

MARYLAND ADVISORY COUNCIL ON HEALTH AND WELLNESS
MINUTES [DRAFT]
JULY 17, 2019
4:00 p.m.

The Maryland State Advisory Council on Health and Wellness held a public meeting on 7/17/2019, beginning at 4:00 p.m. at the following location:

Maryland Department of Health
201 West Preston Street, Room L-3
Baltimore, MD 21201

MEMBERS PRESENT

Mary Backley
Angela Deal
Jennifer Eastman
Mychelle Farmer
Darlene Ginn
Donna Gugel
Margaret Gwaltney
Roger Harrell
Jessica Kiel
Linda Kline
Namisa Kramer
Julie Maneen
Seth Martin
Rachel Pigott
Cameron Pollock
Vivienne Rose
Stephen Shaul
Deanna Tran

MEMBERS NOT PRESENT

James Ebeling
Lois Freeman
Kathleen Keeffe Hough
Jody Marshall
David McShea
Johnel Metcalf
Michael Miller
Aruna Nathan
Donna Nordstrom
Josie Ogaitis
Joanne Roberts
Tammy Shelley
Anne Williams

GUESTS PRESENT

Jen Arigo
Sumit Bassi
Mary Kay Demarco

MARYLAND DEPARTMENT OF HEALTH STAFF PRESENT

Erin Ashinghurst
Melissa Beasley
Linda Carter
Amanda Klein
Mia Matthews
Maya Nirmalraj
Kristi Pier
Sue Vaeth
Pamela Williams

1. Open Maryland Advisory Council on Health and Wellness

Dr. Vivienne Rose called the Maryland Advisory Council on Health and Wellness meeting to order at 4:05 PM and held roll call.

2. Approve Health and Wellness Council Minutes

Julie Maneen moved to accept the April 17, 2019 meeting minutes and Darlene Ginn seconded the motion. The minutes were approved unanimously.

3. Approve PHHS Council Minutes

Julie Maneen moved to accept the April 17, 2019 PHHS meeting minutes and Darlene Ginn seconded the motion. The minutes were approved unanimously.

4. Council Updates

- Kristi Pier reviewed membership renewal information and thanked members for their participation.
 - Members must attend at least 50% of Council meetings per year and 75% of his/her Committee meetings per year. 1 Council meeting must be attended in-person per year.
 - Attendance is recorded at both the Council and Committee meetings.
 - Committee meetings minutes have not been uploaded online in the past, but they will be going forward.
 - There will be staggered membership this year, with 8-10 members who are up for renewal. Those who are up for renewal received a letter from Melissa Beasley last week with instructions on how to proceed. If you have not replied, please do so soon so there will not be a lapse in membership.
 - Dr. Rose commented if there are unforeseen circumstances regarding attendance that come up, please notify the council.

5. Community Health Worker Presentation

- Kimberly Hiner, Program Administrator, Office of Population Health Improvement
- Community Health Worker (CHW) Defined
 - CHW is a frontline public health worker who:
 1. Is a trusted member of, or has an unusually close understanding of, the community being served;
 2. Serves 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.
 3. Builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities, including: outreach, community education, the provision of information to support individuals in the community, social support, and advocacy.

- Core Competencies for CHWs
 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
- Community Health Worker Legislative History and Background
 - 2014 House Bill 856/Senate Bill 592 - *Workgroup on Workforce Development for Community Health Workers*
 - 2016 MDH CHW Advisory Committee
 - Organized by the Office of Minority Health and Health Disparities
 - Focus on providing an opportunity for more CHWs to participate
 - Spoke with other states and learned about their CHW process
 - 2017 House Bill 1113/Senate Bill 988 – *Health Occupations – Maryland Community Health Worker Act* (did not pass)
 - Although the bill did not pass, it still created an opportunity to bring stakeholders together to think about what Maryland wants their CHWs to look like
- Maryland Community Health Worker Act 2018
 - Established the Maryland CHW Advisory Committee to advise MDH on matters relating to the certification and training of community health workers
 - Requires MDH to adopt specified regulations related to the training and certification of CHWs in the state
- CHW Certification Program Implementation Timeline
 - June - December 30, 2019: Regulations process
 - September 1, 2019 – March 31, 2020: Grandparenting (work experience) applications accepted
 - January 1, 2020: Training program pathway opens and applications accepted
 - April 1, 2020: Individual certification (completion of an approved training program) and reciprocity (certified in another state that meets Maryland’s requirements) applications received

Question from Julie Maneen: “Do we know which states have a certification in place?”

- Ms. Hiner answered, “Yes, around 10 states so far. Several others are working on their certification and are at different stages in the process. We are part of a regional group in the DMV area working on getting certification in the near future. Almost all of the decisions made were based on best practices from other states.”

- Ms. Maneen asked, “Is there is an estimated number of CHWs presently working in the state?”
- Ms. Hiner answered, “That is a question we often receive, but it is difficult to estimate. The only data we have to go off is from the Bureau of Labor Statistics which only counts those employed, and we know a large number of CHWs are volunteers. We expect a heavy application period for grandparenting, which will be a 5 year period.”
- Ms. Scott commented that there are likely 1,200 community health workers operating under another title.

Question from Mary Backley: “What outreach efforts are being done?”

- Ms. Hiner answered, “The CHW network in Maryland has been great at getting the word out. The office of communications at MDH is working on higher level communications. It will be a challenge because not all of these professionals are active members of the network. It will be a joint effort with all agencies.”
- Ms. Scott added that the Maryland Community Health Worker Association is trying to use social media and news outlets and is connecting with other states to learn what they are doing.
- Ms. Backley asked, “Is there a way smaller community health centers and FQHCs can be involved?”
- Ms. Hiner answered, “Yes, definitely. We have partnered with a consultant to work through these details and move at a quicker pace to meet our deadlines.”

- Presentation by Tiffany Scott, Chair, MD Community Health Worker Association, Inc.
- The Workforce
 - CHWs can be identified by many titles
 - CHW Key Characteristics:
 - Rooted in the communities they serve.
 - Unique understanding of resources, environment, and culture.
 - Responsive to the needs of community members.
 - Connects what happens inside of the clinic to what happens in the community.
 - Not necessarily certified.
- Why Community Health Worker Certification?
 - Potential for financing
 - Recognition of specific skills, training, and work experience
 - Enhanced employment opportunities
 - Stepping stone for professional development goals
- Developing and Supporting the Workforce
 - Advocacy
 - Training
 - Leadership

6. Questions

Dr. Rose opened the meeting to comments and questions:

- Question from guest Sumit Bassi: “What are the criteria to qualify for grandfathering? Work experience?”
- Ms. Scott answered, “The application requires letters of recommendation from supervisors that detail what kind of work was done and how many hours were spent working or volunteering.”
- Ms. Hiner commented that certification is voluntary in Maryland; existing CHWs can continue to work and identify as CHWs. To identify as a certified CHW, one must go through the training program. Additionally, training programs are not required to gain accreditation, program can still continue to train CHWs, but it will not lead to certification.
- Dr. Rose commented that this is a good time for CHWs with such a rise in the patient-centered home and transitional health care. What occurs in the community is so important, there is a seat at the table for community health workers. This training will also train others to know the role of CHWs. Enhancing professional development skills for CHWs is a big win.
- Question from Dr. Farmer: “As a foundation for future professional development, to what extent are you creating awareness for young people to become CHWS? Many young people may not interested in college or are not able to afford college. As a pediatrician, there are a number of areas where CHWs can play a role in pediatric wellness; what is the potential role for CHWs to be an important link through recreation and parks and children fitness activities?”
- Ms. Scott answered I know CHWs try to find positions for what they can do. Funding is always an issue, and most CHWs are funded through grants for short periods of time. Even if you have good reviews and success, CHWs can lose their positions. I would love to talk to someone from recs and parks to discuss more sustainable funding.
- Dr. Farmer commented, there was an NIH grant on termed cycles looking at wellness. I can find it and send it along. It was a very interesting model for youth physical fitness, I don’t think anyone from Maryland applied. I think the state could manage those regulations.
- Question from Ms. Backley: “You bring up a good point, for the funders who would do something like this, shouldn’t they be educated about certifications for this profession and increasing the number and diversity of funds to support them?”
- Ms. Scott answered, “Some employers are not too excited about certification because certification means more money. Some employers are frowning upon this because of finances.”
- Question from Dr. Rose: “Have you had any support from large organizations like CareFirst? They are interested in the patient-centered home, any input or support there?”
- Ms. Hiner answered, “Not recently, not with this most recent piece of legislation that I am aware of. Now that we are going to be putting regulations out for public comment, we may see some new interested parties coming forward.”

- Ms. Maneen commented, “If that is a conversation you are interested in having, I am happy to help facilitate that on behalf of CareFirst.”
- Ms. Scott commented, “I know several CHWs work for Kaiser Permanente, Life Bridge, or large managed care organizations, they attend our monthly meetings. They know the certification is coming. Whether they are going back to their employers and providing this information, I’m not sure.”
- Dr. Rose commented, “The last thing I would say, one of the great things about having a community health worker, apart from the direct health benefits, it builds community. We all know the more stable a community is, when there is buy-in in a community and protection, it only helps the community. Deterioration and destabilization are big problems that may contribute to health issues down the line. I really think this is a good thing.
- Question from Ms. Maneen: “Will you share the slides with the committee and the communication plan as it is developed?”
- Ms. Hiner answered, “Yes, we will send out these slides, and I will communicate to you all through Melissa Beasley.”

7. Adjournment/Close for Committee Breakouts

Dr. Rose adjourned the meeting and reminded members of the room to attend their Committee’s breakout session. The meeting adjourned at 4:55 PM.

Next meeting: Wednesday, October 16, 2019, from 4:00-6:00 PM