

**Workgroup for Workforce Development for Community Health Workers (CHW)
Meeting Summary
Monday, October 20, 2014**

Attendees: Pamela Bohrer-Brown, Kim Burton, Perry Chan, Elizabeth Chung, Kimberly Coleman, Jennifer Dahl, Ashyrra Dotson, Wendy Friar, Debra Hickman, Terri Hughes, Michelle LaRue, Beth Little-Terry, Ruth Lucas, Susan Markley, Pat McLaine, Mar-Lynn Mickens, Sonia Mora, Bettye Muwwakkil, Marcos Pesquera, Rosalie Pack, Maxine Reed-Vance, Tricia Roddy, Mike Rogers, Kate Scott, Yvette Snowden, Novella Tascoe, Lesley Wallace, Lori Werrell, Lisa Widmaier, Richard Tharp

After **Introductions**, Judy Levy reviewed the expected outcomes of the day.
Desired Outcomes:

- Review and Finalize CHW Definition
- Identify roles of CHW
- Define core competencies of CHWs
- Set groundwork curriculum discussion

Maggie Holmes led the group into 1, 2, and - Getting Connected activity. As a short getting re-acquainted session, Maggie Holmes directed the attendees to think for a minute and then share their thoughts with another person, then a second person and so forth to the fourth person regarding the statement **“Given today’s outcomes, what is the most important thing to accomplish today?”**. The workgroup had one minute to think of the question, 5 minutes to start discussing with others and to do it four times. Then members came together and conducted a shout out for one minute of their thoughts.

Definition Rally: Seven Groups formed based on where they were sitting.

A Community Health Worker (CHW) is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served.

This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/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, informal counseling, social support and advocacy.

Seven Groups responded to the definition:

100% Supportive no recommendations
100% Supportive with recommendations

Group 1 100% Supportive with Recommendations

1. Need clearly defined definition of health/ services, community education
2. Increase health knowledge (the line between clinical vs. non-clinical)
3. How will we link back to PMC
4. Need to state/show integration with primary care
Clinical vs. non clinical

Group 2 100% Supportive with Recommendations

- Integrated member of healthcare team
- Provide evidence based programs

Group 3 100% Supportive with Recommendations

- Clinical vs. Non Clinical
- Add preventive screenings to allow self-monitoring
- Follow up for adherence
- Optimize self sufficiency
- Prevention services primary and secondary

Group 4 100% Supportive with Recommendations

- Alignment with CMS Ruling
 - Preventive services provided by CHWs including not limited (strike “such as”
 - Strike counseling change to coaching
- Alignment with State legislation
 - A non-clinical health care provider

Group 5 100% Supportive with Recommendations

- A CHW is a frontline (Public Health Worker) who is trusted..
Suggest/comment-redundant or define “public health worker”
- Suggest-define terms in the definition
- Differentiate between community health worker and public health worker

Group 6 100% Supportive with Recommendations

- Integrated as part of the health care team.

Group 7 100% Supportive no Recommendations

CHW Roles

All members participated in the discussion on CHW roles. The members decided that the planned activity to discuss roles of the CHW did not foster enough participation. So, the facilitators adjusted the activity to accommodate a large group discussion. On the wall, The 9 CHW roles from session 2 discussion had been displayed on the wall. Each role was discussed in the large group on whether the roles should remain or should it be revised to work for Maryland.

From this discussion, below are the revised roles based on the lengthy discussion by the group.

CHW Roles Presented	Proposed From Group Discussion
1. Serving as a liaison between communities, individuals and coordinated care organizations	Serve as a liaison person 100% agreed
2. Providing health on nutrition guidance and social assistance to community residents	Group 100% preferred ACA Providing guidance and social assistance to community residents
3. Enhancing community residents' ability to effectively communicate with health care providers	Group 100% preferred ACA Enhancing community residents' ability to effectively communicate with health care providers
4. Providing culturally and linguistically appropriate health or nutrition education	Providing culturally and linguistically appropriate services that promote health and well-being
5. Advocating for individual and community health	No change. 100% agreed
6. Conducting home visitations to monitor health needs and reinforce treatment regimens	Recommended two (2) roles <ul style="list-style-type: none"> • Providing care, support, follow-up, and education in community settings including homes, neighborhoods, etc. • Monitor health and social needs to support the health care plan
7. Identifying and resolving issues that create barriers to care for specific individuals	Identify resources to help resolve issues that create barriers to care for specific individuals 100% agreed
8. Providing referral, and follow-up services or otherwise coordinating health and social service options	Providing referral, follow-up, and linkages to services or otherwise coordinating health and social service options 100% agreed
9. Proactively identifying and enrolling eligible individuals in federal, state, local, private or nonprofit health and human services programs	Proactively identifying and directing eligible individuals to federal, state, local, private or nonprofit health and human services programs 100% agreed

Other discussion items to be considered as a new role or language to be incorporated into a current role.

- Documentation
- Engagement
- Connecting
- Outreach

The meeting ended at 12:30 pm

Approved by workgroup on: 12/15/14