Workgroup for Workforce Development for Community Health Workers (CHW)

Meeting Summary

Monday, October 6, 2014

Attendees:
Deborah Agus, Kim Burton, Pamela Bohrer-Brown, Perry Chan, Elizabeth Chung, Kimberly Coleman, Jennifer Dahl, Ashyrra Dotson, Wendy Friar, Chris Gibbons, Cheryl Holt, Ann Horton, Michelle LaRue, Ruth Lucas, Susan Markley, Pat McLaine, Mar-Lynn Mickens, Dwyan Monroe, Sonia Mora, Bettye Muwwakkil, Rosalie Pack, Tricia Roddy, Mike Rogers, Maura Rossman, Kate Scott, Yvette Snowden, Laura Spada, Maxine Reed-Vance, Lesley Wallace, Lori Werrell, Lisa Widmaier, Richard Tharp

CHW Definition and Roles for Maryland

On October 6, 2014, the Work Group agreed that a list of group contact information could be shared among the group and the information should not be used for any other purpose. The Work Group was divided into five (5) small workgroups to discuss and come to a consensus on definition and roles for report out to the large group. Small groups were given 80 minutes to discuss these two critical areas for CHWs in Maryland. The small groups were reconvened from the workgroup session, each group had to report out (10 minutes) from their group on recommendations for CHW definition and Roles. Prior to getting into the small work group, all members were provided some sample definitions to review and use in the small group discussion.

Reconvened to the large group for reporting out:

Group 1: Recommended the APHA definition and roles with some changes. Adding Massachusetts roles and inserting new language to bullet 4.

A Community Health Worker (CHW) is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services, [Insert "including adherence to long-term engagement"] and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as:

Recommends Massachusetts' roles:

- Providing culturally appropriate health education, information, and outreach in community-based settings, such as homes, schools, clinics, shelters, local businesses, and community centers;
- Bridging/culturally mediating between individuals, communities and health and human services, including actively building individual and community capacity;
- Assuring that people access the services they need;

- Providing direct services, such as informal counseling, [new insertion] social support care coordination, health screenings, and environmental intervention; and
- Advocating for individual and community needs.

Group 2: Recommended the APHA Definition as is.

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This group recommended the Affordable Care Act (ACA) roles, with the addition of (h) below, "education in self-sufficiency healthcare"

a) Serving as a liaison between communities, individuals and coordinated care organizations;

b) Providing health or nutrition guidance and social assistance to community residents;

c) Enhancing community residents' ability to effectively communicate with health care providers;

d) Providing culturally and linguistically appropriate health or nutrition education;

e) Advocating for individual and community health;

f) Conducting home visitations to monitor health needs and reinforce treatment regimens;

g) Identifying and resolving issues that create barriers to care for specific individuals;

h) Education for self-sufficiency in healthcare; [new insertion]

i) Proactively identifying and enrolling eligible individuals in federal, state, local, private or nonprofit health and human services programs.

It was brought to the attention of the Group, by one member that the word "and" in this list of roles could present a problem. It was noted by the facilitator that this CHW workgroup does not have to accept these roles as is, this document is just a sample. This group needs to create what will be the role (s) in Maryland.

Group 2 had no further questions.

Group 3: Recommended that the definition needs to be as broad as possible. Therefore, they recommended the APHA definition to be considered by the group for Maryland's definition. This Group felt good about the Massachusetts definition but felt the last part of the definition was more roles than definition. This group indicated that ACA definition is limiting enrollees.

So, when asked by the facilitator, their recommendation, the spoke person stated the APHA definition was broader and more inclusive.

Group 4: Indicated that the definition needed to be broad and recommended the APHA definition to be considered for Maryland. Also, this group indicated that the names of categories from HRSA should be added to this definition, with or without compensation and add language from the Texas definition regarding language and ethnicity.

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Texas language: [insertion] (a) or community health worker: is a trusted member, and has a close understanding of, the ethnicity, language, socio-economic status, and life experiences of the community served.

This Group recommended that the workgroup consider the ACA and/or Oregon's CHW roles for Maryland. The Oregon roles are the same as the ACA roles.

a) Serving as a liaison between communities, individuals and coordinated care organizations;

b) Providing health or nutrition guidance and social assistance to community residents;

c) Enhancing community residents' ability to effectively communicate with health care providers;

d) Providing culturally and linguistically appropriate health or nutrition education;

e) Advocating for individual and community health;

f) Conducting home visitations to monitor health needs and reinforce treatment regimens;

g) Identifying and resolving issues that create barriers to care for specific individuals;

h) Providing referral and follow-up services or otherwise coordinating health and social service options; and,

i) Proactively identifying and enrolling eligible individuals in federal, state, local, private or nonprofit health and human services programs.

There was no further discussion on these roles.

Group 5: This Group recommended the APHA definition and felt this definition was broad enough for Maryland and what is currently happening in the State.

There was a lot of discussion on CHW roles at the end of the meeting, but unfortunately, no consensus was reached. One member in the work group reminded the group of the charge from the legislation and that the workgroup should not stray away from that charge.

From this discussion below are some of the identified roles for CHWs.

- Serving as an advocate

- Referral and link to their community
- Outreach
- Culturally competent
- Support Services (medical and social)
- ACA roles and Oregon roles

  a) Serving as a liaison between communities, individuals and coordinated care organizations;

  b) Providing health or nutrition guidance and social assistance to community residents;

  c) Enhancing community residents' ability to effectively communicate with health care providers;

  d) Providing culturally and linguistically appropriate health or nutrition education;

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  h) Providing referral and follow-up services or otherwise coordinating health and social service options; and,

  i) Proactively identifying and enrolling eligible individuals in federal, state, local, private or nonprofit health and human services programs.

There was some discussion on these areas:

- Long-term follow-up: what does this means? Who measures the outcomes?
- Embedding CHWs into variety of settings
- Work with individuals as long as there is a need
- CHW may be a member of the integrated health team (social team) there was some discussion whether the word should be health or social team

In the discussion on roles, some of the members felt Oregon roles were too detailed and specific. At the end, due to limited time, no recommendation was made on roles.The Grant Group will compile the information and work with staff to disseminate information to the workgroup for a final consensus and a vote on the recommended for the State of Maryland.

Out of the five (5) groups, four of the members appeared to have consensus on the APHA definition for Maryland. This is the proposed definition to be disseminated for the Work Group to vote on.

Definition for Work Group members to vote on based on discussion.

…..definition…. A Community Health Worker (CHW) is a frontline public health worker who is a trusted member, [has a close understanding of, ethnicity, language, socio-economic status, and life experiences of] the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services, [long-term engagement], and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by

increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.

The meeting ended at 12:30 PM.

Approved by workgroup: 12/15/14