

CEED Health Literacy/CHW meeting March 16th 2009
Meeting Notes

Working definitions for the 6 action areas related to CHWs.

1. Certification/Qualification

- Fields of expertise qualification
- What organizations certify so CHWs can be reimbursed
- Some CHWs don't have high school diploma's but are doing excellent work as CHWs. What will happen to them?
- How much certification do you need?
- People need to be trained properly and should be paid accordingly.
- Recognize CHWs for the work they do.
- Seek certification of a CHW to be part of the system in spite of certification system.
- Will certification exclude people with out Social Security Numbers?
- What should certification look like?
- CHWs should be reimbursed like a Social Worker
- CHW fills hole in continuum of care so make it legal
- Active prevention is important
- CHW know what is going on with people better than doctors because of their connection with patients/the community.
- Ester will locate the City of Chicago job description that exist for the CHWs.
- Training system like Medical Assistants
- "Certification"/ Qualification is tied to compensation
- Certification not required to do CHW work
- Wright College in Humboldt Park want to do training related to certification
- One of the obstacles is turf and ownership
- CHWs need to have a unified voice
- Certification should not be tied to educational level of achievement
- In Baltimore they trained public housing residents and offered certification credits for attending the training.
- Certification curriculum needs to contain a behavioral component where people can demonstrate their passion for CHW work. The curriculum should not just include cognitive skill training.

2. Occupation Code/Nomenclature

- CHWs have a lot of different, hard to define roles and this could make it difficult to encompass in a job description for a job code.
- HRSA has multiple descriptions for what CHW do.
- Job title tied to compensation
- National organizations works on this for CHW doing their work, AHA

- Do this at local level instead of the national level to avoid turf battle. State level a good place to start
- Medicare using CHWs and these CHWS are tied to doctors who sometimes don't understand what CHWs do.

3. Skill set Development

- Not just cognitive development but behavioral aspect important too.
- Different jobs require different training
- Recognize that there might need to be two paths of training. Short training for certification and long training for those who want college credits
- CHWs tend to work in specific fields
- It is important how CHWs deliver information, not just what they know
- Communication skills and style is important in CHW work
- Important the CHWs can attend to general needs of families, i.e social services. This may mean that CHWs receive training outside of health field like a CHW 101 course.
- Daley College curriculum reflected all of the above; the idea of a basic generalist as the first level and then specialization of CHWs with more credits and training. In the Daley model CBOs sent their staff and selected their CHWs to go for training.
- CHWs have a special connection with the community, a “magic touch” that might not be a teachable quality
- Evaluation of this “magic touch” needs to happen at the community level and with in the training program. Assessment is needed if CHWs are going to be successful since that quality is what makes them special.
- Trainers need to connect with CHWs and minimize any fear or intimidation of institutions that CHWs might have. Respect is critical in this regard.
- Trainings need to be in the communities so that they can connect with the community to prevent a default selection process that would eliminate CHWs from training because of child care or family responsibilities
- CHW training will need to be convenient for CHWs and has to take in to consideration child care, language, and travel barriers.

4. Local Networks

- Connections across communities even though work is done in individual communities

5. Identify Resources for CHWs

- Steady stream of funding (i.e. insurance companies)
- Identify grants and good grant writers to secure funding
- Identify philanthropist and non-traditional funding streams

- How do we measure the impact of CHWs? How much does it cost and how much does it save?
- Increase the new pool of money so that organizations are fighting over same small pool of funds
- Identify the global need for money in Chicago, Cook County, etc.
- Evaluation is critical because CHW do so much different work depending on the agency
- Need Community Based Organizations to see CHW as team members and part of the health system eligible for hard money.
- Create a community based CHW center that works with several different agencies

6. Inclusion of CHWs in Medical Team

- CHWs link doctors to real problems
- CHWs help to address disparities in health care
- Look to existing “Chronic Care Model” to see inclusion of CHW
- Role of CHW in prevention is critical and they aren’t fairly compensated for the this important role
- CHWs are advocates and navigators of the health system in the community
- The money follows the current medical model. Don’t necessarily want CHWs socialized into the medical model because they need to stay in the community to stay effective? There is a need to broaden this model.
- Need to participate in Obama conversation about health care reform
- Need to train medical staff (i.e doctors and nurses) how to work with CHWs and utilize them as an important resource.

Other thoughts:

- Certification at State level needs standards
- Susan and Angela will get the actual Daley College curriculum
- What other states have taken action on certification? Massachusetts? Marty will get this info
- Internet searches on this topic
- Check the current status of Wright College program. Amparo Castillo will look into it.
- Make a public health case for CHW. Jose will work on this
- Identify legislative champions for this issue.
- Identify Illinois legislation related to Public Health. Sheila will look into this.
- Talk to health Connect One regarding what they are doing.
- Committee contact list distributed. Marty will do this.
- Identify faculty for a certification program.