The Future of Community Health Workers in Maryland: Their Role in Achieving Health Equity

October 29, 2014

2014 Conference Packet

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The Future of Community Health Workers in Maryland: Their Role in Achieving Health Equity

October 29, 2014

CONFERENCE AGENDA

7:00 AM – 8:00 AM	**REGISTRATION AND CONTINENTAL BREAKFAST**
8:00 AM – 8:45 AM	**WELCOME** **Arlee Wallace**, Acting Director, Maryland Office of Minority Health and Health Disparities **OPENING & GREETINGS** **Donna L. Jacobs**, Esq., Senior Vice President, Government and Regulatory Affairs, University of Maryland Medical System **(Conference Moderator)** **The Honorable Shirley Nathan-Pulliam,** House of Delegates, District 10, Baltimore County, Maryland General Assembly **The Honorable Verna Jones-Rodwell**, Senate, District 44, Baltimore City, Maryland General Assembly **Joshua M. Sharfstein**, MD, Secretary, Maryland Department of Health and Mental Hygiene
8:45 AM - 9:15 AM	**SETTING THE STAGE** **COMMUNITY HEALTH WORKERS & ADVANCING HEALTH EQUITY** **Laura Herrera,** MD, MPH, Deputy Secretary of Public Health, Maryland Department of Health and Mental Hygiene
9:15 AM - 10:30 AM	**SHIRLEY NATHAN-PULLIAM HEALTH EQUITY LECTURE** **INTRODUCTION OF AWARD RECIPIENT** **Stephen B. Thomas**, PhD, Professor, Health Services Administration, and Director, Maryland Center for Health Equity, School of Public Health, University of Maryland ****AWARD RECIPIENT & KEYNOTE ADDRESS**** **Carlessia A. Hussein,** RN, BS, MS, DrPH, Retired Director, Office of Minority Health and Health Disparities, Maryland Department of Health and Mental Hygiene
10:30 AM – 10:45 AM	**BREAK**

10:45 AM – 12:00 PM	**IMPACT OF COMMUNITY HEALTH WORKERS IN THE HEALTHCARE INDUSTRY** **Moderator:** **Donna L. Jacobs**, Esq., Senior Vice President, Government and Regulatory Affairs, University of Maryland Medical System **Panelists**: **M. Christopher Gibbons**, MD, MPH, Associate Director, Johns Hopkins Urban Health Institute **Susan M. Myers**, MA, MPH, Vice President for Business Development, Delmarva Foundation **Michael E. Rhein**, MPA, President & CEO, Institute for Public Health Innovation **Meseret Bezuneh**, M.S.Ed., Chief, Health Careers Pipeline Branch, Division of Health Careers and Financial Support, Bureau of Health Workforce, Health Resources and Services Administration (invited)
12:00 PM-1:00 PM	**LUNCH** (Location: Embassy Room)
1:00 PM – 2:15 PM	**CONCURRENT BREAKOUT SESSIONS** (will repeat at 2:30 p.m.) **A: Community Health Workers in Action: The Organization's Perspective** (Location: Camelia Terrace Room) Moderator: **Donald Shell**, MD, MA, Director, Cancer and Chronic Disease Bureau, Maryland Department of Health and Mental Hygiene Panelists: **Stacey E. Little**, MPH, PhD, Director, Office of Family Planning and Home Visiting, Maryland Department of Health and Mental Hygiene **Leigh Ann Eagle**, Director, Health and Wellness Program, MAC, Incorporated **Carmi Washington Flood**, Chief, Office of Faith Based and Community Partnerships, Prevention and Health Promotion Administration, Maryland Department of Health and Mental Hygiene **Denise Camp**, ALWF, CPS, CCAR-T, WHAM, WRAP® Project Coordinator/Training Specialist, On Our Own of Maryland, Inc. **B: Experiences on the Ground: Learning from Practicing Community Health Workers** (Location: Maryland Room) Moderator: **Heather Ross,** MS, CHES, Program Manager, African American Health Program, Montgomery County Department of Health and Human Services Panelists: **Ashyrra C. Dotson**, Program Coordinator, Associated Black Charities **Everette Bradford**, Community Health Worker, Prince George's County Health Department **Elizabeth Chung,** Executive Director, Asian American Center of Frederick **Ollie P. Dorsey**, Community Health Worker, Faith Center for Community Wellness and Advancement, Inc. **C: Discussions around the Training of Community Health Workers** (Location: Wayne Room) Moderator: **Sharon Jones-Eversley**, DrPH, Assistant Professor, Department of Family Studies and Community Development, Towson University Panelists: **Scott M. Olden**, MS, RN, Dean, School of Allied Health, Nursing, Health and Life Fitness at Baltimore City Community College **Lisa Widmaier**, M.Ed, Community Health Worker Coordinator and Lead Trainer, Eastern Shore Area Health Education Center **M. Christopher Gibbons**, MD, MPH, Associate Director, Johns Hopkins Urban Health Institute **Lori Werrell,** MPH, CHES, Director of Health Connections, MedStar St. Mary's Hospital

2:15 PM – 2:30 PM	**BREAK AND TRANSITION**
2:30 PM – 3:45 PM	**CONCURRENT BREAKOUT SESSIONS** (recurrence from 1:00 p.m.) **A: Community Health Workers in Action: The Organization's Perspective** (Location: Camelia Terrace Room) **B: Experiences on the Ground: Learning from Practicing Community Health Workers** (Location: Maryland Room) **C**: **Discussions around the Training of Community Health Workers** (Location: Wayne Room)
3:45 PM – 4:00 PM	**CLOSING & NEXT STEPS** (Location: Camelia Terrace Room)

Dr. Carlessia A. Hussein
Retired Director
Minority Health &
Health Disparities

4th ANNUAL SHIRLEY NATHAN-PULLIAM HEALTH EQUITY LECTURE SERIES

Presented by
Maryland Department of Health and Mental Hygiene
Office of Minority Health and Health Disparities
University of Maryland School of Public Health Center for Health Equity

"The Future of Community Health Workers In Maryland: Their Role in Achieving Health Equity"

Dr. Carlessia A. Hussein is the retired director of the Maryland State Office of Minority Health and Health Disparities (MHHD). MHHD is established in the 2004 State Statue with the charge to promote the reduction of ethnic and racial health disparities in Maryland. She oversaw development of "Maryland Health Disparities Plans" and "State Health Disparities Data Chartbooks". The Plans provide a framework for reducing disparities. The Chartbooks present health disparities trends and progress for selected diseases, by race and ethnicity. Dr. Hussein established the Minority Outreach and Technical Assistance Program (MOTA) that funded local health disparities projects in jurisdictions with large populations of minorities. Concurrently, there was established a statewide Minority Health Network inclusive of health providers, health equity experts, outreach workers, academics, elected officials, media, advocates/activists, faith-based representatives and an expansive MHHD constituency. Dr. Hussein participated on the Administration's 2011 Maryland Disparities Workgroup charged with developing actions to reduce health care delivery system disparities. This work led to passage of the Maryland Health Improvement and Disparities Reduction (MHIDR) Act of 2012. She began State service in August 1996 and retired July 2014.

Selected Accomplishments 1996-2014:

- Maryland Health Improvement and Disparities Act 2012; Dr. Hussein led the MHHD Office and the Statewide Health Disparities Collaborative committees in providing technical assistance and recommendations to the Department for implementing many of the provisions in the Act. 2012-2013;
- Launched Cultural Competency and Class Standards training programs for hospitals, community clinics, Health Enterprise Zones, Patient-Centered Medical Homes and local health departments, using HHS OMH grant funds. 2013-2014;
- Published Health Profiles for Asian, Hispanic, American Indian, and African American populations. These reports supplemented the Disparities Chartbook and a host of disease specific and geographic specific publications. 2014;
- Led the MHHD Office in reaching over 2 million minorities and other Marylanders with health promotion and health disparities reduction messages through use of social media, local disparities programs, MHHD E-News and 10 annual statewide health disparities conferences. 2000-2010;
- Served as the Department lead to implement the Maryland Legislation to spend Tobacco Settlement Funds of $200+ million annually, to control cancer and reduce tobacco use. Established the Minority Outreach and Technical Assistance Program (MOTA), as required and funded by this legislation, to assist jurisdictions to reduce ethnic and racial disparities related to cancer and tobacco use. 2000-2010;
- Directed and published the Maryland Healthy People 2010 Plan and coordinated publication of individual plans in each of the State's jurisdiction. 2001-2002; and
- Led the Health Department in an experiment to combine major public health programs to maximize cooperation, data sharing, collaboration and better coordination of services to local health departments and citizens. Acquired a CDC three year grant to develop a Maternal and Child Health Data Warehouse. 1996-1999.

Selected Accomplishments 1970-1996:

- Co Chair of the California Black Nurses 1969 Conference that led to formation of the National Black Nurses Association. 1969;
- Associate Dean and Program Chair at UC Berkeley School of Public Health, established minority recruitment and retention program, obtained campus funding, brought students in for summer preparatory experiences and increased minority admission by 30 percent. 1972-1973;
- Conducted study of hypertension in neighborhood clinics utilizing outreach workers and expanded patient education; utilized data and findings in doctoral dissertation, *Attributes of Successful Health Care Deliver Organizations:* 1977;
- Directed the Health Planning Agency in Santa Clara County, California. Presented data by race and ethnicity in small geographic areas that exposed high infant mortality among Hispanic population groups; 1977-1980
- Deputy Health Fire chief in the Los Angeles Regional Fire District, instituted the role of a health professional in a fire department. Oversaw health of the firefighters and assisted Fire Chief with the Olympics. 1984;
- Health Planning Director in Washington DC, negotiated certificate of need that established a partnership among DC and Virginia hospitals for the first organ transplant program; 1984-1986;
- Deputy Health Director in Washington DC, led the team that worked with HHS to establish The Public Health Sub-Regional Office in the DC Health Commission to facilitate grant support and to expedite technical assistance to the City. 1989; and
- Chair and convener of the D.C. Health Care Reform Conference. Over 400 attendees helped set health objectives for the Year 2000, published the D.C. Healthy Residents Year 2000 Plan. 1993-1994.

Public Health and Nursing Clinical Experience 1957-1967:

- Staff nurse, charge nurse, nurse consultant in obstetrics, newborn nursery, pediatrics, surgery, medicine, intensive care, community health nursing, school nurse, nurse educator and international nurse consultant (Quito, Ecuador)

MARYLAND Department of Health and Mental Hygiene

Minority Health and Health Disparities

UNIVERSITY OF MARYLAND 1856 CENTER FOR HEALTH EQUITY SCHOOL OF PUBLIC HEALTH

Maryland's 11th Annual Health Disparities Conference

The Future of Community Health Workers in Maryland: Their Role in Achieving Health Equity

October 29, 2014

SELECTED SPEAKER BIOGRAPHIES

Joshua Sharfstein, MD
Secretary, Maryland Department of Health and Mental Hygiene

Joshua M. Sharfstein, M.D., is the Secretary of the Maryland Department of Health and Mental Hygiene. Previously he served as Principal Deputy Commissioner of the U.S Food and Drug Administration 2009-2011 and as the Commissioner of Health in Baltimore, Maryland from December 2005 to March 2009. From July 2001 to December 2005, Dr. Sharfstein served on the Minority Staff of the Committee on Government Reform of the U.S. House of Representatives, working for Congressman Henry A. Waxman. He serves on the Health Information Technology Policy Committee for the U.S. Department of Health and Human Services, the Board on Population Health and Public Health Practice of the Institute of Medicine, and the editorial board of the *Journal of the American Medical Association*.

He is a 1991 graduate of Harvard College, a 1996 graduate of Harvard Medical School, a 1999 graduate of the combined residency program in pediatrics at Boston Medical Center and Boston Children's Hospital, and a 2001 graduate of the fellowship program in general pediatrics at the Boston University School of Medicine. Dr. Sharfstein lives with his family in Baltimore, Maryland.

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

Delegate Nathan-Pulliam has been a member of the Maryland House of Delegates since 1994 and represents District 10. She is the first Caribbean-born person and first Afro-Caribbean American registered nurse elected to the Maryland General Assembly. Delegate Nathan-Pulliam worked for many years as a quality assurance coordinator, head nurse and team leader at hospitals in Baltimore and currently owns and operates two health care companies that provide personal care services to clients in their homes and adult medical daycare services for the elderly and disabled.

She has been a leading advocate for improved health care and health disparities reduction in Maryland. Delegate Nathan-Pulliam has sponsored hundreds of bills, including legislation creating the Office of Minority Health and Health Disparities within the Department of Health and Mental Hygiene. She currently serves on several committees, including the Health and Government Operations Committee, chair of the Minority Health Disparities Subcommittee, Joint Committee on Health Care Delivery and Financing, Maryland Medicaid Advisory Committee, the Advisory Council on Congenital and Hereditary Disorders, and the Oversight Committee on Long term Care and Assisted Living.

Delegate Nathan-Pulliam holds an AA from Baltimore City Community College, a BSN from the University of Maryland and a Masters in Administrative Science from The Johns Hopkins University, Carey Business School. The Delegate was named one of Maryland's top 100 women and to the committee of excellence in 2007. In 2011, the Shirley Nathan-Pulliam Health Equity lecture series was launched. She is currently a candidate to represent District 44 in the Maryland State Senate.

Senator Verna Jones-Rodwell
Chair, Baltimore City Senate Delegation

Maryland State Senator Jones-Rodwell was elected in 1998 to the Maryland General Assembly to represent Baltimore City's 44th Legislative District. After one successful term in the House, she was elected to serve as its first female Senator. Ensuring access to affordable quality healthcare and improving ineffective healthcare system has been instrumental to her successfully delivering (Hope, Help and Healing) to her district, Maryland and throughout the Nation.

From serving as the Chair of the National Black Women Health Project's Maryland Public Policy Committee that advocated for women's health and reproductive rights; to being the legislative leader with the Health Care for All Coalition to secure Maryland's lifesaving tobacco and alcohol tax increases. This helped Maryland's smoking rate to drop over 32% for adults and 40% for teenagers as well as expanded health care access to over 100,000 lower income families. Her legislative leadership has resulted in the expansion of Medicaid to include pregnant women, children and families with incomes up to 250% of the poverty level. Senator Jones-Rodwell and Bon Secour Baltimore Health System in 2010 organized an 18 member public/private collaborative to improve primary and preventive healthcare in West Baltimore. In 2012, this collaborative became the Baltimore's region's first and only recipient of a Maryland Enterprise Zone Grant. She was a co-sponsor of the Health Improvement and Disparities Act of 2012 which was established to address health care disparities in underserved communities. During the 2014 Session through Senate Bill 592, she served as Legislative champion to establish an interagency work group to examine and create a more efficient and equitable treatment of healthcare workers.

Additionally, Senator Jones-Rodwell is highly recognized for her unwavering commitment to fighting memory lost. As a member of the National and Central Maryland boards Alzheimer Association, she works diligently to secure effective public policies and funding to support research, sustain educational opportunities and family and caregiver support programs for African-American communities throughout the country.

Donna L. Jacobs, Esq.
Senior Vice President, Government and Regulatory Affairs, University of Maryland Medical System

Ms. Jacobs is the Senior Vice President for Government and Regulatory Affairs at the University of Maryland Medical System (UMMS), a twelve hospital health network in Maryland. She is responsible for health policy development, regulatory issues and the implementation of strategies and practices resulting from legislative and regulatory initiatives on myriad issues including cardiac services and organ transplantation. She also oversees UMMS' M/WBE efforts, strategic community health initiatives and community benefit reporting at the state and federal levels. She has led or co-led several of UMMS' award-winning efforts in both community health and minority business development. Ms. Jacobs represents the Medical System on several state-wide boards, commissions and associations. She is a co-chair of the Maryland Health Disparities Collaborative for the Department of Health and Mental Hygiene, together with the Health Secretary.

Prior to joining UMMS, Ms. Jacobs served five years as Deputy Chief of Staff to the Governor. Before that, she practiced law as a trial attorney with Semmes, Bowen & Semmes for nearly 15 years, specializing primarily in insurance and regulatory defense and insurance coverage matters. Ms. Jacobs is a graduate of the Georgetown University Law Center and Wesleyan University in Connecticut. She participated in the Greater Baltimore Committee Leadership Program and served two terms as the President of the Alliance of Black Women Attorneys. Ms. Jacobs has served, or continues to serve, on numerous boards in our community including the House of Ruth, the Maryland Zoo and the American Diabetes Association. She is the recipient of many outstanding honors not the least of which include induction into *The Daily Record's* "Circle of Excellence"; *Uptown Professional Magazine's* Top 100 Professionals in 2012 and 2014; the Minority Business Summit, Women of Influence Award; a 2012 Maryland Trailblazer Award, the 2014 Legacy Award, and the 2014 Pioneer award from the Alliance of Black Women Attorneys.

Arlee Wallace
Acting Director, Maryland Office of Minority Health and Health Disparities

Arlee Wallace was appointed Acting Director of the Office of Minority Health and Health Disparities within the Maryland Department of Health and Mental Hygiene in July 2014. MHHD was established in statue in 2004 with the charge to promote the reduction of ethnic and racial health disparities. As Acting Director, Arlee provides supervisory management the day-to-day operations of the office personnel as well as the fiduciary obligation for procurements and financial oversight of 16 Local Health Disparities Programs designed to address minority health disparity. The grant programs have an annual budget of $1.1 million to address cardiovascular disease, infant mortality, and cancer and tobacco disparities. Arlee is a member of the Health Enterprise Zone Core Team established to oversee the implementation of Maryland's Five Health Enterprise Zones.

Prior to her appointment as Acting Director, Arlee began her state service in 2004 as Deputy Director at Maryland Department of Health and Mental Hygiene, Office of Minority Health and Health Disparities and the Cigarette Restitution Fund Program providing oversight of the programs administration. She provides oversight and management of the Minority Outreach and Technical Assistance Program and the Minority Adult Cardiovascular Disease and Infant Mortality Reduction Demonstration projects. Arlee is a graduate of Arkansas State University with a Bachelor of Arts degree in social work.

Arlee's professional career began at Arkansas Department of Health and Human Services in the Division of Child and Family Services as a family service caseworker in 1989, resigning in 1993 as a family service worker II supervisor responsible for the county foster care division. In 1994, President William Jefferson Clinton appointed Arlee to serve as an Intergovernmental Relations Specialist at the U.S. Department of Housing and Urban Development to outreach and educate constituencies on the impact of Quality Housing and Work Responsibility Act, Elderly Housing, Disabled Housing, HOPE VI, Family Self-Sufficiency and other housing initiatives.

Laura Herrera, MD, MPH
Deputy Secretary for Public Health, Maryland Department of Health and Mental Hygiene

Dr. Laura Herrera was appointed Deputy Secretary for Public Health for the Maryland Department of Health and Mental Hygiene on December 17, 2012. The Deputy Secretary for Public Health oversees Local Public Health, the Prevention and Health Promotion, Health Systems and Infrastructure, Vital Statistics, and Laboratories Administrations, along with the Department's Offices of Preparedness and Response and the Chief Medical Examiner.

Prior to her appointment as Deputy Secretary, Dr. Herrera was Chief Medical Officer for DHMH. In this role, she assisted the Secretary of Health on the implementation of innovative health delivery reform structures in the MD health care system. She advised the Deputy Secretary for Health Care Financing on policies and strategies to monitor and improve the quality of care, preventive services, and health promotion activities at the Medicaid participating managed care organizations.

She received her MD from SUNY Health Science Center at Brooklyn and her MPH from the Johns Hopkins Bloomberg School of Public Health. She completed her internship and residency in family medicine at the University of Maryland Medical Center.

Stephen B. Thomas, PhD
Professor, Health Services Administration and Director, University of Maryland Center for Health Equity, School of Public Health, University of Maryland, College Park

Stephen B. Thomas, PhD, is Founding Director of the Maryland Center for Health Equity and Professor of Health Services Administration in the School of Public Health. Dr. Thomas is one of the nation's leading scholars on 4th Generation Disparities Research including, but not limited to, community based interventions to eliminate racial and ethnic health disparities including hypertension, diabetes. He is Joint Principal Investigator, with Dr. Sandra C. Quinn, of the Center of Excellence on Race, Ethnicity and Health Disparities Research funded by the NIH-National Institute on Minority Health and Health Disparities (NIMHD). This five-year $5.9M grant award, launched in August 2012, includes teams of scientists conducting targeted research on obesity, vaccine acceptance and Black men's health.

Recently, Dr. Thomas and his team partnered with Catholic Charities to conduct the Mid-Maryland Mission of Mercy and Health Equity Festival at the University of Maryland's XFINITY Center (Sept. 5-6, 2014) where over 1,200 poorly served, under served and never served people received free dental care and medical screening services. The event mobilized over 1,800 volunteers and provided $1.5M worth of dental care. The thousands of people who lined up before dawn exposed the "cavity" in the Affordable Care Act, a gapping hole in the safety net which leaves millions of adults without access to affordable dental care.

Before joining the faculty at the School of Public Health, Dr. Thomas served as the Philip Hallen Professor of Community Health and Social Justice at the University of Pittsburgh's Graduate School of Public Health (2000-2010). In 2010, he received the Dorothy Nyswander Social Justice Award from the Society for Public Health Education. He was awarded the 2005 David Satcher Award from the Directors of Health Promotion and Education for his leadership in reducing health disparities through the improvement of health promotion and health education programs at the state and local levels and received the 2004 Alonzo Smyth Yerby Award from the Harvard School of Public Health for his work with people suffering the health effects of poverty. Dr. Thomas believes that now is the time to translate the science of medicine and public health into culturally tailored interventions designed to eliminate racial and ethnic health disparities to achieve health equity for all.

Donald Shell, MD, MA
Director, Cancer and Chronic Disease Bureau, Maryland Department of Health and Mental Hygiene

Dr. Donald Shell completed his residency training in Community Health and Family Medicine in 1991 and fellowship training in Primary Care Sports Medicine and Adult Fitness Fellowship in 1992. Dr. Shell is Board Certified Family Medicine. His career has included practicing Family and Sports Medicine in private, university, hospital, and public clinic settings.

Dr. Shell holds faculty appointments at the John Hopkins Bloomberg School of Public Health, at the rank of Associate in the Department of Health Policy and Management, and the rank of Clinical Instructor in the University Of Maryland School Of Medicine in the Department of Family & Community Medicine.

Dr. Shell has 18 years of experience in the field of public health, serving at both the state and local level. He is currently the Director of the Cancer and Chronic Disease Bureau in the Maryland Department of Health and Mental Hygiene. As the Director of the Cancer and Chronic Disease Bureau, Dr. Shell is responsible for the oversight of the Center for Tobacco Prevention and Control, the Center for Chronic Disease Prevention and Control, the Center for Cancer Surveillance and Control, and the Office of Oral Health.

Dr. Shell believes that critical healthcare choices, some in, and some out of the control of individuals and populations, are impacted by their relationships, education, life experiences, housing, employment, nutrition, finances, emotions, substance use, spirituality, and their ability to trust. He believes that each of these social determinants must be taken into consideration when developing, delivering, and evaluating health and social services.

Heather Ross, MS, CHES
Program Manager, African American Health Program, Montgomery County Department of Health and Human Services

Heather Ross is the Program Manager for Montgomery County's Health and Human Services African American Health Program. As the program manager, Heather is responsible for the development and implementation of health initiatives targeting the African American, African and Caribbean communities. Through the programs, the African American Health Program is committed to eliminating health disparities and improving the number and quality of years of life for African Americans and people of African descent in Montgomery County, Maryland.

Prior to her new role, Heather was the Project Director for the Baltimore Healthy Start Program, a nonprofit health organization committed to reducing infant mortality by improving the health and well-being of women and their families through comprehensive services in the most vulnerable communities in Baltimore City. There she lead the strategic direction and management of the federally funded program that provides home visitation services to pregnant and post-partum women within six communities in Baltimore City. While at Baltimore Healthy Start she assisted with the partnership with the US Department of Health and Human Services Office of Minority Health to implement an annual "Healthy Baby, Healthy Mommy Baby Buggy Walk", promoting physical activity and healthy living for Healthy Start clients.

Prior to Healthy Start, Heather was the Director of the Howard County Health Department's Women, Infants and Children Program (WIC) promoting a network of health care resources for women, infants and children targeting nutrition, oral health and breastfeeding. There she developed and led the Breastfeeding Peer Education program targeting African American women enrolled in WIC and collaborated with Chase Brexton Health Services to establish an oral health and fluoride varnish program. Heather received her undergraduate degree from University of Maryland, College Park in Community Health Education and her Master's Degree in Community Health Science from Towson University.

Sharon Jones-Eversley, DrPH
Assistant Professor, Department of Family Studies and Community Development, Towson University

Dr. Sharon Jones-Eversley was born and educated in Baltimore, Maryland where she currently resides. She earned a doctorate degree in Public Health from Morgan State University School of Community Health and Health Policy. She obtained her B. A. from Morgan State University and her M. A. from University of Baltimore.

Currently, she is a tenured-track Assistant Professor at Towson University in the Family Studies and Community Development Department. The first African American PhD full-time professor hired in her department's history. Her interdisciplinary research expertise is in social epidemiology, family science, community capacity- building and nonprofit management. Dr. Jones-Eversley uses social epidemiological and behavioral theoretical frameworks to examine factors that promote healthy intergenerational functioning along the life course. She is particularly concerned about the disproportionate prevalence of chronic morbidities (i.e., cardiovascular disease, cancer, diabetes, hypertension, etc.) that reduce African American life expectancy, and leaves families and communities void of critical intergenerational exchanges that other healthier racial and ethnic populations enjoy.

Dr. Jones-Eversley is a 2013-2014 National Institute of Health (NIH) PRIDE-CVD Disparities Institute scholar at SUNY Downstate Medical Center in Brooklyn, NY. Translating complex public health findings that *reach and inform* families and communities of color is her personal and professional priority. Academically, she involved with the following national professional organizations: American Public Health Association (APHA); National Council on Family Relations (NCFR); and Association of Nonprofit Educators (ANE). She is active in the following community organizations: Member: New Psalmist Baptist Church; Board Member: Volunteers of America Chesapeake (MD, DC & VA); Board Member & Program Committee Chair: Boys & Girls Club of Metro Baltimore; Board Member: L2 Family Foundation, Inc. (Former NFL Players: Ray Lewis & Keon Lattimore); and Member: Alpha Zeta Chapter, Zeta Phi Beta Sorority Inc.

Her greatest role is being a mother to two adult children, Juanita and Tyrell and the grandmother to the remarkable, Jada.

CONFERENCE SESSIONS WORKSHEET

October 29, 2014

Following the discussion of each Session, please identify 1 or more Action Items that you plan to work on within your organization, workplace, community, etc.

Impact of Community Health Workers in the Healthcare Industry

Action Items (who, what, when, where, how)

Breakout Session A: Community Health Workers in Action: The Organization's Perspective

Action Items (who, what, when, where, how)

CONTINUES ON OTHER SIDE →

Breakout Session B: Experiences on the Ground: Learning from Practicing CHWs

Action Items (who, what, when, where, how)

Breakout Session C: Discussions around the Training of CHWs

Action Items (who, what, when, where, how)

Contact Information (not required)

Name & E-mail Address:

Other Comments

Thank you for your feedback!

Maryland Office of Minority Health and Health Disparities

The Future of Community Health Workers in Maryland: Their Role in Achieving Health Equity

October 29, 2014

Conference Evaluation Form

Please indicate how well the following learning objectives were met.

Scale: 1=Not met 2= Not very well met 3=Somewhat met 4=Well met 5=Very well met

Understand the status of today's Community Health Worker (CHW) workforce in Maryland	**1**	**2**	**3**	**4**	**5**
Recognize how CHWs help to advance health equity	**1**	**2**	**3**	**4**	**5**
Discuss training, credentialing, reimbursement and payment issues for CHWs	**1**	**2**	**3**	**4**	**5**
Learn about best practices and lessons learned by practicing CHWs and initiatives that utilize CHWs	**1**	**2**	**3**	**4**	**5**

Please rate each session that you attended

Scale: 1=Very Poor 2=Poor 3=Fair 4=Good 5=Excellent NA=Not Applicable

Activity	Knowledge of Subject Matter	Quality of Presentation	Useful Information	Comments
Setting the Stage: Community Health Workers & Advancing Health Equity				
Shirley Nathan-Pulliam Health Equity Lecture Series - Keynote Address				
Impact of Community Health Workers in the Healthcare Industry				
Concurrent Session A: **CHWs in Action: The Organization's Perspective**				
Concurrent Session B: **Experiences on the Ground: Learning from Practicing CHWs**				
Concurrent Session C: **Discussions around the Training of CHWs**				

Evaluation continues on other side →

Maryland Office of Minority Health and Health Disparities

Please check your major affiliation(s):

☐ Healthcare Professional ☐ Government ☐ Private Citizen ☐ Health Insurer ☐ Policy Maker
☐ Community-Based Group ☐ Health Educator/Community Outreach ☐ Academic Institution ☐ Student
☐ Business Industry ☐ Community Health Worker ☐ DHMH (specify administration) _____
☐ Other:_____

Please check all that apply:

Are you Hispanic or Latino? ☐ Yes ☐ No If **YES**, please specify origin _____

Please specify your race (choose all that apply)? ☐ Black or African American ☐ Asian ☐ White
☐ American Indian or Alaska Native ☐ Native Hawaiian or other Pacific Islander

What is your ancestry or ethnic origin? _____

What is your gender? ☐ Male ☐ Female

Please rate the following:

Scale: 1=Very Poor; 2=Poor; 3=Fair; 4=Good; 5=Excellent

Registration Process	1	2	3	4	5
Location	1	2	3	4	5
Quality of Facility	1	2	3	4	5
Quality of Lunch/Refreshments	1	2	3	4	5
Quality of Speakers/Panelists	1	2	3	4	5
Overall Quality of Conference	1	2	3	4	5

List three ways the conference can be improved_____
_____
_____

Suggest other topics or themes that you would like to see addressed _____
_____
_____

Additional suggestions/comments _____
_____
_____
_____

Please Return Completed Forms to the Evaluation Drop Box. Thank you!

HOUSE BILL 856

J2 (4lr2225)

ENROLLED BILL

— Health and Government Operations/Finance —

Introduced by **Delegates Nathan–Pulliam, Tarrant, Bohanan, Burns, Cane, Carr, Costa, Cullison, Frush, Griffith, Gutierrez, Hammen, Hubbard, Kach, A. Kelly, Morhaim, Oaks, Pena–Melnyk, Reznik, and V. Turner**

Read and Examined by Proofreaders:

_____

Proofreader.

_____

Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this

_____ day of _____ at _____ o'clock, _____M.

_____

Speaker.

CHAPTER _____

AN ACT concerning

~~**Task Force on Community Health Workers**~~

Workgroup on Workforce Development for Community Health Workers

FOR the purpose of ~~establishing the Task Force on Community Health Workers; providing for the composition, chair, and staffing of the Task Force; prohibiting a member of the Task Force from receiving certain compensation, but authorizing the reimbursement of certain expenses; requiring the Task Force to conduct a certain study, develop certain training and practice standards, and develop certain recommendations; requiring the Task Force to submit certain reports to certain committees of the General Assembly on or before certain dates; providing for the termination of this Act; and generally relating to the Task Force on Community Health Workers~~ requiring the Department of Health

EXPLANATION: **CAPITALS INDICATE MATTER ADDED TO EXISTING LAW**.
[Brackets**]** indicate matter deleted from existing law.
Underlining indicates amendments to bill.
~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.
Italics indicate opposite chamber/conference committee amendments.

and Mental Hygiene and the Maryland Insurance Administration to establish a certain stakeholder workgroup; requiring, to the extent practicable, a certain minimum percentage of the membership of the workgroup to be composed of certain individuals; requiring the workgroup to conduct a certain study and make certain recommendations; requiring the workgroup to report its findings and recommendations to certain committees of the General Assembly on or before a certain date; and generally relating to community health workers.

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That:

~~(a) There is a Task Force on Community Health Workers.~~

~~(b) The Task Force consists of:~~

~~(1) the Secretary of Health and Mental Hygiene, or the Secretary's designee;~~

~~(2) one member of the General Assembly who has served on a committee with jurisdiction over health disparities issues, appointed jointly by the President of the Senate and the Speaker of the House; and~~

~~(3) the following members, appointed by the Governor:~~

~~(i) two representatives of local health departments;~~

~~(ii) two representatives of community colleges that have training programs for health care workers;~~

~~(iii) one representative of a 4–year college or university;~~

~~(iv) one representative of the Maryland Public Health Association;~~

~~(v) two representatives from hospitals that provide training for community health workers;~~

~~(vi) one licensed registered nurse with experience in public health;~~

~~(vii) one representative of the Maryland Office of Minority Health and Health Disparities;~~

~~(viii) one licensed physician;~~

~~(ix) one representative of the State Board of Nursing; and~~

~~(x) one representative of the Department of Housing and Community Development who is working as a community health worker.~~

~~(c) The Task Force shall elect a chair from among the members of the Task Force.~~

~~(d) The Department of Health and Mental Hygiene shall provide staff for the Task Force.~~

~~(e) A member of the Task Force:~~

~~(1) may not receive compensation as a member of the Task Force; but~~

~~(2) is entitled to reimbursement for expenses under the Standard State Travel Regulations, as provided in the State budget.~~

~~(f) The Task Force shall:~~

~~(1) develop standardized training and practice standards for community health workers, including recommendations for a curriculum;~~

~~(2) conduct a statewide study of the utilization, financing, and impact of community health workers;~~

~~(3) develop recommendations for a sustainable community health worker program in the State;~~

~~(4) develop recommendations for the reimbursement of community health workers through public and private insurance; and~~

~~(5) develop recommendations for certification standards for community health workers.~~

~~(d) (1) On or before January 1, 2015, the Task Force shall submit an interim report of its findings and recommendations, in accordance with § 2–1246 of the State Government Article, to the Senate Education, Health, and Environmental Affairs Committee and the House Health and Government Operations Committee.~~

~~(2) On or before May 31, 2015, the Task Force shall submit a final report of its findings and recommendations, in accordance with § 2–1246 of the State Government Article, to the Senate Education, Health, and Environmental Affairs Committee and the House Health and Government Operations Committee.~~

~~SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2014. It shall remain effective for a period of 1 year and, at the end of June 30, 2015, with no further action required by the General Assembly, this Act shall be abrogated and of no further force and effect.~~

(a) The Department of Health and Mental Hygiene and the Maryland Insurance Administration jointly shall establish a stakeholder workgroup on workforce development for community health workers.

(b) To the extent practicable, at least 50% of the membership of the workgroup shall be composed of individuals who:

(1) are directly involved in the provision of nonclinical health care; or

(2) represent an institution or organization that is directly involved in the provision of nonclinical health care.

(c) The workgroup shall study and make recommendations regarding:

(1) the training and credentialing required for community health workers to be certified as nonclinical health care providers; and

(2) reimbursement and payment policies for community health workers through the Maryland Medical Assistance Program and private insurers.

(d) On or before ~~December 1, 2014~~ *June 1, 2015*, the workgroup shall report its findings and recommendations, in accordance with § 2–1246 of the State Government Article, to the Senate Education, Health, and Environmental Affairs Committee, the Senate Finance Committee, and the House Health and Government Operations Committee.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June 1, 2014.

Approved:

_____

Governor.

_____

Speaker of the House of Delegates.

_____

President of the Senate.

SENATE BILL 592

J1, J2 (4lr2288)

ENROLLED BILL

— Finance/Health and Government Operations —

Introduced by ~~**Senator Jones–Rodwell**~~ **Senators Jones–Rodwell, Conway, Astle, Brinkley, Feldman, Glassman, Kelley, Kittleman, Klausmeier, Mathias, Middleton, Pugh, and Ramirez**

Read and Examined by Proofreaders:

_____

Proofreader.

_____

Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this

_____ day of _____ at _____ o'clock, _____M.

_____

President.

CHAPTER _____

AN ACT concerning

~~**Department of Health and Mental Hygiene – Community Health Workers – Certification and Reimbursement**~~

Workgroup on Workforce Development for Community Health Workers

FOR the purpose of requiring the Department of Health and Mental Hygiene ~~to adopt regulations, on or before a certain date, that establish certification criteria and reimbursement and payment policies for community health workers; requiring the Department, if applicable, to receive certain approval from the federal Centers for Medicare and Medicaid Services; requiring the Department~~ and the Maryland Insurance Administration to establish a certain stakeholder workgroup; requiring, to the extent practicable, a certain minimum percentage of the membership of the workgroup to be composed of certain individuals;

EXPLANATION: **CAPITALS INDICATE MATTER ADDED TO EXISTING LAW**.
[Brackets**]** indicate matter deleted from existing law.
Underlining indicates amendments to bill.
~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.
Italics indicate opposite chamber/conference committee amendments.

requiring the workgroup to conduct a certain study and make certain recommendations; requiring the workgroup to report its findings and recommendations to certain committees of the General Assembly on or before a certain date; and generally relating to community health workers.

~~BY repealing and reenacting, without amendments,~~
~~Article – Health – General~~
~~Section 15–101(a) and (h)~~
~~Annotated Code of Maryland~~
~~(2009 Replacement Volume and 2013 Supplement)~~

~~BY adding to~~
~~Article – Health – General~~
~~Section 15–148~~
~~Annotated Code of Maryland~~
~~(2009 Replacement Volume and 2013 Supplement)~~

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That ~~the Laws of Maryland read as follows~~:

~~Article – Health – General~~

~~15–101.~~

~~(a) In this title the following words have the meanings indicated.~~

~~(h) "Program" means the Maryland Medical Assistance Program.~~

~~15–148.~~

~~(A) ON OR BEFORE JANUARY 1, 2015, THE DEPARTMENT SHALL ADOPT REGULATIONS THAT ESTABLISH:~~

~~(1) CRITERIA FOR CERTIFYING COMMUNITY HEALTH WORKERS AS NONCLINICAL HEALTH CARE PROVIDERS; AND~~

~~(2) PROGRAM REIMBURSEMENT AND PAYMENT POLICIES FOR COMMUNITY HEALTH WORKERS.~~

~~(B) THE CRITERIA FOR CERTIFYING COMMUNITY HEALTH WORKERS UNDER SUBSECTION (A)(1) OF THIS SECTION SHALL REQUIRE:~~

~~(1) RECEIPT OF A CERTIFICATE FROM A COMMUNITY HEALTH WORKER CURRICULUM PROGRAM THAT IS APPROVED BY THE DEPARTMENT; OR~~

~~(2) COMPLETION OF COMMUNITY HEALTH WORKER CORE COMPETENCIES THAT INCLUDE AN INITIAL 80 HOURS OF INTENSIVE TRAINING AND 20 COMBINED HOURS OF CONTINUED EDUCATION EVERY 2 YEARS IN THE FOLLOWING AREAS:~~

~~(I) THE COMMUNITY HEALTH ROLE;~~

~~(II) ORGANIZATION AND RESOURCES;~~

~~(III) LEGAL AND ETHICAL RESPONSIBILITIES;~~

~~(IV) COORDINATION, DOCUMENTATION, AND REPORTING;~~

~~(V) COMMUNICATION SKILLS AND CULTURAL COMPETENCE;~~

~~(VI) THE ROLE OF THE COMMUNITY HEALTH WORKER IN HEALTH PROMOTION;~~

~~(VII) ACCESSING MEDICATIONS AND CARE RESOURCES;~~

~~(VIII) ADHERENCE TO TREATMENT BY NONCOMPLIANT PATIENTS;~~

~~(IX) PERSONAL CARE AND STRESS;~~

~~(X) COMMUNITY HEALTH WORKER SKILLS; AND~~

~~(XI) CORE DISEASE AND HEALTH ISSUE TRAINING.~~

~~(C) IF APPLICABLE, THE DEPARTMENT SHALL SEEK ANY APPROVAL NECESSARY FROM THE FEDERAL CENTERS FOR MEDICARE AND MEDICAID SERVICES TO AUTHORIZE THE DEPARTMENT TO REIMBURSE COMMUNITY HEALTH WORKERS FOR PROVIDING PREVENTIVE SERVICES.~~

~~SECTION 2. AND BE IT FURTHER ENACTED, That:~~

(a) The Department of Health and Mental Hygiene and the Maryland Insurance Administration jointly shall establish a stakeholder workgroup on workforce development for community health workers.

(b) To the extent practicable, at least 50% of the membership of the workgroup shall be composed of individuals who:

(1) are directly involved in the provision of nonclinical health care; or

(2) represent an institution or organization that is directly involved in the provision of nonclinical health care.

~~(b)~~ (c) The workgroup shall study and make recommendations regarding:

(1) the training and credentialing required for community health workers to be certified as nonclinical health care providers; and

(2) reimbursement and payment policies for community health workers through the Maryland Medical Assistance Program and private insurers.

~~(c)~~ (d) On or before ~~December 1, 2014~~ *June 1, 2015*, the workgroup shall report its findings and recommendations, in accordance with § 2–1246 of the State Government Article, to the Senate Education, Health, and Environmental Affairs Committee, the Senate Finance Committee, and the House Health and Government Operations Committee.

SECTION ~~3.~~ 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June 1, 2014.

Approved:

_____

Governor.

_____

President of the Senate.

_____

Speaker of the House of Delegates.

Maryland Office of Minority Health and Health Disparities
The Future of Community Health Workers in Maryland: Their Role in Achieving Health Equity
October 29, 2014

SELECTED RESOURCE LIST

Community Health Worker

MARYLAND

Workgroup on Workforce Development for Community Health Workers, House Bill 856
http://mgaleg.maryland.gov/webmga/frmMain.aspx?id=hb0856&stab=01&pid=billpage&tab=subject3&ys=2014RS

Workgroup on Workforce Development for Community Health Workers, Senate Bill 592
http://mgaleg.maryland.gov/webmga/frmMain.aspx?id=SB592&stab=01&pid=billpage&tab=subject3&ys=2014RS

Workgroup on Workforce Development for Community Health Workers (CHWs), Maryland Department of Health and Mental Hygiene and the Maryland Insurance Administration
http://hsia.dhmh.maryland.gov/SitePages/CHW%20ADVISORY%20WORKGROUP.aspx

State Innovation Model / Maryland State Healthcare Innovation Plan, Maryland Department of Health and Mental Hygiene
http://hsia.dhmh.maryland.gov/SitePages/sim.aspx

Health Enterprise Zone Initiative, Community Health Resources Commission (CHRC) and Maryland Department of Health and Mental Hygiene (DHMH)
http://dhmh.maryland.gov/healthenterprisezones/SitePages/Home.aspx

MARYLAND - LOCAL INITIATIVES

Asian American Health Initiative, Montgomery County Department of Health and Human Services, Health Promoters Program
http://aahiinfo.org/our-work/health-promoters-program/

Baltimore Healthy Start, Inc.
http://baltimorehealthystart.org/

Baltimore Medical System
http://www.bmsi.org/

Casa de Maryland
http://casademaryland.org/

Institute for Public Health Innovation
http://www.institutephi.org/

Johns Hopkins Community Health Partnership (J-CHiP)
http://www.hopkinsmedicine.org/community_health_partnership/

Johns Hopkins Urban Health Institute
http://www.urbanhealth.jhu.edu/

The Latino Health Initiative (LHI), Montgomery County Department of Health and Human Services, Vias de la Salud Health Promoters Program
http://lhiinfo.org/en/programs-and-activities/vias-de-la-salud-health-promoters-program/

Are you aware of other resources? Help us build our resource list. E-mail dhmh.healthdisparities@Maryland.gov

Sisters Together and Reaching (STAR), Inc.
http://www.sisterstogetherandreaching.org/

Western Maryland Area Health Education Center
http://www.wmahec.org/

OTHER STATE INITIATIVES

Alaska Community Health Aide Program
http://www.akchap.org/html/home-page.html

Kentucky Homeplace
http://ruralhealth.med.uky.edu/about-kentucky-homeplace

Indiana State Department of Health, Community Health Workers
http://www.in.gov/isdh/24942.htm

Massachusetts Department of Public Health, Community Health Workers
www.mass.gov/dph/communityhealthworkers

Minnesota Community Health Worker Alliance
http://mnchwalliance.org/

New Mexico Community Health Worker Association
http://www.nmchwa.org/

New York Community Health Worker Program
https://www.health.ny.gov/community/pregnancy/health_care/prenatal/community_health_worker/

Ohio Board of Nursing - Community Health Workers
http://www.nursing.ohio.gov/CommunityHealthWorkers.htm

Ohio Community Health Workers Association
http://www.med.wright.edu/chc/programs/ochwa

Texas Department of State Health Services - Community Health Workers - Promotor(a) or Community Health Worker Training and Certification Program
http://www.dshs.state.tx.us/mch/chw.shtm

Washington State Department of Health -- Community Health Worker Training System
http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/LocalHealthResourcesandTools/CommunityHealthWorkerTrainingSystem

NATIONAL INITIATIVES

American Public Health Association, CHW SPIG Annual Meeting Program
https://apha.confex.com/apha/140am/webprogram/CHW.html

American Public Health Association, Community Health Worker Member Section
http://www.apha.org/apha-communities/member-sections/community-health-workers

Center for Sustainable Health Outreach, The University of Southern Mississippi
http://www.usm.edu/health/center-sustainable-health-outreach

Are you aware of other resources? Help us build our resource list. E-mail dhmh.healthdisparities@Maryland.gov

CHW National Education Collaborative, University of Arizona
http://www.chw-nec.org/

Community Health Worker Health Disparities Initiative, National Institute of Health, National Heart, Blood and Lung Institute
http://www.nhlbi.nih.gov/health/educational/healthdisp/chw-health-disparities-initiative.htm

Community Health Workers/Promotores de Salud: Critical Connections in Communities, Centers for Disease Control and Prevention
http://www.cdc.gov/diabetes/projects/comm.htm

Indian Health Service CHR (Community Health Representative) Program
http://www.ihs.gov/chr/

REPORTS, ARTICLES & OTHER RESOURCES

Addressing Chronic Disease through Community Health Workers: A Policy and Systems Level Approach, Centers for Disease Control and Prevention
http://www.cdc.gov/dhdsp/docs/chw_brief.pdf

Advancing Community Health Worker Practice and Utilization: The Focus on Financing -- National Fund for Medical Education (2006)
http://futurehealth.ucsf.edu/Content/29/2006-12_Advancing_Community_Health_Worker_Practice_and_Utilization_The_Focus_on_Financing.pdf

Affordable Care Act Opportunities for Community Health Workers, Center for Health Law and Policy Innovation, Harvard Law School, Providing Access to Health Solutions (May 2014)
http://www.chlpi.org/wp-content/uploads/2013/12/ACA-Opportunities-for-CHWsFINAL-8-12.pdf

Community Health Worker National Workforce Study, U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions (March 2007)
http://bhpr.hrsa.gov/healthworkforce/reports/chwstudy2007.pdf

Community Health Worker Toolkit, Rural Assistance Center (Updated April 2014)
http://www.raconline.org/communityhealth/chw/files/community-health-workers-toolkit.pdf

Community Health Workers Evidence-based Models Toolbox, HRSA Office of Rural Health Policy, U.S. Department of Health and Human Services, Health Resources and Services Administration (August 2011)
http://www.hrsa.gov/ruralhealth/pdf/chwtoolkit.pdf

Community Health Workers: Expanding the Scope of the Healthcare Delivery System, National Conference of State Legislatures (April 2008)
http://www.ncsl.org/print/health/chwbrief.pdf

Community Health Workers in Low-, Middle-, and High-Income Countries: An Overview of Their History, Recent Evolution, and Current Effectiveness, Perry, H, Zulliger, R, Rogers, M, Annual Review of Public Health Vol. 35: 399-421 (March 2014)
http://www.annualreviews.org/doi/abs/10.1146/annurev-publhealth-032013-182354

Community health workers: What do we know about them? The state of the evidence on programmes, activities, costs and impact on health outcomes of using community health workers, World Health Organization, Evidence and Information for Policy, Department of Human Resources for Health (2007)
http://www.who.int/hrh/documents/community_health_workers.pdf

Are you aware of other resources? Help us build our resource list. E-mail dhmh.healthdisparities@Maryland.gov

Maryland Office of Minority Health and Health Disparities
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October 29, 2014

Effectiveness of a community health worker program on oral health promotion, Frazao, P, Marques, D, Rev. Saúde Pública vol.43 n.3 São Paulo May./Jun. 2009
http://www.ncbi.nlm.nih.gov/pubmed/19330198

Exploring the Role of Community Health Workers, Seattle and King Counties, American Public Health Association
http://www.apha.org/~/media/files/pdf/fact%20sheets/apha_innovfs_seattlekingcounty.ashx

Identifying and Evaluating Equity Provisions in State Health Care Reform, The Commonwealth Fund, B. Smedley, B. Alvarez, R. Panares, C. Fish-Parcham, and S. Adland (April 2008)
http://www.commonwealthfund.org/publications/fund-reports/2008/apr/identifying-and-evaluating-equity-provisions-in-state-health-care-reform

National Community Health Advisor Study - University of Arizona (1998)
http://crh.arizona.edu/publications/studies-reports/cha

Occupational Employment and Wages, May 2013, 21-1094 Community Health Workers, Bureau of Labor and Statistics
http://www.bls.gov/oes/CURRENT/oes211094.htm

Outcomes of Community Health Worker Interventions, Agency for Health Research and Quality (2009)
http://www.ahrq.gov/research/findings/evidence-based-reports/comhwork-evidence-report.pdf

Patient-Centered Community Health Worker Intervention to Improve Posthospital Outcomes, Kangovi, S; Mitra, N; Grande, D; White, M; McCollum, S; Sellman, J; Shannon, R; Long, J, JAMA Intern Med. 2014;174(4):535-543 (April 2014)
https://archinte.jamanetwork.com/article.aspx?articleid=1828743

Standard Occupational Classification, Community Health Workers, U.S. Department of Labor, Bureau of Labor Statistics
http://www.bls.gov/soc/2010/soc211094.htm

Start to Finish: Your Toolkit to Plan and Run a Heart Health Program, National Institutes of Health
http://www.nhlbi.nih.gov/health/educational/healthdisp/start-a-program/start-to-finish-toolkit.htm

A Summary of State Community Health Worker Laws, Centers for Disease Control and Prevention
http://www.cdc.gov/dhdsp/pubs/docs/chw_state_laws.pdf

Using lay health workers in primary and community health care for maternal and child health - evidence and opportunities, The Cochrane Collaboration (2013)
http://www.cochrane.org/features/using-lay-health-workers-primary-and-community-health-care-maternal-and-child-health-eviden

Maryland's 11th Annual Health Disparities Conference
The Future of Community Health Workers in Maryland:
Their Role in Achieving Health Equity

Exhibitors

Maryland Office of Minority Health and Health Disparities

Overview: The Maryland Department of Health and Mental Hygiene, Office of Minority Health and Health Disparities envisions a state in which health care services are organized and delivered in a manner designed to eliminate health disparities among all populations, thereby leading to health equity for all Marylanders. In fulfillment of the Department's mission to promote health equity for all Maryland citizens, the Office of Minority Health and Health Disparities (MHHD) works to focus the Department's resources on eliminating health disparities through assessment of the health status of all populations, demonstrating and promoting promising practices, engaging local communities and partnering with government and private sector programs in the State. The Office shall focus its efforts of promoting health equity to African Americans, Hispanic/Latino Americans, Asian Americans, Native Americans and all other groups experiencing health disparities.

Contact: Arlee Wallace
Phone: 410-767-7117
E-mail: DHMH.HealthDisparities@Maryland.gov
Address: 201 West Preston Street, Room 501, Baltimore, MD 21201
Website: www.dhmh.maryland.gov/mhhd

University of Maryland School of Public Health

Overview: As the only accredited school of public health at a public institution in the DC/MD/VA region, the University of Maryland School of Public Health offers an affordable education with outstanding professional development opportunities. Our graduate programs focus on reducing health disparities and advancing a better state of health.

Contact: Dr. Sandra Crouse Quinn
Phone: 301-405-8825
E-mail: scquinn@umd.edu
Address: 2242 K SPH Building, #225, College Park, MD 20742
Website: www.sph.umd.edu

Office of Minority Health Resource Center

Overview: Office of Minority Health Resource Center: Stop by our exhibit for free information about critical health issues, and find out about our free services that can help you with research, funding and strengthening your organization. Visit our website ww.minorityhealth.hhs.gov and follow us on Twitter @Minority Health to learn more.

Contact: Info Specialist
Phone: 800-444-6472
E-mail: info@minorityhealth.hhs.gov
Address: P.O. Box 37337, Washington, DC, 20013-7337
Website: www.minorityhealth.hhs.gov

Baltimore City Dept. of Social Services/Adult Services /Project HOME

Overview: This organization is the local Department of Social Services for the State of Maryland. The local division is Baltimore City. Project HOME is a part of the Adult Services Division. Project HOME's Certified Adult Residential Environment (CARE) program is a voluntary supportive housing program for mentally and/or physically disabled adults, ages 18 and older, which cannot live alone and have a disability that can be managed in a home environment. CARE Providers are certified by Project HOME to provide care in a family atmosphere in the in which they live. These homes are certified and monitored by Project HOME staff.

Contact: Evelyn Arvin, Program Manager Project HOME
Phone: 443-423-6615
E-mail: evelyn.arvin@maryland.gov
Address: 300 Metro Plaza/Mondawmin Mall Baltimore, MD 21215

Center for Tobacco Control

Overview: The Maryland Tobacco Quitline is a free service to Maryland residents to help them quit smoking through counseling sessions by phone, web, mail and text. Residents can also receive nicotine replacement therapy if available. We also offer resources to providers to share with their patients.

Contact: Mia Matthews, Project Coordinator
Phone: 410-767-4652
E-mail: mia.matthews@maryland.gov
Address: 201 West Preston Street, Baltimore, MD 21201
Website: www.smokingstopshere.com

Charles County Department of Health

Overview: Charles County Department of Health is a state/county health agency committed to the health and wellbeing of the citizens of Charles County. The department provides a wide range of health, environmental and educational services with the objective of building a healthy community with healthy people. The dental program was established in 2008 providing clinical and educational services both in departmental and community settings. Service recipients include Medicaid, uninsured, underinsured and undocumented individuals. Walk-in or same day appointment is given to those referred from emergency rooms, urgent care centers, school system ,detention centers & homeless shelters and BP screening is done at all community events with care connection support.

Contact: Celeste Camerino, Coordinator, Dental Program
Phone: 301-609-6886/6823
E-mail: celeste.camerino@maryland.gov
Address: 4545 Crain Hwy., White Plains, MD 20695
Website: www.CharlesCountyDepartmentofHealth.org

Healthy Howard, Inc.

Overview: Healthy Howard, Inc. is a nonprofit based in Columbia, MD, that works to make access to quality health care and healthy lifestyle choices possible for everyone. Healthy Howard does this by connecting people to quality health coverage; promoting healthy environments in schools, workplaces, restaurants and childcare programs; building partnerships to improve communitywide health; empowering people to make healthy choices; and advancing policies that support health and wellness.

Contact: Christine Hall
Phone: 410-313-6238
E-mail: chall@healthyhowardmd.org
Address: 8930 Stanford Blvd., Columbia, MD 21045
Website: www.healthyhowardmd.org

Institute for Public Health Innovation

Overview: The Institute for Public Health Innovation (IPHI) is a unique non-profit resource that builds partnerships across sectors and cultivates innovative solutions to improve health and well-being for all people and communities throughout the District of Columbia, Maryland, and Virginia. Our work strengthens health service systems and public policy; enhances the environments and conditions in which people live, age, work, learn, and play; and builds organizational and community capacity to sustain progress.
IPHI has emerged as one of the DC-Maryland-Virginia region's leading partners in the development, coordination, and evaluation of Community Health Worker (CHW) initiatives. When effectively designed and implemented, CHW programs can be an important aspect of community-based public health systems. We have successfully integrated trained community members as part of a more responsive, accessible health care system

Contact: Michael Rhein, President and CEO
Phone: 202-407-7088
E-mail: mrhein@institutephi.org
Address: 1301 Connecticut Ave. NW, Suite 200, Washington, DC 20036
Website: http://www.institutephi.org/

Johns Hopkins Center for Health Disparities Solutions

Overview: The Hopkins Center for Health Disparities Solutions, a research unit of the Johns Hopkins Bloomberg School of Public Health, was established in October 2002 by Dr. Thomas LaVeist, Center Director and William C. & Nancy F. Richardson Professor in Health Policy, through a five-year grant from the National Institutes of Health (NIH), National Center for Minority Health and Health Disparities. The Center, which has been designated a National Center of Excellence in health disparities research, brings together the health research and program development resources of the Johns Hopkins Medical Institutes (Schools of Public Health, Medicine, and Nursing) to demonstrate the efficacy of public health, social science and medical science in mitigating health disparities.

Contact: Cheri C. Wilson, MA, MHS, CPHQ
Phone: 443-287-0305
E-mail: cwilso42@jhu.edu
Address: 624 N. Broadway, Ste. 441, Baltimore, MD 21205
Website: http://hopkinshealthdisparities.org

Johns Hopkins CHW Information Resource Project

Overview: A university-private sector partnership to organize information resources for CHWs in the field.

Contact: Harold Lehmann
Phone: 410-502-7569
E-mail: lehmann@jhmi.edu
Address: 2024 E. Monument Street, Baltimore, MD 21205
Website: http://dhsi.med.jhmi.edu

Maryland Department of Aging

Overview: The Department of Aging protects the rights and quality of life of older persons in Maryland. To meet the needs of senior citizens, the Department administers programs throughout the State, primarily through local "area agencies" on aging. Area agencies administer State and federal funds for local senior citizen programs. These programs include advocacy services, health education, housing, information and referral, in-home services, and nutrition and health promotion and disease prevention.

Contact: Pamela Toomey
Phone: 410-767-2157
E-mail: Pamela.toomey@maryland.gov
Address: 301 W. Preston Street, 10th Floor, Baltimore, MD 21201
Website: http://www.aging.maryland.gov/

Maryland Health Care Commission

Overview: The Maryland Health Care Commission is an independent regulatory agency whose mission is to plan for health system needs, promote informed decision-making, increase accountability, and improve access in a rapidly changing health care environment by providing timely and accurate information on availability, cost, and quality of services to policy makers, purchasers, providers and the public. The Commission's vision for Maryland is to ensure that informed consumers hold the health care system accountable and have access to affordable and appropriate health care services through programs that serve as models for the nation.

Contact: Scharmaine Robinson, Chief, Health Benefit Plan Quality and Performance
Phone: 410-764-3483
E-mail: scharmaine.robinson@maryland.gov
Address: 4160 Patterson Avenue, Baltimore, MD 21215
Website: http://mhcc.maryland.gov

Maryland Insurance Administration

Overview: The Maryland Insurance Administration is the state agency that regulates insurance for Maryland and provides consumer education materials about the various types of insurance.

Contact: James Mobley
Phone: 410-468-2024
E-mail: James.mobley@maryland.gov
Address: 200 St. Paul Place, Baltimore, MD 21202
Website: http://www.mdinsurance.state.md.us/

National Institute of Health-National Human Genome Research Institute (NHGRI)
Genomics of Metabolic, Cardiovascular, and Inflammatory Disease Branch (GMCIDB) Cardiovascular Section

Overview: NHGRI's Division of Intramural Research plans and conducts a broad program of laboratory and clinical research to translate genomic and genetic research into a greater understanding of human genetic disease, and to develop better methods for the detection, prevention and treatment of heritable and genetic disorders.

Contact: Laurie-Anne Sayles, MPA
Phone: 301-451-1905
E-mail: gene-forecast@nih.gov
Address: 10 Center Drive, Room 7N316, MSC 1644, Bethesda, MD 20892
Website: http://clinicaltrials.gov/show/NCT02055209

Office of the Attorney General, Health Education and Advocacy Unit

Overview: The Health Education and Advocacy Unit of the Consumer Protection Division, Office of the Attorney General offers free mediation services to consumers who have a billing dispute with their healthcare provider or a coverage dispute with their HMO or health insurance company. The Unit also helps consumers who have been denied enrollment in a Qualified Health Plan or denied Advanced Premium Tax Credits or Cost-Sharing Reductions by Maryland Health

Contact: Jeannine Robinson
Phone: 410-576-7205
E-mail: jrobinson@oag.state.md.us
Address: 200 Saint Paul Place, 16th Floor, Baltimore, MD 21202
Website: www.oag.state.md.us/Consumer/HEAU.htm

Office of Preparedness and Response, Maryland Department of Health and Mental Hygiene

Overview: The Office of Preparedness and Response (OP&R) plans for and responds to public health emergencies in the state of Maryland through ongoing partnerships with public, private, and government agencies.

Contact: Nicole Brown
Phone: 410-767-0639
E-mail: Nicole.Brown@Maryland.gov
Address: 300 West Preston Street, Suite 202, Baltimore, MD 21201
Website: http://preparedness.dhmh.maryland.gov/

Society for Public Health Education (SOPHE)

Overview: SOPHE is a 501 (c)(3) professional organization founded in 1950 to provide global leadership to the profession of health education and health promotion and to promote the health of all people by: stimulating research on the theory and practice of health education; supporting high quality performance standards for the practice of health education and health promotion; advocating policy and legislation affecting health education and health promotion; and developing and promoting standards for professional preparation of health education professionals. SOPHE is the only independent professional organization devoted exclusively to health education and health promotion across all settings.

Contact: Nicolette Warren, MS, MCHES
Phone: 202-408-9804
E-mail: nwarren@sophe.org
Address: 10 G Street, NE, Suite 605, Washington, DC 20002
Website: http://www.sophe.org/

St. Stephens AME Office, Management & Technology, Inc.

Overview: St. Stephens Office Management Technology is a 501(c) 3 established in 1998. While we initially started out as a faith based mission our mission propels us out into the community to deliver positive outcomes. We have been the recipients for the MOTA grant for Baltimore County for three years and successfully have advocated and addressed health disparities for the Baltimore County Communities.

Contact: Cassandra Umoh
Phone: 410-686-9392 Ext. 204
E-mail: Cassandra.umoh@omtssame.org
Address: 1601 Old Eastern Avenue, Essex, MD 21221

West Baltimore CARE

Overview: West Baltimore CARE is a partnership between health care providers, local officials, and community organizations committed to improving the health outcomes and well-being of underserved residents in Central-West and Southwest Baltimore (21216, 21217, 21223, and 21229). This is being accomplished by developing sustainable models that incorporate evidence-based clinical interventions with community engagement. Our innovative approach to managing chronic disease will result in Central-West and Southwest Baltimore becoming a more vital community that can be held as a national model for health

Contact: Angela Clark
Phone: 410-404-4469
E-mail: angela_clark@bshsi.org
Address: 900 S. Caton Avenue, Baltimore, MD 21216
Website: www.healthywestbaltimore.org

Minority Health and Health Disparities
Maryland Department of Health and Mental Hygiene

Maryland Department of Health and Mental Hygiene

University of Maryland Center for Health Equity School of Public Health

Maryland's 11th Annual Health Disparities Conference

The Future of Community Health Workers in Maryland: Their Role in Achieving Health Equity

October 29, 2014
Martin's West, Baltimore, Maryland

CONFERENCE PLANNING TEAM

Ms. Arlee Wallace
Dr. Laura Herrera
Dr. Stephen B. Thomas
Dr. David A. Mann
Dr. Joshua M. Sharfstein
Ms. Lisa Ellis
Ms. Roxanne Hale
Ms. Kimberly Hiner
Ms. Michelle Spencer
Ms. Diane D. Walker
Ms. Monica McCann
Ms. Rianna Brown, JD
Ms. Vanessa Jordan
Dr. Moira Lawson
Ms. Stephanie Hall
Ms. Christine Wiggins

GUEST PRESENTERS AND SPEAKERS

Ms. Arlee Wallace
Delegate Shirley Nathan-Pulliam
Senator Verna Jones-Rodwell
Dr. Joshua M. Sharfstein
Ms. Donna L. Jacobs, Esq.
Dr. Laura Herrera
Dr. Stephen B. Thomas
Dr. Carlessia A. Hussein
Ms. Susan M. Myers
Mr. Michael E. Rhein
Dr. M. Christopher Gibbons
Ms. Meseret Bezuneh
Dr. Donald Shell
Dr. Stacey E. Little
Ms. Leigh Ann Eagle
Ms. Carmi Washington Flood
Ms. Denise Camp
Ms. Heather Ross
Ms. Ashyrra Dotson
Mr. Everette Bradford
Ms. Elizabeth Chung
Ms. Ollie Dorsey
Dr. Sharon Jones-Eversley
Mr. Scott Olden
Ms. Lisa Widmaier
Ms. Lori Werrell

EXHIBITORS: Please see included list for participating organizations

VOLUNTEERS

Thank you to the many volunteers and staff who have assisted in making Maryland's 11th Annual Health Disparities Conference a success!

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The Future of Community Health Workers in Maryland: Their Role in Achieving Health Equity

October 29, 2014

Select Conference Presentations and Handouts

SETTING THE STAGE: COMMUNITY HEALTH WORKERS & ADVANCING HEALTH EQUITY

Laura Herrera, MD, MPH, Deputy Secretary of Public Health, Maryland Department of Health and Mental Hygiene **(Presentation)**

SHIRLEY NATHAN-PULLIAM HEALTH EQUITY LECTURE - AWARD RECIPIENT & KEYNOTE ADDRESS

Carlessia A. Hussein, RN, BS, MS, DrPH, Retired Director, Office of Minority Health and Health Disparities, Maryland Department of Health and Mental Hygiene **(Presentation)**

IMPACT OF COMMUNITY HEALTH WORKERS IN THE HEALTHCARE INDUSTRY

M. Christopher Gibbons, MD, MPH, Associate Director, Johns Hopkins Urban Health Institute **(Presentation)**

Susan M. Myers, MA, MPH, Vice President for Business Development, Delmarva Foundation **(Presentation)**

COMMUNITY HEALTH WORKERS IN ACTION: THE ORGANIZATION'S PERSPECTIVE

Leigh Ann Eagle, Director, Health and Wellness Program, MAC, Incorporated **(Handout)**

Carmi Washington Flood, Chief, Office of Faith Based and Community Partnerships, Prevention and Health Promotion Administration, Maryland Department of Health and Mental Hygiene **(Handout)**

EXPERIENCES ON THE GROUND: LEARNING FROM PRACTICING COMMUNITY HEALTH WORKERS

Ashyrra C. Dotson, Program Coordinator, Associated Black Charities **(Presentation)**

Everette Bradford, Community Health Worker, Prince George's County Health Department **(Handout)**

Ollie P. Dorsey, Community Health Worker, Faith Center for Community Wellness and Advancement, Inc. **(Handout)**

DISCUSSIONS AROUND THE TRAINING OF COMMUNITY HEALTH WORKERS

Scott M. Olden, MS, RN, Dean, School of Allied Health, Nursing, Health and Life Fitness at Baltimore City Community College **(Handout)**

SETTING THE STAGE: COMMUNITY HEALTH WORKERS & ADVANCING HEALTH EQUITY

Laura Herrera, MD, MPH, Deputy Secretary of Public Health, Maryland Department of Health and Mental Hygiene
(Presentation)

Community Health Workers and Advancing Health Equity

Laura Herrera Scott, MD, MPH
Deputy Secretary for Public Health
Maryland Department of Health and Mental Hygiene

MARYLAND
DEPARTMENT OF HEALTH
& MENTAL HYGIENE

History

- late 1800's - Russia's Feldshers
- 1920s - Barefoot Doctors in China -
- 1960s and 1970s - small CHW programs began to emerge in various countries, particularly in Latin America
- 1980's and 1990's

CHW Role in Service Delivery Studies

- Maryland: Chronic Disease Care Team Nurse Case Manager and a Community Health Worker (Bone 2009)
  - Home visits to urban African Americans patients with Type 2 Diabetes where CHWs conducted screenings, education, and identification of household issues interfering with medication adherence.

- Arkansas: Long Term Care Community Connectors (Felix 2011)
  - CHWs door-to-door canvasing, community outreach, and referral program to identify Medicaid-eligible, African American adults in a rural area with unmet long-term care needs and connect them to services to avoid the need for nursing home stays.

- Ohio: Community Health Access Project (CHAP)
  - CHW conduct risk assessment, care coordination, and linkages to evidence based interventions and medical care using a pathway model that has a measurable outcome.

Affordable Care Act

- CHWs are workers who promote health or nutrition within the community in which an individual resides by:
  - serving as a liaison between communities and health care agencies;
  - providing guidance and social assistance to community residents;
  - enhancing community residents' ability to effectively communicate with health care providers;
  - providing culturally and linguistically appropriate health and nutrition education;
  - advocating for individual and community health;
  - providing referral and follow-up services or otherwise coordinating; and
  - proactively identifying and enrolling eligible individuals in Federal, State, and local private or nonprofit health and human services programs.

CHW Roles and Responsibilities

Access	Education	Advocacy	Service Delivery
• Eligibility/enroll • Connection to Medical Homes • Care coordination • Referrals/scheduling appointments social services and medical services	• Health promotion/ prevention • Disease Management • Information on programs and services • Health Coaching	• Give voice to individual patient and population needs • Build community capacity to promote wellness • Participate in research to document patients need	• Assessments and screenings • Health interventions • Counseling for behavior change • Identify social determinants of health needs that impact individual health

Cultural Mediator and Consumer Advocate

Consumer Health Foundation, Community Health Worker Discussion Paper, July 2012

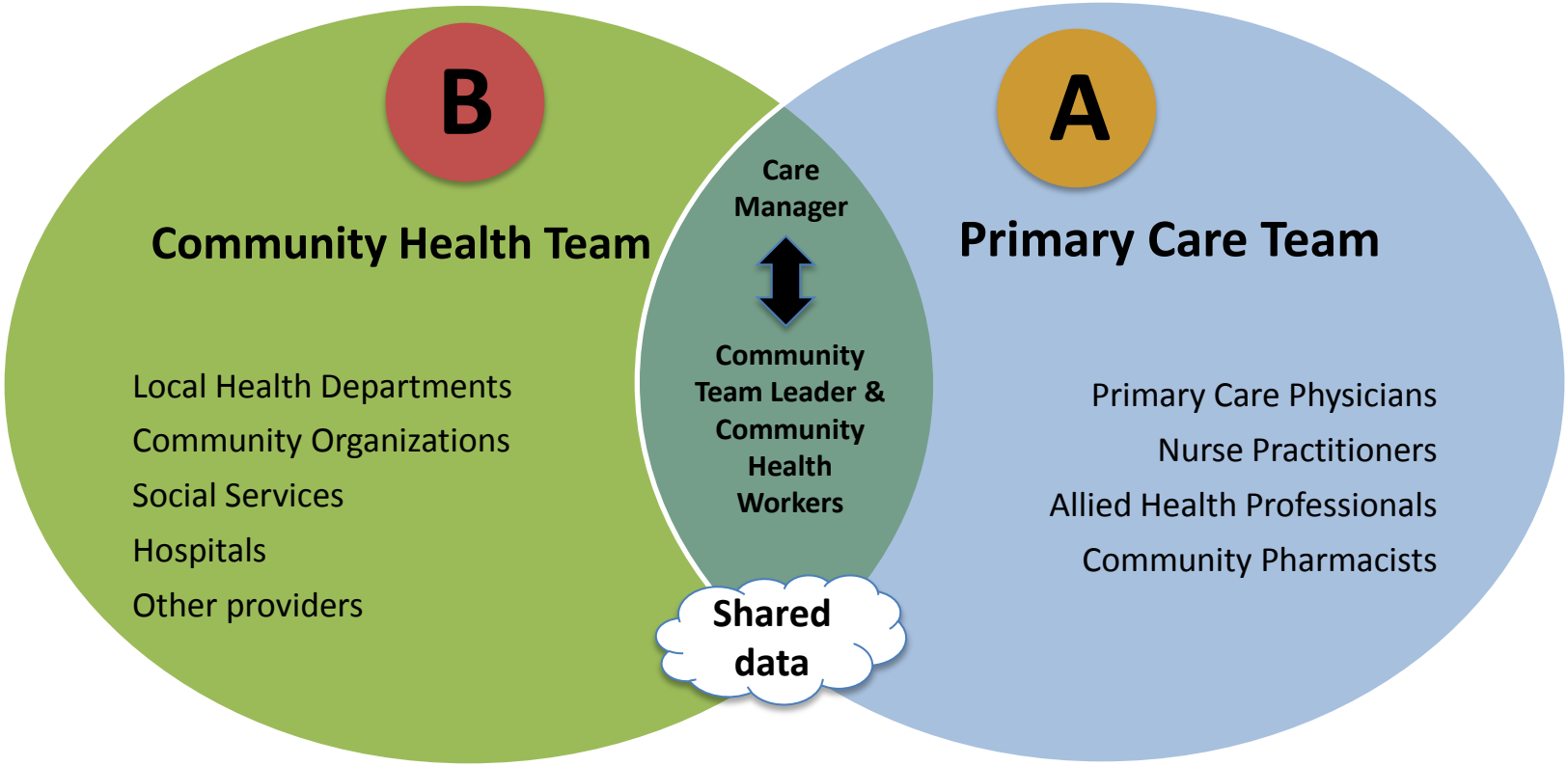
CHW's in Maryland

- Community Based Organizations
- Federally Qualified Health Centers
- Hospitals
- Public Health Departments

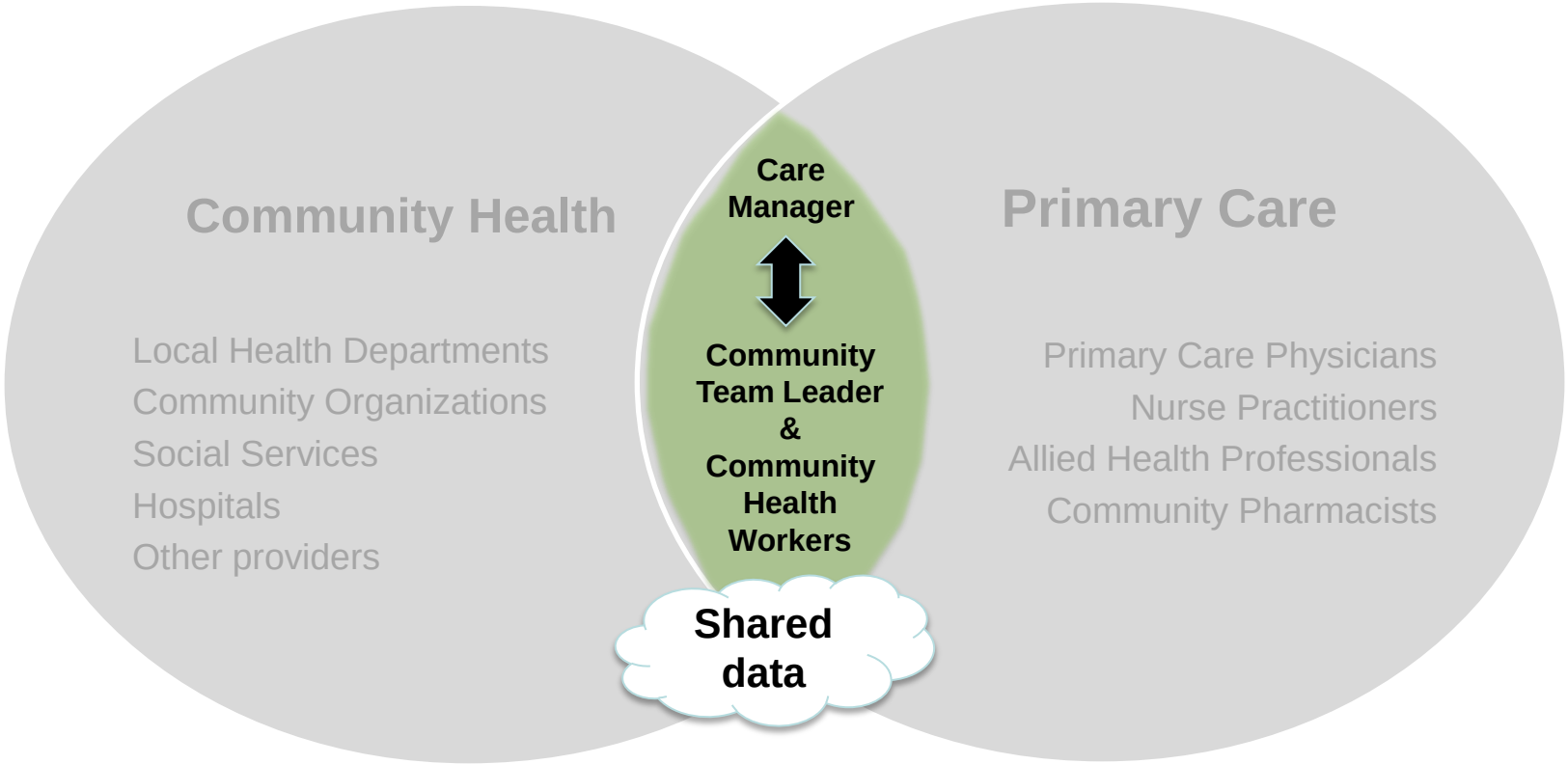
Community-Integrated Medical Home

- Integration of patient center medical homes model with community health resources
- 4 pillars:
  - Primary care
  - Community health
  - Workforce development
  - Strategic use of new data

Community-Integrated Medical Home (CIMH)



Community-Integrated Medical Home



CIMH Workforce Development

- White paper development
  - Literature review of effective CHW models/best practices for integration of CHW with broader health care system
  - Key informant interviews with state and national experts
  - Maryland CHW program survey
  - Site visits to MN and VT
- Key constituent meeting to obtain feedback on the role(s) of CHW and the necessary infrastructure to support the CHW role
- Developed recommendations for CHW scope of services for MD

CHW Role within the Integrated Health System Model

- Using a systems design approach to identify the appropriate role/function(s) of the CHW within CIMH, which will then guide the identification of training and infrastructure support required for sustainability.
- Role/function of a CHW may fall within the three process required to achieve the "triple aim" results within an integrated health system include:
  - Activating the individual members of the population and engaging them with the health system and in managing their health needs;
  - Connecting the health system and individual members into other community and social support systems; and developing
  - New designs of care that will facilitate the delivery of effective, sustained and high-quality healthcare to this particular population.

House Bill 856: Workgroup on Workforce Development for Community Health Workers

House Bill 856 mandated the creation of a CHW workforce development workgroup to study and make recommendations regarding:

- The training and credentialing required for community health workers to be certified as nonclinical health care providers, and
- Reimbursement and payment policies for community health workers through the Maryland Medical Assistance Program and private insurers.

Workgroup Membership

Members were chosen for their expertise and to achieve representation of critical constituencies including:

- Community Health Workers
- Academic Institutions
- Professional Organizations/Societies/Boards
- Providers/Health Care Delivery System/Hospitals
- Payers
- Community Based Organizations
- Local Health Departments
- Health Enterprise Zones, and
- Minority Outreach & Technical Assistance (MOTA) Awardees.

Areas of Relevant Expertise

Applicants were expected to demonstrate (through review of resume, letter of support and a statement of interest) knowledge and experience as one or more of:

- Community Health Worker
- CHW program provider or administrator
- CHW trainer or educator (have trained CHWs or developed a training curriculum provided to CHWs and placed trained CHWs in employment)
- CHW employer/supervisor
- CHW academic researcher
- Payer reimbursing for services
- Or represent a constituency of one of the above

Meeting Topics

Meetings are discussing:

- The definition of a Community Health Worker
- Roles a CHW may fulfill
- The core competencies required of a CHW
- Routes to certification (e.g. both training & experience routes are in use in other states)
- How to develop curricula for CHW training programs
- Whether certification should be mandatory

Next Steps

- Interim recommendations on education and training due to the General assembly December 2014
- Workgroup recommendations due to the General assembly June 1, 2015
- Policy Implications for MD

Thank you

Laura Herrera Scott
Laura.herrera@maryland.gov

SHIRLEY NATHAN-PULLIAM HEALTH EQUITY LECTURE - AWARD RECIPIENT & KEYNOTE ADDRESS

Carlessia A. Hussein, RN, BS, MS, DrPH, Retired Director, Office of Minority Health and Health Disparities, Maryland Department of Health and Mental Hygiene **(Presentation)**

HEALTH CARE EQUITY EQUITY IN HEALTH

4TH ANNUAL SHIRLEY NATHAN-PULLIAM
HEALTH EQUITY LECTURE SERIES
OCTOBER 29, 2014

CARLESSIA A. HUSSEIN
RN, BS, MS, DR.P.H.

11th Annual Health Disparities Conference
Office of Minority Health and Health Disparities
Maryland Department of Health and Mental Hygiene

TOPICS

- I DEFINING EQUITY IN HEALTH
- II HEALTH (EQUITY) IN ALL POLICIES
- III EQUITY IN OPPORTUNITY
- IV EQUITY IN MARYLAND BY 2020
- V VISIONING THE FUTURE

I. DEFINING EQUITY IN HEALTH

- World Health Organization (WHO), European Region adopted in 1980s a common health policy that included 38 regional targets. The first target is ***EQUITY***. Margaret Whitehead was asked to review existing documentation to distill a definition of ***EQUITY IN HEALTH*** using the collective wisdom available at that time.[1]

1. Margaret Whitehead, 1992 Concepts & Principles of Equity and Health – WHO

DEFINING EQUITY IN HEALTH
(CONTINUED)

- ***Health Inequities***: differences in health status of individuals within groups and between groups within the same geographic areas. Some of the differences are expected while others are not. Those unexpected differences are considered ***INEQUITIES.*** (WHO)

DEFINING EQUITY IN HEALTH
(CONTINUED)

- *Health Inequities* have a moral and ethical dimension. It refers to differences which are ***UNNECESSAY*** *and* ***AVOIDABLE*** *but in addition, are also considered UNFAIR and UNJUST. "* (WHO)

DEFINING EQUITY IN HEALTH
(CONTINUED)

Avoidable and Unnecessary:

- Unhealthy behavior - choice of healthy lifestyles are restricted or out of reach;
- Exposure to unhealthy, stressful living and working conditions;
- Natural Selection: tendency for sick people to move down social scale – Intergenerational Transmission
- Inadequate access to essential health and other public services.

DEFINING EQUITY IN HEALTH
(CONTINUED)

- **AIM:** "Equity is concerned with creating equal opportunities for health and with bringing health differentials (disparities) down to the lowest level possible" (Whitehead). The aim of *Equity in Health* is to reduce or eliminate those factors found to be avoidable and unfair.

- **DEFINITION:** "Equity in health care is defined as equal access to available care for equal need, equal utilization for equal need and equal quality of care for all (Whitehead).

- **CAUTION:** Access to care, does not guarantee equity in health care. Access is merely an important first step. Policies need to be in place that ensure quality, quantity, and the appropriateness of care, that are not disparate. Access + quality + quantity + appropriateness = Health Care Equity.[2]

2. Goldberg, A., participant on the IOM Roundtable on Promotion of Health Equity, 2012).

II. HEALTH EQUITY IN ALL POLICIES

- **Health-in-all-Policies (HiAP)** articulates the concept that health is mainly created by factors outside of health care services. This idea was put forth in the 19th century in Europe and is expressed in the WHO Constitution and the UN General Assembly meeting on the Prevention and Control of Non-Communicable Diseases. [3]

- **Health-in-all-Policies (HiAP) takes into account:**

- Public policies across sectors that impact the health and welfare of populations;
- Implications of decisions, seeks synergies with other decisions and avoids harm;
- Population health and health equity, considers whole groups and equity impact;
- Partnerships include sharing power and accountability across sectors;
- Sustainability of political will and leadership commitment to equity through administrations and terms of office.

3. Health in All Policies, WHO 2013; History Chpt. 2

HEALTH EQUITY IN ALL POLICIES (CONTINUED)

- A HiAP approach is founded on health-related rights and obligations. It emphasizes the consequences of public policies on health determinants, and aims to improve the accountability of policy-makers for health impacts at all levels of policy-making" (WHO, 2013).

- On the world stage, 16 countries and sub-country areas are implementing their own version of Health-in-all-Policies: Brazil, Cuba, England, Finland, Iran, Malaysia, New Zealand, Northern Ireland, Norway, Quebec, Scotland, South Australia, Sri Lanka, Sweden, Thailand and Wales in 2010 (WHO,2013).

HEALTH EQUITY IN ALL POLICIES (CONTINUED)

In the U.S., the Institute of Medicine addressed the need and benefits of HiAP.

They recommended:

- States and federal government employ HiAP to consider both positive and negative health effects on the public's health, and;
- State and local governments create health councils with relevant government agencies, under the Chief Executive, in a HiAP planning process. [4]

4. HiAP: Improving Health Through Intersectoral Collaboration, IOM, 2013

HEALTH EQUITY IN ALL POLICIES
(CONTINUED)

- The Public Health Institute, the California Department of Public Health and the American Public Health Association collaborated to publish ***Health in All Policies: A Guide for State and Local Government, 2010.***[5]

- Five key elements listed in the Guide:
- Promote health, equity and sustainability: incorporating health, equity and sustainability into specific policies and embedding health, equity and sustainability into government decision-making;
- Support intersectoral collaboration: brings together partners from many different sectors;
- Benefit multiple partners: values co-benefits and win-wins;
- Engage stakeholders: include many stakeholders, community members to ensure that work is responsive to needs of the many different recipient communities; and
- Create structural or process change: over time, this work leads to institutionalizing an HiAP approach throughout the organization and the whole of government. This must lead to permanent change.

5. http://www.phi.org/uploads/files/Health_in_All_Policies-A_Guide_for_State_and_Local_Governments.pdf

HEALTH EQUITY IN ALL POLICIES
(CONTINUED)

UNCONSCIOUS BIAS:

A barrier for Health Equity and Equity in Opportunity:

A growing body of knowledge alerts us that unconscious bias may have a larger impact on negative patient outcomes than previously known.[6]

- The Implicit Association Test (IAT) widely used since 1998, measures the unconscious attitudes by observing the individual's association between concepts of race and good and bad. [7]
- A 2011 survey of entering medical students (2009/2010) found a preference for White persons but no association between the students clinical assessments and race of patient; while to the contrary, other studies show clinical bias in relation to race among practicing physicians; questions are raised about the training of physicians and implicit bias.

6. Blair, et.al., 2011, Permanente Journal
7. Implicit.harvard.edu

HEALTH EQUITY IN ALL POLICIES (CONTINUED)

- **What Kind of Asian Are You?**
- Video clip:
- www.youtube.com/watch?v=DWynJkN5HbQ

What kind of Asian are you? - YouTube
www.youtube.com/watch?v=DWynJkN5HbQ

HEALTH EQUITY IN ALL POLICIES
(CONTINUED)

Actions to address Implicit Unconscious Bias:

- Conduct self assessment of bias and build in controls, "Patrolling Your Blind Spots"; [8]
- MHHD Cultural Competency and CLAS Standards training touch on unconscious bias and use a number of exercises to help participants become self-aware;
- Provide Integrated Professional Education (IPE) where students from different fields learn together, enabling them to integrate the differences and connect the similarities from their respective trainings and diversity;
- Implement unconscious bias training in major health-related organizations; Dr. Nakamura, Director, NIH Center for Scientific Review (SCR) took a self assessment test and learned he had bias.[9] He has implemented actions to identify/reduce bias.

8. Hannah & Carpenter-Song, 2013 from Harvard;
9. Maximizing Fairness in Peer Review, 2014

HEALTH EQUITY IN ALL POLICIES
(CONTINUED)

Explicit Conscious Bias:

- Post racial area is proclaimed by some, following election of President Obama, but events, personal experiences and proliferation of hate groups, suggest otherwise; since 2000, there is a 56% increase in hate groups; since Pres. Obama's election, patriot groups grew to 1,360;
- Mr. Thomas Eric Duncan; (Ebola) Texas hospital's handling of a sick man and his family may have both explicit and implicit bias at play. Failure to follow protocol, staff negative statements about Liberia, absence of effective patient – provider communication, differential treatment efforts, threats of prosecution, and lack of cultural competence.

Considering the growing literature on Health Equity and the long standing efforts around the world for implementing Health in All Policies, I and others are adding the concept of 'equity' in the strategy of Health in All Policies. **Health Equity in All Policies.**

III. HEALTH EQUITY IN OPPORTUNITY

Two case studies:

In the US, two notable examples of the implementation of HiAP and including the concept of Health Equity, are found in King County, Seattle WA and throughout the state of California.

HEALTH EQUITY IN OPPORTUNITY
(CONTINUED)

King County, City of Seattle: "**Race and Social Justice Initiative: Three-Year Plan 2012-2014 To Advance Opportunity and Achieve Equity.**"[10]

- In 2005 no city in US had focused on institutional racism as a social challenge or as a goal for reducing its negative impact on society. Surprised finding!!!
- Many groups in Seattle seeking to address various problems faced by communities found that they shared a central theme, INEQUITIES, often followed racial lines. Twenty-five groups joined together for change. They noted that unconscious bias was built in institutions, in programs and in individuals. The Race and Social Justice Initiative (RSJI) was born in Seattle.
- The RSHI was launched across all departments, endorsed by all elected officials and staffed by an interdepartmental team.

10. Seattle government http://www.seattle.gov/Documents/Departments/RSJI/RacialEquityToolkit_FINAL_August2012.pdf

HEALTH EQUITY IN OPPORTUNITY
(CONTINUED)

Seattle: In-depth assessment by 2012 showed: contracting tripled purchasing dollars to women and minority-owned businesses; City employees trained on race and equity; expanded outreach to historically under-represented communities; and mandated interpretation and translation services.

- Developed an Outreach and Public Engagement Guide, 2009; use alternative methods for input and engagement; identify internal team for feedback; assess/manage impact on disparities; ensure transparency; and share decision-making;
- Employed three Equity strategies: (1) applying racial equity tools to programs and projects, (2) building racial equity into policies and citywide initiatives, and (3) partnering with other institutions and the community;
- Focused on housing, jobs, education, health, criminal justice, community development, and the environment.

Racial Equity Toolkit

to Assess Policies, Initiatives, Programs, and Budget Issues

RACE & SOCIAL JUSTICE INITIATIVE

Step by step. The Racial Equity Analysis is made up of six steps from beginning to completion:

Step 1. Set Outcomes.
Leadership communicates key community outcomes for racial equity to guide analysis.

Step 2. Involve Stakeholders + Analyze Data.
Gather information from community and staff on how the issue benefits or burdens the community in terms of racial equity.

Step 3. Determine Benefit and/or Burden.
Analyze issue for impacts and alignment with racial equity outcomes.

Step 4. Advance Opportunity or Minimize Harm.
Develop strategies to create greater racial equity or minimize unintended consequences.

Step 5. Evaluate. Raise Racial Awareness. Be Accountable.
Track impacts on communities of color overtime. Continue to communicate with and involve stakeholders. Document unresolved issues.

Step 6. Report Back.
Share information learned from analysis and unresolved issue with Department Leadership and Change Team.

How do I use this Toolkit?

Seattle government
http://www.seattle.gov/Documents/Departments/RSJI/RacialEquityToolkit_FINAL_August2012.pdf

HEALTH EQUITY IN OPPORTUNITY (CONTINUED)

California Health in All Policies Task Force, 2010: A governor's order established the Task force under the auspices of the Strategic Growth Council (SGC)and required facilitation by the CA state health department. Subject was climate change.[11]

Task Force developed key elements for Health in All Policies:

- (a) health, sustainability & equity,
- (b) intersectoral collaboration,
- (c) co-benefits: benefit multiple partners,
- (d) engage stakeholders, and
- (e) create structural or procedural change.

11. California Health in All Policies Task Force 2010

HEALTH EQUITY IN OPPORTUNITY (CONTINUED)

Lessons learned in California:

- Health in All Policies is shorthand for Health, Equity and Sustainability in all policies;
- Addressing the social determinants of health is the shared purpose of Health in All Policies;
- Policy interventions often do not reduce health inequities without intentional efforts;
- The expectation that collaboration can occur without a supporting infrastructure is one of the most frequent reasons why it (collaboration) fails;
- The value of community-based knowledge is often overlooked, in understanding health inequities; with little true community input, programs are designed that do not fit **all of the target populations**;
- To evaluate inequities, data are needed at a granular level to reveal geographic pockets and subpopulations experiencing inequities.

HEALTH EQUITY IN OPPORTUNITY (CONTINUED)

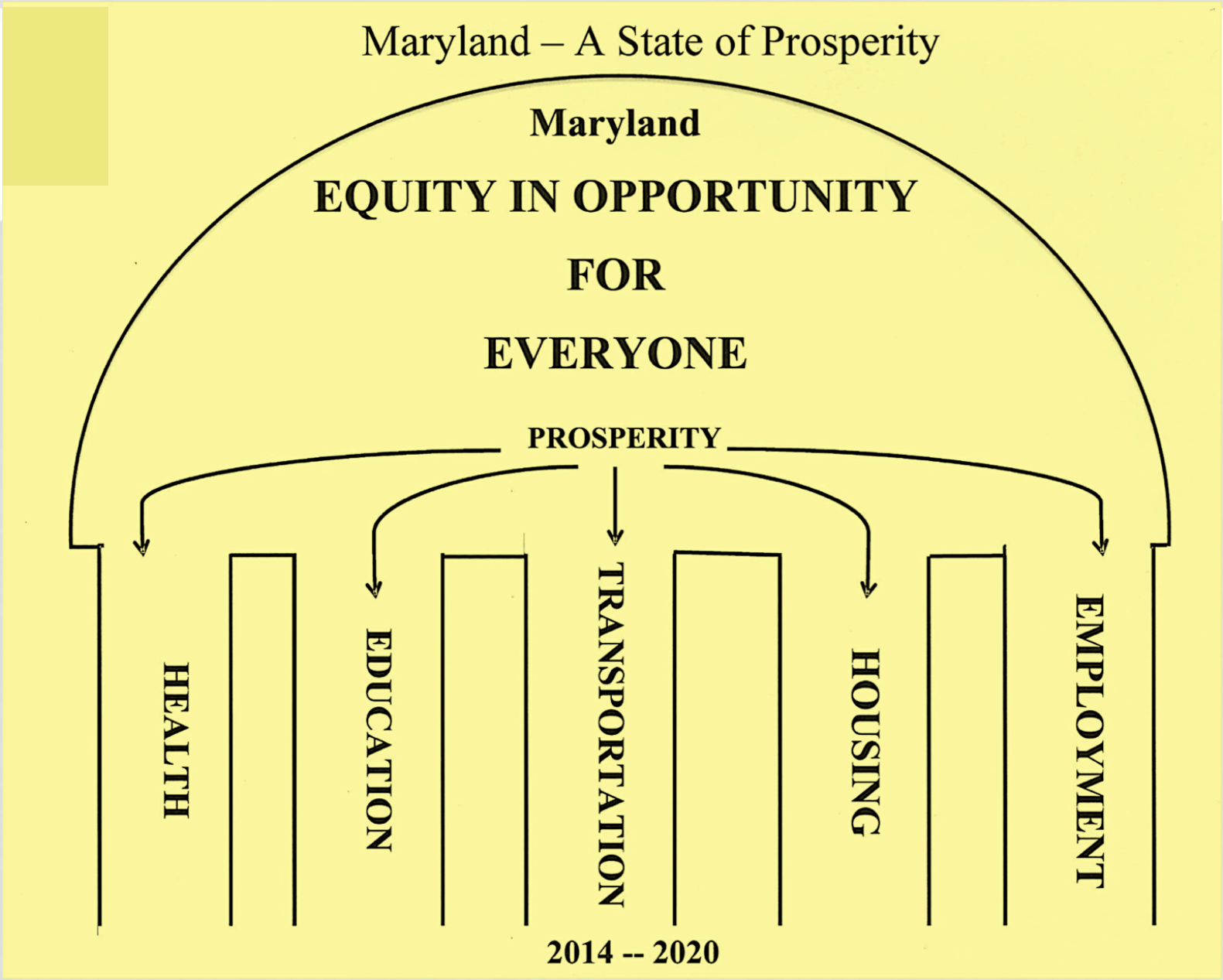
- Embedding (institutionalizing) HiAP in the structures and processes of government is a fundamental shift needed to achieve EQUITY: bill analyses, budget guidelines, state guidance documents, grant guidelines, grant writing teams, contract requirements, strategic planning, program evaluation are a few examples;
- De-siloing requires many ingredients; high levels of dedication from top leadership, integration of collaboration goals (infrastructure), shared commitment to policy goals, and responsiveness to stakeholders;
- Location, timing, and language of public hearings and workshops; absence of paid advocates, absence of health literacy, lack of familiarity with the process, and distrust of government may impede participation.

HEALTH EQUITY IN OPPORTUNITY
(CONTINUED)

California: Successful implementation of HiAP will require:

- Strong and visionary leadership with commitment to a whole government approach;
- Clearly articulated vision of health and healthy communities;
- Permanently and adequately funded lead organizational structure, located at the chief executive level;
- Legal mandates and legislated support;
- Robust and resourced community and stakeholder engagement, and;
- Conscientious and explicit prioritization of human well-being and development, health, equity and sustainability as core responsibilities and goals of government. [11]

11. California Health in All Policies Task Force 2010


Maryland – A State of Prosperity
Maryland
EQUITY IN OPPORTUNITY
FOR
EVERYONE
PROSPERITY
HEALTH
EDUCATION
TRANSPORTATION
HOUSING
EMPLOYMENT
2014 -- 2020

IV. EQUITY IN MARYLAND 2020 "EQUITY IN OPPORTUNITY FOR EVERYONE"

In Maryland and in communities throughout the nation, some people flourish while too many **struggle to achieve** a good quality of life.

The Marginalized:

- Lack a living wage, affordable housing, quality health care, safe neighborhoods, education, healthy environment, control over their destiny, and hope for the future;
- Live in neighborhoods burdened with inequities and struggling for survival, paving the way for intergenerational health inequities;
- Fail to achieve their potential and as a result, cannot support the next generation to rise up; the cycle regenerates;
- Are observed and labeled as hard to reach, at risk, vulnerable, disadvantaged, unmotivated, and non compliant. The well intentioned bring programs to help, seek volunteers (unpaid) to disseminate aid, promote healthy lifestyles (un-resourced), and collect data to report effort.

EQUITY IN MARYLAND 2020
"EQUITY IN OPPORTUNITY FOR EVERYONE"
(CONTINUED)

The Marginalized:

- Then illness strikes, they enter the ED, pray and wait for help. If lucky enough to be admitted to the hospital, they experience the best health care that western society has to offer;

- All too quickly they are discharged, back into the communities that bred poor health. They are given instructions for their 'support system' to aid with recovery. The health care system unaware that this individual is 'The Support System' for a host of others, not quite ready to go to the ED. The cycle continues. We soon may have, less than a 30 day re-admission;

- The plight of individuals struggling to survive impacts the larger society. The workforce is reduced, healthy volunteers are fewer, shortage of family supports, military eligibles are fewer, and a shortage of diverse inventors/artists/scientist/educators are present to advance society.

EQUITY IN MARYLAND 2020
"EQUITY IN OPPORTUNITY FOR EVERYONE"
(CONTINUED)

INVEST IN PEOPLE! Our most valued, widespread and available asset is the people in our neighborhoods and communities. To set as a societal policy, a true, thoughtful and measured investment in people could bring untold rewards.

VISION: *A Maryland where there is OPPORTUNITY EQUITY for everyone and where individuals, communities and organizations thrive.*

MISSION: *To achieve measurable progress in increasing OPPORTUNITY EQUITY in critical areas that support the quality of life for Marylanders, that is sustainable into future decades.*

EQUITY IN MARYLAND 2020
"EQUITY IN OPPORTUNITY FOR EVERYONE"
(CONTINUED)

OPPORTUNITY TARGETS:

- Education
- Employment
- **Well Prepared and Diverse Workforce**
- Clean Environment
- Public Safety
- Housing
- Criminal Justice with Equity
- Community Development
- Health

V VISIONING THE FUTURE "BUILDING OPPORTUNITIES AND EQUITY FOR ALL MARYLANDERS"

- Institute Health in All Policies throughout government at the state and local levels;
- Partner with academic and other researchers to identify the measurable benefits, value and critical elements in HiAP;
- **Top leadership take** unconscious bias training and self reflection exercises **and extend it down throughout the organization;**
- Integrate professional education in academic institutions to promote cultural competence, team work and affinity for working with diverse health care providers and workers;
- Establish diverse stakeholder groups that are representative of the varied recipients of services being planned; Populate the stakeholder group with at least 33% of target groups;
- Strive for transparency and effective communication (health literacy) with all parties to establish and maintain clarity on the goal, methodologies and progress.
- Maryland has the elements present in Californian and Seattle to move our institutions toward health equity and opportunity for all.

CLOSING

Malala Yousafzai

"My Dad Did Not Clip My Wings"

"Do Not Block Their Opportunities"

IMPACT OF COMMUNITY HEALTH WORKERS IN THE HEALTHCARE INDUSTRY

M. Christopher Gibbons, MD, MPH, Associate Director, Johns Hopkins Urban Health Institute **(Presentation)**

CHW Impact

M CHRIS GIBBONS, MD, MPH

DHMH CHW Conference, Oct 29, 2014

JOHNS HOPKINS UNIVERSITY

&

FEDERAL COMMUNICATIONS COMMISSION

Johns Hopkins Center for Community Health

- Funding* – Corp. for National and Community Service, 2003
- Now in 11th programmatic year
- Goals
  - Develop High Performing CHW Program
  - Advance the science of Integration into Tertiary AMC's
  - Foster innovation CHW based care delivery

Johns Hopkins Center for Community Health

- Center Based activities
  - Individual and group Health Education(various topics)
  - Appropriate Health screening (HIV, Obesity, HRA, Alcohol, Depression)
  - Lifestyle and health coaching (risk factor counseling)
  - Care coordination, compliance and facilitation
  - Health educational literature distribution
  - Triage and case finding (Walk-ins only)

Johns Hopkins Center for Community Health

- Clinic Based Activities
  - Triage and case finding (All patients in the clinic)
  - Preliminary evaluation
  - Appropriate Health screening (HIV, Obesity, HRA, Alcohol, Depression)
  - Patient education

Johns Hopkins Center for Community Health

- Community Based Activities
  - Home visits as appropriate
    - Compliance motivation
    - Utilization facilitation
    - Educational reinforcement
  - CBO visits (faith-based orgs etc.)
    - Health promotion program development
    - Group Health Education
    - Health Screening
    - Case finding

Johns Hopkins Center for Community Health

- Disease Foci
  - General Health Promotion
    - Modifiable chronic disease risk factors (healthy diet, obesity, exercise…)
  - Hypertension and Cardiovascular Disease
  - Diabetes Mellitus
  - Cancer
  - HIV/AIDS
  - Obesity
  - Sickle Cell Anemia
  - Other
    - STD's
    - Substance Abuse
    - Childhood injury prevention

Johns Hopkins Center for Community Health

- Target Populations
  - East Baltimore Residents (low income)
  - Uninsured
  - Pregnant Teens
  - Substance Abusers
  - Ex Offenders
- Clients
  - East & West Baltimore City, Baltimore County
  - Montgomery county
  - International (immigrants)

Johns Hopkins Center for Community Health

- Process
  - 62 item client screening questionnaire
    - Demographics
    - Medical (Chronic disease behavioral review)
    - Social and community history
    - Substance abuse
    - Perceptions of Healthcare system
  - Client Rounds

- Total clients seen to date approx. 10-15,0000

CHW Hypertension Program

Objectives:
To preliminarily evaluate feasibility of a CHW mediated 12 week hypertension self empowerment program

Methods:
Descriptive statistics

Results:
88 clients completed the intervention
Mean initial SBP – 160.94, Mean initial DBP – 98.51
Mean final SBP – 138.8, Mean Final DBP – 85.84
Mean SBP reduction 19.44, Mean DBP reduction 12.29
Mean f/u – 88 days (range 3 – 258)

Conclusions:
CHW intervention is feasible and may empower resident to significantl
reduce BP in an average of 3 months

EBMC Birth Outcomes Project

- **Strategy**
  - 12 Weekly individual and group based counseling and compliance services
  - Conducted at EBMC, UHI and/or client homes as needed
- **Objectives**
  - Enhance Prenatal care of pregnant mothers
  - Enhance maternal self-care during gestation
    - Rest, Physical Activity, Sex, Substance abuse
  - Educate regarding appropriate Maternal diet during the perinatal period
  - Encourage breastfeeding
  - Educate regarding appropriate infant care and cleansing
  - Educate regarding newborn development and early education
  - Enhance the knowledge of family planning options
  - Enhance knowledge regarding STI's among young mothers
- **Specific Aims**
  - Primary Aims
    - Increase the number of mothers who remain in prenatal care
    - Increase the length of time mothers stay in prenatal care
    - Improve Maternal dietary/nutritional knowledge and awareness
    - Increase the proportion of mothers who intend to breastfeed
    - Increase the proportion of mothers who initiate breastfeeding
    - Reduce the incidence of STI's diagnosed during the perinatal period
  - Secondary Aims
    - Reduce the rate of LBW/SGA babies among mothers completing the CHW intervention
    - Reduce the rate of preterm deliveries among mothers completing the CHW intervention
    - Reduce the number neonatal NICU admissions among mothers completing the intervention
    - Increase the percentage of mothers carrying their babies to full term gestation

Birth Outcomes Program

	- Number (%)	- National Rates
- Patients seen	- 409	-
- Total Deliveries to date	- 229	-
- Abortions	- 5	-
- Twin Births	- 4 sets	
- Miscarry/IUGF/perinatal death	- 4	-
- Medically unable to Breastfeed	- 4	
- Mothers breastfeeding	- 150 (69%)	-24% (among African-Americans)
- Twin births	- 3 sets	unclear
- LBW births (<2500g)	- 20 (5%)	-14.2% (among African-American mothers)
- Preterm births	- 17 (4.25%)	-17.8% (among African-American mothers)
- NICU Admissions	- 6 (2%) (+2<24hr)	-Unclear
Expected # Premee's requiring NICU	- 41	
Impact on NICU admissions	- ↓35 (85%)	
Estimated average cost/premee requiring NICU	- $33,000	
Estimated 10 month cost savings	- $1,155,000	

CHW Community Perceptions

Objectives:
To evaluate the community impact, beyond direct clients served

Methods; Random sample household survey of 603 households
Descriptive statistics and bivariate analysis

Results:
7% of survey respondents had utilized CHW services.
Of these 50% had used the services > one year prior to survey.
95% felt the CHW services were somewhat or very helpful.
19% of all respondents were **aware** of CHWs in the community.

Conclusions:
CHW Awareness and benefits perceived beyond those who actually received services.

Hopkins Impact

- Significant Clinical Interest
- Part of clinical training for Nurses and MD's
- Significant research interest
- J-CHIP
- CBO-Hopkins Collaborations

Thank You

Questions?

IMPACT OF COMMUNITY HEALTH WORKERS IN THE HEALTHCARE INDUSTRY

Susan M. Myers, MA, MPH, Vice President for Business Development, Delmarva Foundation **(Presentation)**

Sustaining Excellence—Making Progress

Challenges

Susan M. Myers, MA, MPH
Vice President
October 29, 2014

Delmarva Foundation

A subsidiary of Quality Health Strategies

Overview

- Focus of this presentation
- Five Systemic Challenges
- Five Organizational Challenges
- Steps Forward
- Brief Unity 2015 Update

Five Systemic Challenges

- Aggregation of demand
- Accessibility of training
- Willingness and opportunity for CHWs and other care team members to engage in quality improvement
- Willingness and opportunity or providers and payors to engage in quality improvement
- Centrality of local/regional CHW associations

Five Organizational Challenges

- Organizational readiness
- Recruitment/Retention
- Initial and on-going training and support
- Non-linear progression
- Evaluation

Thank You

For more information:

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(C) 412-725-4619

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www.populationhealthcenter.org

COMMUNITY HEALTH WORKERS IN ACTION: THE ORGANIZATION'S PERSPECTIVE

Leigh Ann Eagle, Director, Health and Wellness Program, MAC, Incorporated **(Handout)**

Reference Page

- National Council on Aging, Chronic Disease Self Management & PCMH Fact Sheet, http://medhomeinfo.org/pdf/CDSMP%20PCMH%202-pager%20Final.pdf
- Whitelaw, N., Lorig, K., Smith, M. L., & Ory, M. G. (March 19, 2013). National Study of Chronic Disease Self-Management Programs (CDSMP). Retrieved April 8, 2013, from www.ncoa.org/cha
- Eagle, Leigh Ann. (October 16, 2014). *MAC, Inc*. LAE2@macinc.org (410)-742-0505 ext. 136
- Guinn, Shirley. (October 16, 2014). *Maryland Department of Aging.* shirley.guinn@maryland.gov (301)-463-6215
- Toomey, Pam. (October 16, 2014). *Maryland Department of Aging.* pamela.toomey@maryland.gov (410)-767-2157
- Vaeth, Sue. (October 16, 2014). *DHMH*. sue.vaeth@maryland.gov (410)-767-8992
- www.dhmh.maryland.gov/livingwell/

COMMUNITY HEALTH WORKERS IN ACTION: THE ORGANIZATION'S PERSPECTIVE

Carmi Washington Flood, Chief, Office of Faith Based and Community Partnerships, Prevention and Health Promotion Administration, Maryland Department of Health and Mental Hygiene **(Handout)**

Carmi Washington Flood, Chief, Office of Faith Based and Community Partnerships, Prevention and Health Promotion Administration, Maryland Department of Health and Mental Hygiene

RESOURCE LISTING FOR COMMUNITY OUTREACH WORKERS

1. **Core Competencies for Community Health Workers …**
   machw.org/documents/CHWInitiative10CHWCore**Competencies**10.17.07.pdf
   Core **Competencies** for **Community Health Workers** FULL CORE **COMPETENCY** STATEMENTS 1) **Outreach** Methods and Strategies

2. **Outreach Competencies: Minimum Standards for …**
   attcnet**work**.org/userfiles/file/CentralEast/**Outreach**%20**Competencies**... · Web view

3. Title: **Outreach Competencies**: Minimum Standards for Conducting Street **Outreach** for Hard-to-Reach Populations Author: Stephen Gumbley Last modified by

4. Community Health Outreach Worker Program - Morgan Stanley Children's Hospital of NewYork-Presbyterian go to http://childrensnyp.org/mschony/services/acn_chow.html

5. Community Health Outreach Worker – job description go to http://joblink.socialworkers.org/jobs/6505144/community-health-outreach-worker-berrien-kalamazoo-counties

6. In January 2009, the Office of Management and Budget officially published the 2010 Standard Occupational Classifications (SOC) listing in the Federal Register. The 2010 SOC includes a unique occupational classification for Community Health Worker (SOC 21-1094). http://explorehealthcareers.org/en/Career/157/Community_Health_Worker

7. Community Health Worker Certification Training go to https://www.harrishealth.org/en/our-community/pages/health-worker.aspx

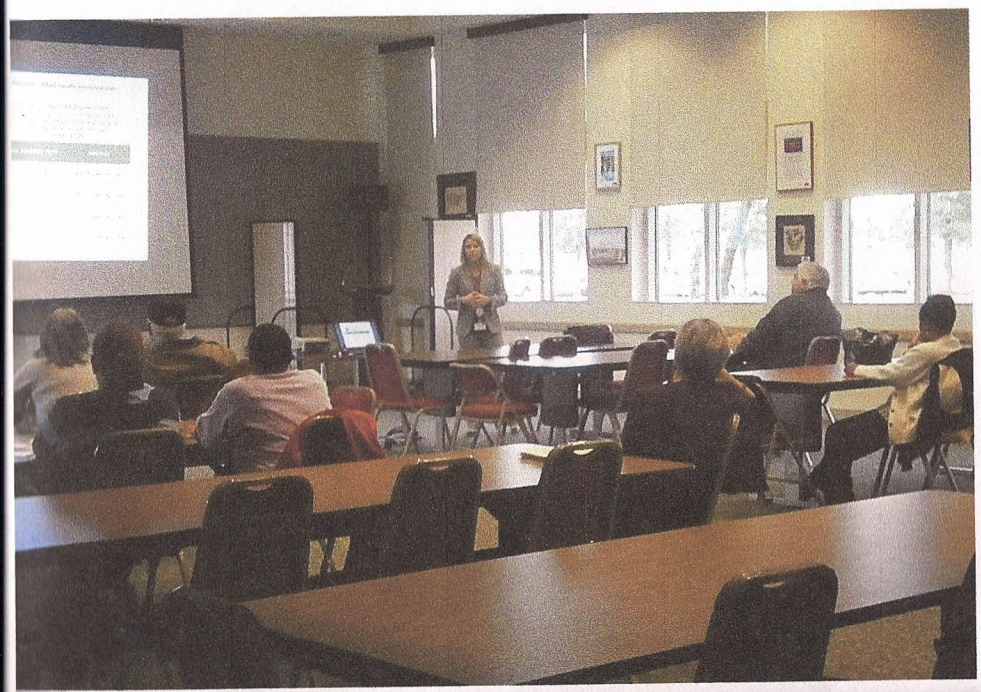
8. Who are Community Health Workers? go to http://www.mass.gov/eohhs/gov/departments/dph/programs/community-health/primarycare-healthaccess/healthcare-workforce-center/comm-health-wkrs/who-are-community-health-workers.html

9. **MSM Liaison/Community Health Outreach Worker I/II**
   http://www.aahealth.org/about/employment?id=586

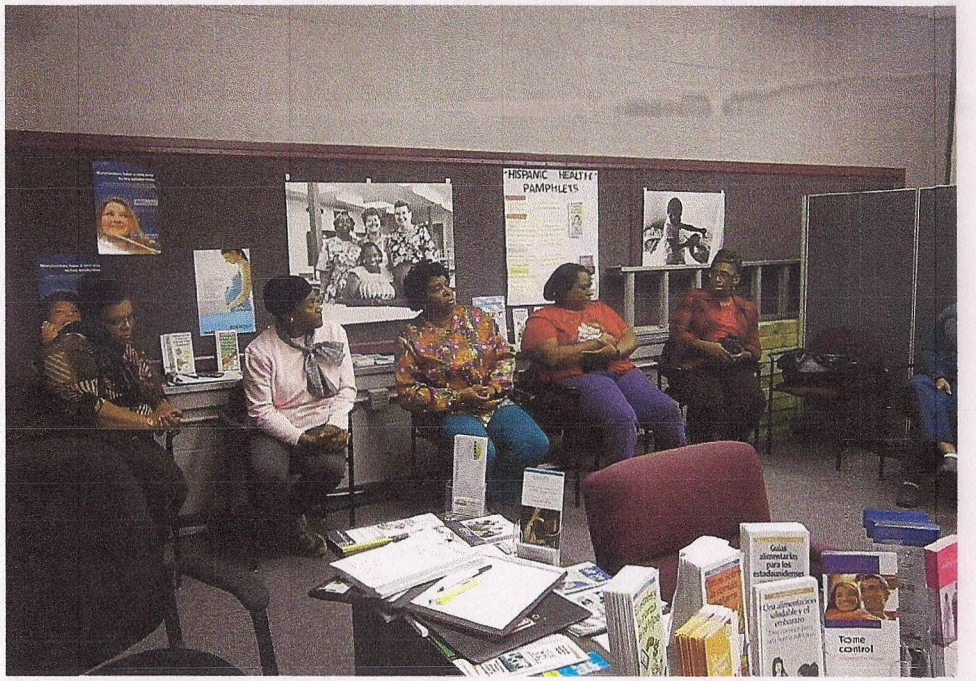
10. Community Outreach worker Salary? Go to http://www.whatishut.com/9447-community-health-outreach-worker-salary/#.VEVa4k1OWM8

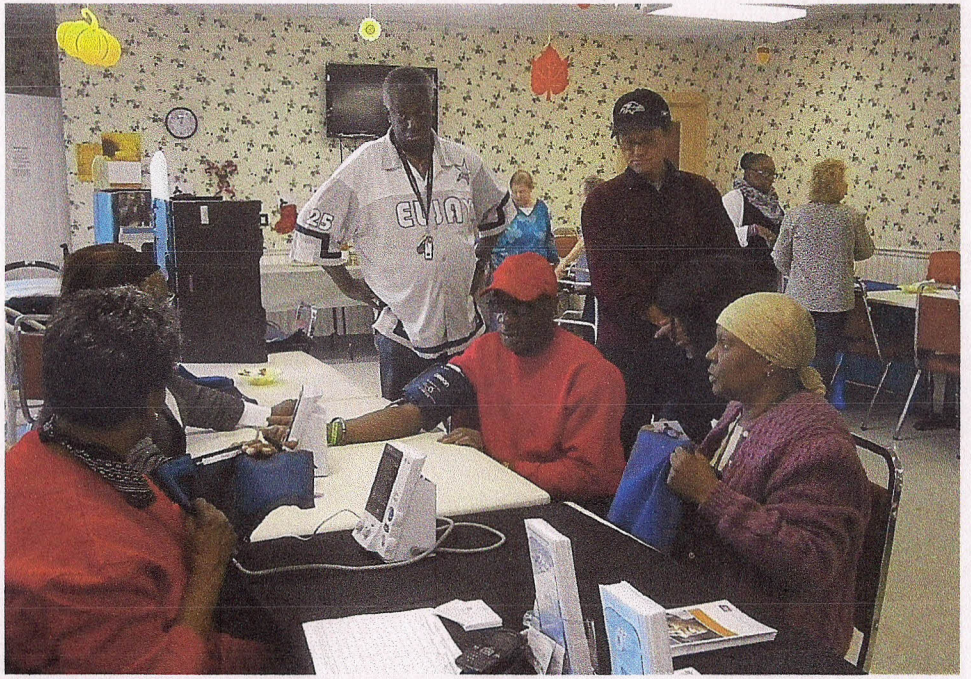
EXPERIENCES ON THE GROUND: LEARNING FROM PRACTICING COMMUNITY HEALTH WORKERS

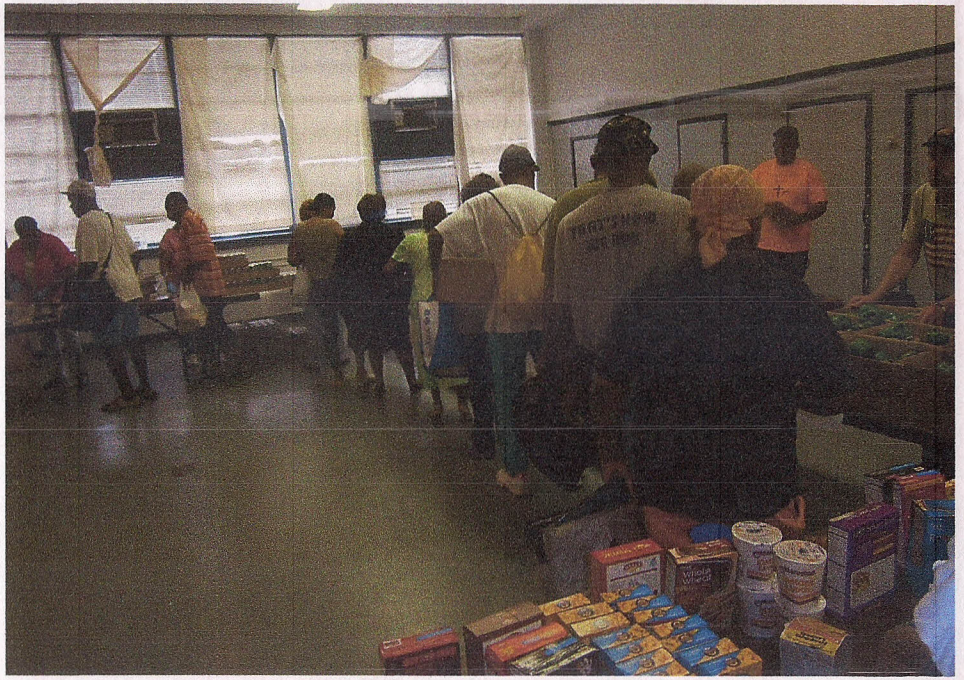
Ashyrra C. Dotson, Program Coordinator, Associated Black Charities **(Presentation)**




ABC'S CITATION 09-23-14


HISPANIC HEALTH PAMPHLETS
Guías alimentarias para los estadounidenses
Una alimentación saludable y el embarazo
Tome control






SEARCH


Math Talk
RAVENS


Love
School


Minority Outreach & Technical Assistance
MOTA
Dorchester County

EXPERIENCES ON THE GROUND: LEARNING FROM PRACTICING COMMUNITY HEALTH WORKERS

Everette Bradford, Community Health Worker, Prince George's County Health Department **(Handout)**

20743 HEALTH ENTERPRISE ZONE

Prince George's County

HEALTH ENTERPRISE ZONE QUICK SHEET

The **Prince George's County Health Enterprise Zone** (HEZ) is bringing quality, affordable healthcare that will serve more than 10,000 residents in areas surrounding the 20743 zip code. Do you have ideas or suggestions on how to make HEZ better? Join our Community Advisory Board!

Call **301-883-7879** or visit **www.mypgchealthyrevolution.org** for more information!

5 Medical Practices will serve more than **10,000** Residents!

• BRW • Coral Hills • Chapel Hills • Fairmount Park • Fairmount Heights • Jefferson Heights • Oak Crest • Pepper Mill • Pleasant Valley • Capitol Heights • Seat Pleasant •

New Medical Providers in Capitol Heights

Greater Baden at Capitol Heights: Health Center for Adult Primary Care

1458 Addison Road, South
Capitol Heights, MD 20743

Phone: 301-324-1500

Hours of Operation:
Monday – Friday,
8:00 a.m. – 4:00 p.m.

Services:

- Family Health Care
- Family and individual case management
- Health Promotion (HIV testing, sexually transmitted disease prevention
- Health education and outreach
- Tuberculosis control, diabetes, cardiovascular disease, and obesity)

Greater Baden at Capitol Heights II: Health Center for Women and Children

1442 Addison Road, South
Capitol Heights, MD 20743

Phone: 301-324-1500

Hours of Operation:
Monday – Friday,
8:00 a.m. – 4:00 p.m.

Services:

- Prenatal Care/Gynecology
- Well-Child Care and Immunizations
- Sick Care
- Physicals
- Family Planning
- Health Education Mental Health

Global Vision Community Health Center

9171 Central Avenue
Suite B11 and B12
Capitol Heights MD 20743

Phone: 301-499-2270

Hours of Operation:
Monday – Friday,
9:00 a.m. – 5:30 p.m.

Insurance:
All insurances accepted, including Medicare and Medicaid.

Services:

- Primary Care for Infants, Children and Adults
- Infectious Disease Treatment
- Addictions Medicine
- Endocrinology

Your Community Health Workers

HEZ's **Community Health Workers** (CHWs) will assist you with locating medical facilities, understanding the healthcare system, and connecting you with other supportive services.

Elaine Williams
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Everette D. Bradford
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Rushern L. Baker, III
County Executive

HEALTH DEPARTMENT
Prince George's County

Health Enterprise Zones

6/14

EXPERIENCES ON THE GROUND: LEARNING FROM PRACTICING COMMUNITY HEALTH WORKERS

Ollie P. Dorsey, Community Health Worker, Faith Center for Community Wellness and Advancement, Inc. **(Handout)**

Who Are We?

Facts about Us: Faith Center for Community Wellness & Advancement, Inc.

- Formed in 2002 as a legally constituted 501 (c) (3) not-for-profit organization by the governing body of the State of Maryland
- 100% volunteer-operated organization
- Established by several community entities, concerned religious leaders and institutions of higher education.
- Committed to addressing the socio-economic and health disparities that exist in the Southwest Baltimore area

How can we work together to make a difference in someone's life?

How can we work together?

What we need from you . . .

- You can do one or more of the following activities:
  - Co-sponsor and/or support health fair(s)/event(s)
  - Willingness to host Healthy Heartbeat program(s)
  - Identify and recruit volunteers
  - Identify and recruit additional coalition partners
  - Help share information
  - Provide additional Ideas

Contact Us
Faith Center for Community Wellness and Advancement, Inc.

Faith Center for Community Wellness and Advancement

1600 Wilkens Avenue
Baltimore, MD 21223
www.fccwa.org
410-233-6424

Minority Health and Health Disparities
Maryland Department of Health and Mental Hygiene

Healthy Heartbeats Program

Sponsored by the Maryland Department of Health and Mental Hygiene and the Faith Center for Community Wellness and Advancement, Inc.

Goals, Programs & Objectives:

Goal 1: Reduce heart disease (CVD) risk factors among individuals in Baltimore City who have not been previously diagnosed wih heart disease

Goal 2: Prevent heart disease related health issues among Baltimore city residents who have been previously diagnosed with heart disease.

Goal 3: Educate & empower Baltimore city residents about heart disease and its health related components diagnosed.

Facts about Heart Disease in Baltimore City

The Good News and the Not So Good News

The "Not So Good News"

- Heart disease is the number one cause of preventable death in Baltimore City residents, claiming approximately 2,000 lives each year.
- Heart disease is a leading cause of the 20-year life expectancy gap among neighborhoods in Baltimore City.
- African Americans are nearly two times as likely to have a first stroke and much more likely to die from one than Caucasians.
- American Indians/Alaska Natives die from heart disease much earlier than expected—36% are under 65 compared with only 17% for the U.S. population overall.

- Heart disease and stroke rank as the #1 cause of death for Hispanic Americans.
- Baltimore's death rate for heart disease is approximately **30% higher** than the state and national rates while stroke and diabetes also reveal higher death rates in the city.

The Good News

With your help, we can make a difference!

Many of the ways to prevent heart disease is by teaching people to make lifestyle changes!

YOU can help by sharing information or even sponsoring a program. Learn more today about how you can help save lives!

Many ways to learn more: *Visit our webpage: www.fccwa.org /Follow us on Facebook: www.facebook.com/fccwa / or Twitter: @Faithctr / Text: HHB to 55469 for health messages

DISCUSSIONS AROUND THE TRAINING OF COMMUNITY HEALTH WORKERS

Scott M. Olden, MS, RN, Dean, School of Allied Health, Nursing, Health and Life Fitness at Baltimore City Community College

(Handout)

Optimal infrastructure to support new training initiatives –Vital role of the Community College systems in the US

- Senate Bill 592 and H.S. 856 will make it possible in January 2015 to standardize training, certification, and reimbursement of CHW's. The passage of this law makes Maryland a vanguard of the occupation.

- Baltimore City Community College Division of Business and Continuing Education planned initiatives for Community Health Worker (CHW) occupational training, and the vital role that the American community college system will play in its implementation.

- The national model for CHW licensure and certification will be non-credit certification via an accelerated training program similar to that of Certified Nursing Assistants or Pharmacy Technicians. Current CHW's will be grandfathered and/or tested into occupational licensure status.

- Although past training for these CHW's was based in community and not academia training (ex: non-profits, health clinics, faith-based organizations), currently the community college system has the *optimal* infrastructure to support new training initiatives. This is evidenced by traditional MHEC, FERPA, HIPAA, and college registrar/bursar compliance requirements. Specifically, **biennial renewal** of one's license is best handled by a continuing education collegiate division; similar to Certified Medicine Aides. This conversation is currently being managed by DHMH here in Maryland.

- BCCC certification/licensure can also offer affordable articulation towards other Public Health and Allied Health educational tracks that 4-year institutions and private career schools can not. These defined career pathways will be most beneficial to prospective CHW's who are coming from and who will be working in their native middle to low-income communities.

- Community colleges will also aid Advanced CHW training options given the integration of CHW's onto multi-disciplinary care teams. CHW's will increasingly be staffed in-house and they are currently doing more than just basic community outreach and health awareness in the field. The Medical Home/Patient-Centered Medical Home(PCMH**)** model has irrevocably altered the way hospitals and health facilities do business; in large part due to the inclusion of CHW's. National conversations are forecasting contractual training for these individuals impacted by this adjustment and, once again, it will be the community college infrastructure that will be best prepared to handle these trainings and requisite license renewals.

- Lastly, as a direct result of the Affordable Care Act, incumbent workers with existing credentials will increasingly need to be cross-trained and stack credentials as CHW's. The accelerated training community colleges (BCED) can offer will license professionals in health systems, health plan organizations, hospitals, health departments, home allied health agencies, accountable care organizations, and federally qualified health centers.

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