

**New England Regional CHW Summit**  
**April 30-May 1, 2012**  
**Meeting Notes**

**Day 1**

**Welcome and Summit overview**

- Summit overview provided
- History of the early discussions about hosting a regional summit
- Rear Admiral Milner, Summit planning committee and MACHW Board of Directors were acknowledged

**National CHW Workforce Overview** (presentation attached)

**Regional Overview Panel 1**

- Connecticut: (presentation attached)
- Maine: (presentation attached)
- Massachusetts (presentation attached)

**Regional Overview Panel 2**

- New Hampshire: (presentation attached)
- Rhode Island: (no slides were used)
- Vermont (presentation attached)

**Summary of Regional Activities**

Common themes for Region I states from the presentations were as follows:

- All states are struggling to fund public health initiatives including CHW work
- Retaining CHWs is difficult for organizations
- Compensation for the work is not equitable
- Training for the CHW workforce is lacking in many states
- All are seeking methods to best measure outcomes for CHW work
- Policy reform is needed to fully support and integrate the CHW workforce

**Keynote Address** (presentation is not available)

Overview of the Patient Protection and Affordable Care Act benefits for the region including:

- Expanding Coverage
- Making Health Care more affordable
- Improving quality care reform

Expanding Coverage for the future

- Bridge program (2014)
- Small business health insurance tax credit
- Medicaid expansion (2014)
- Expanded coverage for adult dependent children
- Affordable insurance exchange (2014)
- Exchanges must provide consumer support
- It is important to educate Americans about this act

#### Other federal health initiatives

- Million Hearts- [millionhearts.hhs.org](http://millionhearts.hhs.org)
- LGBT health care education
- Community first choice state plan option (not being used by any New England states.)

#### Other ACA implementation resources

- [Healthcare.gov](http://Healthcare.gov)
- [Cuidadodesalud.gov](http://Cuidadodesalud.gov)

#### *Additional resources provided after the Summit:*

- *Healthcare Law and You Brochure:* <http://www.healthcare.gov/news/brochures/index.html> (also contains consumer-specific fact sheets such as for women, seniors, etc)
- *Healthcare Law and You Slides with Notes:* <http://www.hhs.gov/intergovernmental/acaresources/>
- *White House Affordable Care Act Summary:* <http://www.whitehouse.gov/healthreform/relief-for-americans-and-businesses#healthcare-menu>
- *State by State Fact Sheets on ACA (additional):*  
<http://www.healthcare.gov/law/resources/index.html>

Christie Hagar encouraged all to feel free to contact her for additional information or resources. She is willing to meet with groups to share information about the ACA.

#### **Overview of Office of the Assistant Secretary for Health, Region I initiatives** (presentation included)

#### **Day 2**

**Opportunities for Regional Collaboration to maximize CHW workforce potential** as reported by discussion groups:

- Harmonizing the CHW name, unified definition of CHW , being inclusive to all that are doing the work
- Find our Identity (regional curriculum)
- Certification of CHW (core training and education) (hands on learning)
- New England CHW coalition
- Need for policies around the work CHW's do
- Educate others on what CHW's are
- Partnerships or associations with in the region

- Getting CHWs and supporters organized
- All states should work to establish associations
- Link with public Health
- Training for CHW's and employers
- Share our stories and come together as a region, letting others know what we are doing that works and how they might be able to do the same
- Link CHW's to health and payment reform efforts
- Supports for state health departments
- Improving networking
- Educating others on the value of CHW's
- Simultaneous progress on state and regional level
- A national voice for CHW's from the region
- Utilizing and maximizing available resources
- Live Strong initiative is helping with founding for training
- Importance of CHW's in behavioral health should be highlighted
- Getting the information out

**Challenges to regional collaboration** as reported by discussion groups:

Funding (restrictions and availability to fund programs)

- Relationship building and trust takes time
- Not enough time to do the "regular" work we do
- Groups can be territorial
- Receiving appropriate compensation for the work we (CHWs)do
- Employers not supporting what we (CHWs) do
- Transportation and distance issues
- Access to and education on how to use technology
- People learn differently
- Little state support
- Limited resources
- Lack of CHW leaders
- Being a CHW is a job and we should see it as such

**Possible solutions to identified challenges** as reported by discussion groups:

- Being supportive of one another
- Employers supporting what we do
- Access to and education on how to use technology
- Gaining state support
- Being inclusive
- Recognition for the need of CHW's
- Access to national media for a panel discussion

- Awareness campaign
- Build a business model
- **“BE BOLD”**
- Create regional blueprint for action
- Measuring and sowing our value
- Being a CHW is a job and we should see it as such.

**Narrowing of opportunities to determine which of the many ideas generated could become regional projects.** Included is the number of votes each possibility received. As discussed during the meeting we will begin with developing a New England CHW Coalition. We will seek resources to develop the business case for CHWs in the future.

1. Professional Identity campaign- 7
- 2. N.E. CHW Coalition/ regional sharing of ideas-16**
3. Common Polices for the region-1
4. Regional Training for CHWs-0
5. Established CHW organizations Mentoring newer CHWs -2
6. Establishing concrete relationships w/ public health-1
7. Regional advocacy strategy-0
8. Importance of CHWs in behavioral health-3
9. Build a Business Case-18
10. Create regional blue print for action-0
11. Common “core” competencies for region-9
12. Stronger ties to “workforce” development world in the region-1
13. Promote the value of CHWS-2
14. Regional funding opportunities-1
15. Common “tiers” for CHWs-2
16. Establishing national voice for the region-7

**State Health Departments and CHWs as Partners** (presentation attached)

**Who’s Missing From the Discussion?** Missing stakeholders as identified and reported during group discussion:

- Health insurance companies
- Legislative figures
- Private founders and donors
- NPO’s for collaboration
- More payers and purchasers
- More local labor offices
- Community colleges
- American offices of public health
- PH associations

- More active CHW
- Department of Education
- DCF/ DYS
- Dental associations
- Home health aids
- Behavioral health
- Local health departments
- Transportation
- Pharmaceutical companies
- Leadership from health state departments
- Primary care associations
- Hospital associations
- Workforce development councils from each state
- Consumers
- CHCs
- CMS
- CDC
- Clinicians and other employers
- Community based organizations
- Foundations
- Public health training
- HHS

We discussed actively seeking engagement in regional efforts from identified missing sectors.

### **Taking Action to Enhance the CHW Role to Improve Community Health**

Participants were asked to share a compromiso to continue the work begun over the past 2 days. The following is a listing of the compromisos recorded.

- Share information learned with community health teams
- Continue to higher CHW and showing up to programs like this
- Bring this information back to RI, Forming the RI coalition Marybeth
- Include and invite others in my state to events to collaborate on projects
- Contact SAMSA, re: CHWs
- Take part in forming regional coalition
- Work on formulating the business case
- Explore the role of health department in supporting CHWs in VT
- Hope to share the information and continue the work
- Continue to build relationships with other CHWs
- Continue to help families and share information with NH Healthy Kids programs
- Share information and continue the work
- Remember to relax and reach out to the office of the Secretary of Health
- Continue the work

- Commitment to document impact that CHWs have in our community
- Make sure the Department of Labor has representations at as many CHW events as possible
- Meeting of NH partners
- Take info back to Health Department of VT
- Make new Director of CPA aware of the importance of CHW
- Share information in RI
- Report back to others that could not make it to summit and bring them together with people from this event to meet in CT
- Take info back, try to sustain the support of RI Department of Health for CHWs
- Follow up with Maine about migrant CHW, give Trini (NH DHHS) a long to do list
- Write a report to the commissioner about this event, study language of payment reform bill, follow up on DOL college community connection
- Organize CHWs in CT and supporting RI and learn from them
- Take back info and educate my community
- Be the Best CHW I can possibly be
- Continue working with MACHW and educate employers about CHWs
- MACHW will bring summit attendees and others together in 3-4 months