

**Promotor(a)/Community Health Worker (CHW) Training and Certification  
Advisory Committee Minutes**

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**Meeting date | time** *January 30, 2015 10:00 AM* | **Meeting location** *DSHS Central Office (Austin)*

**Meeting called by:** Mérida Escobar, Presiding Officer **Time:** 10:11

**Members present:** Mérida Escobar, Oscar Muñoz, MPA; Jean Diebolt, Richard Rosing, Julie St. John, MPH, Dr.P.H.; Leticia Gutierrez, Venus Ginés, M.A.; Claudia Bustos, Gary Egleton

**DSHS Staff present:** Tammy Sajak , Mona Izquierdo, Beatrice Smith, Caly Fernández, Monica Maldonado, Francis Ibezim, Carleigh Baudoin

**Guests present:** Juanita Cavazos, University of Texas Health Science Center at San Antonio, Donaji Stelzig and Rosalia Guerrero, Texas Gulf Coast CHW/ Promotores Association, Crescencia Alvarado, Promotores/ CHWs of Travis County Organization, Linda Casares, Valerie Andrade, Maria Solano, Texas A&M Colonias Training Academy, Jehona Tafilaj, Texas Area Health Education Center (AHEC) – Capital Region

**Guests on the phone:** Denise Adame, UTA Health Careers Institute, Jerrie Amos, Carenet Pregnancy Center of Northwest Houston, Bianca Burley, Hector Campos and Sandy Rice, Cardea Services, Adriana Castañeda, UT Health Northeast, Jennifer Jaynes and Michelle Duerr, TMF Health Quality Institute, Zeida Estrada, Memorial Hermann, Belinda Flores, South Coastal AHEC, Rose Garcia, Children's Medical Center, Bobby Hansford, Harris Health System, Leslie Hargrove, Texas AHEC East Coastal Region, Sheila Janski, DSHS, Cynthia Keppard, UT Health Northeast Tyler Texas, Marshall Kratz and Kristi Roberts, Texas AHEC East – Northeast Region, Martha Maldonado, Dallas Healthy Start, Arturo Martinez, McKesson Health Solutions, Katy Nimmons, National Community Health Worker Training Center, Texas A&M Health Science Center School of Public Health, Samantha Sabo, Zuckerman College of Public Health, University of Arizona, Charlotte Smith, Debra Zagala, Access Health.

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**AGENDA TOPICS**

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**Agenda topic Approval of Minutes: | Presenter Mérida Escobar, Presiding Officer**

**Discussion:** Jean Diebolt moved to accept the minutes from the November 30, 2014, Advisory Committee meeting. Venus Ginés seconded, and the motion passed unanimously.

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**Agenda topic Public Comment | Presenter Mérida Escobar, Presiding Officer**

**Discussion: CHW Reimbursement – Rosalia Guerrero-Luera, University of Texas School of Public Health – Houston**

Ms. Guerrero-Luera requested updated information on CHW reimbursement from the Centers for Medicare and Medicaid Services (CMS) and the Health and Human Services Commission (HHSC). Because of the 1115 Waiver, there is an increased interest in using CHWs. In many Texas regions the 1115 Waiver has impacted CHWs and new CHW programs. CHW Programs' sustainability is critical in order to allow CHWs to continue their work in these programs. Ms. Guerrero-Luera requested the committee to advocate on behalf of CHWs in their Texas regions. Entities across the state are discussing the need for reimbursement. Ms. Guerrero-Luera encouraged continued research and discussion.

Tammy Sajak, Director of the Office of Title V and Family Health, informed the committee that DSHS is continuing to investigate how best to pursue CHW reimbursement through Medicaid. As the committee knows, HHSC gathered information from Medicaid Medical Directors regarding services performed by CHWs in the managed care organizations. Medicaid responded these services do not fit under the items that can be reimbursed. DSHS is interested in offering training that would help qualify CHWs to obtain positions where that are more clinical in nature. HHSC indicated that clinical services are eligible for reimbursement. The Medicaid definition of Preventive Services notes that services must involve direct patient care and be for the purpose of diagnosing, treating or preventing (or minimizing the adverse effects of) illness, injury or other impairments to an individual's physical or mental health. In order for a service to be covered by Medicaid, it must meet both of these elements.

The Office of Title V and Family Health works with the regional public health departments around the state. On February 11, 2015, the CHW Program will provide half a day training to all the Regional population based services managers as there is a huge interest in how CHWs can be utilized in their regional work. DSHS supports the use of CHWs in the regional public health departments.

Additionally, the Office of Title V and Family Health is in the process of implementing an asthma project with the DSHS school health program. This project is in the school districts within Educational Service Center District Two, including Corpus Christi and the surrounding areas. HHSC staff with the Center for Elimination of Disproportionality and Disparities is interested in collaborating on this project. There was another state which is incorporating CHWs in pediatric asthma services. There will be on-going discussion pertaining to the possible utilization of CHWs into the asthma project.

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**Agenda topic Texas Results from the National Community Health Worker Survey (NCHWAS) | Presenters Samantha Sabo, Arizona Prevention Research Center, Zuckerman College of Public Health, University of Arizona**

**Discussion: National CHW Survey (NCHWAS) –Preliminary Results for Texas**

The National Community Health Work Advocacy Survey (NCHWAS) is the largest cross sectional online survey of CHWs conducted to date. The NCHWAS survey, developed in partnership with the Community Action Board of the Arizona Prevention Research Center and community partners was first conducted in 2010 with 375 CHWs surveyed. In 2014, 1,767 CHWs from approximately 45 U.S. states and 4 U.S. territories were surveyed. In February and May 2014, the survey available in English, Spanish and Korean was disseminated through 100 national, state and local CHW professional associations and programs. In their turn, these associations sent the survey to their CHW networks. States with large of migrants, Nebraska, South Carolina, North Carolina, etc., were provided with a hard copy of the survey.

**Goals of NCHWAS**

NCHWAS aims to describe:

1. State of the CHW professional field and
2. Impact of CHW community advocacy on community engagement to address health disparities and social determinants of health via policy changes. The survey is also intended to show the CHW led initiatives to sustain and advance the CHW workforce.

In terms of demographics, the survey shows data pertaining to gender, race and ethnicity, education, salary, experience, work environment, training and health and social area of focus CHWs do across the country. Relating to leadership and advocacy, the survey looks at CHWs’ professional affiliation and leadership within their own professional associations and other broader coalitions. The data shows how CHWs advocate at the individual level and are engaging community members to advocate for themselves.

In the 2014 survey, Texas represented 25% of the total sample with 365 CHWs.

**CHW Participation & Demographics**

- 365 CHWs participated from Texas
  - Texas was 25% of the total sample
- 90% (248) of participants were women
- Average age was 47 years
  - Age range : 24-75 yeas
- Average years worked as a CHW was 6 years
  - Experienced ranged from 9 month to 50 years
- 76% of CHW had employer-based health insurance

**Results for Texas**

### **CHW Ethnicity**

64% of the survey participants were Hispanic or Latin. This is consistent with the national sample of 45% Hispanic. 20% were African American.

### **CHW Education**

40% of the CHWs in Texas had some college.  
32% had a college degree.

### **CHW Annual Income**

47% of CHWs earned between \$10,000 and \$35,000 a year as an individual income.  
53% of the national sample earned between those two amounts.

### **CHW Employment**

40% of CHWs in Texas were employed in community-based organizations.  
13% in federally qualified community health centers (FQHCs)  
12% in hospitals, 12% in universities  
<1% in Indian health service and tribal health departments in urban Indian health centers.

### **Top 5 health and social service areas that CHWs in Texas focus**

1. 40% of CHWs in Texas were working on accessing health services.
2. Prevention related to nutrition and physical activity promotion
3. Chronic disease prevention, diabetes specifically screening and self-management
4. Behavioral health
5. Mental health

**Primary populations served by the CHW** looks at whether or not the CHW ethnicity and cultural makeup matches the demographic of the populations served, an important characteristic and virtue of community health workers.

- 85% of the population served by Texas CHWs was Hispanic or Latino. 64% of CHWs identified themselves as Hispanic or Latino.
- 50% of CHWs were serving the African American population.

### **Agreement with the American Public Health Association (APHA) definition of CHW**

- 93% of Texas CHWs agreed or strongly agreed.

### **CHW Network Activities**

Opportunities to work with other CHWs on issues that are important to their community (85%)  
Training and seminars (94%)

**Reports available** - the Arizona Prevention Research Center (APRC) website: <http://azprc.arizona.edu/resources/reports>

- 2014 National CHW Advocacy Surveys for 10 states that had 25 or more participants.
- regional reports using HRSA regions
- CHW specific advocacy publications
- free of charge CHW advocacy and leadership curriculum in English and Spanish

Ms. Samantha Sabo informed the committee members that a paper will be developed in terms of lessons learned for conducting state and national surveys with CHWs.

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**Agenda topic** Adverse Childhood Experiences Findings and the Implications for CHWs | **Presenters** Richard Rosing, CHW Advisory Committee Member, Houston Community College System

**Discussion:** The adverse childhood experiences (ACE) study, the ACE score and trauma informed care

## What is the ACE Study?

The adverse childhood experiences (ACE) study, conducted from 1995 to 1997, consisted of 17,000 Kaiser Permanente patients aiming to predict health outcomes later on with what happens with an individual's experience. This was an extensive survey and research done with startling results in terms of correlating what happened in childhood to later issues in life. The ACE Study continues to be an ongoing collaborative research between the Centers for Disease Control and Prevention in Atlanta, Georgia, and Kaiser Permanente in San Diego, California. The ACE study is noted in many surveys as it relates to the impact of trauma on a person's life before the age of 18. The initial survey was quite extensive and was narrowed down to ten questions.

### Poll Question

**From your computer/laptop:**

- Go to [www.joinprof.com/rosing](http://www.joinprof.com/rosing)
- Answer poll

**From your android phone:**

- Go to [www.joinprof.com](http://www.joinprof.com)
- Enter "Rosing" in the "Search Speakers" field
- Click on "Richard Rosing"
- Answer poll

**Poll**

- How many ACE events did you have?
- 1
- 2
- 3
- 4
- 5
- 6+

### Ten Questions

- The initial questionnaire has been simplified down to 10 questions.
- It is a simple scoring method.
- Each yes counts a 1. A person adds up all the yes' to get your "ACE Score"
- The survey can be found at [ACEstudy.org](http://ACEstudy.org) and is in English and Spanish.

**The ACE score** assesses the total amount of stress during a childhood. As the ACE score increases, the risk of having health issues increases. If respondents hit 3 ACE events, all of a sudden their risk factors go up exponentially.

**Issues Related to Increased ACE scores:** 17 health issues have been found to be impacted by adverse childhood experiences: alcohol and alcohol abuse, chronic obstructive pulmonary disease (COPD), depression, fetal death, health-related quality of life, illicit drug use, ischemic heart disease, liver disease, risk intimate partner violence, multiple sexual partners, sexually transmitted diseases, smoking, suicide attempts, unintended pregnancies, early initiation of smoking, early initiation of sexual activity, adolescent pregnancy, etc.

When working with their clients, it is helpful for CHWs to administer this poll to look into the underlying issues that may have triggered current health issues. Those adverse childhood experiences may end up causing disruptive neuro development in the brain classified as social, emotional and cognitive impairment. The adoption of health risk behaviors leads to disease, disability and social problems.

Researchers have found that the brain develops from the bottom up with the mid-brain bundle of the brain stem and the limbic system happening in early and infancy. If a child is going through a traumatic event she or he does not have the rational part of their brain yet developed to put it into any sort of concept. The only part of their brain that is developed to try to make sense of their world is the limbic system, their emotional system. Not until later, in adolescence, do we start to develop a stronger sense of our rational thinking. If individuals have gone through these adverse childhood experiences, when an issue arises, their first response comes from their emotional center.

At a CHW event for serving the homeless population, 75% of the CHWs and the audience taking the poll reported three or more ACE events themselves. There is a whole system of people that have been impacted by their adverse childhood experience, CHWs and people being served. Their first response coping strategy tends to come from the limbic system, from an emotional standpoint. Health care providers need to learn what is going on with them, honor and respect what is going on with the client, and look at trauma informed care.

**Trauma informed care** is an approach to engaging people with histories of trauma that recognizes the presence of that trauma and acknowledges and respects that role that trauma has had in their lives. The National Center for Trauma Informed Care (NCTIC) facilitates the adoption of trauma informed environments in the delivery of a broad range of health services. CHWs need to be exposed to the trauma informed care paradigm of asking not what is wrong with the client but asking what

has happened to the client. It is important for health care agencies to work from a trauma informed care perspective and incorporate education on the topic for CHWs.

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**Agenda topic CHW Spotlight: Linda Casares, Promotora | Presenters Linda Casares, Texas A&M Colonias Program**

**Discussion: Texas A&M Colonias Training Academy – Promotor(a) Projects**

Ms. Linda Casares was certified as a promotora in 2012 based on completing the 160-hour CHW certification course provided by Texas A&M Colonias Training Academy. Working as a promotora, Ms. Casares was inspired by how her work impacted community members through a variety of projects such as the Colonias Christmas shoebox project. For the last ten years, ten community centers in Webb County were requested to provide a list of 100 of their neediest children in the area. It was Ms. Casares' responsibility to solicit sponsors to provide Christmas gifts for the children. Only half of the gifts were secured by the due date. Ms. Casares and her co-promotora went out door-to-door to solicit gifts and were successful in securing gifts for all 1,000 children. The rewards were tremendous when she saw the faces of the children when they received their gifts, especially the face of a little boy who received the bike he wanted.

In its 2<sup>nd</sup> year, the Colonias Easter fun fest solicits sponsors to give Easter baskets to children. Ms. Casares emphasized that the strong partnerships developed with community agencies helped foster the community participation and giving spirit.

Other Texas A&M University Colonias Program projects:

- Summer Kids Camp - Educators from agencies come in to teach kids on science, technology, engineering, mathematics, etc. In 2014, children participated in the Lamar Bruni Vergara Environmental Science Center.
- End of Summer Sizzle Health Fair - It is a health fair focused on helping bring children up to date with vaccinations and getting children ready for school. Many agencies come in and share their information.
- Warm Blanket Drive - Promotores go to the local Wal-Mart, set up shop and ask for blankets for the needy.
- Zumba and healthy cooking classes, volunteer appreciation lunches
- Community emergency response team (CERT)
- Water filtration project

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**Agenda topic Community Health Workers – A Partner in Hypertension Control | Presenters Carleigh Baudoin, Beatrice Smith, DSHS**

**Discussion: CDC Grant/Million Hearts Initiative/Million Hearts CHW Workgroup**

Carleigh Baudoin, Grant Coordinator within the DSHS Chronic Disease Branch of the Health Promotion and Chronic Disease Prevention Section gave an overview of the Million Hearts Initiative and CHW workgroup. LaJuan Scott with DSHS Health Service Region 4/5 N was acknowledged for her participation.

**The Heart Disease and Stroke Program – CDC Grant/ Million Hearts Initiative**

The Heart Disease and Stroke Program in the Chronic Disease Branch receives funding from the Centers for Disease Control and Prevention (CDC) to implement strategies in health systems and communities to improve the quality of care for patients with high blood pressure and diabetes by promoting clinical quality improvement and team based care. The CDC encourages states to focus these strategies on the priorities of the Million Hearts Initiative. This initiative was developed in response to the fact that heart disease and stroke are the first and fourth leading cause of death in the United States (first and third in Texas.)

CDC and partners developed the initiative with the ambitious goal of preventing one million heart attacks and strokes by 2017. The Million Hearts Initiative aims to prevent heart disease and stroke by improving access to effective care, improving the quality of care for the ABCs of heart disease which are aspirin, blood pressure, cholesterol and smoking. The initiative focuses on activating the public to live a heart healthy lifestyle and improving the prescription and adherence to appropriate medications for these ABCs.

The Million Hearts Initiative recommends a team-based approach to improve care and identifies CHWs as important members of the health care team. In January 2014, the National Association of Chronic Disease Directors (NACDD) released a request for health and human services systems to host the million heart stakeholder's workshop. The overarching goals of the workshop were to bring together a diverse group of stakeholders, to build support and increase understanding of the Million Hearts Initiative, and to identify strategic actions for improving care for hypertension control. The DSHS Heart Disease and Stroke Program was awarded the technical assistance grant and held a workshop in Austin on May 1, 2014. The program identified two focus areas to guide the workshop:

1. The role of community health workers
2. Hypertension control and also quality improvement of hypertension control.

CHWs were selected as the focus of the workshop because of their effectiveness and improving health outcomes for patients with chronic diseases and their roles as critical members of the healthcare team.

The workshop was attended by 44 individuals representing 22 organizations. Participants included representatives from local health departments, universities, clinics, the TMF Health Quality Institute, insurance, non-profits, etc. During the workshop the participants were split into two groups to identify strategic actions to address each one of those focused areas.

The CHW group identified the following strategies:

- addressing the reimbursement of community health workers;
- making a connection between the use of CHWs and improved outcome and market outcomes for an increased acceptance into health system;
- integrating CHWs into a clinical team and expansion of the use of CHWs into clinical care setting; and,
- developing a workgroup to address these strategies.

### **Million Hearts CHW Workgroup**

Following the workshop, an ongoing workgroup addressing the CHW strategies was formed. Initially the workgroup consisted solely of attendees of the workshop but through a strategic planning process, additional partners were identified. The workgroup currently has a diverse but small group of members representing local health departments, health systems, clinics and universities.

The goal of the workgroup is to increase the utilization and engagement of CHWs in primary care settings to improve blood pressure control in Texas. The strategies are to increase promotional materials for CHWs with a focus on hypertension control and to increase educational opportunities for CHWs with a focus on hypertension control.

### **Million Hearts CHW Workgroup strategies:**

1. identify data related to the use of CHWs and the improved outcomes related to hypertension control and develop a white paper;
2. identify and recommend best hypertension control related continuing education curriculum with learning objectives geared towards improving skills and applying and implementing acquired knowledge in CHW work settings. This activity has not started yet.

The purpose of this white paper is to create a brief resource for public health and healthcare professionals that describes the value of CHWs and the benefit of engaging them as members of the healthcare team in the primary care setting to improve the controls of hypertension and other chronic conditions. Initially the focus was on hypertension. Through research, the workgroup realized that there is some limited evidence on hypertension control specifically so it was expanded it to diabetes control as well.

The draft white paper starts with a brief introduction describing the burden of cardiovascular disease, the importance of hypertension control and the importance of a team-based approach to healthcare. The Community Guide has shown that the team-based approach is an effective method for addressing hypertension control and chronic diseases. Many different professions such as pharmacists but also CHWs are noted as effective partners in the guide.

For the white paper, Beatrice Smith assisted with defining the CHWs and detailing their roles in improving health outcomes and care delivery and reducing health care costs. CHWs are effective partners in managing chronic conditions (diabetes,

hypertension, heart disease, HIV, TB and malaria), and coordinating care for patients especially in underserved populations and in minorities. The Texas CHW training and certification model validates and acknowledges CHWs as valuable members of the health care workforce.

Ms. Smith emphasized the call to action to providers to get to know the CHWs and build capacity for CHWs by strengthening their educational and professional development and presenting data demonstrating their effectiveness in hypertension control. The paper supplies some evidence supporting CHWs' effectiveness through one of the 1115 waiver projects at the University of Texas Health Science Center at San Antonio. The project utilizes CHWs at an urban family practice clinic to improve care for patients with hypertension. While the project is not complete, there is initial evidence that CHWs have been effective in improving control for diabetes and hypertension.

In terms of return on investment, one particular study noted in this paper showed an increase in the use of primary and specialty care and reduced use of urgent care inpatient and outpatient behavioral healthcare use as a result of utilizing CHW. Another study also demonstrated an average savings of \$2245 per patient and the total savings of \$262,000 for 117 patients along with improved quality of life. That's probably indicative of what other healthcare systems experience by using CHWs.

The two- pages white paper still in draft form will be released in April or May 2015. Carleigh Baudoin and Beatrice Smith invited the committee members and the audience members to provide comment on the white paper before it is released.

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## **Agenda topic 2015 CHW Advisory Committee Activities Workplan | Presenter Mona Izquierdo, DSHS**

### **Discussion: 2015 CHW Advisory Committee Activities Workplan**

Ms. Mona Izquierdo discussed 2015 committee activities with committee members. Four workgroups were created for each of the four areas of activities: program rules, communication and outreach, training and workforce development, and certification and employment opportunities.

The specific activities and the workgroup membership under each area were decided as follows:

#### **Program Rules**

**Members: Mérida Escobar, Venus Ginés, Claudia Bustos.**

#### **Advise on program rules under the Health and Safety Code, Chapter 48, relating to the training and regulation of persons working as promotores or community health workers**

- Consider mechanisms to address the November 2014 American Public Health Association (APHA) CHW Section policy that recommends that groups pursuing policy development regarding CHW training standards and credentialing be comprised of at least 50% CHWs
- Advisory Committee member attendance

#### **Communication and Outreach**

**Members: Julie St. John, Rich Rosing, Claudia Bustos, Gary Eagleton, Leticia Gutierrez, Oscar Muñoz, Jean Diebolt**

#### **Assist with the development of the Annual Report**

- Include segment on volunteers and impact of programs

#### **Increase communication with community health workers**

- Explore potential development of a statewide CHW association
- Consider mechanisms to support CHW leadership in Texas, including promoting the APHA CHW Section Outstanding CHW of the Year award and Outstanding CHW Group of the Year award

#### **Identify and explore additional opportunities for outreach and information regarding the Promotor(a) or Community Health Worker Training and Certification Program and the work of the Advisory Committee**

- Utilize face to face meetings and access to meetings via webinar to increase stakeholder participation in Committee meetings

## Training and Workforce Development

**Members:** Venus Ginés, Mérida Escobar, Claudia Bustos, Julie St. John, Leslie Hargrove, Lee Rosenthal

### **Make recommendations to the department concerning qualifying training programs/ sponsoring organizations or training programs.**

- Non-DSHS Instructor (professional) requirements with the recommendation that guest speakers at DSHS-certified training programs for CHWs/CHW instructors be allowed to be part of the certified training if their presentation is less than 30 minutes.
- Extend CHW certification renewal period from two to three years
- Experience instructor requirement of knowledge of the eight core competency requirements (develop standards and skill sets)

### **Increase access to community health worker certification training and continuing education.**

- Promote CHW participation and training in the statewide Life Course Perspective Conference (June 2015)

### **Promote the development a list of specific standardized topics and skill sets to be included in each of the core competencies.**

- Review information developed through the Community Health Worker Common Core (C3) Project as the project works toward consensus on recommended practices in support of scope of practice and CHW skill development and consider for incorporation into Texas CHW standards

### **Implement CHW/Promotor(a) Survey regarding CHWs' perspectives regarding the value and benefits of certification**

- Review survey data at mid-year and end of year

## Certification/Employment Opportunities

**Members:** Claudia Bustos, Gary Eagleton, Rosalia Guerrero

### **Promote employment opportunities for community health workers and explore opportunities for sustainable funding of community health worker services.**

- Review annual data from the U.S. Department of Labor, Bureau of Labor Statistics related to the Community Health Worker standard occupational classification (SOC) code
- Participate in discussions regarding development of potential reimbursement mechanisms for CHW services
- Explore CHW roles in telemedicine

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### **Agenda topic Committee Business | Presenter Mérida Escobar, Presiding Officer**

**Discussion:** None

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### **Agenda topic Program Update | Presenter Mona Izquierdo, Beatrice Smith**

**Discussion:** Program Update

As of January 1, 2015, there were **3,113** certified community health workers and **237** certified instructors. The CHW renewal rate for November 2014 was 46% and 47% for December 2014. The following summary shows recent program approval activity.

- Number of CHW and Instructor Applications Received (includes initial, reapplication, and renewal)
  - November 2014: 105
  - December 2014: 183
- Number of approved initial Instructor Applications:
  - November 2014: 2
  - December 2014: 4
- Number of approved initial CHW Applications:

- November 2014: 35
- December 2014: 115

## Advisory Committee Membership Vacancies – Recruitment and Application Process

The terms for three Advisory Committee positions expired January 1, 2015. Positions requiring appointment included two CHW members and one professional working with CHWs. Current members reside in Health Service Regions 2/3, 4/5N, 6/5S, and 11, therefore regions not represented include Health Service Regions 1, 7, 8, and 9/10. Dr. Lakey, DSHS Commissioner, will make the appointments for three-year terms (January 2015-December 2017).

An announcement solicitation letter for these vacancies was sent to all stakeholders and posted on the DSHS website. An application review team composed of three CHW Advisory Committee members, three DSHS staff members, and one staff member from the HHSC Civil Right Office was assembled to review the application nomination packets. By December 11, 2014 a record number of 64 applications was received for the three advisory committee member positions. Forty-two applications were submitted for two CHW member vacancies, and ten applications for one Professional Member vacancy. On January 12, 2015, the application review team members convened by conference call and discussed compiled scores and individual recommendations. A recommendation by consensus was forwarded to DSHS leadership (Dr. Lakey).

Ms. Tammy Sajak, Director of Title V and Family Health, presented Leticia Gutiérrez, CHW Advisory Committee member, with a certificate of appreciation for her service and contribution to the CHW Training and Certification Advisory Committee.

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## Agenda topic Committee Member Updates | Presenters Advisory Committee Members

### Discussion: Committee updates

**Julie St. John:** Dr. St. John continues to work with the APHA. Along with Beverly MacCarty, Dr. St. John will present on a new evaluation tool at the APHA Annual meeting in Chicago held from October 31 through November 4, 2015.

**Oscar Muñoz:** Texas A&M Colonias Training Program Academy is in the process of setting dates and creating the agendas for the upcoming regional conferences in Laredo, San Antonio, the Rio GrandeValley. Another conference location is to be determined.

**Leticia Gutiérrez:** Ms. Leticia Gutiérrez thanked the committee members for an awesome experience during her service as a CHW committee member.

**Venus Ginés:** The Texas Department of Insurance does not have a Spanish curriculum for navigators in Texas. Dia de La Mujer Latina, Inc., (DML) developed a Spanish training program for navigators, which is specific and culturally adaptable.

**Gary Eagleton:** The Texas Gulf Coast CHW/ Promotores Association will hold a CHW annual conference on March 5, 2015. UT School of Public Health has developed a partnership with the National Alliance on Mental Illness of Greater Houston (NAMI). These agencies are working on a proposal and planning for CHW training for returning vets. Mr. Eagleton shared that one of the local community service organizations is looking at requiring all of their entry level social workers to also have a CHW certification.

**Jean Diebolt:** Ms. Diebolt's FQHC has been awarded a pediatric grant by the Epilepsy Foundation focusing on children with this illness. These children will be examined by specialists in Dallas, Fort Worth and Houston through their telemedicine setup. As 30% of the population is Hispanic and Spanish speaking, promotores will be working with telemedicine. Promotores will be interpreters between the examining specialist in Houston, Dallas, or Fort Worth and the parent of pediatric children with epilepsy. Their pediatric specialties will be expanded to bring pediatric specialty care. Being located 200 miles north of Houston and 200 miles east of Dallas, their FQHC covers the area east of I-45 in the way of dental care. Ms. Diebolt expressed excitement about the opportunity to work with seizure disorders in children.

**Claudia Bustos:** On February 7, 2015, in partnership with the Northern Texas CHW Resource Coalition, the Community Health Center of Lubbock will offer a five hour safe check CEU for CHWs in the Lubbock area. Ms. Bustos has worked with the National Diabetes Education Program to utilize the Road to Health kit to offer CEUs to CHWs in her area. Ms Bustos also spoke about her involvement in producing a CHW Steering Committee for the Dallas Fort Worth CHW coalition.

**Mérida Escobar:** STPA, Inc. will hold a one day CHW conference on February 28, 2015. 80 promotores have already registered. STPA, Inc. is also partnering with doctors at the Renaissance hospital looking as to how they can use promotoras and give them an opportunity once they are trained to get some sort of income or get reimbursed for their time. Ms. Escobar shared information about the Hunger Initiative where promotores go and volunteer at local libraries and assist families in updating their information or benefits.

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**Agenda topic New business | Presenter Mérida Escobar, Presiding Officer**

**Discussion: New business for consideration at next meeting – January 30, 2015**

- 2014 Annual Report Highlights
- 2015 CHW Advisory Committee Workgroups
- CHW Training and Certification Program Proposed Rules – Public Comment

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**Meeting Adjourned**

**January 30, 2015**

**12:30 PM**

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