

Indiana Health Equity Council Membership Agreement



**CHWs Building a Network
of Shared Knowledge and
Collaboration**



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Indiana Health Equity Council Membership Agreement

The Indiana Health Equity Council

The Indiana Health Equity Council promotes health equity and quality of life by convening organizations and individuals supporting community engagements for public health.

Health equity starts with addressing health disparities.

Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.

The Indiana Health Equity Council is funded by Indiana Department of Health, Office of Minority Health through the Centers of Disease Control and Prevention's COVID-19 Relief funding.

The Indiana Health Equity Council is comprised of:

**Executive Council
(IDOH OMH, CHWDI, INCHWA)
+
District Health Equity CHWs (HECHWs)**

District 1 Council District 1 HECHW + District 1 Council Members Organizational Members + Individual Members	District 2 Council District 2 HECHW + District 2 Council Members Organizational Members + Individual Members	District 3 Council District 3 HECHW + District 3 Council Members Organizational Members + Individual Members	District 4 Council District 4 HECHW + District 4 Council Members Organizational Members + Individual Members	District 5 Council District 5 HECHW + District 5 Council Members Organizational Members + Individual Members
District 6 Council District 6 HECHW + District 6 Council Members Organizational Members + Individual Members	District 7 Council District 7 HECHW + District 7 Council Members Organizational Members + Individual Members	District 8 Council District 8 HECHW + District 8 Council Members Organizational Members + Individual Members	District 9 Council District 9 HECHW + District 9 Council Members Organizational Members + Individual Members	District 10 Council District 10 HECHW + District 10 Council Members Organizational Members + Individual Members

Glossary of Terms

- **Indiana Health Equity Council (IN HEC)** - council authorized by the Indiana Department of Health, Office of Minority Health and funded by the Center of Disease Control & Prevention COVID-19 Relief funding to promote health equity and quality of life by convening stakeholders and supporting community engagements for public health. It is comprised of...
- **Executive Council** – A council comprised of representatives from three organizations - the Indiana Department of Health, Office of Minority Health; Indiana Community Health Workers Association; and the Purdue University Community Health Workforce Development Institute (CHWDI) and the District Health Equity Community Health Workers (HECHWs). For more information, please visit inthehealthequitycouncil.com for Executive Council bios.
- **District Health Equity Community Health Workers (HECHWs)** – Each of 10 districts are led by a District Health Equity Community Health Worker employed through the Indiana Department of Health, Office of Minority Health. Each of the HECHWs will solicit membership from local organizations and individuals, organize and lead the District Councils supporting promotion of health equity and quality of life. For more information, please visit inthehealthequitycouncil.com for District HECHW profiles.
- **District Council** – Each of the 10 districts shall have organizational and individual members convening on a regular basis to develop and execute a District Action Plan to reduce health disparities in their district. Each of the 10 District Councils is led by a designated District Health Equity Community Health Worker. For more information, please visit inthehealthequitycouncil.com for District Council member organizations and individuals.
- **District Council Organizational Member** – District Council Organization members are community- based service organizations and health center partners represented by at minimum a CHW employee or an employee performing CHW roles.
- **District Council Individual Member** - District Council Individual Members are individuals who are not affiliated with community- based service organizations and/or health center partners.

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What is the Indiana Health Equity Council Community Health Worker Model?

Each council is comprised of Community Health Worker (CHW) employer organizations and led by a Health Equity Community Health Worker (HECHW).

Our Purpose: We are here to come alongside existing community-based organizations (CBOs) to identify and address stage district needs, foster communication and synergies, and evaluating effectiveness and impacts of statewide efforts through the Indiana Health Equity Council Community Health Worker Model.

Why is the Indiana Health Equity Council Community Health Worker Model important to health access?

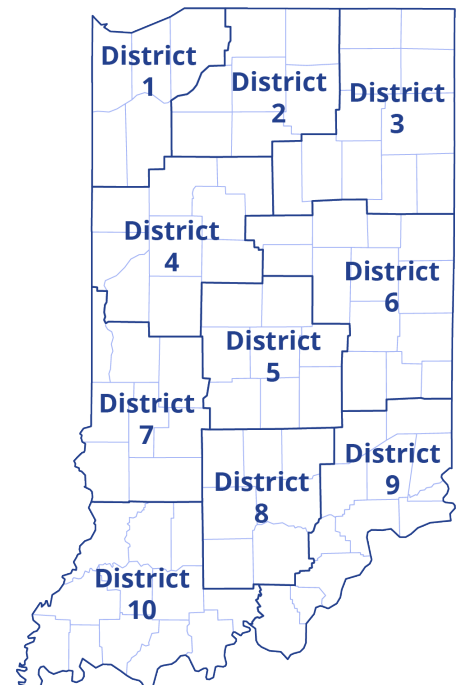
Community Health Workers Link to Care!

From a Medicaid/Medicare perspective a CHW Model should promote the following strategies:

- Health plans and systems who contract with CHWs employed by CBOs that are trusted
- Have close linkages to the specific communities they serve
- Can field a range of flexible outreach and engagement strategies

A marker of success in this model is that CHWs promote an increase of ambulatory care services benefiting the underserved communities. CBOs can reach beyond the health care system to improve health because this multisectoral partnership leverages already trusted practitioners - the CHWs.

CHWs Lead 10 District Councils



Membership to support the Indiana Health Equity Council Community Health Worker Model

Your Role as District Partner:

The purpose of council membership is to identify and engage CBOs who have an interest in improving health care and social service delivery to underserved minority communities through the services provided by Community Health Workers. Member CBOs have the goal to improve their own preparedness for disasters by engaging CHWs as a trusted bridge to reach populations experiencing a disparity in care.

Through membership, the CBO begins a journey of sharing knowledge, data, and resources to join a committed network of partners who through their trusted CHWs build a resilient community. This committed network of partners becomes an asset to the district, showcasing the importance of trusted and equitable care for all.

Mission & Vision of the Indiana Health Equity Council

All districts will have the following shared values, mission, and vision as a baseline to building upon:

Common Values

- Valued CHW Workforce
- CHW Empowerment
- Culturally Competent Care
- Engagement in Research & Data
- Responsiveness to COVID and Emerging Public Health Disasters

Common Mission - Identify CBOs who have an interest to improve health care and social service delivery to vulnerable community members through the services provided by CHWs.



Common Vision - The CBO begins a journey of sharing knowledge, data, and resources to join a committed network of partners who through their trusted CHW, *Build a Resilient Community.*

Common Values In Detail

Valued CHW Workforce:



Supporting staff whose most powerful credentials are their own personal knowledge and experiences, their close ties to the communities where they both live and work, and the experiences that they share with the people they serve.

By leveraging their personal experiences and ties to their communities, this workforce is recognized for its unique ability to:

- Forge trusting relationships

- Invaluable for engaging a wide range of populations

- Building critical connections between health care systems and communities

- Essential in conducting research activities to identify opportunities for improvement

CHW Empowerment:



Allow CHWs with the time to streamline community-wide strategies to better serve clients. In each community, the CHW program can begin with discussions concerning the health disparities and other opportunities to improve the health of the community through social determinants of health lens.

Prepare CHWs through education strategies for their tasks of becoming a catalyst to change individual, household, and community behavior. Provide clarity on task expectations and flexibility on how CHWs accomplish them.

Culturally Competent Care:

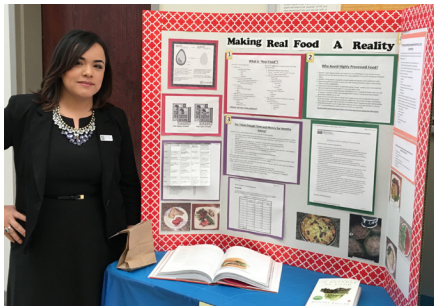


CHWs have the ability to effectively deliver health care services that meet the social, cultural, and linguistic needs of patients. A culturally competent social/health care system can help improve health outcomes and quality of care and contribute to eliminating racial and ethnic health disparities. A CHW will provide strategies to move the social/health care system towards these goals.

Common Values In Detail, cont.

Engagement in Research & Data:

Members will participate in research and collaborate in developing an action plan for the district.



The member CHWs employed by CBOs will provide insight into the communities they serve to identify disparities and opportunities for improvement.

Responsiveness to COVID and Emerging Public Health Disasters:

The COVID-19 pandemic has disproportionately impacted at-risk individuals and underserved populations, including communities of color and low-wage essential workers.



To address equity considerations for access to COVID-19 vaccination activities and promote timely and accurate information on protecting one's health, engaging with Community-Based Organizations is recommended to public health officials and emergency managers as an opportunity to overcome barriers and reach underserved communities.

Bettering Indiana Together

Public health supports individuals, organizations, and society as a whole to tackle preventable diseases, mortality, and disability using:

- **Prevention:** Reducing the incidence of illnesses and supporting a healthier lifestyle.
- **Protection:** Surveillance and monitoring of infectious diseases, emergency response, and immunizations.

A healthy community is an asset in building economic stability. CBOs working together to contribute to a healthier community benefit from a thriving economy. The Indiana Health Equity Council Community Health Worker Model is the framework for a healthy community; and our District Health Equity Councils are the engines that drive better access, continued improvement, and ultimately community-level economic development.

Benefits of Membership

Access To

- Data analyst team to analyze, report and visualize up-to-date outcomes of District HEC activities
- Opportunities for grant preparation and writing, as well as technical assistance for health equity research
- Leadership mindful of health equity, preparedness and experienced in developing the CHW workforce.
- Support, leadership, training, and professional development for your CHWs through Indiana Community Health Workers Association (INCHWA).
- Leadership, training, and professional development for your CHW through the Purdue University Community Health Workforce Development Institute (CHWDI).
- Data and impact reporting on CHW model effectiveness and best practices of statewide CBOs
- Seed funding for District Action Plan (DAP) planning & execution
- Technical assistance to create non-profits in the districts



Opportunities To:

- Partner with other health equity advocates in your district
- Maximize direct impact on health equity through community collaboration
- Gain access to State data measuring and monitoring the impact of COVID-19 and other public health emergencies
- Seek collaborative district & state-level health equity and disparity reporting.

Criteria for Membership

Members must:

- Be located and serving in one of the 10 Public Health Preparedness in Indiana.
- Have at least one CHW or staff member performing the roles of a CHW at the organization who could dedicate time to participate on the council.
- Serve the underserved minority communities outlined by this project.
- Share documented evidence of the impacts their organization has in achieving health equity in their communities.
- Have an interest in improving outreach work to the underserved minority communities in their service area.
- Have an interest in improving community preparedness and resilience.
- Have the goal to collaborate with other community partners serving their underserved communities.
- Be interested in working with the council to help build evidence of impact.
- Have one consistent representative supporting a two-year term as a member.



Expectations of Membership

- Participate in a District Health Equity kick-off focus group by engaging in conversations about what is going well, what can be improved, and what needs to happen regarding addressing COVID-19 related health disparities in your district.
- Complete the Membership Agreement on the next page.
- Provide a staff member to attend annual statewide and monthly meetings organized by the Indiana Health Equity Council & CHWs.
- Provide a staff member to attend monthly District meetings organized by District HECHWs.
- Participate in a review of the activities of the District Action Plan (DAP) to determine pivot points for the next activity cycle, as well as participate in the dissemination of results after analysis.
- Contribute to the development of the District Action Plan (DAP) through participation in the Indiana Health Equity Council, requiring approximately nine months to complete.
- Perform the activities needed to move the DAP efforts forward.



- Contribute to developing the District Action Plan (DAP) through participation in Indiana Health Equity Council, requiring approximately nine months to complete.
- Share the activity measurements and data collected with the District.
- Serve as an ambassador for health equity for your District.
- Support and promote health equity in your district.

District Health Equity Council Membership Agreement for Organizations

1. Organization Name

2. Organization Website

3. Organization Address

4. Organization County

5. Organization District

District 1

Lake, Porter, Laporte, Newton, and Jasper

District 2

St. Joseph, Elkhart, Starke, Marshall, Kosciusko, Pulaski, Fulton

District 3

Adams, Allen, DeKalb, Huntington, LaGrange, Miami, Noble, Steuben, Wabash, Wells, Whitley

District 4

Benton, White, Cass, Carroll, Warren, Tippecanoe, Clinton, Fountain, Montgomery

District 5

Boone, Hamilton, Hendricks, Marion, Hancock, Morgan, Johnson, Shelby

District 6

Blackford, Delaware, Fayette, Grant, Henry, Howard, Jay, Madison, Randolph, Rush, Tipton, Union, Wayne

District 7

Vermillion, Parke, Putnam, Vigo, Clay, Owen, Sullivan, Greene

District 8

Monroe, Brown, Bartholomew, Lawrence, Jackson, Orange, Washington

District 9

Decatur, Franklin, Jennings, Ripley, Dearborn, Scott, Jefferson, Switzerland, Clark, Floyd, Harrison

District 10

Knox, Daviess, Martin, Gibson, Pike, Dubois, Crawford, Posey, Vanderburgh, Warrick, Spencer, Perry

6. Organizational Contact

Authorized Representative First & Last Name

Contact Phone & Email

7. Financial Contacts

Authorized Representative First & Last Name #1

Authorized Representative First & Last Name #2

Contact Phone & Email

Contact Phone & Email

- I have the ability to provide a W9
- I have the ability to provide a Certificate of Registration

8. Please briefly summarize your organization's interest in joining the Indiana Health Equity Council.

9. Please describe how your organization's goals align with the Indiana Health Equity Council Community Health Worker Model.

District Health Equity Council Membership Agreement for Individuals

1. Individual First and Last Name

2. Residential Address

3. Mailing Address

4. Residential County

5. Organization District

- | | |
|--|--|
| <input type="checkbox"/> District 1
<i>Lake, Porter, Laporte, Newton, and Jasper</i> | <input type="checkbox"/> District 7
<i>Vermillion, Parke, Putnam, Vigo, Clay, Owen, Sullivan, Greene</i> |
| <input type="checkbox"/> District 2
<i>St. Joseph, Elkhart, Starke, Marshall, Kosciusko, Pulaski, Fulton</i> | <input type="checkbox"/> District 8
<i>Monroe, Brown, Bartholomew, Lawrence, Jackson, Orange, Washington</i> |
| <input type="checkbox"/> District 3
<i>Adams, Allen, DeKalb, Huntington, LaGrange, Miami, Noble, Steuben, Wabash, Wells, Whitley</i> | <input type="checkbox"/> District 9
<i>Decatur, Franklin, Jennings, Ripley, Dearborn, Scott, Jefferson, Switzerland, Clark, Floyd, Harrison</i> |
| <input type="checkbox"/> District 4
<i>Benton, White, Cass, Carroll, Warren, Tippecanoe, Clinton, Fountain, Montgomery</i> | <input type="checkbox"/> District 10
<i>Knox, Daviess, Martin, Gibson, Pike, Dubois, Crawford, Posey, Vanderburgh, Warrick, Spencer, Perry</i> |
| <input type="checkbox"/> District 5
<i>Boone, Hamilton, Hendricks, Marion, Hancock, Morgan, Johnson, Shelby</i> | |
| <input type="checkbox"/> District 6
<i>Blackford, Delaware, Fayette, Grant, Henry, Howard, Jay, Madison, Randolph, Rush, Tipton, Union, Wayne</i> | |

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6. Please select all that apply:

- I am a community health worker.
- I am a certified community health worker. Please identify authorized training agency _____

7. Please briefly summarize (500 words or less) your interest in joining the Indiana Health Equity Council.
