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

Call to Order:

The fifth meeting of the Workgroup on Workforce Development of Community Health Workers was held at the Maryland Department of Transportation at 7201 Corporate Center Drive in Hanover, Maryland. Dr. Laura Herrera, Deputy Secretary of Public Health, welcomed the group and made introductions.

Members in Attendance:

Deborah Agus, Pamela Bohrer-Brown, Kim Burton, Perry Chan, Elizabeth Chung, Kimberly M. Coleman, Jennifer Dahl, Ashyrra Dotson, Wendy Friar, Chris Gibbons, Ann Horton, Terri Hughes, Michelle LaRue, Ruth Lucas, Susan Markley, Pat McLaine, Mar-Lynn Mickens, Dwyan Monroe, Ruth Ann Norton, Marcos Pesquera, Rosalie Pack, Maxine Reed Vance, Mike Rogers, Maura Rossman, Kate Scott, Yvette Snowden, Laura Spada, Lesley Wallace, Lori Werrell, Lisa Widmaier, Richard Tharp

Objectives for the Fifth Workgroup Meeting:

- ***Approve all meeting minutes***—since final revisions to minutes were due from members late Tuesday before the holiday, voting on minutes was delayed. Members will receive all meeting minutes via email with all changes incorporated, and approval will take place at 12/15 meeting.
- ***Completion of CHW Core Competencies***--Dr. Herrera reviewed the State of Maryland role recommendations that were determined at the November 14 meeting. Russ Montgomery reviewed CDC Policy Evidence Assessment Report, including core competency CHW certification. Dr. Herrera reviewed the 'CHW competency crosswalk' (the most important competencies as determined by CDC). She discussed the roles as they relate to competencies, with the goal of making sure that each role relates to at least one competency that would be required of Maryland CHWs. It was noted that none of the agreed upon Maryland roles addresses a competency related to ethics.
- ***Recommendations for Curriculum and Certification***—presentation on curriculum in other states, followed by a panel discussion with four workgroup members

Comments from the group on roles and core competencies—roles and competencies will be revised as a result of this discussion:

- Roles will vary from region to region, so competencies may be different for each community
- Add outreach and cultural competency to competencies
- Organizational skills should not be included as a core competency, as these are seen as essential skills required of any curriculum
- Knowledge of local resources and system navigation (competency)
- Understanding of basic public health concepts and health literacy (competency)
- Use term 'coaching' instead of adherence

- Integration/coordination of CHW into healthcare team—establish feedback loop between clinic and home (new role—add to list)
- CHW empowers the individual to take responsibility for their health sustainability
- 'Support adherence' needs to stay
- Understanding of HIPPA/ethics (competency) There is a National CHW code of ethics—Dwyan Monroe will share it
- Ability to use and understand health information technology/accessing health information, documentation of services provided to clients—(competency)
- Must be a central information hub for coordinating information with team
- Basic computer skills needs to be added (competency)

Introductory Discussion on Curriculum
Russ Montgomery, *Director Office of Population Health Improvement*

- Curriculum comparisons by state: whether certification is required, what is the education prerequisite, and training requirements (South Carolina, Michigan, Massachusetts, Texas, Ohio, New York, Minnesota)

Panel Discussion
Four panelists addressed the following issues—should there be a single curriculum? Should the state have a model curriculum? What is the ideal number of classroom hours and practicum hours? Should there be a state accreditation process?

- **Mar-Lynn Mickens,** Anne Arundel Community College—There should be one core curriculum, state creates an outline of the core curriculum, institutions can add onto this based on what their CHWs will do. 40-80 hours classroom hours (ask her for practicum hours). DHMH should approve curriculum and should offer accreditation. Statewide exam not necessary, but each organization should have an exam based on their curriculum.
- **Chris Gibbons, Johns Hopkins**—All CHWs should have a curriculum based on state's core competencies. 80-100 classroom hours, 40-50 practicum hours. Yes to accreditation for workers and the programs to ensure appropriate supports to CHW for success. His program has a written exam and a practical exam. To move the field forward, a statewide exam can be beneficial. Doctors/nurses often wind up doing charting—enlisting their support for this part of the process may be difficult.
- **Lisa Widmaier, Eastern shore AHEC**—No single curriculum, curriculums should be based on core competencies. Recommends 60 classroom hours (48 hours on core competencies, 12 hours on more specific areas such as mental health, diabetes, asthma). She noted that more programs are going to an 80-hour curriculum, she thinks this is fine. Practicum hours were not required for her programs, but she feels this is valuable to add. Basic 20 hour practicum is probably appropriate. Neutral on accreditation. No state exam—might be intimidating and turn some people off, limiting entry into the field. Emphasis that hiring the right people is key.
- **Lori Werrell, Med Star St. Mary's Hospital**—Would like us to think about needs for CHW training in rural, small areas. Teach-back and competency areas are important. Agrees there is a need for standard curriculum and model curriculum (evidence based and

accredited). Classroom and core is important, but ability to customize according to needs is important. Article-by Carl Rush—Basics of CHW Credentialing

Comments and Reactions:

Michelle LaRue—this path sounds very clinical--how would you adapt for a non-clinical setting/environment?

Dwyan Monroe—refresher courses are necessary (continuing education), and based on the challenges they see in the field. Her organization does them monthly.

Wendy Friar--how to differentiate nursing from public health? Is this a public health model? APHA's model?

Deborah Agus/Dwyan Moore—other members of the healthcare team (i.e., nurses, doctors) need to complete CHW training for care coordination/integration to work properly.

Kimberly Coleman—training is not going to work the same for rural areas as in suburban and urban areas.

Mike Rogers—launching programs in rural areas—Mississippi delta area has great programs to be looked at for models for support/infrastructure. We should have support through a statewide association to help combine small cohorts for training.

Maxine Reed-Vance--Healthy Start programs all over the U.S. use CHWs in tribal areas, rural counties.

Marcos Pesquera—An important question is: how do we train the trainer?

Pat McLaine—evaluation is very important for state programs—funding should be set aside for this in order to show that it's making a difference. A budget needs to be made for it.

Presentation by Dr. Donald Shell, *Director, Cancer and Chronic Disease Bureau*
Development of Standard Core Curriculum—CDC recommends using a standardized core competency curriculum for evidence-based best practice.

Public Comments:

- **Adrienne Ellis, Mental Health Association of Maryland**—works with consumers who are trying to get insurance cover mental health services. Consider talking to private payers to find out how they will consider reimbursing for CHWs. State's certification must allow for reimbursement.

- **Katy Battani, Maryland Dental Action Coalition**—Her organization's mission is to increase access to dental care. Please consider oral health training for CHWs. Tooth

decay is still #1 chronic condition for children in U.S. Links to services, prevention, etc. are so important.

- **Robyn Elliot, Public Policy Partners, representing Maryland Dental Action Coalition DHMH**—Oral health coverage is part of the essential health benefits package for children, but not for adults. Most MCOs do offer some kind of coverage for Medicaid population.

Next Meeting:
The next meeting will be on Monday, December 15 at the Maryland Hospital Association. Directions will be provided.

Adjournment:
The meeting adjourned at 1:00 PM.

Approved by workgroup: 12/15/14