    - i. Molly discussed that the table from the document, originally from a CDC report, is being updated and currently under peer review. Molly will share the updated table when available.
    - ii. It was also suggested that the Harvard Report (2014) is a good source of information.
3. Subcommittee 2 is led by Dean Waddy.
  - a. This subcommittee will create recommendations regarding certification and a renewal process for community health workers, and a system of approval and accreditation for curriculum and training.
  - b. On the state reform website, this group looked at a table that lists CHW certifications in different states and developed a summary document which will be made available to everyone shortly.
    - i. In Minnesota, there are several places that offer CHW training for certification. Missouri has adopted Minnesota's model.
    - ii. Most certification curriculum is available in multiple languages.
    - iii. The price range for training is often affordable. The most expensive is Indiana, which is \$750, plus an application fee. There is grandfathering of CHWs in this state.
  - c. The group discussed the importance of keeping the cost of certification reasonable.
4. Subcommittee 3 led by Christine Lopez.
  - a. This subcommittee will create recommendations for a proposed curriculum for community health workers that ensure the content, methodology, development, and delivery of any proposed, program is appropriately based

on cultural, geographic, and other specialty needs and also reflects relevant responsibilities for community health workers.

- b. This group developed a PowerPoint to describe their work thus far, which includes:
    - i. Research on both non-academic (e.g. SUHI, HealthConnect One and NY State) and academic CHW curriculum (e.g. South Suburban and Cincinnati State Technical and Community College)
    - ii. Several preliminary recommendations, including:
      - 1. Non-academic training programs need to align with core competencies
      - 2. A regulatory body, such as the IDPH, should be identified for oversight of certification requirements
      - 3. Incorporate adult learning theories into curriculum
      - 4. Certification process should be flexible; not too daunting (grandfather clause)
      - 5. Certification should not be mandatory
      - 6. Recommendation to keep field experience
  - c. (Juana): It is already listed in the IL legislation that CHW certification will not be mandatory.
    - i. (Leticia): Employers should understand that the CHW workforce is unique and not everyone will qualify for certification due to their backgrounds.
    - ii. (Melissa): People are going to do what works best for their organizations. For example, if organizations have a strong training program for CHWs, then the only reason for hiring CHWs with certification is if certification is tied to reimbursement.
    - iii. (Juana): We should make a clear recommendation that it is the employer's decision whether or not to hire certified CHWs.
  - d. There was discussion of future potential to use the Workforce Investment Act (WIA) funding to further CHW pathways in Illinois.
  - e. Question: Is certification an academic experience? This is not realistic for rural areas.
  - f. (Juana): Another recommendation could be to educate doctors, nurses, and other healthcare staff in training on multidisciplinary approach to healthcare delivery which include CHWs as part of a health team.
5. Subcommittee 4 is led by Venoncia Baté-Ambrus.
- a. This group is brainstorming alternative wording for "behavioral health."
  - b. The subcommittee put together a document that outlines core competencies for CHWs and core competencies in other behavioral health domains (e.g. peer recovery specialists).
  - c. Recommended to keep in mind the importance of human services in the curriculum, including domestic violence, sexual violence, motivational interviewing, etc.
  - d. (Melissa): It seems like there is overlap in some of the work of the subcommittees (e.g. subcommittee 2 and 4). We should have a meeting of all the leadership of all the Training and Certification subcommittees to make sure everyone is on the same page.

### iii. **Financing/ Reimbursement**

1. This workgroup is researching Medicaid reimbursement. They began by focusing on states already approved for reimbursement, which has often been for patient education.
2. They are working on mapping CHW core competencies to potential reimbursement codes for CHWs working on service delivery teams receiving payment through fee-for-service or Medicaid managed care. Next meeting, the workgroup will focus on other payers (e.g. private insurers, etc.)
  - a. In other states, CHW activities tied to reimbursement were added to individual state Medicaid amendments
  - b. Currently, no one in the workgroup is an expert in Medicaid fee for service billing. The group is still trying to engage HRS on Medicaid coding.
  - c. Juana proposed the next step is to approach IDPH's Chief of Staff to facilitate the engagement.
3. The workgroup reviewed and discussed Health & Medicine's 4/17/15 meeting on financing. When available, Erica will distribute meeting notes and the results of a survey which was given.
4. Molly suggested the group read a recent article on Oregon's model that achieved cost-savings through Medicaid. Melissa and Molly suggested the workgroup should contact the lead author to see their data and/or set up a phone call to discuss. For example, could the analyst separate out the contribution of CHWs in the cost-savings?
  - a. Leticia volunteered to take the lead on contacting the article's authors.

### iv. **Workforce Development**

1. The charge of this workgroup is to:
  - a. Develop recommendations for career pathways in both the Community Health Worker profession and other professional areas. Such recommendations include how to integrate Community Health Workers into health care delivery teams, social services organizations, and government and community organizations.
  - b. Develop recommendations to the Illinois Department of Employment Security (IDES) on job description, title, and salary ranges for Community Health Workers.
  - c. Develop recommendations to IDES on pertinent Community Health Worker data to track trends so projections of this workforce in Illinois can be made.
2. This workgroup had a meeting with a subject matter expert from Indiana who is involved training for certified recovery specialists.
3. Lisbeth Leanos (IL Dept. of Employment Security) has compiled a report on the CHW workforce, including occupational wage predictions and jobs that fall under the title of CHWs. The next step is to clean up the report (e.g. maybe have a tiered report based on education/certification/training and experience).
  - a. Labor market information is also on the IL Dept. of Employment Security website; however, the website can be difficult to navigate.
  - b. Juana suggested it might be worth reaching out to counterparts in other states to see how they compile their CHW workforce data.
4. Melissa suggested that a recommendation could be that states (IL) tracks CHW workforce data the same as the national-level (i.e. U.S. Bureau of Labor Statistics).
  - a. It may be proactive to stay in line with national standards to ensure the portability of CHW certification.
  - b. APHA is currently advocating for a change in the CHW definition in the CHW job classification at the national level to be the APHA definition of CHWs.

c.

**5. Timeline**

- a. There is a draft invite letter to Rep. Robyn Gabel. Please review and send any comments by the close of business on Wednesday, May 6<sup>th</sup>.

**6. Draft Report**

- a. Juana developed guidelines for each report section. The documents were included in this meeting invite. Please let Juana know if you have any questions.
  - i. Preliminary recommendations are due July 6, 2015
  - ii. Final recommendations are due October 5, 2015

**7. July Meeting: change date**

- a. Due to the 4<sup>th</sup> of July holiday, the next meeting date has been changed to Monday, July 13<sup>th</sup> from 10am-12pm.

**8. Public Comments**

- a. None.

**9. MEETING ADJOURN**

12:00pm

**10. NEXT MEETING**

Monday, June 1, 2015, 10am-12pm

**Illinois Community Health Worker Advisory Board  
Meeting Attendance-May 4, 2015**

<b>Board Members</b>		
Melissa Gutierrez (co-chair)	Sinai Urban Health Institute	
Leticia Boughton (co-chair)	Chicago CHW Local Area Network	
Teresa Berumen	Enlace Chicago	(phone)
Amy Sagen	UIHHS	
Hong Liu	Midwest Asian Health Coalition	(phone)
Estela Lazo	Will County Health Dept	
Janel Hughes-Jones	Will County Health Dept	
Chris Garcia	Champaign County Health Care Consumers	(phone)
Geraldine Hardy	Sthrn IL Hlthcare Fdtn	(phone)
Monica Dillon RN	Loyola University-Nursing	(phone)
Lizette Martinez	Alivio Medical Center	(phone)
Dr. Molly Martin	UIC/Miles Square Medical Center	
Chris Garcia	Champaign Cty Hlth Care Consumers	(phone)
Mary Ann Abate, MS LSW	Rosecrance Health Network	(phone)

<b>Ex-Officio Members</b>		
Director John Holton	IL Dept on Aging	(phone)
Lisbeth Leanos	IL Dept of Employment Security	
Glendean Burton	Il. Dept. Human Services	(phone)
Juana Ballesteros	IDPH	

<b>Public At-Large</b>		
Jaime Campbell	Sinai Urban Health Institute	
Veronica Robles	Sinai Urban Health Institute	
Erica Martinez	HMPRG	
Jason Pace	Community Health Partnership of IL	
Venoncia M. Baté-Ambrus		(phone)
Shella Blue	CHW Partnership of Lake County	
Christine Lopez	Rosalind Franklin Univ Med Sciences	
Cheri Hoots	IDPH Chronic Disease Division	(phone)
Bertha Moring	Mujeres Latinas en Accion	(phone)
Evangelina Aguilar	Mujeres Latinas en Accion	(phone)
Lesley Craig	U.S. Hlth & Human Svcs-Reg V	(phone)
Iris M. Kimbrough	Prairie State College	(phone)
Debra Day RN MS BSN	Aetna Better Health-IL	
Anita Steward	Med Dir IL Gvt Prog-BCBSIL	(phone)
Tricia Johnson	Rush University Medical Center	
Dennis Brennan	DuPage County Health Dept	(phone)
Mildred Hunter	U.S. Dept Hlth Human Svcs, Reg V	(phone)

Pat Corcoran		Get Covered IL	
Salvador Cerna		Get Covered IL	
Natalie Pacheco		Get Covered IL	
Fatima Mirza		Compassionate Care Network	
Meg Cooch		IL Alliance of YMCAs	
Eileen DeRoze		IDPH	(phone)