# Chaffey College

# Public Health PAC Meeting

# Meeting Minutes

August 7, 2020 ~ Zoom

**Present**:  Angela BurkHerrick  Sarah Davila  Jeffrey Laguna  Erika Lewis-Huntley  Sherrie Loewen  Luanna Loza Jauregui  Dena Mangini  Celeste Mor

Paula Palmer  Kay Peek  Kim Reynolds  Karen Suarez

**Recorder:** Michelle Sims

**Call to Order:** 11:00

**Agenda:**

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| **WELCOME/INTRODUCTIONS:**  Sarah Davila: Welcome! Thank you to all who could make it. I wanted to start this meeting off with introductions as we have several new members joining us today.  Kim Reynolds: Professor at Claremont Graduate University in the School of Community in Global Health. Training is in social psychology but got interested in applications to health. Entire career has been in either schools’ of public health or preventative medicine. Interests is in obesity and skin cancer prevention – lots of diets, physical activity, and safety. Core interest within that is both the development of programs to improve health behavior and development of research to explain and predict those behaviors. Has taught program planning grant writing and theory courses. Has had a bit of academic management experience within those programs.  Kay Peek: Director of Student Health Services at Chaffey College and a California certified public health nurse. Master’s Degree is in International Health Management and Doctorate is in World Health Organization Issues. Has lived and worked in 16 countries, and really enjoy the medical world and how timely public health is now is awesome. There is so much opportunity now. For example, contract tracers for the public health department. It is in adversity and it is creating awesome opportunity, especially for our students to see the bigger picture of what public health issues are – not just regionally, but statewide as well as nationwide and globally. It is a severe, serious situation, and all the information that is coming up on a daily basis, but it should open our students’ minds that there are good career opportunities in public health and to do good in the world.  Sherrie Loewen: Dean of Health Sciences at Chaffey College. Has the honor of having this program in the School of Health Sciences, and took a moment to appreciate Sarah Davila and what she has done for the program, her dedication, and all she does.  Jeffrey Laguna: Director of the Gerontology Program at Chaffey College. Originally pushed for the Public Health program at Chaffey College and has maintained a background role with the program. When working on his PhD, his dissertation advisor and mentor was a public health researcher in HIV and advanced care planning, which has been the bulk of his research and built his foundation on for what he does. Has been really impressed with Sarah Davila and what she has been able to do. Most people that are in public health are really passionate about public health and what is why they are doing it.  Angela Burk-Herrick: Professor for the Biology Department at Chaffey College and is serving in the capacity of the Curriculum Chair. Agreed with all the kudos to Sarah Davila’s work, organization, and her presentation.  Celeste Mor: General Counselor at Chaffey College. Works closely with the Health Science programs and has been working with Sarah Davila. The students love her class and try to find more classes that she is teaching or looking to the degree. The students are being very responsive and more interested in this subject as they are being introduced to it. Very grateful that Chaffey College has this program for them.  LuAnna Loza Jauregui: Manager of Community Partnerships, Inland Empire Health Plan (IEHP).  Karen Suarez: Senior Vice President of Community Development for Wells Fargo Bank. Covers the Riverside and San Bernardino counties. Has a tremendous amount of passion for housing and having dialogue around social detriments of health and how economic development plays a role within the public health space in those intersections and identifying ways we can work together and helping connect students to two avenues that will support equitable health education and opportunities to access healthy communities and housing.  Dena Mangini: Job Developer at Chaffey College. Supports the program, and when she is out in the field from time to time, she gets employers and opportunities for public health students.  Erika Lewis-Huntley: Works in the City Manager’s office for the city of Rancho Cucamonga. Oversees the city’s Healthy RC program and trying to empower and engage the community to be part of the local government process to improve quality of life in the community. Focused on social justice, racial equity, and mental health, and trying to bring the community together to create targeted interventions to make the biggest impact in Rancho Cucamonga. Looking forward to hearing about all the great things that are happening at Chaffey College and seeing how the city can partner with all of you.  Paula Palmer: Faculty at Claremont Graduate University. Sarah Davila was a student in one or more of her courses and got to know her very well. Was contacted about the interest of starting a program for community health workers and has wanted to see something like this happen. Has done a lot of work in other countries in developing nations and one of the most important threads in those countries is keeping people in under resourced areas and giving them a voice of their own. Helped them with health issues with wonderful networks of community health workers. Has been working with the Pacific Islander community for about 15 years in Southern California, and there is a group of lay community health workers. There have been discussions of some way being certified and they could actually be put in a category so that they can be respected for the great work that they do. Is excited that Sarah Davila is spearheading this proposal. |
| **REVIEW OF PREVIOUS MEETING MINUTES:**  Jeff motioned to approve the June 12, 2019 Public Health Advisory meeting minutes, and Kay seconded.  Sarah provided an overview of the June 12, 2019 meeting.  Vote count: ?/?/?, approved |
| **NOMINATION OF PAC CHAIR:**  Sarah nominated Luanna to chair the committee. She explained that she has done a lot of community work, and works in the Inland Empire Health Plan and their community outreach centers. Would be a fantastic fit to help chair this committee.  Sarah motioned to vote Luanna Loz Jauregai as Chair, and seconded by Angela.  Vote count: ?/?/?, approved |
| **BACKGROUND INFORMATION ON CHW PUBLIC HEALTH CERTIFICATE:**  Sarah provided an overview of community health workers. Also known as CHW’s or Promotores, they are frontline health workers who are trusted members of their community. They build relationships and serve as liaisons between health and social services. They can help facilitate access with services with their community and with health organizations. They demonstrate cultural humility, and they work by building individual and community capacity by increasing health knowledge and self-sufficiency through a large amount of different activities, such as outreach, community education, informal counseling, social support, and advocacy. This broad definition comes from the American Public Health Association.  Sarah asked the committee about their experience or their organizations’ experience with working with community health workers.  Karen noted they work with El Sol Neighborhood Educational Center in San Bernardino, and they are predominately helping bring financial literacy and financial health concepts to the community. Through the foundation, they have been able to support some funding to ensure that a staff member has the adequate materials and give them the liberty to utilize the curriculum and make it their own. It is relevant to the communities that they are serving. They love the CHW model, as they heavily rely and lean on them to educate us on how we should be delivering on our content so it is well received by the audience and understood. It also helps to inform us on ways that we can pivot or change or add more interactive activities within our curriculum. That way it resonates with the residents, mostly focused on financial health again. Can pick a topic and expand on it.  Sarah added that it is important because when they talk about specific communities that are larger or smaller, or a specific community such as a church or school, these CHW’s or community health workers are really the people that know these communities best. It really helps other organizations understand how to deliver that information in a way that would be best received.  Paula shared that in Southern California, they work with people in the community and there is a very high rate of certain types of cancers in the Pacific Islander community and low rates of screening. Even when women are screened for breast cancer, and a lot of times they will not get the screening because they are afraid and they do not know hot work within our medical system. Having what she refers to community health workers, women who are not necessarily trained in health at all, but work in the churches or work in the Pacific Islander led communities and organizations, become part of these campaigns at these communities together for increasing mammogram screening. What often happens is if a woman finally decides that she will go and get a mammogram, and if there is a real problem detected and the woman needs treatment, what these community health workers have done is be vital on getting treatment. They have actually taken on the navigator’s role where they will walk these women, whether it is to the health appointments, care appointments, and actually working with them to make sure that if they need chemotherapy or radiation therapy, that they help these women, many of whom do not speak English very well. They will be that liaison and work with the families to make sure that the women get all the way through treatment. They even have women coming in from American Samoa because there are no mammogram machines. If a breast lump is detected, they will have some of these community health workers wait and meet them at the airport. They will care for their families while the woman is going through treatment, and it is an expanded role. Her work has been mostly cancer, but these men and women have also become part of the research team. They are written in and being trained up more on cancer and more on how to collect up several types of data that they can use within their churches and community. It has been broad in terms of what they have been able to do and what they want to do. Sometimes what we want to do is they want to go back to school, and helping them go to community colleges and four-year degrees so that they can move up in a sense and get an education. They can even write small mini grants to do more for their community. There is a whole range of what community health workers can do depending upon what the needs are.  Sarah added that the biggest thing is building those trusting relationships within whatever that community is that we find makes such a huge difference because certain communities are very reluctant to receive health care and health services because of perceptions about the medical community. That is why it is so important that community health workers are reflective of their community and there is a very diverse group, depending on what you are trying to serve or who you are serving.  Sarah expanded that the training for community health workers specifically focuses on the development of things like non-clinical skills. You do not need to be clinically trained, and do not have to have any medical or formal training. The training is really supposed to be there for teaching the community health workers on how do we engage with the community, and a lot of specific level training. If it is on breast cancer screening, those are going to have to be done at each organization level, but having some higher-level skills and competencies. Some states have certifications on a state level, and California does not. The core competencies came from a working group in California that is trying to at the state level, develop a state certification for community health workers. They pulled qualities and competencies from different community health programs from within California and other states, and compiled them. The core competencies also come from the American Public Health Association.  The core competencies are:   * Personal/Learned Qualities   + Cultural connection and relationship to the community   + Empathy and compassion   + Interpersonal relationship building   + Motivational leadership   + Flexible and problem-solving ability * Skills   + Listening and communication   + Service coordination   + Health promotion   + Training/ability to teach   + Advocacy   + Research skills   + Facilitation   + Health coaching   + Knowledge base   Sarah asked the committee if these competencies align with what is needed in the workforce.  Kim added that empathy, communication skills, and the ability to develop relationships are essential, and interventions that have been developed and delivered, the groups that they have worked with want to do them and continue to deliver them, and really getting empowered and passionate about doing a good job with the program. It is the quality of the relationships that develops between the person who is facilitating and delivering the intervention, and in this case, it would be the community health worker and the people in the community they are working with. With research skills, the emphasis here would be on things related to program, such as the formative evaluation skills you need, to develop interviewing skills, and running focus groups. It is worth emphasizing that research related to development of program or adaptation of an existing program is really critical. Research related to tracking of delivery of program is always good, so you can see how things are going and if they are going off track. You can identify that early and deal with it. With outcome evaluation, there is uncertainty of what need there is for that and would want to recruit outside assistance with it. Another essential competency is resolving problems with barriers as they occur. Being flexible and having a problem-solving ability is incredibly important because you never know what kinds of issues are going to pop up any kind of community intervention work.  Sarah noted that this will be addressed within the courses they currently have and in the courses they were proposing if students were to move forward with the certification. Learning how to be flexible and learning how to pivot when necessary is important. These competencies are listed as personal qualities, but they are not static and these are competencies that can be developed and grown, given the opportunity to. That is what they are looking to do within these courses.  Paula shared that it is important for the students to understand the ethics around research. Not sure if there will be a requirement to go through certification, but if they are going to collect data of any kind. It might be worked into here. What we owe to communities is basic wring skills because there will be a lot of small grants. As they work with organizations, they will see issues in their community and be awarded grants for. Community health workers have been asked to provide technical assistance to the community.  Sarah agreed that it is important that the community health workers not only work in an appointment setting, but have them feel empowered to do within their community and have the skills necessary.  Kim notated that the students will have to acquire skills going forward after their training, and is not sure if that is something that can be weaved as part of the program’s continuing education, or compiling a list of resources. When there are graduates, they can be provided this list of sources where they can go get some of this additional training as the need arises.  Jeff asked how much of the community health worker programs and positions are funded by soft money, as a lot of small programs pop up and are funded when there is grant accountability.  Sarah shared that the majority of community health worker programs are from community-based organizations, and has seen community health worker positions open up through health insurance companies. Through payers, who are now trying to utilize the community health worker model to keep their base healthy and do not have to spend as much on care. It has been seen on the payroll side, but it is mostly community organizations that it is soft money.  Jeff used an example with Kaiser Permanente, and how their investment model is trying to keep the population healthy, and betting that it is going to cost less later on.  Sarah shared that the top three employers for community health workers in the Inland Empire were through payers: Inland Empire Health Plan, Universal Health Services, Inc. and Telecare Corporation. The labor data presented was from 2019, pre-COVID 19 and pre-social justice awakening and movement. Looking at the average annual openings for the region, they anticipate about 62 annual job openings, give or take with everything happening.  Sarah commented that San Bernardino county was the first county in California to declare racism as a public health emergency, and are starting to request funding in order to help some of these social justice issues.  Karen added that Riverside County also approved recognizing racism as a public health crisis.  Sarah was relieved to hear that communities are finally starting to recognize these issues as public health issues, and get additional funding to start addressing these issues.  Karen notated that she has seen what some of her other colleagues are working on across the country, and she has seen an increase in partnerships with health systems, especially around community health workers. She believes they are moving towards this community, economic development approach, which is very inclusive of residents for a number of reasons. New technologies, such as clean tech, is being interwoven and integrated into the development of affordable housing, and they cannot do that integration or that work or bring these new technologies into a community without first educating and helping the community understand, and be early adopters of it. It is likely to be an increasing and growing trend, not just in the Inland Empire and in California, but across the country. There are colleagues in Florida that have active partnerships working with community health workers again because they are a financial institution that is really focused on financial health, but it does not build a foundation right for other types of health areas that we can easily support. It is an area where the demand for people with these skills sets will help build that bridge for an inclusive, economic development strategy.  Sarah added that it is hard to not have any type of health or wellness if basic needs are not being met. Economic development is huge and is definitely a part of community and public health. In terms of the median wage and the average annual earnings for community health workers in the Inland Empire, it is above minimum wage. In California, the state ranked number two in the number of community health workers employed across the United States, but ranked number once in terms of the hourly and yearly salary for community health workers when compared to other states in the United States. These numbers will be shifting and changing a little bit now that the pandemic has happened, and there is a recognition that we need more entry level workers to do some of these jobs like contact tracing. A lot of what we are seeing is there is fear with contact tracing because of a lot of conspiracy theories and other things floating around on social media regarding the pandemic. When we have community health workers who are trusted and are within the community, in engaging roles such as contract tracing, there is an expectation that we would see better outcomes associated with that.  Kim inquired who is applying for the positions, and if community health workers are having to compete with other people from other areas of training within health and public health. For example, students who are getting an undergraduate degree in public health as an entry level position, and if any of them are applying for community health worker positions that are being advertised. With the recent downturn in employment due to COVID-19, when things start open up, will there be more people competing for those positions because they have lost their previous employment. Most people are not aware of the job title CHW, and some may not be qualified. When asked about implications, I wonder if that is an issue that could occur – the actual supply of people to compete for the positions might go up.  Sarah commented that most of the community health worker positions do not require any certification, and what is usually required is a high school GED or diploma and about a year’s worth of community experience. What they are really looking for with the community health workers is if you are actively involved in your community. After speaking with the Director of the community health worker program at City College of San Francisco, which is the longest community health worker program in California, they are the reason that these community health worker job postings do not have a community health worker certificate as a requirement because there are not a lot of programs that offer this. One of the things that we will look out for in the program is building in that internship and making sure the students have that community-based experience before they go out and apply for these positions. With the certification, along with the experience within the community during their internship hours, it would give them an advantage.  Jeff shared that in Gerontology, there is a formal caregiving issue where some states have passed legislation, saying that if someone is going to be an informal caregiver, they are going to get paid for caregiving. They need to have some baseline kind of training or certification, and some states have not passed any at all. Some are enforcing, and Arizona is a great example of that. California has passed legislation saying this is important but there are no details of what type of training is needed or anything like that. We are starting to move in that direction but it is still very vague. In Gerontology, I am trying to design a caregiving program just based on best practices and what I think it should be based on in that certificate or what would be required. Are there any states or areas where there is formalized training to be a community health worker, and official certification with it.  Sarah confirmed Texas has a formal certification, as well as six or seven other stats. California is moving in that direction, and there has been a couple of barriers. One is a little bit of a pushback from unions from certified nursing assistants, as there is a concern that community health workers may end up taking some of the responsibilities and possibly jobs that certified nursing assistants do. There really is not an overlap, as these are typical non-clinical positions for community health workers. There is a little bit of back and forth in terms of getting that to an agreement with the unions, and the other component is the training. There are concerns that if there are too many training requirements and credentialing requirements, then it takes away from the whole point of being a community health worker. There would be barriers of having to take all these courses in order to get certifications to work within your local community. There is a nationwide initiative that was funded by the United States Department of Education that really recommended community health workers, if there was going to be training, that it would be done at the community college level. If we make it a state certification, are we making it a barrier for people to now having to get state certified when we just want to be able to pull these people from their communities and give them basic training. Another point is if they are certified, we can demand higher wages. The certification is where they feel they have that basic training and feel empowered, and that an actual formal job title that comes with a formal certification. It elevates that position for them. If people are working at the state level to try and get this passed, the program will want to be in line if it does move to a certification at the state level. |
| **CHW CERTIFICATE OVERVIEW:**  Sarah provided an overview of the original proposal of the Community Health Worker Certification Required Courses:   |  |  | | --- | --- | | **COMMUNITY HEALTH WORKER CERTIFICATION REQUIRED COURSES** | | | **NAME** | **UNITS** | | PH-20: Introduction to Public Health | 3 | | Community Health Worker Principles I | 3 | | Community Health Worker Principles II | 3 | | PH-10: Personal Health and Wellness | 3 | | Infectious Diseases | 3 | | Internship | 3 |   She met with curriculum and had discussions regarding the courses that would be required for the certification. Chaffey College currently offers PH-20: Introduction to Public Health, and there is a second course which is PH-10: Personal Health and Wellness. Looking at both of these courses, there is an overlap in terms of what we look at with chronic and infectious diseases in both courses.  The other option is adding in PH-10: Personal Health and Wellness, which would cover these topics. PH-20 and PH-10 are required if the student would like to move on and receive an Associates Degree for transfer. If students decided they wanted to pursue their education further, then they would already have these two core courses completed. The new proposal would be:   |  |  | | --- | --- | | **COMMUNITY HEALTH WORKER CERTIFICATION** | | | **REQUIRED COURSES** | **UNITS** | | SEMESTER 1 FAST-TRACK I  PH-20: Introduction to Public Health 3  Community Health Worker Principles I 3 | | | SEMESTER 1 FAST-TRACK II  PH-10: Personal Health & Wellness 3  Community Health Worker Principles II 3 | | | SEMESTER 2  Internship 4 | | | **TOTAL UNITS** | **16** |   Community Health Worker Principles I and II were based largely off of the community health worker principles and these two courses are offered at City College of San Francisco. They have honed in on a lot of these principles that addressed those core competencies for the community health workers and ideally would be set up in Fast Track. PH-10 and PH-20 are currently offered as Fast Track courses for the Public Health program. The students would be able to complete Fast Track I during the first 8 weeks of the semester, and complete Fast Track II for the last 8 weeks of the semester. Within one semester they would complete all the required coursework for the certificate program, and in their second semester would include their internship. They can spend that second semester working on their internship hours. The certificate program will be 15 units total. In Community Health Worker Principles I, the students will develop their resume and start applying for their internship site. That is really important because during those last 8 weeks of the semester, we can track students through that process and making sure they are getting all of their health information and other requirements into the system.  Kim agreed with dropping the chronic disease management and infectious diseases courses and is in favor of the PH-10 course. He noticed in the environmental health section, there was no mention regarding built environments and on diet and physical activity. That is a big issue in the area of obesity prevention. Also adding in some resource materials, adding evaluated program planning course because that would be a fantastic tool for a community health worker.  Sarah noted that in PH-20, they do not touch on the built environment. Under the environmental section, they talk about it when they address social determinants of health and community organizations and advocacy. She agreed with adding it in and in terms of being able to pull programs and evaluate them. That is something within community health worker principles that it is touched on to a certain extent, but will take it into consideration as they start refining it down the road. PH-20 and PH-10 are established and approved to be CSU and UC approved courses; however, CHW 1 and 2, those community health worker principles are in flux right now. They are working through what that will look like and getting those approved.  Angela asked if people do not need a degree to be employed, if this is something where they might anticipate people who are already working in the field might come and get this type of certificate or credential. She is wondering if they should vote on instead of an internship, but a co-op. Having the flexibility of an internship or a co op like a work experience. If they vote on that flexibility today, it would give them the option to explore what they have available and if someone is already working, even in a paid position, that would maybe satisfy that requirement.  Sarah shared that with her discussion with the Director at City College of San Francisco, a lot of certified nursing assistants were currently working and wanted to go back and get this certification to add to their experience. They were able to go back to their employer and get a pay increase. They had a great partnership up there with some people that were already employed in healthcare settings and community-based settings that were coming back for the certification. She will definitely keep that in mind.  Jeff questioned the number of hours of work, because it is currently set at 240 hours minimum of fieldwork. He is wondering if it is overkill, or if there needs to be more hours in this case. He also reinforced Angela’s idea of being able to give them the opportunity to earn credit if they have a job and they are already doing that type of work, and could be very beneficial.  Kay added that certified nursing assistants are always looking for more opportunities to get trained and add to their resume. I think that is a really good thing, and it would not be a conflict – it would be an addition. She thinks it would be very beneficial.  Jedd noted that certified nursing assistants would have to be doing community health worker type of work in their internships to have those hours count, and if they are already doing that.  Sarah commented that a lot of the job postings are asking for a year’s worth of employment or engagement with the community, and asking the students to do an internship for a year is a lot. She wanted to give students the most amount of experience within the community that they can get that and be ahead when they are applying. With our students, the more hours they have to do, the better it is in terms of their opportunity against a pool of applicants.  Jeff recommended to reach out to employers hiring and seeing how much experience community health workers have, as it would be great to identify if there is a sweet spot for the number of hours needed.  Paula asked if City College of San Francisco’s program has an established number and if other programs have a number.  Sarah noted that City College of San Francisco is 4 units. If at all, the California community colleges are about the same in the terms of internship hours and units. It would be 240 hours, and as Angela had mentioned, they do have that co op opportunity. They are already working and getting paid, as long as they are doing community health related work, they could receive the same credit for those hours.  Paula asked if there are any accrediting bodies or a national group that makes recommendations. You can have an internship, but it is what the community heath workers are doing within those internships that are certain competencies they have to hit. It would be important if somebody is already working, but how can they make sure their internship is meeting all competencies and reflects the majority of the skills they are learning and they actually have to practice in particular areas.  Sarah will re-connect with City College of San Francisco on what they are doing. In terms of national standards, it is very broken up and depends on the state. Some states have different certifications and there is not a national level other than the American Public Health Association as a designation for community health workers. The core competencies listed came from that California working group that is trying to get a state certification. It could be an agreement that we can build in with the internship sites. The community health worker competencies and the courses that meet them are reflected below:   |  |  | | --- | --- | | **COMMUNITY HEALTH WORKER CORE COMPETENCIES** | | | **QUALITIES** | **COURSE(S)** | | Cultural Humility | PH-20, CHW-1, CHW-2 | | Empathy & Compassion | CHW-1, CHW-2 | | Interpersonal Skills | PH-10, CHW-1, CHW-2 | | Motivational Leadership | CHW-1, CHW-2 | | Flexibility & Problem Solving | PH-10, CHW-1, CHW-2 | | **SKILLS** | **COURSE(S)** | | Listening & Communication | PH10, CHW-1, CHW-2 | | Advocacy | ALL | | Service Coordination | CHW-1, CHW-2 | | Research Skills | PH-20 | | Health Promotion | ALL | | Facilitation | CHW-1, CHW-2 | | Training/Ability to Teach | CHW-1, CHW-2 | | Health Coaching | CHW-1, CHW-2 | | Knowledge Base | ALL (PH-20 is foundational) |   Paula noted that if they want to get something going at the state level, having as much unity among other and agreement among all programs in California about what the competencies would look like. It would build a stronger case and they would not be able to say one program is doing this and another program is doing that. This body of training and this type of work to be recognized for having certain qualities or certain competencies that they all endorse.  Sarah shared that City College of San Francisco has a strong program, and the living matrix data reports how many students that go through their programs. San Francisco trains the most community health workers and they notated that their biggest barrier is being underfunded. There is more employer demand than they can meet. Even with budget cuts in general to education and funding, even before COVID-19, they could not meet the demand that employers had.  Kim and Jeff pointed out that the statewide numbers of graduates are minimal; however, within San Francisco, they may have a program that is producing a lot of graduates and a community has positions for these graduates, but it is not really reflecting elsewhere. The Director may be working alongside to build these partnerships and relationships in order to establish these pathways that were not as formalized, and how much of that work will need to mimic down here to create a pipeline. There is something else happening here and need to figure out what that may look like to make this happen.  Sarah commented that based on the conversations she has had with him, they are starting to see that a lot in the urban cities, Los Angeles for example. There are a lot of job listings for community health workers in Los Angeles, but there are not many programs. It is not sure if East Los Angeles is offering the program or not. There was a demand in San Francisco because there were so many community-based organizations and programs that needed people to go out and deliver these programs to the community, and recognizing that they needed people from within that community that were trusted. The demand was really there, but what is the history from 20 years ago.  Sarah asked the committee how they can leverage their existing community partners in order to provide those pipelines for the students. How can we connect the students to not only an internship or co-op, but what opportunities are there once they obtain the certificate.  Karen shared that the prime modeling goals is Spanish speaking, and asked if it would be an option for them to be able to access in language curriculum or a certification with the other languages. That is part of being able to connect with the communities – is to communicate with and in the language that is comfortable to the residents. Responding to Sarah’s question, El Sol has been a great partner in the community, and they have played an amazing role and helping different industries connect to community. They are even working on some small business opportunities and are an incredible organization. It would be great to have them even be a part of this committee and have a conversation with them about their ideas and how that would be received as an existing entity. There are other nonprofit organizations, such as health foundations and housing organizations, that are increasingly looking for community health workers. The hospitals that have been in contact with through the Southern California housing collective work is another example. There would be some collaborative opportunities to help pipeline students to internship opportunities.  Sarah has been working with El Sol for the past year, and they do amazing work in the community. Has been working hard to connect with because they do a lot of great community-based work in the entire Inland Empire region. The Inland Empire Health Plan (IEHP)’s President addressed the need to develop more community health workers. If we can get that partnership going that would be great for the students, whether it is internships or jobs. Added there could be more specialized certifications, and take the core competency courses and enroll in two additional courses in a specialized field to get a more specialized certification within a specific group. City College of San Francisco offers specialty certificates, which requires the students to take the core classes and two additional courses to have a specialty certificate. We could do housing, or within the realm of public health, but within more specialized areas. It would be incredibly beneficial to have the students be hired in these specific jobs, or is the general community health worker sufficient.  Kim added that two content areas could be nutrition and diabetes, given the problems that are occurring in all communities with diabetes. It could open up a can of worms, but those are two content areas where there might be some benefit in some additional training.  Paula commented that City College of San Francisco offered in mental health and maternal child health. It would be a great idea to offer these at community focus groups and they could help in terms of what they see. Maybe it is important to get the core going, and then looking at how that goes.  Karen agreed that the community should be asked, especially with the trends that are bubbling up right now.  Sarah noted that they will get focus groups going, and asked the committee what potential barriers they see to certification or getting hired afterwards.  Paula shared that politics may be a potential issue, and treading on territory. It might be necessary to get out there and pound the pavement and find out what the factors are. We know the need is incredible, and the communities are underserved. It is only going to get worse before it gets better. This is a natural link from the community to us in that way it is triaged and why this is so underdeveloped. There is something there. You can put together fabulous programs that are needed, and we know the community wants them. If you could find allies and are willing to hire these people, and if they could even get some feedback in terms of what they are seeing, such as the internships and where they should be. If there is a powerful ally that knows what is going on and to help you move through, there will always be a turf issue.  Sarah agreed and noted that it is important to build community partnerships, especially with the larger organizations in the area, and communicate they are there to complement, not to compete.  Paula added that they should look into a PCORI grant, where they would give money and could convene for two years. This would allow them to bring all these people together and focus on the need for community health workers, and what you would like your potential partners to be. It would be an opportunity to lay the cards out on the table and look at where the intersections are, and work together.  Sarah is going to look into the grant, and they want to make sure they are doing this the right way, addressing the right competencies, meeting with the best people, and doing the best for the students so they can feel comfortable and confident. We would be doing the best for our community as well. Added that they are trying to make this as much as a zero-cost textbook option, and City College of San Francisco uses one book for their entire community health worker program. It costs around $100, and covers many of the principles for the one and two cores. It is an amazing, well-rounded book. Working on how or possibly making that a zero-cost textbook option because it would remove barriers, and make it to where it is timely as it can be, and the students can complete this as quickly as possible with little financial cost to them. Many of our students qualify for the Board of Governors fee waiver (based on income threshold), and in terms of registering for the units, those will be covered.  Angela recommended to using strong workforce funds to buy loaners of the textbook. You might be able to purchase them and rent them to the students for free through the bookstore at a low cost. |
| **MOVE TO MOVE FORWARD WITH DEVELOPMENT OF CHW CERTIFICATION:**  Sarah motioned to move forward with the development of the community health worker certification. Angela seconded.  Vote count: ?/?/?, approved |
| **NEXT STEPS:**  Sarah shared she is appreciative of the advisory committee for their suggestions and at the end of the day, they want to make sure they are doing the best for our students.  Next step will be distribution of the meeting minutes for everyone to review. |

**Meeting Adjourned:** 19:50