

State Community Health Worker Advisory Committee Meeting
Monday, December 17, 2018, 1 PM – 3 PM
Maryland Department of Health
201 West Preston Street, L3
Baltimore, MD 21201

Minutes

Advisory Committee Members Present

Fay L. Alexander	Robin N. Hollar
Lilian Amaya	Jude L. James
Rosario A. Campos	Ryan Moran
Camisha Coke	Frances Phillips (Chair)
Griselda C. Funn	Katherine H. Talbert
Kathleen Gilligan	

Advisory Committee Members Teleconference

Kevin J. Contreras
Bettye Muwwakkil
Yana Rachinskaya
Samantha Sailsman
Bradley Tritsch

Maryland Department of Health Staff Present

Kimberly Hiner (Staff)
Pamela Tenemaza
Deborah Donohue

Welcome & Roll Call/Introductions

Fran Phillips, Committee Chair, provided welcome and greetings to the Committee members. Each Committee member introduced themselves. Chair Phillips provided opening comments addressing the importance of the advisory committee work and feedback due to the quick pace that will take place with an implementation date of June 30, 2019. She also introduced Kimberly Hiner as the new staff for the Committee replacing Stephanie Slowly who had left the Department of Health.

Meeting Minute Approval

Two corrections to the October 22, 2018 meeting minutes were noted. Upon corrections, the advisory committee voted and approved the meeting minutes.

Upcoming Advisory Committee Meetings

The upcoming 2019 Advisory Committee meetings will be held on February 11, April 22, and June 17 located at the Maryland Department of Health, 201 West Preston Street, Baltimore.

Discussion of Community Health Workers Roles

The recommended CHW roles from the 2015 workgroup were presented to the CHW group. Discussion of the 10 roles included suggestions for re-wording the roles, combining defined roles and updating language for clarity purposes.

The following are the CHW Roles discussed:

1. Serving as a liaison between communities, individuals and coordinated health care organizations.
2. Provide evidence-based health guidance and social assistance to community residents.
3. Enhancing community residents' ability to effectively communicate with healthcare providers.
4. Providing culturally and linguistically appropriate health education.
5. Advocating for individual and community health equity.
6. Providing care, support, follow-up, and education in community settings such as homes and neighborhoods.
7. Identifying and addressing issues that create barriers to care for specific individuals.
8. Providing referral and follow-up services or otherwise coordination of human services options.
9. Proactively identifying and referring individuals in federal, state, private or non-profit health and human services programs.
10. Integrating with a patient's care team to support progress in the care plan and overall patient wellness.

Discussion of Community Health Worker Core Competencies

The recommended CHW Core Competencies from the 2015 workgroup were presented for review and discussion. Discussion on the CHW Core Competencies included clarifying and adding additional language to the core competencies.

The following are the CHW Core Competencies and feedback received:

1. Effective oral and written communication skills
2. Cultural competency
3. Knowledge of local resources and system navigation
4. Advocacy and community capacity building skills
5. Care coordination skills
6. Teaching skills to promote healthy behavior change
7. Outreach methods and strategies
8. Ability to bridge needs and identify resources
9. Understanding of public health concepts and health literacy
10. Understanding of ethics and confidentiality issues
11. Ability to use and understand health information technology

Advisory Committee Survey and Discussion - Apprenticeships and Training

The apprenticeships and training survey results were presented for review and discussion. A brief overview of the recommendations is below:

- CHWs should not be penalized for working without a certification.
- The certified curriculum should be based on the core competencies.
- The certification process should have levels of certified CHWs ie levels 1-3.
- Rural areas within the state should have the option to utilize a hybrid program.
- Continuing education for the CHWs should be available via webinars.
- The certification program should specify classes that can be done in person practicum or through webinar.

Public Comments

- CHWs work from their experience and usually work in the same areas that they live in.
- Utilize certification programs in other States for guidance.
- High-school CHWs training programs as a consideration in the certification process.
- In the future, the certification process should focus on a specific measures ie diabetes.

Closing Remarks

Chair Fran Phillips provided closing remarks. Next meeting is February 11, at the Maryland Department of Health, L3 conference room.