



State Community Health Worker Advisory Committee Meeting

February 28, 2022



Welcome and Roll Call

Reminders

1. Financial disclosure filings for calendar year 2021 are due no later than April 30, 2022 to the Maryland State Ethics Commission.
 - The link to file online is <https://ethics.maryland.gov/boards-commissions/financial-disclosure/>
 - Contact the State Ethics Commission at 410-260-7770 for assistance.
1. This Committee requires a 50% meeting attendance per calendar year.

Opening Remarks

Kimberly Hiner, Chair

Welcome!

Elizabeth Edsall Kromm, Ph.D., M.Sc.

Vice President Population Health and Advancement

Howard County General Hospital/ Johns Hopkins Health System

- Maryland Hospital Association seat

Counsel

Farewell and thank you to
Deborah Donohue!

Welcome Brett Felter,
Assistant Attorney General!



Certificate of Appreciation

Community Health Worker Program, Assistant Attorney General

Awarded to

Deborah Donohue

February 28, 2022

In honor of your dedication and excellent counsel provided to the Community Health Worker Program. Your contributions have led to meaningful and lasting opportunities for Maryland community health workers.

Handwritten signature of Kimberly Hiner in black ink.

Kimberly Hiner, MPH
Acting Director, Office of Population Health Improvement
Chair, State Community Health Worker Advisory Committee

Handwritten signature of Tina Backe in black ink.

Tina Backe
Coordinator, Community Health Worker Program
Office of Population Health Improvement



Meeting Minutes: November 15, 2021



Asian American Center of Frederick

Enhance. Empower. Enrich.





Moving CHWs Forward

Elizabeth Chung, MS

Executive Director/Founder, Asian American Center of Frederick (AACF)

Carol Masden, LCSW-C, Consultant, AACF





How it Works: CHWs Provide

- Community health navigation
 - Build trusting relationships
- Education & Health Literacy
- Culturally and Linguistically appropriate care
- Advocacy
- Supports
- Warm hand-offs to clinical and other needed services
- Outreach
- Evaluation & Research

CHWs Make an Impact

- When social determinants of health needs aren't met
 - Readmissions in 30 days (62%) are much more likely
- When social determinants of health (SDOH) needs are met
 - ED visits are 12% less often
 - With an 8% drop in related costs
- When at least one SDOH is met
 - **\$450 savings per social determinant of health**
- When all SDOH needs are met
 - **\$2,443 savings per consumer per year**

"University of New Mexico Community Health Worker Model: CHW Leads"
[International Innovation](#). 10.1.2020

What's Innovative – For Providers

- Primary Care practices in parts of the country are beginning to employ CHWs as frontline public health workers
 - CHWs help patients improve health literacy
 - CHWs address SDOH needs, freeing up clinicians to meet clinical needs
 - When SDOH needs are met, patients can better manage their health
 - When SDOH needs are met, providers can attain better overall outcomes
 - CHWs become vital healthcare team members
- Hospitals are using CHWs in Frederick, across Maryland and the country
 - CHWs have an ability to help reduce ER visits, inpatient treatment & readmissions to the ER &/or inpatient treatment
- CHWs can be employed in many, many areas

Whats Innovative – For Patients/Caregivers

- CHWs can be a critical communications link
- CHWs can create and implement culturally and linguistically appropriate care
- CHWs can expand services in
 - Homeless shelters
 - Food pantries
 - Public agencies
 - Schools
 - Long Term Care facilities
 - Corrections

Opportunities for Innovation in Maryland

- CHW High School Apprenticeship Programming
- CHW careers as career ladder and/or career lattice within healthcare
- CHW Specialty Training Resources
 - Expand employment opportunities for CHWs
 - Expand support for those with chronic conditions
 - Expand supports across the lifespan
- Maryland Medicaid, Medicare, private insurer reimbursement opportunities



Thanks Helping to Move CHWs Forward!

- Elizabeth Chung, CEO/Founder, Asian American Center of Frederick
- echung@aacfmd.org

- Carol Masden, LCSW-C, Consultant, AACF
- carolmasden@yahoo.com

Reference

“University of New Mexico Community Health Worker Model: CHW Leads”
International Innovation. 10.1.2020

CDC 2109 Grant

Miranda Ouellette, Prevention and Health Promotion Administration

**Dr. Carter, MD, PhD, Health Officer, Prince George's County Health
Department**



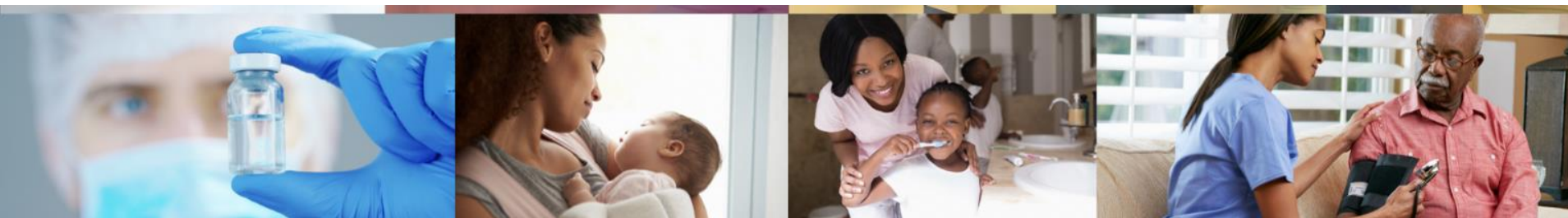


February Maryland Community Health Worker Advisory Committee Meeting

Miranda Ouellette, MPH, CHES

Inclusion Coordinator, Center for Chronic Disease Prevention and Control

February 28, 2022



MISSION AND VISION

MISSION

The mission of the Prevention and Health Promotion Administration is to protect, promote and improve the health and well-being of all Marylanders and their families through provision of public health leadership and through community-based public health efforts in partnership with local health departments, providers, community-based organizations, and public and private sector agencies, giving special attention to at-risk and vulnerable populations.

VISION

The Prevention and Health Promotion Administration envisions a future in which all Marylanders and their families enjoy optimal health and well-being.

Community Health Workers for COVID Response and Resilient Communities (CCR) Program Update

Year 1 Implementation Updates: Train

- The first meeting for the Health Equity and Resilience Ad Hoc work group was held in February 2022.
 - Members were provided with an introduction to the project and reviewed the Evaluation Plan.
 - The CCR 2109 team is seeking additional CHWs to participate in the group to ensure at least 50% of participants are CHWs.
 - The next meeting will be held on March 10th. If you are interested in joining, please contact Miranda.Ouellette@maryland.gov.

Year 1 Implementation Updates: Deploy

- The local health departments in the three target jurisdictions (Allegany, Dorchester and Somerset counties) have begun onboarding CHWs to work on the COVID-19 response.
 - Each jurisdiction will have at least 2 CHWs onboarded by June 2022.

Year 1 Implementation Updates: Engage

- The 2109 CCR Lead Evaluator has been conducting an inventory of current tracking systems that monitor CHW referrals and efforts.
- In the coming months the 2109 CCR team will develop a tracking system to utilize in local health departments working on the project.

Next Steps

- Identify contractor for Health Equity and Social Determinants of Health training development.
- Identify contractor for technical assistance provision to the local health departments.
- Finalize a draft of the intake/encounter form.

Thank you!
Any Questions?

Prevention and Health Promotion Administration

Miranda Ouellette, MPH, CHES
Inclusion Coordinator

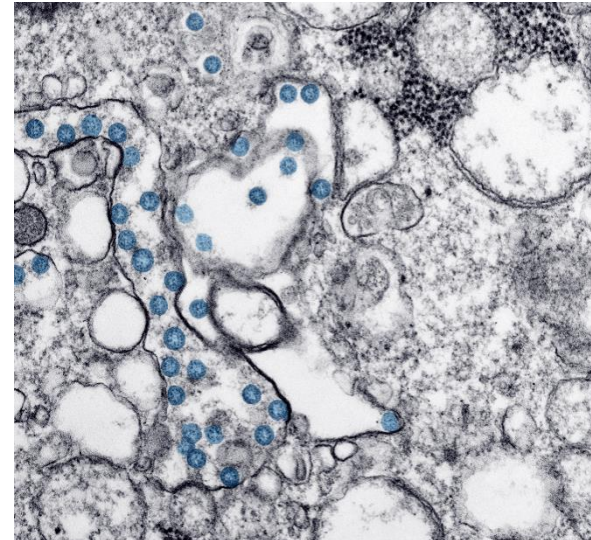
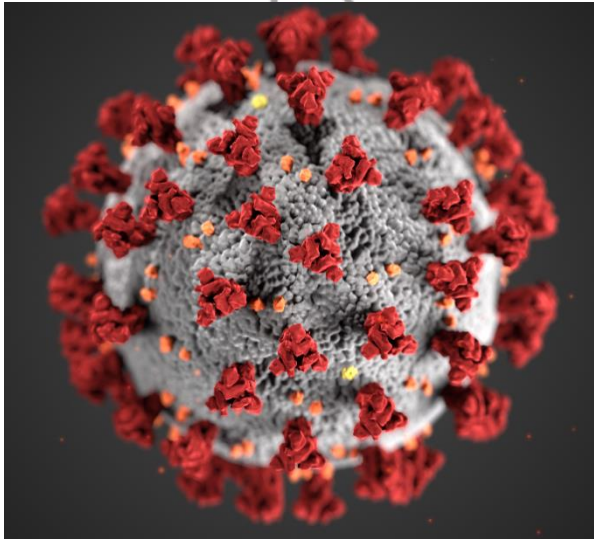
Center for Chronic Disease Prevention and Control

Miranda.Ouellette@maryland.gov

<https://phpa.health.Maryland.gov>

<https://health.maryland.gov/bhm/DHIP/Pages/home.aspx>

Overview of PHCHD Response to Community Health Worker for COVID Response and Resilient Communities (CCR - 2109) Component B



Ernest L. Carter, MD, PhD
Health Officer
February 28, 2022

Agenda

- Purpose /Background
- Approach
 - Purpose
 - Outcomes (short, intermediate and long term)
 - Strategies and Activities
- Collaborations

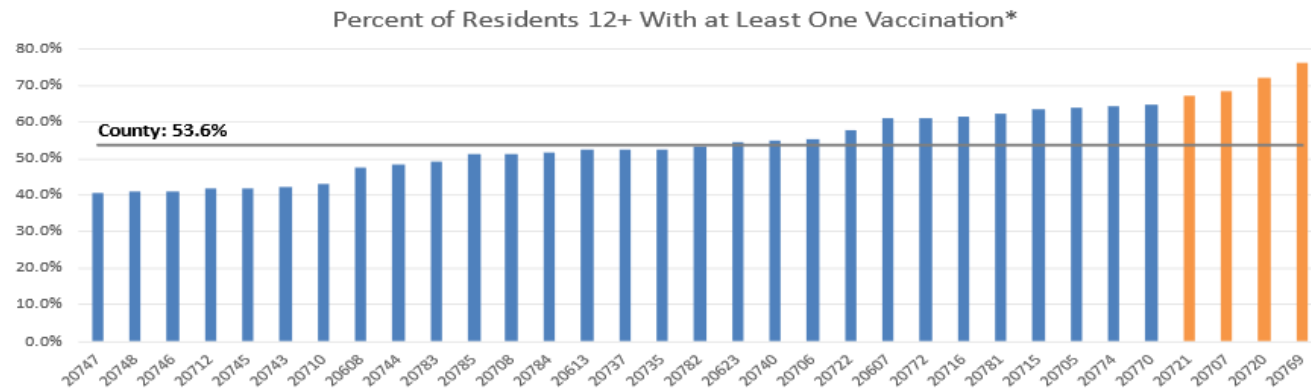


Background

- Catchment Area- With a population of 909,327 and bordering the District of Columbia, Prince George's County is a county of contrasts with highly urban as well as semi-rural communities. It is home to the nation's wealthiest population of African Americans and also to many impoverished African Americans and other minorities, including immigrants
- PGC reported the highest number of COVID-19 cases; the second highest mortality rate, and for most of the pandemic, the second highest positivity rate in Maryland.
- Racial ethnic minorities are more likely to have the following social determinants of health (SDoH) that are risk factors for COVID-19 infection and limited access to testing and vaccination:
 - poverty; chronic conditions, such as obesity; residence in overcrowded dwellings; lack of transportation, lack of health insurance, and unfamiliarity with the US healthcare system have proven to be obstacles to COVID-19 testing and vaccine uptake
 - Limited English proficiency can also be a barrier to healthcare delivery
 - Most unvaccinated residents are racial/ethnic minorities who reside in the zip codes that have not attained the overall County rate of 53.6% and face numerous SDoH

Background

- Most unvaccinated residents are racial/ethnic minorities who reside in the zip codes that have not attained the overall County rate of 53.6% and face numerous SDoH



* University of Maryland, Joint Base Andrews, ZIPs mostly in other jurisdictions, and PO ZIPs are excluded
Data as of 5/19/21, includes those vaccinated in Maryland and D.C.



Purpose

- **CHISS will target unvaccinated residents, mostly racial/ethnic minorities, who reside in the zip codes that have not attained the overall County rate of 53.6% and face numerous SDoH primarily in addition to persons with chronic health conditions.**
- Our target population is all County residents 12 and over (774,354 persons) with priority given to racial/ethnic minorities and persons with chronic health conditions that place them at elevated risk for COVID-19 (estimated at roughly 350,000). .

Approach: Purpose

- CHISS proposes a culturally and linguistically competent population health management approach that will
 - first recruit and train CHWs from the target priority population sub-population.
 - Then, deploy the trained CHWs throughout the continua of Health and social services in the County who will
 - deliver vaccine outreach and education,
 - assess the SDoH of persons at elevated risk for COVID-19 infection and
 - assist them to mitigate risks and redress racial/ethnic disparities in COVID-19 vaccination rates and infection risk.

Approach: Short term outcomes- Year 1

- A 60% increase over baseline of 50 in the number of CHWs in the County trained to provide services and support for COVID-19 public health response efforts among high-risk racial ethnic minorities (Strategies IR1,2)
- A 60% increase over baseline of 50 in the number of CHWs trained to assess SDoH and refer, support and track high-risk clients needing assistance with various SDoH (Strategy IR 3)
- A 100% increase over baseline of 10 in the number of health, social service, government, community-based, and faith-based organizations (FBOs) /entities that integrate CHWs in their workflows to support state/local public health led COVID-19 response efforts (Strategy IR4)
- A 60% increase over baseline of 50 in the number of CHW-planned and staffed vaccine deployment services to high-risk populations (Strategy IR5)
- A 50% increase over baseline (TBD) in the number of racial/ethnic minorities at high-risk for COVID-19 infection that are exposed to accurate and culturally, linguistically and literacy-level appropriate COVID-19 vaccine information (Strategy IR6)
- A 100% increase over baseline (TBD) in the number of high-risk, racial/ethnic minorities at high-risk for COVID-19 infection that are assisted to mitigate SDoH (Strategy IR7)
- Increase the COVID-19 vaccine rate among high-risk, racial/ethnic minorities to 60% from baseline of 40% (Strategy IR7)

Approach: Intermediate Outcomes- Year 2

- A 120% increase over baseline of 50 in the number of CHWs in the County trained to provide services and support for COVID-19 public health response efforts (Strategies IR1,2)
- A 120% increase over baseline of 50 in the number of CHWs trained to assess SDoH and refer, support and track high-risk clients needing assistance with various SDoH (Strategy IR 3)
- A 200% increase over baseline of 10 in the number of health, social service, government, community-based, and FBOs/entities that integrate CHWs in their workflows to support and state/local public health led COVID-19 response efforts (Strategy IR4)
- A 120% increase over baseline of 50 in the number of CHW-planned and staffed vaccine deployment services to high-risk populations (Strategy IR5)
- A 90% increase over baseline (TBD) in the number of racial/ethnic minorities at high-risk for COVID-19 infection that are exposed to accurate and culturally, linguistically and literacy-level appropriate COVID-19 vaccine information (Strategy IR6)
- A 200% increase over baseline (TBD) in the number of high-risk, racial/ethnic minorities at high-risk for COVID-19 infection that are assisted to mitigate SDoH (Strategy IR7)
- Increase the COVID-19 vaccine rate among high-risk, racial/ethnic minorities to 75% from baseline of 40% (Strategy IR7)

Approach: Intermediate Long term Outcomes-Year 3

- Increase the COVID-19 vaccine rate among high-risk, racial/ethnic minorities to 80% from baseline of 40% (Strategy IR7)
- A 180% increase over baseline of 50 in trained CHW workforce available to conduct outreach to high-risk, racial/ethnic minorities to reduce their COVID-19 risk.
- A 300% increase over baseline of 10 in the number of health and social providers in the County that integrate CHWs into their workflows.

Approach: Strategies and Activities

Strategy IR 1 - CHW Workforce and Training

- Increase 30 FTE CHWs annually to staff CHISS. The current CHW workforce stands at 50 FTE based at 10 entities, including PGCHD.
 - launch CHISS services in Year 1 drawing from the cadre of experienced CHWs working in the County while simultaneously recruiting and training 30 new CHWs to take their place by the end of the first quarter of Year 1.
 - Train 30 CHWs annually so that, taking into account attrition and position reassignments, the available workforce is able to deliver the needed services. We will solicit our community based partners such as CASA de Maryland (CASA), a non-profit serving Latinx and immigrant populations;
- Access to Wholistic and Productive Living (AWPLI), a state-certified CHW training provider, will be responsible for designing and delivering a culturally and linguistically competent 3-day
 - CHW training on COVID-19 prevention and vaccination outreach and education, with half-day refresher training offered annually that all CHWs working on the program must complete. AWPLI will deliver the State's certified core CHW training (compressed into 1 month in duration) in addition to CHISS COVID-19 specific training to all new CHW recruits.
 - AWPLI will consult with the State's No Arm Left Behind (NALB) COVID 19 vaccination initiative to ensure alignment between our COVID-specific training and the State's vaccination goals and objectives.
 - COVID-19 specific training will cover: the basics on the virus, transmission, risk factors, and vaccination; the most commonly held vaccine myths and their sources; how to combat myths and disinformation; effective culturally competent outreach strategies; client privacy and confidentiality rights; motivational interviewing and empathetic listening; alignment with state and local activities; identifying and assisting individuals with SDoH; client assistance - appointment scheduling, reminders and escort, transportation assistance, and linkage to other health and social services; support for contact tracing efforts; appropriate use and care of PPE; and documenting service delivery; and how to use the inventory of local vaccine providers and related health and social service resources.



Approach: Strategies and Activities

Strategy IR 2 – COVID 19 Messages Development and Dissemination

- Ensure alignment between No Arm Left Behind (NALB) program and our program,
- Develop CHISS' culturally, literacy-level and linguistically appropriate COVID-19 messages and materials.
- The COVID-19 specific training will include field exercises during which CHWs will practice disseminating the program's vaccine education messages to high-risk populations.
- Once deployed, each CHW will have dissemination targets relative to his/her assigned subset of the target population in a specific geographic area.
- CHWs will document their efforts, including testing and vaccination referrals in addition to contact tracing, in case management software that integrates with the PGC health information network (PHIN).



Approach: Strategies and Activities

Strategy IR 3 Training in Chronic Disease Education aligned with PreventionLink

- PGCHD is currently leading the implementation of the CDC-funded PreventionLink program that uses CHWs to provide outreach, education, care coordination, and linkage to chronic disease prevention and SDoH mitigation services to adults with or at-risk for Type 2 diabetes, heart disease and hypertension. This is a regional effort involving four counties including PGC.
- The Prince George's County Healthcare Alliance (the Alliance), a non-profit specializing in care coordination, is a key PreventionLink partner and responsible for training the program's CHWs to educate residents about chronic conditions, refer and support their engagement and retention in lifestyle interventions, and connect them to SDoH mitigation services such as transportation and food pantries. The Alliance also trains CHWs on how to work effectively as members of multi-disciplinary care teams; document their services; and make and track bidirectional PHIN referrals to services that clients need.
- The Alliance will leverage this training experience to provide similar training to all CHISS CHWs as part of the program's COVID-19 specific CHW training. The CHWs will learn how to conduct preliminary and in-depth SDoH screening; make and follow-up on referrals for health and social services including linkage to primary care, testing and vaccination and chronic care management treatment and support.

Approach: Strategies and Activities

Strategy IR 4 – CHW Activities

- expand CHW integration starting with the Health Department where they will be assigned to our asthma prevention and control; opioid abuse; maternal and child health and chronic disease programs.
- offer each safety net and other primary care provider (PCP) in the County the opportunity to have a CHISS CHW placed at their facility.
- Develop workflows to accommodate the proposed CHW services, including fulfilling the eligibility requirements to have CHW services reimbursed by Medicare and Medicaid.
 - The Healthcare Alliance will use its CHW Integration Protocol to assess each care team's workflows; formulate recommendations for workflow adaptation; conduct plan-do-study-act (PDSA) cycles to test the new workflows with temporary CHW placements; adjust new workflows based on the PDSA results; and finalize workflows with permanent CHW placement once the PDSA cycles indicate that the workflows are leading to the desired results.



Approach: Strategies and Activities

Strategy IR 4 – Continued

- The CHISS Program Coordinator will assign CHW teams to specific linguistic groups, health care facilities, and/or geographic target areas. CHWs will be deployed to locations where members of the target population may be readily contacted
- CHWs will conduct virtual, in-person, one-on-one and group outreach during which they will educate the target population about virus transmission, prevention, testing and vaccination and how to talk to providers about COVID-19 and their health in general.
- Each high risk person will be assigned a CHW who will collaborate with him/her to create a tailored care plan and maintain at least weekly in-person, email or telephone contact with the client. The CHWs will use the evidence-based Pathways Community Coordination model to develop the care plan and make referrals to health and social services.

Approach: Strategies and Activities

Strategy IR 4 - Continued

- The care plan will include a Pathway for each need the client presents.
 - Each Pathway constitutes a series of clearly defined, measurable action steps that must be followed to resolve a specific need
- Provider Supports - The CHWs' efforts will not occur in a vacuum and need the support of health and social service providers. Therefore, as a complement to the CHW services, we will:
 - Identify healthcare and social service provider vaccine champions. These individuals will be local opinion leaders in the health and social service provider professions; particularly persons who have been successful in motivating large numbers of residents with similar demographics to CHISS's target population to be vaccinated..
- Launch a “no questions asked single dose vaccine” effort. Many of the CHISS target population are undocumented individuals who exhibit vaccine hesitancy when asked to provide ID in order to be vaccinated.
- Create a Bi-directional e-referral network. To facilitate access to COVID-19 testing and vaccination services and supportive services, we will offer TA to providers so that they can link to the PHIN. PHIN-supported bi-directional e-referral will increase the number of patients/clients seen by PHIN-connected providers thereby improving their bottom line and providing additional motivation for them to integrate CHWs permanently into their organization. It will also improve the effectiveness, monitoring and evaluation of the CHW services by facilitating health

Approach: Strategies and Activities

Strategy IR 5 CHW participation with PHEP

- PGCHD manages the County's Immunization and Public Health Preparedness Program (PGC-PHEP). PGC-PHEP provided input on the preparation of this proposal and outlined the following opportunities for CHW integration into PHEP:
 - Attendance at PGC-PHEP led public health emergency, mass vaccination and mass dispensation of medication and emergency supply training
 - Participation in PGC-PHEP Emergency Preparedness exercises and drills
 - Participation in regional preparedness training for the National Capital Region and the State that is co-sponsored by PGC-PHEP
- The PGC Community Care Coordination Team (CCCT), that will serve as CHISS's community coalition, is already advising the PGC-PHEP on ethical vaccine distribution and the importance of sparing no effort in redressing the racial/ethnic disparities in COVID-19 related outcomes.



Approach: Strategies and Activities

Strategy IR 6 – Limited English proficiency and/or Low literacy

- Preparing materials in the three most commonly spoken languages in the County - English, Spanish, and French, and in other resources permitting,
 - two consultants to critique and lead the pilot testing of all CHISS patient education material to ensure it is culturally, linguistically and literacy-level appropriate.
- PGCHD's Communications Division will brand and package the material and package in various formats to maximize their appeal to the intended targets.
 - ensure that the CHWs are representative of the community they serve.
 - recruit local opinion shapers and social influencers, such as faith leaders and star athletes to assist the CHWs in disseminating CHISS COVID-19 vaccine education messages.

Approach: Strategies and Activities

Strategy IR 7 – Engage Vulnerable Residents

- CHISS will build on NALB's efforts in the following ways:
 - PGCHD will request that the State's Vaccination Call Center route all County residents who call the Center to the CHISS's hotline. The Center is open seven-days-a-week from 7 a.m. to 10 p.m., so the hotline will have multilingual CHWs available during these times. Callers will receive service referrals and escort, if necessary, to no-appointment vaccination sites and SDOH mitigation services, as needed.
 - PGCHD currently operates three (3) mobile vaccination clinics. CHWs will be integrated into the clinic's nursing staff. The CHWs will provide testing and vaccination education and SDOH assessments and referral to mitigation services. The clinics will operate primarily in the zip codes where vaccination rates are particularly low. Houses of worship, daycares, schools, retail establishments, and libraries located in these zip codes are potential sites for mobile clinic operations.
 - Teams of CHWs and public health nurses, will be deployed to all senior residential and public housing complexes. The CHWs will provide residents with vaccine education; SDOH assessments and referral to mitigation services, and nurses will provide vaccinations. The teams will also work with the County's Department of Corrections and Offender Re-Entry Service to assist inmates and recently released offenders to access needed services and be vaccinated.
 - PGCHD will request the cooperation of local colleges and universities in the County (Bowie State; the University of Maryland at College Park; Prince George's Community College, and Capitol Technology University) to permit project CHWs to conduct outreach and station a mobile vaccine clinic on their respective campuses during term registration activities and at large gatherings such as homecoming and sporting events.
 - There are over 25 companies/agencies with 1000 or more employees in the County. We will reach out to their HR departments to coordinate workplace vaccination events staffed by CHWs and public health nurses.

Collaborations

- the CDC-funded Epidemiology and Laboratory Capacity Program and incorporate pointers from its Reopening Schools guide into the CHW training and patient and provider education materials.
- PGCHD epidemiologists will continue their practice of reporting on vaccination uptake to the Maryland Immunization Program.
- Align closely with PreventionLink, a CDC Innovative State and Local Public Health Strategies to Prevent and Manage Diabetes and Heart Disease and Stroke regional, chronic disease prevention program, led by PGCHD.

Collaborations

- Partner with the more than 150 organizations and entities represented on the Prince George's Healthcare Action Coalition (PGHAC). (Our Local Health Improvement Coalition or LHIC)
 - Many PGHAC members currently sit on the program's community coalition.
 - members will conduct joint COVID-19 vaccination outreach and education events; engage in bi-directional PHIN referrals; and disseminate patient education materials to their respective constituencies
- Community Care Coordination Team (CCCT) with representation from clinical providers; FQHCs; independent primary care and behavioral health providers; community based organizations (CBOs); FBOs; County agencies- police, sheriff's office, Fire/EMS, social services, housing, and corrections; CHWs; health literacy experts; healthcare transformation and quality improvement consultants; and patient advocates.
 - Each CCCT member is charged with presenting the concerns and needs of his/her organization/ agency's constituency.

CHW Certification Update

Certification Update: Sept. 1, 2019 – Feb. 24, 2022

# certifications	1011
Certification based on training	120
# certifications renewed	158
# total CHW certificates issued:	1169

CHW Certification Training Program Accreditation Update

Accreditation Update: Jan. 1, 2020 – February 25, 2022

Accreditation of CHW Certification Training Programs

# applications submitted:	14
# applications in review process (under review and applicant receiving assistance):	4
# accreditations issued:	10

Accredited CHW Certification Training Programs

1. Access to Wholistic and Productive Living Inc.
1. Asian American Center of Frederick in partnership with
Hagerstown Community College
3. Baltimore City Community College
4. Community College of Baltimore County
5. Heritage Care, Inc.

Accredited CHW Certification Training Programs

6. **Howard Community College**
7. Howard County General Hospital, Johns Hopkins Medicine
8. Maryland Area Health Education Center Program
9. Mosaic Group, Inc.
10. Washington County Commission on Aging, Inc.

CHW Training Program Application Review Committee

New terms begin April 2022:

1. Community health worker
 2. State CHW Advisory Committee member
 3. Health professions educator with expertise in curriculum development
 4. MDH CHW staff
- Two (2) year term
 - Role: Review CHW training program accreditation applications. Recommend qualifying applications to the Secretary for accreditation.

CHW Certification and Training Program Accreditation Webinars

CHW Certificate Renewal Application Webinars

- February 7, March 9, April 8, May 11, June 16
- The information is posted to our [webpage](#).

CHW Certification Training Program Accreditation Application Webinars

- February 25, March 29, April 19, May 23, June 23
- Information is posted to our [webpage](#).

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CHW Professional Development Support

- CHW Advisory Committee mentioned Professional Development support as an area of further development
- OPHI has leveraged staff support from the CDC Foundation and OPHI CHW staff to create a webpage with free or low cost professional development activities that meet renewal requirements
- Share with Adv. Committee for review and input then post on line
 - Communicate that these resources are available

CHW Grant Opportunities and Contract

CDC-RFA-OT21-2103

National Initiative to Address COVID-19 Public Health Disparities among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities

- **Welcome to Jacquelyn (Jackie) Truffer!**
- Administrator

CDC-RFA-OT21-2103

Focus areas:

1. Development and implementation of new CHW training programs
2. Accredited CHW certification training program - addition of a COVID-19 module
3. CHW specialty training resources and COVID-19 materials
4. Scholarships funds for accredited training entities to recruit/support underserved/resourced CHW candidates from high-risk communities

CHW Grant Opportunities

RFA # BPM027227, Community Health Worker (CHW) Training Program Development and Implementation has been cancelled is being replaced by:

[BPM028105](#): Community Health Worker Training Program Development, Accreditation, and Implementation.

Purpose: Development and implementation of a new CHW certification training program.

[BPM028117](#): Accredited Community Health Worker Certification Training Programs - COVID-19 Module Development, Implementation and Training.

Purpose: For currently accredited CHW certification training programs to add a COVID-19 module to their curriculum.

Proposals for both RFAs are due by March 10, 5:00 PM.

CHW Grant Opportunities

BPM027879: Community Health Worker Specialty Training Resources and Materials Development

Development of CHW specialty training resources:

- Behavioral Health;
- Chronic Disease Management: Asthma;
- Geriatrics;
- Infectious Disease: COVID-19; and
- Maternal and Child Health.

Culturally and linguistically appropriate materials on COVID-19

Proposals are due February 28, 5:00 PM.

CHW Contract

Collaboration with MDH Prevention and Health Promotion Administration (PHPA)

Curricula Development

- Chronic Disease Management: Diabetes
- Chronic Disease Management: Cardiovascular Disease

- Stakeholder meetings are in progress

CHW Advisory Committee – Upcoming Meetings

Upcoming CHW Advisory Committee Meetings

Quarterly CHW State Advisory Committee meetings, 1 PM – 3 PM, to be held virtually or at MDH:

- **May 16, 2022**
- **August 15, 2022**
- **November 14, 2022** – Note: This is the 2nd Monday.

Open Discussion

CHW Program Contacts and Links

Maryland CHW Certification Website

<https://pophealth.health.maryland.gov/Community-Health-Workers/Pages/Home.aspx>

Maryland CHW Phone Line

410-767-5971

Maryland CHW Email Addresses

MDH.CHW@Maryland.gov

MDH.CHWApplications@Maryland.gov

Contacts

Kimberly Hiner

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Tina Backe

Coordinator, CHW Program, OPHI

State CHW Advisory Committee Staff

tina.backe@Maryland.gov

Adjournment

Thank you for your time today!