Maryland Department of Health and Human Hygiene
Workgroup for Workforce Development of Community Health Workers
Meeting Date: Monday, December 15, 2014
Meeting Minutes
10:00 AM to 1:00 PM

Call to Order:
The sixth meeting of the Workgroup on Workforce Development of Community Health Workers was held at the Maryland Hospital Association, 6820 Deerpath Road, in Elkridge, Maryland. Dr. Donald Shell, Director of the Cancer and Chronic Disease Bureau, welcomed the group and gave an overview of the agenda.

Members in Attendance:
Kim Burton, Elizabeth Chung, Kimberly M. Coleman, Jennifer Dahl, Ashyrra Dotson, Wendy Friar, Terri Hughes, Michelle LaRue, Susan Markley, Pat McLaine, Mar-Lynn Mickens, Dwyan Monroe, Sonia Mora, Bettye Muwwakkil, Marcos Pesquera, Maxine Reed Vance, Maura Rossman, Kate Scott, Yvette Snowden, Laura Spada, Lesley Wallace, Lori Werrell, Lisa Widmaier, Richard Tharp

Objectives for the Sixth Workgroup Meeting:

- ***Approve all Meeting Minutes***—minutes from the five previous workgroup meetings on September 22, October 6, October 20, November 14 and December 1 were approved on motions from Marcos Pesquera, and seconded by Laura Spada, Dwyan Monroe, Kim Burton, Sonia Mora, and Kimberly Coleman, respectively. None were apposed to the motions to approve. Sonia Mora abstained from voting on the Dec. 1 minutes due to absence.
- ***Address Membership of the CHW Workgroup***--Dr. Herrera addressed the concern about the group being made up of "50 percent CHWs." She explained that Del. (now Sen.) Nathan-Pulliam's intention was that group membership be reflective of professionals who supervise, coordinate or otherwise work with CHWs—not that they are all necessarily practicing CHWs. The list of membership and members' qualifications was shared with her and Sen. Nathan-Pulliam confirmed that it met her intent.

  Maryland Competencies—Dr. Herrera reviewed the list of Maryland competencies and discussed which competencies were added as a reflection of discussion at the last meeting. She stated that we will be sharing some additional work to the roles/competencies by Dwyan Monroe/Lisa Widmaier and asking for feedback in upcoming weeks. She noted that at the next meeting we will be sharing and reviewing the briefing document for the general assembly that reports on the workgroup's progress to date. She mentioned New Mexico document that was shared with the group as a reference to how long it actually takes to do the process we are doing. She is Hopeful that CHW legislation could be introduced for the 2016 session.

- ***CHW Competency Crosswalk by State*—**Dr. Russ Montgomery, Director, Office of Population Health Improvement, led the presentation on CHW Competency Curriculum/Course Content Crosswalk. The presentation compared the competencies of South Carolina, Michigan, Massachusetts, Texas, Ohio, New York and Minnesota. Dr. Montgomery compared the number of hours as required by the various states.

Comments about the Competencies Crosswalk:

- It was noted that Peer-to-Peer Coaching is not on the list. Dwyan Monroe commented that not all states are using the Peer-to-Peer model.
- Wendy Friar noted that individual and community should be addressed separately.
- Dr. Herrera noted that although we can use other states as models, we can and should tailor/adjust them to meet Maryland's needs.
- Elizabeth Chung had a concern about Care Coordination skills.
- Dr. Herrera expressed that if all the states are doing something, and it sounds close to what we are doing, then we're moving in the right direction.

CHW Competency Curriculum/Course Content Crosswalk

Dr. Herrera led discussion around the landscape of where Maryland programs are in relation to the competencies we selected. Specific programs reviewed include: Project Heal, the Eastern Shore Area Health Education Center, Western Maryland Area Health Education Center, Institute for Public Health Innovation, Healthy Start Baltimore, Sisters Together and Reaching, Inc., Prince Georges' Health Enterprise Zone, Montgomery County Latino Health Initiative, and Holy Cross Health.

We will be determining what bullets need to be included under each competency. Disease-specific content was addressed. Some programs focus on specific diseases/conditions based on regional needs. Oral health, dementia, amd mental health are important to include under specific conditions.

Comments on Competency/Curriculum Crosswalk, by Competency:

Effective Oral and Written Communication—good as is

Cultural Competency—good as is

Knowledge of Resources and System Navigation--Discussion of practical vs. theoretical—it was agreed that these are two different things

Care coordination skills—thought: should there be sub-bullets under this competency? Teaching Skills to promote healthy behavior—Pat McClain mentioned that behavior change theory is important and should be included under teaching skills (as a bullet?)

Outreach Methods and Strategies—good as is
Ability to Bridge Needs and Identify Resources—knowledge of community resources is very important. Dr. Herrera commented that this should be a two-part competency Understanding public health concepts and health literacy—add 'understanding U.S. health care system.' (Dr. Herrera)

Understanding of Ethics and Confidentiality Issues—good as is

Ability to Use and Understand Health Information Technology—focus is on how to record patient information and the system that is in place to do that. Perhaps we should make this a higher tier? Not everyone has access to all technologies. However, technology is going to continue to grow and advance, can't be avoided as a competency.

Dr. Herrera requested that if there are any errors in the slides to please send us the corrections.

Public Comments:
Dr. Shell facilitated comments from public attendees.

- Robyn Elliott, Maryland Nurses Association--mentioned that many of the disease specific educational components are already built into the CNA scope of practice.

- Patty Archuleta, Parents' Place of Maryland--commented that maternal and child health issues should be added as part of competencies

NOTE: Dr. Herrera responded that the disease specific components are optional/supplemental. We can put together a list of optional topic modules. These can be based on categorical funding. Local Health Improvement coalitions have done community health needs assessments and are defining the needs of the communities. There is work to link hospitals (must identify community needs in order to keep non-profit status) and their work with work that is already being done in the community.

- Alina ??? - Would like to have flexibility with specific health modules to select ones that may not be identified priorities.

- Margie Donohue, Maryland Dental Action Coalition—Importance of oral health to be included into training and health literacy for Marylanders. Lack of oral health resources for adults is a problem in Maryland.

- Chris Rogers, Bon Secours—Paraprofessionals like CHWs are usually stepping-stone to social worker, nurse, etc. If there are competencies that should be

included so that CHWs can be effective, we must make sure we are training them for their vital roles.

- Shantia Collins, (organization?)--Expressed concern about the career path for CHWs. If CHWs get higher level degrees, will their salary just cap out? Will there be no place for CHWs to go? Continuing education is important for CHW maintenance.

Next Meeting:
The next meeting will be on January 26, 2015 at the Maryland Hospital Association

Adjournment:
The meeting adjourned at 12:30 PM.