

From: Meredith Ferraro [REDACTED]
Sent: Saturday, November 30, 2013 3:02 PM
To: SIM, OHA
Subject: Comments for SIM:Model

Following are some specific comments about the SIM Draft:

Comments for SIM:

IPE and the Connecticut Service Track

The CT AHEC Program is the leader in IPE healthcare workforce education. Having started the Urban Service Track (UST) in 2007 (7date), it is the first program to train health professions students across 6 professions in a team based approach to clinical care, and community based care in urban settings. The success of this program which has engaged more than 380 students since 2007, has truly impacted the lives of each of the UST students, not to mention the lives they have touched in treating patients in the community. By working in teams, and sharing their knowledge and skills, the students have begun the framework of learning how to work together as health care professionals. This model exemplifies how the best, unified and coordinated knowledge can benefit the patient with the highest quality care. By training the upcoming future health care professionals as teams working together, they will understand how to enter the workforce implementing the skills they have learned. This is truly an effective model for day to day practice of health care professionals.

Community Health Workers (CHWs)

Community health workers (CHWs) function as a bridge to link underserved communities to resources and health care. Population-based approaches to health require the integration of public health practice and medical practice. CHWs hold a unique understanding of how local communities function, and how the local resources, environment, and culture influence healthy lifestyles and affect health outcomes. Qualified CHWs can connect what happens inside a physician's office and what happens in the communities where these patients live and work. They help patients meet daily life challenges by acting as extenders of the medical team, i.e. doctors, nurses, social workers in their communities.

In February 2013, the CHW Task Force created Connecticut's "working definition" of Community Health Workers. It is adapted from the American Public Health Association, 2009 and is:

A Community Health Worker (CHW) is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of and ability to communicate with the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary among the community, health and social services to facilitate access to resources and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency

through a range of activities such as outreach, community education, informal counseling, social support and advocacy. (for page 93 – 2nd paragraph)

The majority of Connecticut's current CHW workforce has been hired on program-specific functions, which has led to a silo effect when working with vulnerable populations.

Community members have HUSKY outreach staff to assist them with health insurance enrollment and retention. They encounter case manager at Community Assistance Program (CAP) agencies. If they have behavioral and mental health needs, they may encounter a SBIRT worker. Yet, trained CHWs can carry out a broad range of responsibilities that facilitate access to health care services and that support patients achieve goals in their care plans. The Core Competencies of the CHW Workforce have been identified as:

- Outreach and community mobilization
- Health care and social service system navigation
- Community and cultural liaison services
- Facilitation of participatory research
- Case management and care coordination
- Home-based support service delivery
- Health promotion and coaching

Further training in disease specific skills, and knowledge basics required for a specific position are provided by the CT AHEC Network and their partner organizations, or by their employer.

In 2009, the U.S. Department of Labor created a distinct Standard Occupational Classification for CHWs by Chapter 322, Acts of 2010. It is:

21-1094 Community Health Workers

Assist individuals and communities to adopt healthy behaviors. Conduct outreach for medical personnel or health organizations to implement programs in the community that promote, maintain, and improve individual and community health. May provide information on available resources, provide social support and informal counseling, advocate for individuals and community health needs, and provide services such as first aid and blood pressure screening. May collect data to help identify community health needs. Excludes "Health Educators" (21-1091).

Connecticut has yet to adopt this versatile workforce that have proven to improve the outcomes in chronic disease, increase access to resources and health care services, and, provide a return on investment for their services by lowering health costs.

Community health workers, trained and armed with core competency skills, life experiences, cultural and linguistic relationships, provide the missing links to coordinated care.

The **Community Health Worker Association of Connecticut**, newly formed organization in the Spring of 2013, represents the CHWs currently working in Connecticut. They are working to promote the CHW workforce, by providing education about their services, documenting their expertise, and developing their vital position in the public health workforce.

In reading this draft, it feels disconnected. There does not seem to be a consistent theme that stresses whole person centered care - and population health. Silos still appear and very little is said about how the hospitals play into the model. For example - value based insurance - Why Can't this model be incorporated into Medicaid?. How do the 3 DPH public health initiatives Diabetes Prevention Program (DPP), Asthma Home Environmental Assessment Programs, and the Falls Prevention Program get tied into the primary care practice and whole person centered care?

A lot of ideas are put forth, and there is a need to get them interwoven into the fabric of the final population health 3.0 resultant model.

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Meredith Ferraro



From: Meredith Ferraro <mferraro@swctahec.org>
Sent: Saturday, November 30, 2013 2:42 PM
To: SIM, OHA
Subject: In Support of Community Health Workers in Health Reform Innovation
Attachments: SIM Comments.docx

Importance: High

This e-mail is in support of the utilization of Community Health Workers (CHWs) in the State Innovation Model for effective, efficient, and cost saving health care delivery in Connecticut.

Research regarding Community Health Workers is abundant – showing that CHWs contribute significantly to the Triple Aim of the ACA: improving access to care, improving quality of care, and lowering costs.

Our neighboring state, New York has produced documentation via the Community Health Worker Network of NYC and Columbia University, that Community Health Workers:

- Improve access to health care and social service resources
- Improve the quality and cultural appropriateness of service systems
- Help people integrate and prioritize health promotion and disease prevention/management regimens into their daily life
- Organize communities to improve environmental, physical and social wellbeing through community organizing and empowerment
- Negotiate and ameliorate cultural & linguistic barriers to wellness
- Help people become active participants in their health
- Combat social isolation, loneliness, stigma, discrimination and depression.

It's time for Connecticut to recognize this talented workforce, as defined by the Department of Labor in 2009 -10: **21-1094 Community Health Workers**

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Work with MA in recognizing how they are moving forward building a Certification process for CHWs – as legislated in 2010 by Chapter 322, Authorizing a CHW Board of Certification. This body is creating a Certification process for Community Health Workers.

Connecticut has a unique opportunity to be a leader in creating a true population health care model of Whole-Person Centered Care incorporating the social determinants of health, through the use of CHWs and creative health workforce development.

*Meredith C. Ferraro, Executive Director
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