

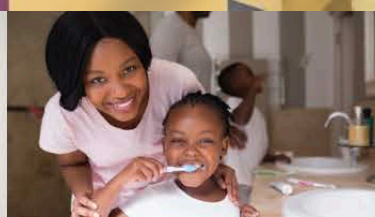
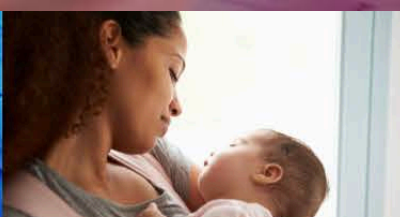
Maryland
DEPARTMENT OF HEALTH

Important Updates in Maryland Public Health: Community Health Worker Certification

Dr. Cheryl Duncan De Pinto, Director & Kim Hiner, Program Administrator

Office of Population Health Improvement

December 5, 2019



A Community Health Worker (CHW) is

A frontline public health worker who is a trusted member of, or has an unusually close understanding of the community served.

This trusting relationship enables a CHW to serve as a **liaison to, link to, or intermediary between health and social services and the community** to facilitate access to services and improve the quality and cultural competence of service delivery.

A CHW also **builds individual and community capacity** by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, the provision of information to support individuals in the community, social support, and advocacy.

Community Health Worker – many job titles

Community health workers go by many titles including:

- promotores(as) de salud
- health coach
- community health advisor
- community health coach
- lay health advocate
- family advocate
- community health care worker
- health educator
- liaison
- promoter
- outreach worker
- peer counselor
- patient navigator
- health interpreter
- public health aide
- community health representative
- community health outreach worker
- outreach specialist
- and many more

Maryland CHW Core Competencies

1. Advocacy and Community Capacity Building Skills
2. Effective Oral and Written Communication Skills
3. Cultural Competency
4. Understanding of Ethics and Confidentiality Issues
5. Knowledge of Local Resources and System Navigation
6. Care Coordination Skills
7. Teaching Skills to Promote Healthy Behavior Change
8. Outreach Methods and Strategies
9. Understanding of Public Health Concepts and Health Literacy

CHWs Supporting Public Health Goals

- Maryland's emphasis on cost reduction and quality has incentivized health providers to engage vulnerable populations and communities.
- Lower costly hospital readmissions.
- Value in engaging patients outside of the providers office.
- CHW have high impact population health management activities.
- CHW and health systems working together to bridge the gaps between community and health and social services.

The Maryland Community Health Worker Act (2018)

The Annotated Code of Maryland, Health-General Article §§ 13 - 3701 through 3709 (Chapter 441), **Public Health – Community Health Workers – Advisory Committee and Certification**, enacted during the 2018 legislative session:

- Establishes the **State Community Health Worker Advisory Committee** to advise the Maryland Department of Health (MDH) on matters relating to the certification and training of community health workers (CHW)
- Requires MDH to adopt specified regulations related to the **training and certification of CHWs in the state**

State CHW Advisory Committee

- Established in October 2018
- Chaired by Fran Phillips, Deputy Secretary for Public Health Services, MDH
- Membership of 18 members, 9 of which are CHWs
- Meetings are held bi-monthly and open to the public

Certification Process Implementation

- Certification is voluntary
- Process includes minimal barriers, is permissive, flexible, and provides pathways to meet eligibility requirements
- Threshold to allow wide inclusivity while maintaining and requiring a minimum standard is met for quality, safety, and effectiveness
- No cost for CHWs or training entities
- Certification process resides within the MDH, Office of Population Health Improvement

CHW Certification Timeline

- **September 1, 2019** – Certification process for experienced CHWs opened (grandparenting)
 - September 1, 2019 – March 31, 2020
- **January 1, 2020** – Accreditation process for CHW certification training programs opens
- **April 1, 2020** – Certification process for individual CHWs who have completed an accredited training program and reciprocity opens

CHW Certification for Experienced CHWs

- September 1, 2019 – March 31, 2020
- Requirements:
 - 18 yrs. old or older
 - Completion of a min. of 2,000 hrs. of CHW paid or volunteer experience within the previous 5 years
 - Two letter of validation forms from CHW employer, supervisory, or agency representative that recommend the individual for certification, validate hours, and validate proficiency in core competencies as detailed by applicant

CHW Certificates Issued

- September 1, 2019 – December 2, 2019
 - Applications in progress: 194
 - Certifications issued: 83
- Certified Community Health Workers, to date, posted on the MDH CHW Certification Website:
<https://pophealth.health.maryland.gov/Community-Health-Workers/Pages/Certification-Program.aspx>

Next Steps for CHW Certification

- Outreach and marketing
 - CHWs
 - Employers / supervisors
- Translation of materials into Spanish and Spanish language webinar
- Training program accreditation process
- Individual certification and reciprocity certification
- Specialty certification

CHW Certification Importance

- Possibility for employment growth, salary increase, and stability
- Increase awareness among employers of CHW roles
- Increase credibility and respect for the profession
- Address barriers to certification and training access
- CHWs continuing to have a close connection with the community being served

Certification Contacts and Links

Maryland CHW Certification Website

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

Maryland CHW Phone Line

410-767-5971

Maryland CHW Email Addresses

MDH.CHW@Maryland.gov

MDH.CHWApplications@Maryland.gov

MDH CHW Contacts

Fran Phillips, State CHW Advisory Committee Chair, Deputy Secretary for Public Health - Fran.Phillips@Maryland.gov

Cheryl Duncan De Pinto, Director, Office of Population Health Improvement - Cheryl.DePinto@Maryland.gov

Kimberly Hiner, State CHW Advisory Committee Staff and Program Administrator, Office of Population Health Improvement - Kimberly.Hiner@Maryland.gov



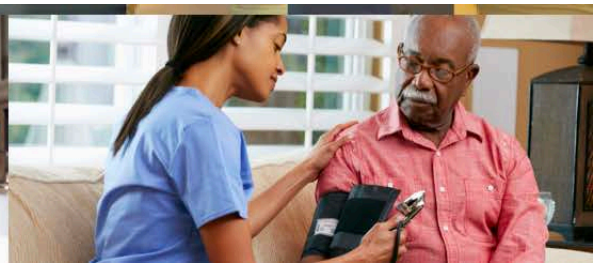
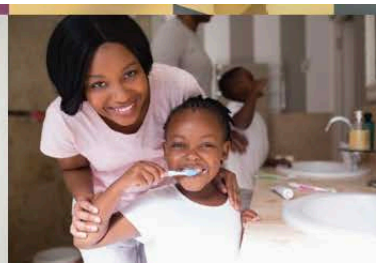
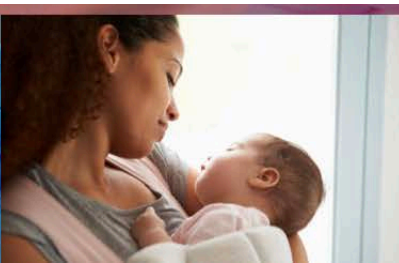
Diabetes in Maryland

2019 MHHD Health Equity Conference

Olubukola Alonge, MD, MPH

Program Specialist, Maryland Office of Minority Health and Health Disparities

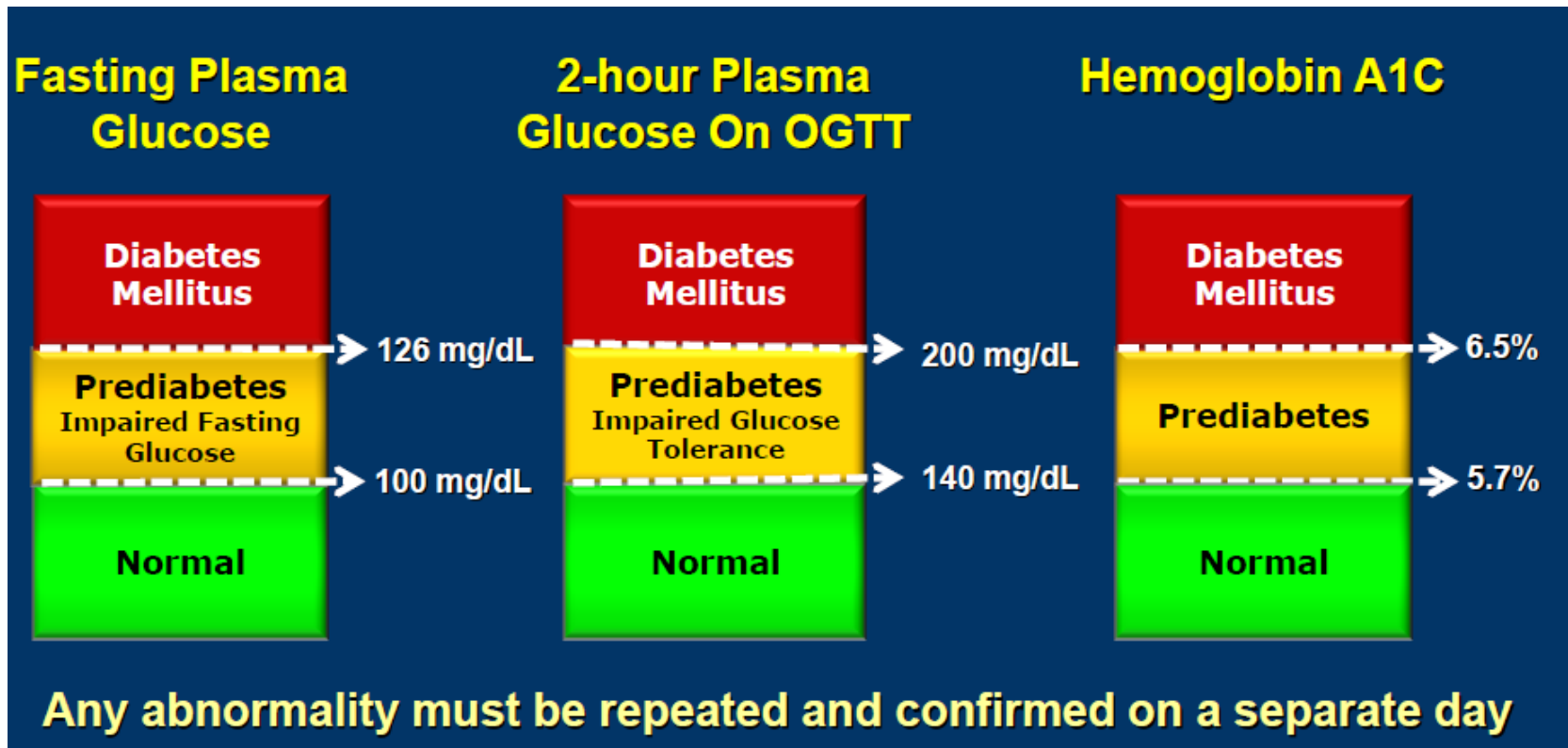
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Diabetes: What is it?

- Diabetes is a chronic disease that affects the way the body handles glucose, which is the sugar in the blood used by the body for energy. An inability of cells to properly absorb glucose, due to inadequate insulin production or a resistance of cells to the action of insulin, or both, results in high blood glucose levels, which is called diabetes. There are several types of diabetes, the most common of which is type 2 diabetes. The other major types are type 1 diabetes, which usually occurs in children and adolescents, and gestational diabetes, which occurs during pregnancy.

Diabetes: Diagnosis



Risk factors for diabetes

Modifiable	Non-modifiable
Overweight/obese	Age: 45 years or older
Physical Inactivity	Family history: having a parent, brother, or sister with type 2 diabetes
Poor diet	Race and ethnicity: minority populations are at higher risk (this is more related to diabetes and not much difference with prediabetes)
Gestational diabetes	
Polycystic Ovarian Syndrome (PCOS)	

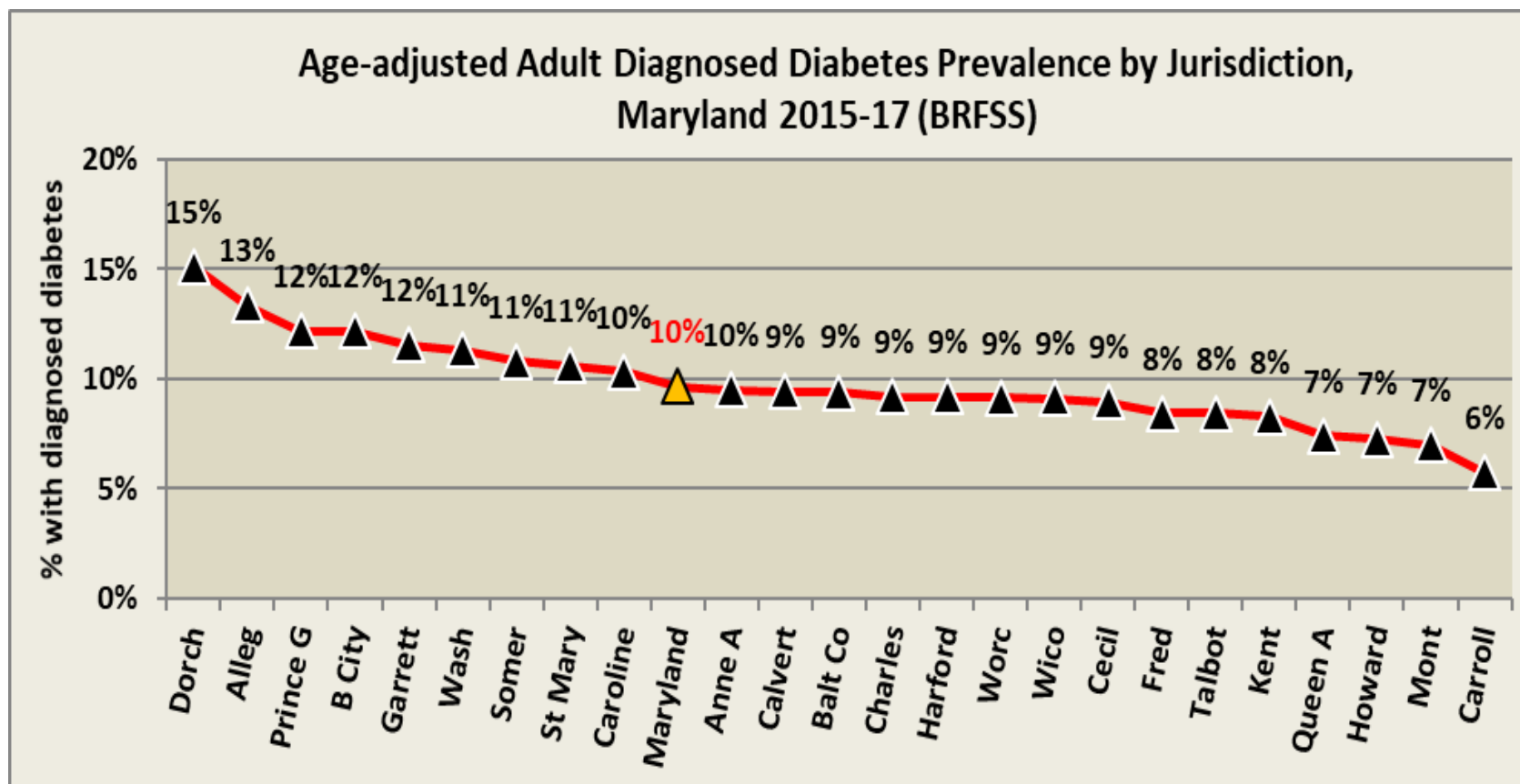
Some other factors are related to the social determinants of health such as income, access to fresh fruits and vegetables, education etc.

Burden of Diabetes in Maryland

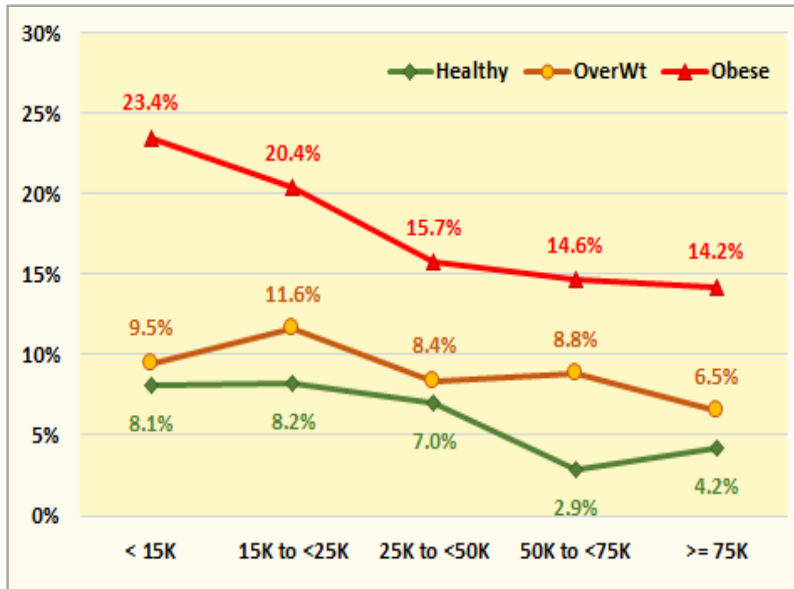
Diabetes is the sixth leading cause of death in Maryland. Diabetes is also a risk factor for heart disease (leading cause of death in Maryland) and stroke (third leading cause of death in Maryland), and so contributes to even more deaths in Maryland than those specifically attributed to diabetes on death certificates.

In addition, 34% of the adult US population aged 18 years or older have prediabetes and 9 out of 10 individuals who are prediabetes are unaware.

Impact of geography on diabetes in MD

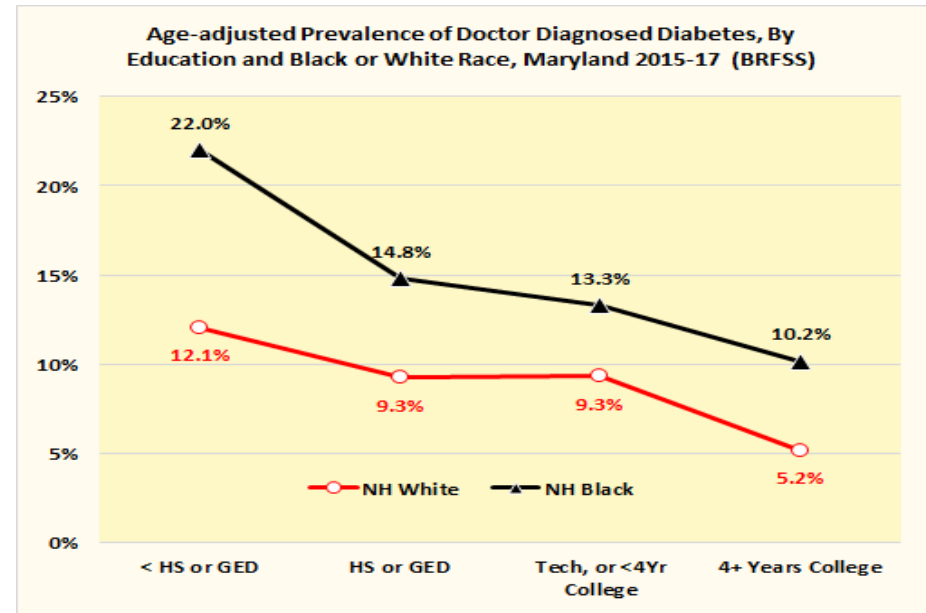


Diabetes prevalence



Age-adjusted Prevalence of Doctor Diagnosed Diabetes, By Income and BMI Status (Maryland BRFFS 2015-2017)

Age-adjusted Adult Prevalence of Diagnosed Diabetes, by Education and Black or White Race, Maryland 2015-17 (BRFSS)



Why is this conversation about diabetes important?

Diabetes and Prediabetes cost an estimated \$7.01 billion in Maryland each year. (In 2017, \$4.92 billion was due to total direct medical expenses for diagnosed and undiagnosed diabetes, prediabetes and gestational diabetes while an additional \$2.09 billion was spent on indirect costs from lost productivity due to diabetes). Serious complications of diabetes include heart disease, stroke, amputation, end-stage kidney disease, blindness, and death. People with diabetes have medical expenses approximately 2.3 times higher than those who do not have diabetes. A study has shown that people with diabetes cost the State's Medicaid program twice as much as those without the chronic condition.

What has or what is the State of Maryland doing regarding diabetes?

To learn more, visit to review the Maryland Diabetes Action Plan:

https://phpa.health.maryland.gov/ccdpc/Pages/ccdpc_home.aspx



Maryland Diabetes Action Plan

Pamela Williams, MHA

Prevention and Health Promotion Administration

Cancer & Chronic Disease Bureau

December 5, 2019

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.

Plan Development

Diabetes Action Team

- Intense 90-day effort to establish the foundation for a broad public campaign
- Diverse state and local government participation
 - MDH (Public Health, Medicaid, Office of Minority Health)
 - HSCRC
 - MHCC
 - CHRC
 - CRISP
 - Local Health Departments
- Three workgroups developing integrated deliverables
 - Data
 - Resource Inventory
 - State Diabetes Plan

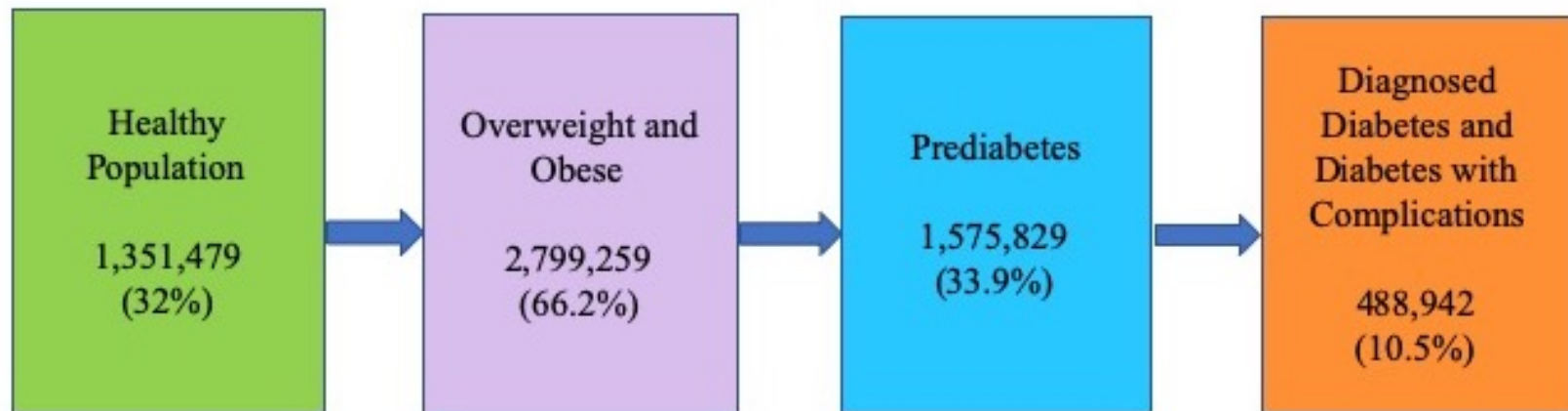
Plan Structure

Draft Diabetes Action Plan Format

The Diabetes Action Plan is comprised of four sections:

- Section I: The Burden and Consequences of Diabetes
- Section II: Determinants and Risk Factors for Diabetes
- Section III: Intervention Strategies and Action Steps for Diabetes Prevention and Control
- Section IV: Inventory of Diabetes-related Resources

Diabetes Risk Continuum



Plan Components

Keeping a Healthy Weight

Index (BMI) is used as a screening tool to determine if an individual is overweight or obese based on their height and weight. For adults it is a BMI of 18-25. A child whose BMI is between the 5th percentile to 85th percentile is in the healthy weight range.

- **GOAL: By 2024, 32 percent of Maryland adults will be of healthy weight.**

Objective: Increase access to healthy nutrition

Priority State Action Steps

1. Implement policies that support healthy eating in institutions, such as worksites, health systems and school cafeterias.
2. Assess the food supply chain for opportunities to address healthy food pricing, cost of fresh fruits and vegetables, and access to healthy foods.

Reducing Overweight and Obesity

In children, overweight is defined as a BMI measurement greater than or equal to the 85th percentile for age and sex of the child. Obese is defined as a BMI measurement greater than or equal to the 95th percentile for age and sex. Adult overweight is defined as a BMI equal to or greater than 25, while obesity is a BMI equal to or greater than 30. In adolescents, the definitions are a BMI of 25 or 30 or above 85 and 95 percent respectively, whichever is lower. There are three classes of obesity, ranging from BMI 30-34 for Class 1, BMI 35-39 for Class 2, and BMI greater than 40 for Class 3.

- **GOAL: By 2024, maintain the percentage of adults with a BMI >25 at 66.5%; and reduce by 10% percent the BMI >85th percentile in high school students.**

Objective: Improve clinical care services for overweight and obese children and adults.

Priority State Action Steps

1. Encourage healthcare providers to refer overweight children and adults to appropriate evidence-based weight and lifestyle counseling.
2. Establish referral mechanisms in healthcare system to refer obese children and adults to obesity specialists for treatment.
3. Explore expanded public and private insurance coverage for clinically supervised weight loss for obese children and adults without secondary co-morbidities.

Prediabetes and Gestational Diabetes Populations

Prediabetes occurs when people have elevated blood glucose (sugar) levels, which places them at higher risk for developing type 2 diabetes. This group includes people with A1C of 5.7-6.4 percent, or fasting plasma glucose between 100 and 125 mg/dL, regardless of BMI. Gestational Diabetes occurs in pregnant women who have high blood glucose levels during pregnancy with no history of diabetes mellitus prior to pregnancy. Gestational diabetes is typically tested between 24-28 weeks with Oral Glucose Tolerance Test (OGTT) levels exceeding normal range fasting, 1 hour, and 2 hours. Even if the blood glucose reduces back to normal levels after delivery, the woman has an increased risk for type 2 diabetes mellitus later in life as does the child.

- **GOAL: By 2024, increase the prevalence of Maryland adults who know their prediabetes status by 30%.**

Objective: Improve prediabetes outcomes

Priority State Action Steps

1. Increase capacity of evidence-based lifestyle change programs, such as the CDC-recognized lifestyle change program, in the state to deliver and bill payers and insurers for lifestyle change programs.
2. Build knowledge and ability of healthcare providers to identify risk, test at-risk people, diagnose (using ICD-10 codes) prediabetes, and implement practice mechanisms to assure referral of patients to interventions.
3. Develop and train providers to utilize an e-referral application within CRISP to facilitate referrals to the BeHealthyMaryland.org referral page and National DPP Lifestyle Change Programs.
4. Implement a communication campaign on prediabetes to increase screening and testing, with targeted messages to enroll and retain HealthChoice DPP and Medicare enrollees.
5. Engage partners to build evidence for diabetes prevention outcomes on new and existing weight management and loss programs.

Managing Diabetes and Controlling Diabetes Complications

This group includes people with two confirmed tests; fasting plasma glucose over 126 mg/dL or A1C of 6.5 percent or higher, regardless of BMI. Diabetes, when not well managed or when it has been present for many years, slowly damages the blood vessels in the body and results in problems of organs or organ systems in the body, including the heart, eyes, kidneys, skin, and nerves.

- **GOAL: By 2024 reduce the age-adjusted diabetes mortality by 5%.**

Objective 1: Improve the use of standardized quality of care for people with diabetes at all levels of the health care system by increasing the number of healthcare systems statewide that utilize the chronic care model (CCM), as recommended by the American Diabetes Association's 2019 Standards of Medical Care in Diabetes.

Priority State Action Steps

1. Engage partners across the state to support payment mechanisms, in adoption of the CCM, that support high quality, state of the art diabetes care and prevention, including the use of telemedicine, case managers, and community workers; and implement payment incentives to encourage the use of Diabetes Self-Management Education and Supports (DSMES), Chronic Disease Self-Management Program (CDSMP), and Diabetes Self-Management Program (DSMP) among people with diabetes.
2. Explore reimbursement of DSMES for Medicaid enrollees.
3. Develop and encourage use of standardized social determinants of health screening tools for use statewide for all patients with diabetes.
4. Explore opportunities by which certified Community Health Workers can specialize in and join care teams to provide a range of diabetes-related community work, including prevention, referral and patient support.



Diabetes Action Plan

https://phpa.health.maryland.gov/ccdpc/Pages/ccdpc_home.aspx

Prevention and Health Promotion Administration

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

