

Maryland Department of Health and Human Hygiene
Workgroup for Workforce Development of Community Health Workers
Meeting Date: Monday, February 23, 2015
Meeting Minutes
10:00 AM to 1:00 PM

Call to Order:

The seventh 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. Russ Montgomery, Director, Office of Population Health Improvement welcomed the group and gave an overview of the agenda.

Members in Attendance:

Deborah Agus, Kim Burton, Perry Chan, Elizabeth Chung, Kimberly M. Coleman, Jennifer Dahl, Ashyrra Dotson, Wendy Friar, Terri Hughes, Susan Markley, Pat McLaine, Mar-Lynn Mickens, Dwyan Monroe, Sonia Mora, Bettye Muwwakkil, Ruth Ann Norton, Marcos Pesquera, Rosalie Pack, Maxine Reed Vance, Mike Rogers, Kate Scott, Yvette Snowden, Laura Spada, Lesley Wallace, Lori Werrell, Lisa Widmaier, Richard Tharp

Objectives for the Sixth Workgroup Meeting:

- ***Approve December 15 Meeting Minutes***—Marcos Pesquera made a motion to accept the minutes as drafted. Dwyan Monroe seconded the motion and the minutes were approved as written.
- ***Roles and Competencies Revisited***
- ***Training/Curriculum Discussion***
- ***Certification Discussion***

Roles and Competencies Finalization Discussion:

Dwyan and Lisa explained their proposed adjustments to the competencies and roles. They reviewed roles and competencies of other states (especially DC and VA, since Dwyan is involved in those processes as well and it provides a regional approach) to see how they could be made more concise and consistent. Dwyan explained how she placed each of the adopted roles into one of four broader roles, and added details to describe the functions of each role. Lisa explained how she combined competencies. She asked where the group would like to put health literacy. CHW profession is something Lisa added and feels that it is important for CHW training, as well as code of ethics.

CHW Training Requirements by State:

Dr. Russ Montgomery led a presentation on CHW Training Requirements, comparing the number of training hours required by South Carolina, Massachusetts, Texas, Ohio, New York, Minnesota and New Mexico. He also compared the number of hours in existing Maryland AHEC training programs, noting that the Maryland average is somewhat less than other states.

- Dwyan and Maxine Reed-Vance noted that there is a difference between ‘core’ training and additional post-training or practicum hours that are also required, which means the total number of training hours is actually higher.
- There was discussion on whether reimbursement would be tied to certification. Issues to examine include whether practicum hours are paid. Diversity of training options is important.
- Dr. Shell noted that California is struggling with the same issues regarding standardization of training, and we will send California’s reports to the group for review.
- Dr. Herrera noted that hospitals in general are not yet experienced in a care model that includes CHWs, so we can’t expect them to tell us what they need in regards to training.
- Laura Spada moved that we recommend 160 hours, with no distinction between classroom and practicum hours. Mike Rogers made a motion to recommend 80 hours for a Tier One CHW. Tier Two (160 hours) is the pathway to certification

Certification:

Dr. Herrera walked through and compared the certification requirements for Massachusetts, Minnesota, New Mexico, Ohio, and Texas.

- Group agreed that Maryland needs to offer certification for CHWs
- Group agrees that Board of Nursing should NOT be the overseeing body
- A certifying body will be determined later
- Certification should be of **programs**, not individuals, therefore, those completing a certified training program would be eligible to be certified as CHWs
- Dr. Herrera reviewed who is the certifying body for the five states we compared
- Grandfathering—group recommends combination of hours and competencies for grandfathering eligibility (80 hours of training and 4000 hours of work experience)

Public Comments:

Dr. Herrera facilitated comments from public attendees.

- Landas Lockett, Charles Co. Health Dept—Keep certification simple. CHWs have families, lives, etc. and if we make training too much, we inhibit entry into the field
- Chantia Collins, Charles Co Dept of Health—CHWs are trying to get time out in the community, training should be structured so as not to interfere
- Lesley, works in HIV/AIDS—feels the group is doing a good job. Standards for CHWs are very important, as is ongoing training.

- Jerry Wade, outreach worker for Charles Co—believes that grandfathering should only be in place for a limited time. At some point in the future, it should no longer exist.

Next Meeting:

Dr. Herrera remarked that the group is really unable to provide recommendations on reimbursement at this time, due to the state of Maryland's budget. She asked whether we should stop where we are and draft the final report based on where we are right now. The group agreed that we would convene one more time to wrap up and summarize our work and findings. The next meeting will be on March XX 2015 at the Maryland Hospital Association.

Adjournment:

The meeting adjourned at 12:30 PM.