Maryland’s 8th Annual Statewide Minority Health Disparities Conference

Maryland's Health Workforce: Promoting Diversity and Strengthening the Pipeline

Conference Proceedings

October 4, 2011
8:30 a.m. to 4:00 p.m.

The Marriott Inn & Conference Center
University of Maryland University College
Hyattsville, Maryland
Carlessia A. Hussein, RN, DrPH
Director
Office of Minority Health and Health Disparities, DHMH

Dr. Hussein welcomed the participants and introduced a videotaped greeting from U.S. Senator Ben Cardin in which the senator acknowledged Delegate Nathan-Pulliam as a visionary and leader who worked tirelessly on behalf of others. He offered his congratulations to her and his appreciation for bringing her experience and knowledge as a nurse to the Maryland General Assembly to improve health care services. Senator Cardin called Delegate Nathan-Pulliam a fighter who worked to improve health care access and infant health and who spurred the creation of the state’s Office of Minority Health and Health Disparities. It has been her life’s work to ensure that all Marylanders have access to quality health care.

Robert Gold, PhD, DrPH, FASHA, FAAHB
Dean, School of Public Health
University of Maryland College Park

Dr. Gold welcomed the participants and thanked Carlessia A. Hussein, RN, DrPH, Director of the Office of Minority Health and Health Disparities in Maryland’s Department of Health and Mental Hygiene (DHMH), for her vision and leadership in establishing the annual conference. Dr. Gold pointed out that of the 39 critical health measures in Maryland’s new State Health Improvement Process, 24 relate to racial/ethnic health disparities. He called for significant changes to address health disparities. The health care workforce should reflect the population it serves. We cannot wait any longer to improve the health status of minority populations.

The Sullivan Alliance to Transform America’s Health Professions was organized in January 2005 to act on the reports and recommendations of the Sullivan Commission and the Institute of Medicine (IOM) Committee on Institutional and Policy-Level Strategies for Increasing the Diversity of the U.S. Healthcare Workforce. The Maryland Alliance to Transform the Health Professions was formed in 2010 and includes all of the state’s Historically Black Colleges and Universities (HBCUs), health professional schools, and the DHMH. Dr. Gold said the Mary-
land Alliance plans to discuss the use of technology to improve the pipeline of minority health care professionals; he asked participants to consider how the Maryland Alliance can partner with their organizations and assist them in building a diverse and culturally competent workforce.

This conference aims to address promising strategies and practices for improving the workforce by strengthening the pipeline and building capacity, said Dr. Gold. He encouraged participants to identify what roles they can play in ensuring the capacity and diversity of Maryland’s future and current health care workforce and to take advantage of the day’s conference to forge new partnerships.

This conference also offers an opportunity to recognize Delegate Shirley Nathan-Pulliam, a visionary who has worked to achieve health equity and justice for more than 30 years. Dr. Gold applauded her unflagging commitment to health care access and quality in Maryland, noting that she has been a leading advocate in addressing health disparities and improving care for the underserved since she was elected to the Maryland House of Delegates in 1994. In her honor, Dr. Gold announced the creation of the Shirley Nathan-Pulliam Health Equity Lecture series, which he hoped would have as significant an impact on the collective mission of health equity as has Delegate Nathan-Pulliam.

Dr. Gold introduced Lieutenant Governor Anthony G. Brown, noting that Lieutenant Governor Brown has dedicated his life to professional and public service. Lieutenant Governor Brown leads the governor’s administration’s work to expand and improve health care, support economic development, address domestic violence, increase access to education, and improve services for veterans. Lieutenant Governor Brown is working with public health professionals to address health disparities, said Dr. Gold.

**The Honorable Anthony G. Brown**  
**Lieutenant Governor**  
**State of Maryland**

Lieutenant Governor Brown praised Delegate Nathan-Pulliam for being an outstanding advocate and champion for health equity and quality in Maryland. He said Delegate Nathan-Pulliam is also an outstanding partner, friend, and leader.

Every profession benefits from a workforce that represents a diversity of cultures, races/ethnicities, religions, and genders, said Lieutenant Governor Brown. Maryland has been working
to improve health care access and quality for many years, but disparities persist. Addressing them is not just a moral imperative but an economic one. In Maryland in 2006, excess hospital admissions for African Americans (as a proportion of the population) cost Medicaid and commercial insurers over $600 million. Improving this population’s quality of care, and thereby their health outcomes, will save a lot of money. Financial incentives are needed to ensure access to preventive and primary care. Adopting health information technology (HIT) can improve quality by ensuring that providers and patients get the right information at the right time, but providers need financial incentives to offset the cost, time, and effort of implementing HIT.

Lieutenant Governor Brown noted that Maryland created Economic Empowerment Zones to encourage job creation in poor communities. In a similar vein, to address the high rates of chronic disease and health disparities, Lieutenant Governor Brown called for financial incentives to providers to improve health quality and equity, such as increased health care provider reimbursement, property and income tax relief, and eligibility for Federal grants for HIT. He also called for a financial commitment to encourage health care providers to address health disparities. Lieutenant Governor Brown and Governor Martin O’Malley have convened a working group that includes E. Albert Reece, MD, PhD, MBA, dean of the University of Maryland’s School of Medicine, and Stephen B. Thomas, PhD, University of Maryland professor and founding director of the Maryland Center for Health Equity, to be bold and recommend real incentives to address health disparities and improve the quality of care for all Marylanders.

Finally, Lieutenant Governor Brown presented a citation from the Governor to Delegate Nathan-Pulliam in recognition of her steadfast commitment and honoring her positive and lasting contributions to the state.
Ms. Cohen said that on September 22, 2011, Senator Cardin read the following statement into the Congressional Record as a tribute to Delegate Nathan-Pulliam:

Madam President, today I wish to recognize and pay tribute to a dear friend, fellow Marylander and 16-year member of the Maryland House of Delegates, Shirley Nathan-Pulliam. Shirley has been a tireless advocate for eliminating health disparities throughout her career as a public servant. The Maryland Department of Health & Mental Hygiene is appropriately honoring her on October 4 by announcing the establishment of the “Shirley Nathan-Pulliam Health Equity Lecture Series” at this year's annual Maryland Health Disparity Conference.
Shirley has strong convictions and has often stated: “In a country as rich and powerful as the United States of America, no person should be without a basic plan of health care.” As a registered nurse and former faculty associate at the Johns Hopkins University School of Nursing, Shirley has seen firsthand how minorities are disproportionately harmed by certain diseases and the inequality in care across racial and ethnic lines. Her belief that health care is a basic human right, and not a privilege, has compelled her to serve in public office—a decision that has benefited all Marylanders and has helped improve health equality in our State.

This office is charged with promoting health equity for African Americans, Hispanic Americans, Asian Americans, Native Americans, and other groups experiencing health disparities. Another key legislative accomplishment of Shirley's was her success in providing health care coverage to more than 100,000 children in Maryland.

Shirley is not a woman who idly witnesses society's inequities. Her compassion and empathy drive her to come up with solutions for the problems she sees. As a sponsor or cosponsor of hundreds of bills that have been signed into law, Shirley has been instrumental in improving the lives of Marylanders in countless ways. When Shirley discovered Maryland had the third highest oral cancer rate for African American men in the Nation, she secured $500,000 to fight the disease. She also was lead sponsor of legislation providing $2.6 million annually for breast cancer treatment for low-income women living in Maryland.

Shirley has been an indispensable partner and an inspiration in my efforts to address health disparities at the Federal level. We worked together to codify the National Institute for Minority Health and Health Disparities, correcting a long-standing bias in our health care system that was ill-equipped to deal with disparities among different populations.

I wish the University of Maryland’s Center for Health Equity and the State Office of Minority Health great success in their stewardship of the “Shirley Nathan -Pulliam Health Equity Lecture Series.” There is still a great deal of work to be done in achieving Shirley’s dream of erasing health disparities and making health care a right for every human being. But with her leadership and legacy to follow, I am confident her dream will one day become a reality.
On behalf of Senator Mikulski, Ms. Schoultz said it was an honor and a pleasure to join the chorus announcing the Shirley Nathan-Pulliam Health Equity Lecture series, which shines a spotlight on the delegate’s lifetime of contributions to health care quality and service to Maryland. Ms. Schoultz lauded the delegate’s support for nurses, who serve on the front lines of health care, and for being a leader in health care. She said she was sure that Delegate Nathan-Pulliam is proud of the Federal Affordable Care Act, which expands initiatives to increase diversity in health care professions. Ms. Schoultz said it was good to know that the delegate can be depended on to continue to work to make affordable health care a reality.

Ms. Gist noted that Delegate Nathan-Pulliam had also received a citation acknowledging the lecture series from U.S. Representative Chris Van Hollen, a certificate of special recognition from U.S. Representative C.H. Dutch Ruppersberger, a letter from U.S. Representative Elijah Cummings, and a Certificate of Congressional Recognition from U.S. Representative Steny Hoyer. The Certificate of Congressional Recognition states that the establishment of the lecture series in honor of Delegate Nathan-Pulliam is a testament to the delegate’s exemplary leadership efforts in addressing health care issues and her steadfast commitment to improving the lives of all Marylanders.
Dr. Gold noted that the keynote address for the conference represents the first Shirley Nathan-Pulliam Health Equity Lecture. He presented Delegate Nathan-Pulliam with a plaque from the University of Maryland, the Maryland Center for Health Equity, the DHMH, and the Office of Minority Health and Health Disparities to mark the occasion and to thank the delegate for all her work, her steadfast commitment, and her enduring efforts to improve the lives of Marylanders.

**INAUGURAL SHIRLEY NATHAN-PULLIAM HEALTH EQUITY LECTURE**

*Stephen B. Thomas, PhD*

*Professor, Health Services Administration and Founding Director, Maryland Center for Health Equity, University of Maryland School of Public Health*

Dr. Thomas echoed the praise for Delegate Nathan-Pulliam and said he was honored to be giving the inaugural address in the lecture series named for her. He explained that Dr. Gold recruited him and five other faculty members from the School of Public Health to establish the Center for Health Equity a year ago. Challenged to determine the current role that a land-grant institution established in the time of President Lincoln should play in today’s public health, Dr. Thomas and his colleagues agreed to commit to addressing health needs and eliminating racial/ethnic health disparities. The Center for Health Equity will roll out its strategic plan on November 14, 2011, at an open house. (For more information, visit [www.healthequity.umd.edu](http://www.healthequity.umd.edu).)

Outlining the opportunity for change, Dr. Thomas cited a 2011 IOM report on citizen engagement that stated, “The prosperity of a nation is tied fundamentally to the health and well-being of its citizens.” Delegate Nathan-Pulliam has spent her entire career dedicated to
addressing the health and well-being of citizens, he said, and she is an inspiring role model. Dr. Thomas said his mother also was a nurse, and he pointed out that African American nurses play a major role in addressing health care needs. Dr. Thomas cited as a guiding principle for future action words from a 2007 Centers for Disease Control and Prevention report: “The future health of the nation will be determined to a large extent by how effectively we work with communities to reduce and eliminate health disparities between non-minority and minority populations experiencing disproportionate burdens of disease, disability, and premature death.”

To illustrate the challenge, Dr. Thomas presented a graph showing that AIDS cases among African Americans increased from 1985 to 2006 while cases among Whites declined, and cases among other ethnic minorities showed only slight increases. Washington, DC, has among the highest rates of HIV among African Americans in the nation, he added.

To highlight the under-representation of minorities in the health care workforce, Dr. Thomas referred to the 2004 report of the Sullivan Commission and findings of the DHMH. Data on the racial/ethnic status of Maryland’s health professions graduates in 2009–2010 shows that African Americans are well represented in nursing but not among the other professions.

Dr. Thomas explained the barriers described in the literature that minority junior faculty face in academic health science settings. They may be seen as “token” hires by white colleagues, suffer from racial discrimination and isolation, and face difficulty getting research funding. Minority faculty may be seen as “ethnic specialists” instead of experts in their chosen field; at the same time, if they publish on topics related to social justice or fields that serve their community, their work may be seen as subjective and self-serving.

Institutional support matters, said Dr. Thomas, and he and his colleagues published in 2010 “A Plan to Facilitate the Early Career Development of Minority Scholars in the Health Sciences.” It explained that trainees and junior faculty do not always get support from peers, colleagues, mentors, or senior faculty to understand how to succeed in the field. To begin addressing the problem, the University of Maryland launched a Summer Research Career Development Institute on Minority Health and Health Disparities and partnered with the University of Wisconsin to create the Health Equity Leadership Institute. Dr. Thomas emphasized that talented minority health scholars are out there, and they need jobs. He hoped they would come to Maryland to
complete their training and find career opportunities, helping to fill the state’s health disparities gap. The summer institute focuses on training and mentoring postdoctoral students. The university also invited students from Nashville’s Meharry Medical College’s master of public health program to work with the university in furthering their careers.

Dr. Thomas concluded that education is our best hope for addressing concerns. He thanked Delegate Nathan-Pulliam for her inspiration.

Joshua M. Sharfstein, MD
Secretary, DHMH

Secretary Sharfstein thanked Dr. Hussein for her work leading the Office of Minority Health and Health Disparities and organizing the conference. He thanked Dr. Thomas also, adding that he agrees that more work needs to be done.

Every state is facing challenges related to health care costs, access, and outcomes, said Secretary Sharfstein. Failing to address these challenges will lead to extremely high bills, poor options, and penalties. Maryland is in a good position to address the challenges in large part because of efforts by Delegate Nathan-Pulliam, said Secretary Sharfstein. She has been a leader in Maryland and nationally on health disparities, focusing on ensuring that data are collected and used to inform strategic development and on making certain that multiple aspects of health disparities are considered in program design. Secretary Sharfstein said it is fitting to recognize the delegate’s contributions with a lecture series. He presented Delegate Nathan-Pulliam with a plaque commemorating the lecture series, in honor of the delegate’s passion, dedication, and outstanding achievements in promoting health equity for all Marylanders.

Dr. Gold added that Secretary Sharfstein’s attendance at today’s conference and involvement in many community-based events is a remarkable reflection of the secretary’s commitment.
REMARKS FROM DELEGATE NATHAN-PULLIAM

The Honorable Shirley Nathan-Pulliam
House of Delegates, District 10, Baltimore County
Maryland General Assembly

Delegate Nathan-Pulliam said it was wonderful to see so many friends and so many people dedicated to making a difference in addressing racial/ethnic disparities. She emphasized that disparities are real, and health equity is the outcome we all hope to achieve. Delegate Nathan-Pulliam was impressed and honored to have a lecture series in her name. She thanked the Office of Minority Health and Health Disparities, especially Dr. Hussein, and Secretary Sharfstein, as well as the staff of the office who worked so hard to present the conference, in particular Arlee Gist, Kimberly Hiner, Monica McCann, and Dr. David Mann. She also thanked the Center for Health Equity, Dr. Thomas, Dr. Gold, and the School of Public Health.

Delegate Nathan-Pulliam said it felt wonderful to take the talent God gives you and use it for the benefit of others. She said she felt blessed. She added that she is passionate about addressing racial/ethnic disparities, and her interest began more than 30 years ago when she attended a conference of the National Medical Association as a member of a nursing association. The conference addressed “bridging the gap,” which inspired her to read more on the differences in morbidity and mortality among African Americans and other minorities.

The delegate said she wants to ensure that every human being has access to quality health care, even before he or she becomes ill. In a country as rich and powerful as the United States, there should be no one who does not have access to quality health care, specifically health care given without bias. She noted that she had just attended a lecture by Augustus White, MD, PhD, on unconscious bias, in which Dr. White addressed many of the issues that Delegate Nathan-Pulliam has been talking about for years. For many years, said the delegate, she was invisible in the General Assembly, but through persistence, she became the chair of the Subcommittee on Minority Health Disparities. She emphasized that nothing comes easy, and you have to fight. Delegate Nathan-Pulliam said she believes everyone should not only have access to quality care but also be treated with dignity.
Delegate Nathan-Pulliam gave special thanks to Lieutenant Governor Brown; to Senator Cardin, with whom she served on the Assembly’s Health and Government Operations Committee for nearly 20 years; to Senator Mikulski, whom she congratulated for her induction into the National Women’s Hall of Fame; and to former Maryland Senator Paula Hollinger. She thanked the participants for attending the conference. Delegate Nathan-Pulliam quoted, Rev. Martin Luther King, Jr., saying “Our lives begin to end the day we become silent about the things that matter.” She said she does not intend to be silent as long as she lives and breathes.

In 1895, Booker T. Washington and W.E.B. Dubois were talking about Negro health after slavery, said Delegate Nathan-Pulliam. She noted that 114 years later, we are still talking about the issue. She hoped that the participants would take advantage of the current window of opportunity to make a difference in addressing health disparities and that a national strategy to eliminate disparities would be developed.

Dr. Hussein added that some progress had been made, as evidenced by state data from 2000 to 2008, but there is more to do. Secretary Sharfstein noted that the state recently launched a healthy cooking initiative that includes ChopChop Magazine (http://www.chopchopmag.org/), which features healthy recipes that kids and parents can make together, and a Website that promotes healthy eating (http://dhmh.maryland.gov/chopchopmd/). He encouraged participants to follow him on Twitter (@drJoshS).
HEALTH LEADS: BUILDING CURRENT CAPACITY AND FUTURE LEADERS IN HEALTH CARE

(Click Here for Presentation)

Moderator: Sandra Crouse Quinn, PhD
Associate Dean for Public Health Initiatives
Senior Associate Director, Center for Health Equity
Professor, Department of Family Science
School of Public Health, University of Maryland

Dr. Quinn said that to facilitate thinking about a workforce that is diverse, capable, and strong in dealing with diverse patients and clients, she sought to identify innovative programs that would energize the participants. While many talk about the social determinants of health, most treatment focuses on individual patient conditions and ignores the factors that influence patients’ ability to recover and be healthy. Dr. Quinn said Health Leads pairs volunteers, such as University of Maryland students, with health care providers in clinics to address patients’ needs beyond health care by linking them to social services, such as housing, job training, substance abuse treatment, and food assistance. The program not only meets patients’ needs but also trains a new generation of leaders who have the conviction and ability to revolutionize health care.

Dr. Quinn noted that Health Leads DC reaches 1,000 families in the National Capital region, includes 80 undergraduate volunteers, and recently expanded to the University of Maryland under the guidance of its executive director, LaToya White. University of Maryland student Ryan Elza, a Health Leads DC volunteer, has been instrumental in leading the University of Maryland chapter of Health Leads, which officially launched this fall.
Ms. White stressed her commitment to building a pipeline to address health disparities. She explained that health care providers know that patients’ living environments and other factors, such as poverty, affect their health. Yet, providers feel powerless to address those conditions on a meaningful scale and so focus only on medical treatment options. At best, providers refer patients to a social worker who is likely already stretched thin. Health Leads places trained volunteers who can link patients to social services in centers that serve high-poverty areas, thus beginning to address the social determinants of health.

Ms. White said 17 million people are eligible for food stamps but don’t get them, often because the process is cumbersome or confusing or because they don’t have Internet access to help them get started. She cited numerous other examples of economic and social conditions that affect health. Health Leads not only enables health clinics to address the resource needs of low-income patients but also feeds the pipeline with potential future leaders who think differently about health care and go on to pursue careers not only in health care but also in social justice, social work, and other fields.

In the Health Leads model, the health care provider talks with the patient in the clinic about concerns beyond physical health. When the patient identifies a need, the provider “prescribes” assistance and refers the patient to a Health Leads volunteer who is located in the clinic. The provider may even walk the patient to the volunteer to introduce them. Volunteers are trained to talk with patients and their families and to identify issues beyond those elicited by the provider. The volunteers figure out what resources are available and help patients fill out necessary applications. They also provide specific and detailed information to ensure the patients secure the assistance (e.g., what documents must be presented with the application form). Volunteers help patients navigate the red tape of assistance programs. Volunteers go beyond providing a list of assistance sources to following up with patients to ensure their needs are met. Furthermore, the

“With 26,000 undergraduate students to draw from, said Mr. Elza, the university has a lot of students who can make a difference, and he hoped Health Leads would begin serving Prince George’s county …”
needs identified by the provider and the assistance recommended by the volunteer become part
of the patient’s medical record, so the provider follows up at the next visit. As a result, families
receive comprehensive health care that addresses both medical conditions and the social deter-
minants of health, said Ms. White.

Mr. Elza said he came from a low-income family with a single mother who worked tirelessly to
support her family and send him to college. As a Health Leads volunteer, he meets people
who—given the opportunity—could send their kids to college; get a steady job; get food, cloth-
ing, and housing for their families—all things many of us take for granted. It has been an amaz-
ing experience over the past year getting to know families, helping them, and showing them
they don’t have to shoulder their burdens alone, said Mr. Elza. Growing up, he was ashamed of
being low-income, something he could not control. Now he sees there was no reason to be
ashamed, and he is proud of his mom for all her hard work.

Mr. Elza explained that he leads the University of Maryland student Health Leads chapter as
campus coordinator along with a co-coordinator and two program coordinators who oversee
volunteers directly. A resource coordinator oversees the resource team, which seeks out and
evaluates community resources (sometimes in person) to understand how programs work and
how individuals can take advantage of them. Mr. Elza oversees recruitment and applications; he
noted that the program received 100 applications in its first year. With 26,000 undergraduate
students to draw from, said Mr. Elza, the university has a lot of students who can make a differ-
ence, and he hoped Health Leads would begin serving Prince George’s county directly, so that
volunteers can help families in their own community.

While many of the coordinators come from the School of Public Health, Mr. Elza said students
from all majors are welcome. Volunteers receive 14 hours of preparatory training that focuses
on developing cultural competence, understanding the resource landscape, and learning how to
talk and develop relationships with families. Throughout the program, volunteers take part in
reflection sessions and continuing education to better understand available resources and to en-
sure emotional support for the volunteers. Mr. Elza said he worked closely with George Wash-
ington University to present a panel on racial health disparities (featuring Samuel “Woodie”
Kessell, MD, of the University of Maryland’s School of Public Health, among others), which
offered volunteers an opportunity to get to know local leaders in public health.

Ms. White proudly noted that the Health Leads volunteers contribute in ways that are powerful
and meaningful to them and to the families they serve. Health Leads programs are operating in
about 23 sites in six cities, including community health centers, clinics, and emergency depart-
ments. A total of 953 volunteers provide services, accounting for about 100,000 hours of ser-
vice per year. In fiscal year 2011, Health Leads served about 9,000 families and affected about
27,000 children and adults.
In the District of Columbia, Mr. Elza and other volunteers serve at the Children’s Health Center of the Children’s National Medical Center, which sees patients from the District, Maryland, and Virginia. The Center averages more than 30,000 visits per year, with approximately 115 visits per day, and 86% of the families seen are enrolled in Medicaid programs. Ms. White said the site has one social worker who addresses the more complicated issues, such as alleged child abuse, domestic violence, and substance abuse. Health Leads volunteers increase the Center’s capacity to connect patients and their families to public assistance programs, adult education and employee assistance programs, and child care services, among others. The Children’s Health Center is also partnering with Health Access to provide patients with legal aid.

Ms. White described the process that health care providers follow for referrals, noting that families can seek aid from Health Leads without a referral. Health care providers take part in volunteer training, mentor the volunteers, and often champion the work of Health Leads because they see it as an effective, affordable way to address patients’ needs. Last year, 80 undergraduate Health Leads volunteers provided about 7,200 hours of service at the Children’s Health Center, equivalent to 3.5 full-time employees. They assisted more than 900 families. Ms. White noted that about 60% of the identified needs revolved around housing, employment, food, and utilities. Health Leads received referrals from 57 different providers throughout the Children’s National Medical Center, not just those who practice in the Children’s Health Center.

Mr. Elza emphasized that student volunteers benefit in many ways and have opportunities to develop their skills, reach out to the community, take initiative, and take on leadership roles in the program. He said participating in the annual Health Leads retreat for campus coordinators was an amazing experience, offering a chance to contribute to the direction of a national non-profit organization. Student volunteers can earn academic credit and fulfill academic service requirements. Health Leads has also become an approved internship program. Mr. Elza added that volunteers can build professional relationships by, for example, shadowing a health care provider (many volunteers are pre-medicine majors) or taking part in professional conferences such as this one.

Ms. White said Health Leads benefits the clinics it serves by providing a significant amount of assistance at no cost and offering services for which medical providers would not be reimbursed. Because of Health Leads’ contributions, the Children’s Health Center was accredited as a patient-centered medical home model. Notably, Health Leads helps to close the communication loop between health care providers and social services, and the patient has a multidisciplinary care team. Since Health Leads began in 1996, alumni of the program have made substantial contributions to addressing health disparities, said Ms. White.

Mr. Elza described how gratifying it is to know that the Health Leads volunteers make a difference, as evidenced by testimonials from families. Ms. White emphasized that Health Leads really works by helping families today and growing leaders for tomorrow.
Discussion and Questions

Dr. Quinn noted that in 2010, 83% of Health Leads volunteers who graduated entered jobs or graduate programs in fields related to health care or poverty. In response to questions, Ms. White said Health Leads DC serves residents of Prince George’s County at the Children’s Health Center and other Marylanders through the Baltimore Health Leads site that Secretary Sharfstein helped found (which operates in five clinics). Volunteers are knowledgeable about social service programs in the areas surrounding the District. Mr. Elza noted that a summer intern recently evaluated the resource landscape of Prince George’s County.

A participant said her county has lost much-needed social service programs and Maryland’s mid- and lower-shore communities are desperately in need of the kind of help Health Leads offers. Ms. White responded that the District and Baltimore Health Leads sites recently combined to create a Mid-Atlantic regional presence. She hoped that convergence would help Health Leads better understand the needs of the surrounding areas, and discussions are underway about building out services. Health Leads is also evaluating whether it can leverage dollars and initiatives associated with the Affordable Care Act and mandates to Federally qualified health centers.

Ms. White noted that Health Leads has had bilingual volunteers in 11 languages, including sign language, and tries to recruit volunteers with language skills appropriate to the service area. A participant suggested using Skype (real-time video chatting) to extend the capacity of the bilingual volunteers.

In response to an observation that senior citizens are heavily affected by a combination of health and economic issues, Ms. White said Health Leads is considering collaborating with other national organizations that serve seniors because of the overlap in navigating services. She noted that in African American communities, a lot of grandparents are raising their grandchildren, so Health Leads sometimes reaches seniors in the context of pediatric health care. She emphasized that Health Leads is just one model.

Ms. Cohen said that Health Leads demonstrates that there are still many untapped resources available. She said the program looks like a health corps—similar to the Peace Corps—for the United States, and she thought it could go far. She noted that on October 31, 2011, Senator Cardin will sponsor an expo on health careers in Cambridge, MD, that not only includes employers but also offers education and counseling resources so that participants as young as high school age can learn about training and careers.

In response to Delegate Nathan-Pulliam, Ms. White said Health Leads has been on Capitol Hill
Delegate Nathan-Pulliam said educating legislators is a good mechanism for drawing attention to social service funding issues. Shadowing a legislator, especially during committee meetings, makes a difference, she added.

The delegate noted that people sometimes use up their food stamps before the end of the month and resort to food pantries that provide high-sodium, high-sugar foods. Ms. White said her organization has been monitoring food pantry stocks over the summer, noting some shortages because the pantries are low on funds. Health Leads has sought assistance from community gardens and cooperative farm sharing programs. It has pushed initiatives to address food deserts and solicited donations from local farmers to local stores. When the resources are not there, said Ms. White, Health Leads tries to be creative.
Ms. Anderson described various efforts by PGCC to feed the pipeline of students seeking careers in the health sciences. For example, its Academy of Health Sciences is a partnership with Prince George’s County public schools to establish the first “Middle College High School” in Maryland. The first class attended a summer bridge program in July 2011 and started high school in late August. PGCC had 1,000 applications for 100 seats in the program. Half of the slots went to first-generation or low-income families. Students can graduate high school with an associate’s degree or as many as 60 credit hours toward a general education degree.

Keeping students in the pipeline means providing them the resources to succeed, said Ms. Anderson. PGCC’s partnership with Good Samaritan Hospital helps licensed practical nurses (LPNs) transition to careers as registered nurses (RNs). Courses are offered on the hospital’s
“Coppin has programs in 10 high schools to mentor students in grades 9–12 who plan careers in nursing.”

Campus, and clinical rotations help address the shortage of nursing faculty. PGCC is a training partner for the County Fire/Emergency Medical Services Department, which minimizes duplication of programs. A scholarship fund allows the Fire Department to pay for employees receiving paramedic training at PGCC. Another partnership with Doctors Community Hospital supports a full-time nursing professor at PGCC’s Largo campus and a nursing skills laboratory at the hospital, which allows for increased student enrollment. Most recently, PGCC and the Service Employees International Union, one of the largest labor unions, piloted a course on sustainability in health care. The union seeks to move employees into health care careers and up the career ladder.

Marcella Copes, PhD, Dean, School of Nursing Coppin State University

Dr. Copes explained that Coppin has the only baccalaureate health information management program in the region, as well as baccalaureate and master’s degree programs in nursing. Coppin has programs in 10 high schools to mentor students in grades 9–12 who plan careers in nursing. It also offers an accelerated program through which high school students can take courses at Coppin and earn college credit.

Coppin and Baltimore City Community College (BCCC) are working on a program that would address recruitment, retention, academic achievement and advisement, enrichment, and remediation, as well as financial and social support. It represents a unique and innovative collaboration between two nursing departments that would increase the number of students entering BCCC who would transition to the baccalaureate nursing program at Coppin. The entire program would fast-track students to a baccalaureate degree in 3 years. At least 20% of students would continue on to a master’s degree, which could help alleviate the shortage of nursing faculty. The program would expand the cultural competence of the workforce. Students would have advisors at both schools to help them coordinate their courses.

The joint program would provide technological support, such as supplemental instruction and use of electronic note-taking mechanisms, to give students the foundation to succeed as full-time students at Coppin. Students would attend both institutions at the same time, working to-
ward both the associate’s and bachelor’s degree simultaneously. Streamlining the education process would result in a more highly educated workforce to address health disparities.

Carol Eustis, MEd, Dean  
School of Health Professions  
Community College of Baltimore County (CCBC)

CCBC is the largest provider of health care undergraduate training in Maryland, said Ms. Eustis, and the largest community college in the state. In 2006, the school began a concerted effort to improve retention rates. Its Tools for Success program, coupled with supplemental instruction and tutoring, helped the nursing program reduce attrition rates of 20–45% to a current rate of about 10%, and class sizes are growing. The program identifies non-academic issues that affect students’ success, such as food insecurity, lack of family support, or abuse-, and provides assistance as needed.

In addition, CCBC partnered with Kaiser Permanente to provide scholarships of $1,000 to 80 students per year who seek training as emergency medical technicians, medical laboratory technicians, LPNs, RNs, occupational therapists, and other health careers. Even that small amount of money can help students meet basic needs beyond tuition, said Ms. Eustis. CCBC also has a significant partnership with Franklin Square Hospital in which CCBC students seeking associate’s degrees in nursing receive training alongside 10 incumbent workers seeking to become RNs. Master’s prepared nurses from Franklin Square Hospital provide clinical instruction. In another effort to tackle the current nursing shortage, CCBC partnered with Towson University to create an “associate to master’s degree” in nursing, through which students with a non-nursing bachelor’s degree can achieve a master’s degree in nursing in about 3 years.

Allan Noonan, MD, MPH, Dean  
School of Community Health and Policy  
Morgan State University

Dr. Noonan summarized the barriers to increasing the number of minority students in the pipeline, such as financial constraints, lack of preparation, inadequate professional mentoring, and policies that de-emphasize race in admission criteria. Morgan State University, an HBCU, offers some funding through the Federal Health Services and Resources Administration’s (HRSA’s) Equity in
Health Professions Education Scholarship, but is seeking other sources of funding to support students. Dr. Noonan pointed out that resources targeted at science, technology, engineering, and math (STEM) education also can be used by students in the health professions.

Morgan State partnered with a nearby K–12 charter school to improve community health and raise awareness about health science careers among minority students. The two schools exchange resources and work closely together. Good Samaritan Hospital will be joining the partnership to extend its public health outreach efforts. Dr. Noonan said Morgan State is among the educational institutions active in the Maryland Alliance to Transform the Health Professions, which seeks to draw young people into health professions. Morgan State is also part of the Consortium of African American Public Health Programs.

Dr. Noonan pointed out that of the 105 HBCUs in America, none has a School of Public Health. Morgan State’s School of Community Health offers master’s and doctorate programs in public health, a bachelor’s degree in nutrition, and bachelor’s and master’s degrees in nursing. Morgan State also has been approved to offer a doctorate in nursing.

Keith Plowden, PhD, CRNP-PMH
Associate Professor and Chair
Department of Nursing
Bowie State University (BSU)

Dr. Plowden pointed out that diversity in the nursing field should refer not only to race/ethnicity but also to gender. He said BSU wants to address students’ lack of critical thinking skills. BSU aims to retain 80% of students through the 4 years it takes to graduate, and it focuses on the underserved.

For example, BSU partnered with the Maryland Hospital Association to create the Nursing Education Performance Enhancement Program. Student focus groups helped BSU identify students’ barriers to progress; as a result, the program emphasizes socialization, helping students see themselves as professional nurses and leaders in health care. The program involves seminars, summer workshops, and mentorships for earlier students and advanced activities for more accomplished students, such as simulations, partnering opportunities, internships, and travel opportunities. At the end of each semester, students are evaluated to determine the need for remediation or a “boot camp” style course. On completion of the program, students take an exit examination. BSU tracks graduation rates and the employment status of graduates. Dr.
Plowden emphasized the importance of providing faculty with professional development opportunities so that they can meet the needs of students.

Discussion and Questions

Dr. Poll-Hunter noted that even young children in low-income communities consider some careers closed to them, and she hoped that the focus on STEM education for K–12 students would help address that perception. A participant echoed that sentiment, noting that when she was growing up, everyone wanted to become a doctor or a lawyer—perhaps because they thought they could. She hoped that more exposure to college professors, administrators, and others would help kids see that they can pursue those careers. Another participant hoped that non-clinical health careers—such as health education and public health—would not be overlooked as we seek to address health disparities.

A participant pointed out that graduates who can’t find jobs because of the current economy and who already are in debt are reluctant to return to school and train for another profession. Dr. Copes said Coppin has a program tailored for students seeking retraining or a second degree; the program assesses students’ status and helps them move through an academic program more quickly. Ms. Eustis said that CCBC’s associate’s to master’s nursing program requires a bachelor’s degree to start and then takes 3.5 years to complete. CCBC also partnered with Towson University to offer a certification and master’s degree to become a physician assistant, which requires a bachelor’s degree for enrollment and includes a transcript evaluation. Tuition costs $115 per credit hour.

Dr. Plowden added that HRSA offers a lot of financial resources for minority students pursuing health care careers. HRSA provides scholarships and stipends to students who agree to practice in underserved communities when they graduate. Dr. Plowden suggested that those seeking financial assistance consider the Public Health Commissioned Corps and the military. A representative of HRSA who is also a member of the U.S. Public Health Service (USPHS) said the USPHS has opportunities for students in health care programs, including public health and nursing, which feed into active-duty status. A number of health professions are represented, she said. Dr. Poll-Hunter said the National Institutes of Health (NIH) offers fellowships and other opportunities for new graduates.

Dr. Noonan said most students arrive at college not knowing what public health is. When they learn about public health, they see new ways they can apply their knowledge and interests. Mor-
gan State has focused on those already employed by offering evening classes and serving those seeking a second degree. Most such students would get a stipend. Dr. Noonan said a master’s degree in public health is not only useful for the individual but also for the community.

A participant said she graduated from a technical high school as an LPN and used that knowledge to work and pay for her bachelor’s degree in mechanical engineering. She asked whether schools are working to help high school students get into college and pursue health care careers. Dr. Copes said the Coppin Academy for Pre-Nursing Success reaches out to 10 high schools in the Baltimore area to provide social and academic support through a summer program that prepares them for college and assists with financial aid and enrollment applications. All students can take summer enrichment courses or full-credit college courses so that they can start Coppin at a sophomore level. Dr. Noonan said faculty work closely with a nearby charter school to raise awareness about health careers, including public health.

Ms. Eustis noted that some Baltimore high schools are magnet schools for future nursing students. CCBC promotes careers in allied health professions and works with high schools to support technical and skills training. Ms. Anderson said that PGCC’s Middle College High School is a collaboration with the public school system; students from other schools can visit the campus and tour the laboratories. PGCC has regular outreach and recruiting efforts as well as a new building that includes a laboratory for use by public K–12 students. Dr. Poll-Hunter said medical schools have pipeline efforts that reach as far as kindergarten. For example, she directs a 6-week summer medical and dental minority education program for college freshmen and sophomores that is funded by the Robert Wood Johnson Foundation. The program focuses on academic enrichment for under-represented students, including minority, low-income, rural, and first-generation college students. (Visit http://www.smdep.org/ for more information.)

A participant asked panelists to suggest specific actions at the national, state, or regional level to close the disparity gap. Dr. Noonan pointed out that efforts to close the infant mortality gap have resulted in lower infant mortality rates overall but an even wider gap for racial/ethnic minorities. He stressed that race has a role in health outcomes, and we need to consider not just health care but preventive health efforts that tackle how we communicate and behave. More research is needed on maintaining mental health among people of color, he noted. HBCUs should train people of color to go back into their communities and provide health services, said Dr.
A participant asked what strategies are used to recruit minority students, particularly Hispanic and African American students, but also refugees, asylum seekers, and immigrants, especially given that most students seem to want to be entertainers or professional athletes. Dr. Copes emphasized reaching out to students—including elementary and middle school students—and providing positive role models, building trust, and communicating with them. In the short term, she hoped recruitment could involve television more to reach young people and show them successful people who look like them.

A participant pointed out that people with developmental disabilities are underserved, especially in rural Maryland. She asked whether any programs sought to encourage professionals to work in rural Maryland. Dr. Noonan said the National Health Service Corps provides scholarships in exchange for working in a designated health professional shortage area. However, that program’s funding was cut during the Reagan administration and has never fully recovered, he said.

A participant suggested the McNair Scholars Program for minorities in graduate and undergraduate programs across the country. She noted that the University of Maryland Prevention Research Center actively recruits and mentors high school students in health professions. The Sullivan Alliance highlighted the difficulty of learning about programs and advocated one-stop shopping, which the participant said remained an area of need. She also noted that the American Public Health Association offers many mentoring and networking opportunities for students.

A participant described her daughter’s experience at CCBC and noted that advisors should be more involved with students. She felt encouragement should begin at enrollment. In response to another participant, all the speakers said they have programs targeting African American boys in elementary schools. Dr. Plowden said BSU ensures that African Americans are featured in advertising and outreach efforts and that visiting prospective students meet people from different populations. Dr. Noonan said health care providers should find a way to serve more people in corrections facilities, especially when they are released. Such services would reach many African American men and their families, directly and indirectly, helping them learn more about preventive health and health care.
Dr. Hussein concluded that there are a lot of programs and people with information in this room and in Maryland, but we need to connect the dots. She said that every year the conference presenters and participants say the same thing, but this year, she is committed to find a way to ensure some action. The Office of Minority Health and Health Disparities will try to provide the infrastructure for networking and communication, so that participants can use their expertise, knowledge, and experience to move forward and reduce health disparities. Health reform efforts are underway, said Dr. Hussein, and include money allotted for workforce development. She said the issues raised must be spelled out in the workforce plan being developed, and she encouraged participants to get involved with the Governor’s Workforce Investment Board.

**BREAKOUT SESSION 1A**

**CULTURAL COMPETENCY AND HEALTH LITERACY TRAINING RESOURCES: PRIMER OVERVIEW**

(Click Here for Presentation)

**Monica McCann, MA, MPH**

**Workforce Diversity Director**

**Office of Minority Health and Health Disparities DHMH**

Ms. McCann explained that the Office of Minority Health and Health Disparities is working with the University of Maryland School of Public Health to develop a Cultural Competency and Health Literacy Primer, an integrated resource guide for educators and health professionals in Maryland that will be shared with other states and institutions. It provides a conceptual framework, content, and resources to integrate information into educational curricula.

Existing training resources do not incorporate both cultural competence and health literacy, said Ms. McCann; they tend to be discipline-specific, making them difficult to adapt across professions. The joint project was facilitated by the following recent initiatives:

- Maryland’s Plan of Action to Eliminate Minority Disparities, which emphasizes improving cultural and linguistic competency in health care delivery
- Maryland’s Health Care Reform Coordinating Council
- Cultural and linguistic competency legislation in the Maryland General Assembly (all introduced by Delegate Nathan-Pulliam), such as the law enacted in 2009 that encourages health care professional associations to develop training materials to improve cultural and linguistic competency, health literacy, and communication with patients
• The 2010 Federal Patient Protection and Affordable Care Act, which supports research, demonstrations, and curricula on cultural competency and health literacy
• Healthy People 2020 goals to improve health literacy and satisfaction with health care providers’ communication skills
• U.S. Department of Health and Human Services’ (HHS’) National Action Plan to Improve Health Literacy
• HHS’ and National Partnership for Action’s National Stakeholder Strategy for Achieving Health Equity
• National Committee for Quality Assurance’s Multicultural Health Care Standards and Distinction Program
• National Quality Forum’s Comprehensive Framework and Preferred Practices for Measuring and Reporting Cultural Competency

In September 2010, Maryland received a 3-year State Partnership Grant from the HHS Office of Minority Health to help fund development of the primer. Collaborating partner Olivia Carter-Pokras, PhD, also incorporated the primer into a research conference grant that she recently received from the NIH’s National Institute for Minority Health and Health Disparities.

The primer is being developed through consultation with national stakeholders and potential users of the guide. Existing research on identified cultural and health literacy competencies will serve as the framework for customizable learning modules. Ms. McCann said the goal is to link users with resources that are free or low-cost, ideally evidence-based, high-quality, credible, and easily accessible.

**Olivia Carter-Pokras, PhD**

Associate Professor, *Department of Epidemiology and Biostatistics, School of Public Health*  
*University of Maryland College Park*

Dr. Carter-Pokras led the participants through two exercises showcasing the use of available resources to assess and educate health professionals about health literacy challenges and the need for cultural competency. To understand health literacy, participants were asked to read a nutrition label, then answer specific questions based on the label information, such as “If you eat the entire container, how many calories will you eat?” (http://pilot.train.hrsa.gov/uhc/pdf/module_02_job_aid_vital_sign.pdf).

Dr. Carter-Pokras suggested that the exercise can be used to assess quickly the health literacy of a client. She noted that this particular exercise requires some basic literacy. One participant said her
clients on average read at the second-grade level, so this exercise may be too complex for them. Another said she could envision using this exercise in an English-as-a-second-language class. Another said she found even the simple math required for the exercise off-putting, despite her two college degrees, so she would be reluctant to use it with her clients. Dr. Carter-Pokras said the primer would include many exercises from which providers and educators can choose. She also agreed that a client may feel embarrassed about not being able to complete the exercise. The teach-back method, in which the provider delivers information and then asks the recipient to teach it back to demonstrate understanding, is an effective option in some settings. The teach-back method not only assesses the learner’s understanding but also the teacher’s effectiveness in communicating. Dr. David Mann, Minority Health and Health Disparities, hoped that researchers would evaluate the exercise to determine how long it takes to complete, who should use it, and who benefits from it.

For the second exercise, participants received scenarios taken from Dr. Carter-Pokras’ textbook, *Achieving Cultural Competency: A Case-Based Approach to Training Health Professionals*. Participants gathered in small groups to discuss the scenarios, each of which described a culturally sensitive situation involving providers and patients in a health care setting, and questions about handling the situation. In addition to the very specific responses that participants provided, some general insights about cultural competency arose:

- No one likes to be told that their condition is their fault.
- Providers should try to uncover and be sensitive to the barriers an individual may face to managing his own health. Barriers may go beyond poverty and lack of access to care to more complicated issues, such as who does the shopping and the cooking for the family or whether a patient has paid sick leave to attend appointments.
- Providers may be frustrated about patients’ lack of compliance and unwillingness to maintain their own health, but they must put their feelings aside and deal with the patient in a professional manner, letting the patient know that the provider wants to help.
- Even providing patients with written material appropriate to their preferred language and literacy level may not be sufficient, so reading information aloud to the patient may be helpful as well.
- Racial/ethnic insensitivity on the part of a provider should be addressed by institutions immediately. Cultural competency training should be available for all providers.

Dr. Carter-Pokras asked that participants contact her with suggestions about low-cost, accessible, high-quality, and, ideally, evidence-based resources that should be considered for the primer. She said a face-to-face meeting with educators about the primer will take place in early December.
BREAKOUT SESSION 1B
HIT PATHWAYS TO YOUR FUTURE

Moderator: Lavanya Vasudevan, PhD, MPH 2012
Johns Hopkins University
Bloomberg School of Public Health

Office of the National Coordinator for HIT (ONC):
Workforce Efforts Coordination

Damon L. Davis
Special Assistant in the
Office of the National Coordinator

A major focus of the ONC in implementing the American Recovery and Reinvestment Act (ARRA) passed in 2009 is to achieve meaningful use of HIT. ONC wants providers to show patients, using HIT, how their health is progressing.

ARRA is being used in various ways:

- More than 60 active regional extension centers
- State-based health information exchanges to enable providers to share information about patients
- Beacon, a community-based program that shows how IT can be implemented, which typically focuses on one outcome in each community and the results achieved
- The Strategic Health Advanced Research Program, which targets HIT problems that can be readily solved
- Workforce programs

The main thrust of ONC’s strategic plan (available at www.healthit.hhs.gov/strategicplan) is the meaningful use of HIT.
The workforce programs are intended to address the shortfall of at least 50,000 trained workers nationwide. ONC wants to help providers implement electronic health records (EHRs) to improve health care quality, safety, and cost-effectiveness. The program has four components:

- University-based training
- Free curriculum development for information technology (IT) workforce roles requiring short-term training (6 months or less)
- Community college consortia
- Competency exam

Mr. Davis recommended that participants visit http://HealthIT.HHS.gov for technical information about ONC’s branch programs and www.HealthIT.gov for information aimed at the general public.

ONC also includes the Consumer eHealth Strategy, which concentrates on the following:

- **Access**: Improving electronic, secure access to health information
- **Action**: Stimulating development of innovative tools and applications to help individuals take action with their own IT information
- **Attitude**: Working with consumer groups and multi-stakeholder organizations to promote enthusiasm for the program

ONC’s PLEDGE program encourages public, private, and nonprofit organizations to deliver HIT information to individuals. Almost 100 organizations have joined to date.

**HRSA Commitment to HIT Workforce**

*Miryam Gerdine, MPH, Public Health Analyst, Office of Health Information Technology and Quality, HRSA*

Most in the audience were familiar with HRSA, the primary Federal agency for improving access to health care services for people who are uninsured, isolated, or medically vulnerable. Tens of millions of Americans get affordable health care and other help through HRSA’s 100-plus programs and more than 3,000 grantees, said Ms. Gerdine.
Comprising six bureaus and nine offices, HRSA provides leadership and financial support to health care providers in every state and U.S. territory. HRSA grantees provide health care to uninsured people, people living with HIV/AIDS, pregnant women, mothers, and children. They train health professionals and improve systems of care in rural communities. HRSA also oversees organ, bone marrow, and cord blood donation; supports programs that prepare against bioterrorism; and compensates individuals harmed by vaccination. The agency maintains databases that protect against health care malpractice and health care waste, fraud, and abuse. HRSA’s goals are as follows:

- Improve access to quality care and services
- Strengthen the health workforce
- Build healthy communities
- Improve health equity

HRSA’s Website (http://www.hrsa.gov) offers a wide range of resources for the current and prospective HIT workforce, including video modules, free access to a database for 82 community colleges (“safety net providers”), promotion of internships at safety net settings, and information about connecting community colleges with local community health centers.

HRSA now educates all members of the National Health Service Corps (NHSC) in HIT. NHSC is a well-established program that offers loan forgiveness to graduates in the health professions in exchange for service in underserved areas. Approximately one half of NHSC participants remain in such areas after their loans are paid off.

**Medicaid EHR Incentive Program: What’s In It For You?**

*Jacqueline Y. Higgins, Centers for Medicare & Medicaid Services, Center for Medicaid, CHIP, and Survey & Certification*

Ms. Higgins noted that the Federal government recently awarded the State of Maryland over $24.8 million for HIT activities, such as an extension program and assistance for university-based training, curriculum development, and community college consortia. The EHR Incentive Program is open to health providers and hospitals. The 10-year program ends in 2016, and states choose whether to participate. If they do, Medicaid payment is not reduced. The maximum incentive is $63,750 for eligible providers (physicians, nurse practitioners, certified nurse midwives, dentists, and certain physician assistants). Eligible hospitals include both acute care (critical access) hospitals and children’s hospitals. For planning and implementation at the state level, the Federal government contributes 90%, while the state is expected to provide the remaining 10%. For providers, the Federal government pays 100% in incentive funds.

At present, 33 states have launched EHR Incentive Programs; most others will do so by the end of
this year. States have received $384 million for planning and administration. Hospital recipients include both those treating Medicare and Medicaid patients and those treating Medicaid-only patients. In addition, almost $94 million has been paid to 4,463 eligible professionals.

During 2010 and 2011, awareness of EHR increased significantly among mid-level professionals but decreased among physicians. However, the percentage of hospital executives, physicians, and mid-level professionals who plan to participate far exceeds those who do not plan to do so or are unsure.

The program also offers supplemental education as well as jobs and internships for students. For information on the many kinds of EHR programs, visit [www.cms.hhs.gov/EHRincentiveprograms](http://www.cms.hhs.gov/EHRincentiveprograms) or [www.Twitter.com/CMSGov](http://www.Twitter.com/CMSGov). To learn about certification, certified EHRs, and other ONC programs for providers, visit [http://healthit.hhs.gov](http://healthit.hhs.gov).

**University-Based Training Programs at Johns Hopkins University**

*Harold P. Lehmann, MD, PhD, Associate Professor, Health Sciences Informatics, Joint: Pediatrics, Health Policy and Management, International Health, Director for Research and Training, Division of Health Sciences Informatics, Johns Hopkins University School of Medicine*

HIT is a relatively new career choice, born out of necessity. As the U.S. health care industry begins to convert antiquated paper record systems to modern IT systems, the industry faces a crisis. A comprehensive plan is needed to educate an HIT workforce that will support this transformation.

The community college consortium is the most typical approach. Many approaches involve distance-learning programs. Often, students receive stipends. For instance, the ONC is offering a limited number of $10,000 tuition supplements to selected Johns Hopkins certificate students in the following programs:

- *Applied health informatics*
- *Clinical informatics*
- *Public health informatics*

Johns Hopkins is seeking to train permanent staff members for health care delivery and public health sites, as well as health care and public health informaticians. The program has a variety of degree prerequisites and offers certificates through its schools of Medicine, Nursing, and Public Health. The curriculum is detailed and emphasizes a diverse practicum. Seven courses are online.
The goal is to sign up 200 ONC students over 3 years. They will engage in practical study one day a week for 3 to 4 months. At present, about 15% of students are minorities. For more information, go to www.jhu.edu/healthIT.

Examples of positions students in the School of Medicine have secured 3 months after graduating from the certificate program include the following:

- Pathology faculty
- Chief medical informatics officer
- Librarian (promotion)
- Information services, quality (promotion)
- Physician assistant, IT committee (promotion)
- Private sector, business flow analyst
- Hospital accountant, meaningful use reporting

An external advisory board is addressing program challenges, such as funding, identifying and partnering with competency sources, and recruiting and placing students in practica. This year, the program was approved by the American Board of Preventive Medicine to offer a clinical informatics subspecialty with variants for physicians and non-physicians.

**Discussion and Questions**

When asked about considerations of privacy and security for HIT, panelists noted that ONC is mainly concerned with how data are handled. Panelists raised such questions as: how does the private sector manage such issues? Should insurance companies continue to have access to all patient data? What can individuals do to protect their own data? Panelists said these questions are still being studied.

In response to a participant, Mr. Davis said 17 Beacon programs exist.

Speakers proposed the following action items:

- Talk to your health care provider and do something to make the information more useful to you. Visit the Websites identified during the workshop.
- Promote careers in HIT.
- Find ways to forge effective partnerships to promote IT study.
BREAKOUT SESSION 2A
NON-TRADITIONAL PATHWAYS INTO THE HEALTH PROFESSIONS

Moderator: Dwyane Monroe, Community Health Outreach Consultant, Community Health Action Team of Baltimore

Ms. Monroe said community health workers (CHWs), promotores de salud, community health advisors, nurses’ aides, and other allied health professionals are an untapped resource for managing the health care crisis and eliminating health inequities. Many are doing amazing, evidence-based, cost-effective work that is changing people’s lives, reaching out not only to underserved racial/ethnic minorities but also to military families, immigrants, senior citizens, and others.

Perry Chan, Senior Program Coordinator
Asian American Health Initiative (AAHI)
Montgomery County Department of Health and Human Services

AAHI was created to respond to the growing health disparities and rapid growth of the Asian American population in the county. Asian Americans account for 5.5% of Maryland’s population overall but 13.9% of Montgomery County’s. Most are Chinese or Indian, but many other nationalities are represented; Mr. Chan pointed out that the Asian American community does not have a common language. The primary barriers to health care are limited English proficiency, difficulty navigating the system, and lack of insurance. Mr. Chan summarized health disparities among Asian Americans; for example, 1 in 10 Asian Americans has chronic hepatitis B, compared with 1 in 1,000 Caucasian Americans. Osteoporosis and diabetes are also big concerns, said Mr. Chan.

In 2005, Montgomery County created AAHI to identify the health care needs of the Asian American community and develop culturally and linguistically competent services and health education programs to improve their health care access. The AAHI aims to promote community mobilization and empowerment and to enhance data collection and reporting.

The Health Promoters Program is a minority community empowerment project supported by a DHMH grant that includes Holy Cross Hospital, AAHI, the African American Heath Program, the Community Ministries of Rockville, and the Maryland Commission on Indian Affairs. It trains health
promoters (or CHWs, lay people who provide health education and promote service delivery) to reach out to communities and help address cultural and linguistic barriers to care.

The AAHI Health Promotion Team includes 31 health promoters, 14 of whom have served for three or more years, representing 16 ethnic communities and speaking 16 language and dialects. The health promoters meet bimonthly for disease-specific training and education on outreach, social determinants of health, and health disparities so they can be good advocates for the people they serve. The health promoters are community members who understand their neighbors’ health issues, language, and culture, which allows them to build trust and link community members to services through AAHI. Health promoters are expected to be dedicated to serving their communities and to commit to a year of service of at least 5–8 hours per month.

Health promoters talk with community members at events in various settings, such as hospitals and health promotion events, but also represent their communities at events outside the community. The key to maintaining a team of health promoters, said Mr. Chan, is making sure they have a fun and rewarding experience. In fiscal year 2011, AAHI health promoters:

- attended 77 outreach events,
- reached 14 ethnic minority groups,
- had 4,801 educational encounters,
- distributed 7,807 pieces of literature,
- made 342 health referrals, and
- conducted 1,688 basic health screenings.

**Carmen I. Sáenz, MS, Manager**  
*Suburban Maryland Welcome Back Center*  
*Montgomery County Department of Health and Human Services*

The Welcome Back Center helps foreign-trained health professionals achieve the qualifications needed to work in health care in the United States. Ms. Sáenz said the increasing demand for health and medical services is driven by an aging population and an aging health care workforce. Academic institutions are challenged to prepare enough professionals to meet the need, and cultural and linguistic diversity is increasingly important to serving communities. Foreign-trained health professionals represent a source of qualified workers with the needed skills, but many are unemployed or underemployed. In addition, increasing the diversity of the health care workforce to better reflect the community served will improve public health, said Ms. Sáenz.
Foreign-trained health professionals face challenges of limited English proficiency, an unfamiliar licensing process, economic barriers, a lack of time to study because of work commitments, and an unfamiliar health care system. Ms. Sáenz said many of the center’s clients were experienced nurses in their home countries, but understanding the U.S. health care system is a big challenge.

The Welcome Back Center relies on an evidence-based model to assist participants in meeting their goals. The overall goals are to diversify the health care workforce and address the shortage of nurses and other health care professionals by helping foreign-trained professionals navigate Maryland’s licensure process. To obtain a nursing license in Maryland, one must complete the credentials examination, pass an oral English test, and pass the National Council of Licensure Examination.

The Welcome Back Center provides individualized guidance and support, in which clients work one-on-one with a case manager who helps them set realistic goals and navigate each stage of the process. Staff also provide social support and link clients to financial assistance sources. The center offers English as a second language, refresher nursing courses, and board examination preparation courses. Clients receive practical education and exposure to the health care system through full-time nurse-in-training jobs at local hospitals (e.g., Holy Cross Hospital). Ms. Sáenz emphasized that strong collaborations with partners and supporters in government, academia, and the private sector are vital to success.

Since 2006, the Suburban Maryland Welcome Back Center has served 102 clients (90% of whom are women). The center started out working with clients in Latino communities; Ms. Sáenz noted with pride that the center serves multiple ethnicities now, with 60% of program participants from Latin America and the Caribbean and the rest from Africa, Asia, and Europe. Most participants come from Montgomery County, but four other Maryland counties, the District, and Virginia are also represented. The program requires that clients work in Maryland. Nearly 60% of clients have more than 6 years of experience as nurses in other countries, and 55% have more than 4 years of nursing training following high school, equivalent to a bachelor’s degree. Some have U.S. master’s degrees but no license, said Ms. Sáenz.

Of the 102 participants from 2006 through August 2011, 67 have obtained licenses, including 31 who are now RNs in Maryland. Participants increased their wages by 229%, from an average of $9 per hour to $30 per hour, which not only benefits the individual but also the communities where they live and pay taxes. The program has a 98% retention rate. Participants complete the program according to their own timelines, but the retention rate demonstrates their persistence. The program has been recognized by the Governor, Montgomery County, the Migration Policy Institute, and the National Association of Counties for excellent practice and workforce leadership.

Ms. Sáenz noted that the Welcome Back Center model is cost-effective, builds on the assets of individuals, addresses workforce shortages, and increases economic self-sufficiency. It also improves health outcomes by increasing delivery of culturally and linguistically appropriate health services.
Secretary Lawlah offered greetings from Governor O’Malley and congratulated the DHMH and Delegate Nathan-Pulliam for their fine work. She explained that the Senior Community Service Employment Program (SCSEP) serves older workers with poor employment prospects. Not only is the population aging, said Secretary Lawlah, but because of the economic downturn, a lot of senior citizens need employment. SCSEP provides training through paid part-time jobs at host agencies. It assists participants with transitioning away from subsidized employment and helps seniors get and keep jobs. The program is funded by a U.S. Department of Labor grant (that is currently being debated by Congress) and state grants to 12 Maryland counties.

Eligible participants must be at least 55 years old and have incomes that do not exceed 125% of the Federal poverty level. They must be unemployed and reside in Maryland when signing up (homeless people can qualify). While SCSEP is a training program to help provide economic security, it also seeks to fulfill unmet service needs in the community. Host agencies are non-profit or public service organizations that provide meaningful on-the-job training, support the SCSEP participant’s employment plan and job search, and respond to the community’s service needs. Some of the health care jobs available through SCSEP are in adult day care centers (e.g., activities aide, kitchen staff, registration assistant) and hospitals (e.g., infection control cart assistant, admissions packet preparation, customer service, and gift shop attendant).

Discussion and Questions

Ms. Monroe summarized the opportunities for success and increasing the workforce described by the presenters. She said studies show that these non-traditional approaches are cost-effective and make a difference in underserved communities.

In response to questions about nurse training at the Welcome Back Center, Ms. Sáenz said it takes an average of 23 months from the time a participant begins the program to become hired as an RN. Participants commit to working in Maryland for at least 2 years, and so far, all have worked in Maryland for at least 31 months.

In response to a participant, Mr. Chan offered to tailor health promoter training for other minorities and build bridges to the training offered by Holy Cross Hospital and others. In response to
another participant, Secretary Lawlah said Prince George’s County has an SCSEP program, but it’s not operated by the Department of Aging. She invited participants to contact her, especially if they would like to be a host agency. Dr. Hussein said she was pleased to hear about SCSEP, because so many people feel they are no longer valuable in their fields as they get older. Secretary Lawlah said that for those who don’t meet the income eligibility requirements for SCSEP, the department offers training in computers and networking. For those who want to be engaged in civic affairs, she added, the department has a long list of opportunities.

Ms. Monroe asked the panel members to describe their programs’ funding and community collaborations to sustain them. Mr. Chan said AAHI has support from DHMH and collaborates with many partners. He said coordinators from various programs in Montgomery County that serve minority populations talk to and support one another. He noted that the pay for health promoters is minimal, so AAHI relies on people who are passionate about helping their communities. Mr. Chan said his work as a health promoter led to a full-time job, underscoring that the work is a great entry point for exploring different topics and better understanding community health needs.

Ms. Sáenz said sustainability is crucial and challenging. The Suburban Maryland Welcome Back Center was initially supported entirely by Montgomery County, but because of the great need, other partners have been engaged, such as the Department of Labor. The center has sometimes received limited funding from the American Hospital Association, the Annie E. Casey Foundation, and the Montgomery County Department of Economic Development, to name a few. The center has survived some budget cuts so far, and it is constantly looking to form new partnerships, said Ms. Sáenz. The center has an advisory council, she noted, and participants provide some assistance to their peers.

Dr. David Mann asked what would be needed to replicate Montgomery County’s programs in other parts of Maryland. Mr. Chan responded that Montgomery County did not create the CHW model—it is based on a lot of scientific literature demonstrating its cost-effectiveness in improving health outcomes. AAHI can provide technical assistance, said Mr. Chan, and the group meets monthly at Holy Cross Hospital. Ms. Monroe said a 2007 HRSA study of CHWs described programs throughout the country. She noted that Maryland has a network of CHWs and is working to expand it to other states. Efforts are underway to propel CHWs to a more professional level. The Community Outreach Workers Association of Maryland has results from a detailed survey describing CHWs and CHW programs in the state. Ms. Monroe said there is a movement toward making CHW model programs part of the regular budget of hospitals and other health care institutions to address health disparities. The American Public Health Association has a section for CHWs and a conference in Washington, DC, in November to discuss CHW models. The annual Unity conference (sponsored by the Center for Sustainable Health Outreach) brings together CHWs from around the country. Ms. Monroe suggested participants contact her for more information about CHW programs.
Ms. Sáenz added that the Welcome Back Center has provided technical assistance to the Baltimore Alliance for Careers in Healthcare (BACH) to support foreign-trained nurses. She explained that Welcome Back is a national initiative with centers across the country. The center has great resources and can provide technical assistance locally, she said.

**BREAKOUT SESSION 2B**

**EFFECTIVE PARTNERSHIPS NURTURING THE ROOT OF THE PIPELINE**

(Click Here for Presentations)

Moderator: *Ellen Flowers-Fields*, Deputy Assistant Secretary, *Division of Workforce Development and Adult Learning, Maryland Department of Labor, Licensing and Regulation*

Diversity Pipeline Programs in Health Career Education: Maryland Area Health Education Center (MDAHEC) Program

*Claudia Baquet, MD, MPH, Director, MDAHEC, University of Maryland School of Medicine*

MDAHEC, over 34 years old, is Federally mandated and operated with Federal and state funding by the University of Maryland Baltimore School of Medicine. It has centers in western Maryland, the Eastern Shore, and Baltimore. The program provides career counseling, locates mentors and internships for high school students, and promotes participation in after-school programs, health career fairs, and field trips to health care facilities as well as colleges and universities. About 200 Area Health Education Center programs function around the country.

A relatively new program, Mini Med School for Teens, targets rural high school students from economically disadvantaged backgrounds on the Eastern Shore. In five sessions, Mini Med School educates students about training requirements, job qualifications, employment opportunities, and salary expectations. About 45 students have completed the program to date.

In western Maryland, MDAHEC links K–12 students with community health professionals to help meet schools’ STEM curriculum requirements. Other programs include the Youth Health Service Corps, which seeks to recruit high school students into health care careers through volunteer service such as job shadowing, cardiopulmonary resuscitation (CPR) training, and other opportunities; and Exploring Careers in Health Occupations, a summer program that offers visits to health care and higher education institutions, team-building activities, hands-on use of
state-of-the-art medical equipment and surgical simulators, and college entrance advice.

The MDAHEC program office partners with the Vivian T. Thomas Medical Arts Academy in Baltimore with funding from NIH and the University of Maryland. The office offers summer training in interviewing skills, research design, human subjects and research training, and mentorship in health and research careers.

As well-established as it is, MDAHEC still faces challenges, including an inadequate budget; difficulties recruiting minority students; the costs of transportation, housing, and logistics; competition from other programs; liability concerns; and expensive tracking of graduates, as well as the need for more parental support.

Bridging Potential and Pressing Need

Ronald Hearn, PhD, Executive Director
Baltimore Alliance For Careers in Healthcare

BACH is an experimental, employer-led workforce nonprofit organization. Established in 2005, it seeks to eliminate the critical shortage of qualified health care workers in Baltimore by working with local agencies, health care institutions, and other organizations to create opportunities for residents to pursue careers in health professions.

Much of Baltimore is underemployed or undereducated. According to the 2000 Census, 31% of residents lacked high school diplomas. In contrast, 41% of jobs in Baltimore City and Baltimore County are in the health care sector.

BACH is an outgrowth of the American Enterprise Institute. More than 80 partners now support BACH’s efforts, including health care providers, foundations, educational institutions, Federal agencies, and many other nonprofit organizations.

BACH considers itself a “pot stirrer”—it works with existing training programs and employers, including two long-term care facilities. BACH is very interested in the frontline workforce because it is the most closely allied with the general population.

BACH’s primary concern is to get people into jobs. Its Summer Math Academy includes a customized bridge program for students who need remediation. The Academy tests 10th grade Career and Technical Education (CTE) students in allied health programs (pharmacy technician, surgical technician, nursing assistant). BACH also operates a 6-week summer internship program for CTE allied health students who have completed the 11th grade. Six hospitals participate, using funds from health care, government, education, and philanthropic partners. The program rigorously enforces attendance and performance, and 90% of entering students succeed. However, almost all start out
with academic deficits, so BACH is highly involved in remedial activities. Math is the single greatest barrier.

A highly detailed Healthcare Education and Training Pipeline and job-specific “maps” are available from BACH (www.baltimorealliance.org).

Stevenson University: Project Lead the Way, Academy of Health Professions

*Lynne Gilli, EdD. Program Manager, Career and Technology Education Instruction Division of Career & College Readiness, Maryland State Department of Education*

Stevenson University is an affiliate of the Maryland Department of Education’s Health and Bioscience Cluster. Campuses are located just outside of Baltimore, in Stevenson and Owings Mills, MD. The Cluster comprises programs including basic research, applied research, manufacturing, engineering and environmental services, informatics, diagnostic services, and therapeutic services. Enrollment currently exceeds 5,500.

Allied health CTE programs are offered in all 24 school systems in Maryland. In Baltimore County, Stevenson plays a key role in two programs: the Academy of Health Professions (AHP) and Project Lead The Way (PLTW). The state legislature recently appropriated $900,000 to expand the two programs.

Stevenson University develops the lessons, activities, and case studies to support two required courses in AHP, through which Maryland high schools are helping to prepare the next generation of health and biosciences professionals for the workforce and for further study at the postsecondary and graduate levels. Stevenson and the Maryland Department of Education also work together to provide a robust professional development program for AHP teachers. Stevenson develops the AHP Website (http://www.marylandahp.org). In May 2012, Stevenson will host SkillsUSA contests, in which students hone their interpersonal skills while preparing professional portfolios aligned with AHP program content.

The AHP program offers students college credit for completing the courses. Stevenson intends eventually to offer college credit to participants in PLTW, which partners with middle and high schools to provide rigorous STEM education relevant to an array of careers.

PLTW’s biomedical sciences and engineering programs offer students hands-on experience as well as college preparatory-level classes, labs, and creative exercises. PLTW biomedical sciences enrollment has grown dramatically, from five students in 2008 to 983 at present. The sequence of high school courses in the PLTW biomedical sciences program parallels that of the proven PLTW engineering program. The initial program includes four courses:
Principles of biomedical sciences  
Human body systems  
Medical interventions  
Biomedical innovations

Stevenson’s programs appeal to students ranging from those already interested in STEM-related fields to those whose experience in the sciences and math has been less comprehensive or who lack interest in traditional STEM curricula. Relationships with teachers, parents, local and national business leaders, and university partners make it possible to offer a complete experience both for students wishing to pursue a secondary degree in a STEM-related field and for those planning to join the workforce after high school. Teachers receive comprehensive training at Stevenson, a PLTW partner university.

Discussion and Questions

In response to a participant, Dr. Baquet said MDAHEC has reached about 7,500 high school students so far, but the numbers are tentative because tracking is expensive. Several panelists agreed that AmeriCorps should be investigated for possible sources of positions in health care. When asked how families can learn what programs would be appropriate for their children, panelists suggested querying schools in their communities and investigating the programs that look promising. Dr. Gilli offered to help interested families and others get information about any school program in the state.

In response to a participant, Dr. Hearn said faculty and administrators in the Baltimore public schools select candidates for BACH. Over the program’s 4-year existence, 250 students have participated.

CONFERENCE WRAP-UP

Carlessia A. Hussein, RN, DrPH, Director, Office of Minority Health and Health Disparities, DHMH

Dr. Hussein said the conference allowed participants to understand what needs to be done. Now DHMH is seeking people who will be involved in working groups to develop actions. She hoped participants would provide suggestions, identify actions they or DHMH can take, and outline how they can contribute.

Additional conference materials can be found at http://www.dhmh.state.md.us/hd/hd-conf2011.html