

VIRGINIA CHW WORKFORCE DEVELOPMENT COUNCIL  
COMMITTEE ON POLICY AND COMMUNICATION  
AUGUST 20, 2020

**Amanda Sorrells Young**, Marian Turk, Outreach Coordinator, CHW Association, **Christopher Nye**, IPHI; **Abby Charles**, IPHI; **Saraya Perry**, VA Center for Health Innovation; **Patrice Shelton**, C-CHW and Vice-Chair of the Development Council; **Richard Zucker**, Manager of CHWs for Aetna Better Health of Virginia; **Brenden Rivenbark**, VDH

Christopher Nye reviewed the mission of the Committee on Policy and Communication. That mission and outcomes are: The Committee will assist in shaping policy to create an environment that supports workforce development for all Community Health Workers (CHWs) in the Commonwealth of Virginia by advising the Virginia Department of Health and other stakeholders on legislation and other policies that support certification and CHW sustainability. Develop communication strategies that build partnerships, educate potential stakeholders, and engage communities. Expected Committee outcomes include:

- Propose and review legislative language from VDH to the Virginia General Assembly to support certification and CHW sustainability;
- Identify and address legislative and health system policy priorities;
- Increase awareness of the value of CHWs and best practices for their utilization among potential employers and other stakeholders;
- Enhance awareness among CHWs regarding their profession, opportunities for training, certification requirements, and the purpose of the Virginia CHW Association.

Attendees believed the mission and outcomes to be acceptable with the flexibility to allow for further interpretation.

#### Participant Priorities and Open Discussion - Policy

Committee members expressed their priorities for both policy and communication. Abby Charles pointed out that past groups affiliated with the Advisory Group had forwarded policy recommendations such as the definition of CHWs, the need for certification and certification requirements.

Abby asked participants to think beyond past accomplishments and focus on what is currently needed, to identify gaps, and to "dream big." Abby talked about policy as Big "P" – and small "p." Large "P" includes items related to legislation as an example. Small "p" refers to recommendations to health care systems and other employers of CHWs for what needs to be in place for CHWs to succeed, such as safety issues or integration into institutional-based teams.

Amanda Sorrells Young commented that the focus on CHW curriculum for certification for CHWs could be examples of a big "P" and a little "p." groups interested in adopting a curriculum that leads to certification.

Amanda mentioned that as more groups adopt and present curricula, this could assist in driving possible legislation. Abby said a recent article in Health Affairs pointed out that CHWs are a critical and valued workforce in response to COVID-19. While this is not policy, the takeaway is that CHWs are crucial, and the Committee can assist in promoting the value of the CHWs before COVID-19, during COVID-19, and post-COVID-19. The Committee's products will be presented to the full Development Council for action or implementation among stakeholders such as third-party payers, the legislature, etc.

- **Communication and Advocacy for CHWs**

Abby mentioned a need for advocacy as a key to advancing policy, for example, sustaining CHWs and CHW programs through financing, whether through value-based payments, reimbursement, or inclusion in staffing budgets. Marian Turk mentioned the Strategic Plan Workgroup and the need to reach out to other health professionals to educate them about the role of CHWs. Policy and advocacy statements can come from the Committee, such as the need for CHWs to be paid and provided health benefits.

Saraya Perry asked for qualifications regarding safety for CHWs mentioned earlier in the meeting. Protection includes having the necessary PPE and other protections accorded to licensed health care professionals. Chris mentioned that an example of communication would involve a campaign about the essential role of CHWs. Abby reiterated that there needs to be a recommendation for groups working with CHWs that CHWs should represent at least 50% of the persons developing and implementing small "p" policies.

Chaquita Chappell reinforced the need to have CHWs involved at programmatic levels to foster effective communication. Richard Zucker commented that several Aetna CHWs could assist in messaging. If the Committee wishes to help people understand the value of CHWs, then "to increase the value we need to go where the value is (CHWs)."

- **CHW Regulations regarding CHW Certification**

Chris asked Brenden Rivenbark to comment on how he saw the Committee working with VDH. Brenden mentioned that a discussion would be held on Thursday, August 27 to discuss the draft VDH regulations regarding CHW certification. This invitation went out to the Council distribution list. After discussion, a final draft will be developed and presented to the State Board of Health. Once approved by the Board of Health, the regulations would go through a process and ultimately become part of the Virginia State Code.

- **CHWs and Financing for Sustainability**

Brenden commented that there is an opportunity to help hospitals understand how CHWs can positively impact their bottom lines through improved clinical outcomes. Brenden believes there is an opportunity described as a "braided" funding model – multiple funding sources, not just a reliance on Medicaid.

Following Brenden's comment, Richard mentioned that the CHW model also needs to be promoted with other Medicaid Managed Care Organizations (MCOs). By way of example, Richard commented that he believed Anthem had recently hired two to four CHWs to implement a model where CHWs would reduce unnecessary ED visits.

- **CHWs and Community Paramedicine Programs**

Richard also mentioned a model where CHWs and Community Paramedics are working together. Brenden and Amanda welcomed the opportunity to participate in any future information meetings regarding the CHW-Community Paramedic model.

**ACTION ITEM:** Identify stakeholders and convene call around CHWs and the Community Paramedic Model

Participant Priorities and Open Discussion – Communication

Because communication and policy go hand-in-hand, participants were asked to comment on communication priorities and issues. Chris mentioned the Development Council's website ([www.chwva.org](http://www.chwva.org)) and the Development Council newsletter that last month had distribution to over 600.

- **Expanding Reach of Council Newsletter**

**ACTION ITEM:** Amanda suggested that participants send emails/contacts to Chris to add to the newsletter distribution list. Monthly newsletters are archived on the Council website.

- **Developing a Consistent Message**

Amanda and Brenden discussed the importance of developing a consistent message through a document that addresses what a CHW is, what they do, what they add to the healthcare system, training, certification, etc., to work from a consistent and cohesive message. Brenden also remarked that more work needed to clarify that the roles of CHWs go beyond care coordination and assisting clients in navigating systems. This expanded role is necessary within the healthcare system.

Brenden offered to establish a framework of how the document would look leading to the following action item. The document would be completed prior to the next General Assembly Session.

**ACTION ITEM:** Develop a one-page document of the role of the CHW to share with CHW stakeholders who have not been participants in Council activities.

Chris mentioned that 2021 dates for all Council meetings and Committee meetings are being developed and would be available soon. The Strategic Planning workgroup will be completing its work before the next Council meeting in October. The plan will provide "guidance" to the Council and Committee work.