



Committee: Health Professional Education
Date of Meeting: January 14, 2005, 11am – 1pm
Location: Bon Secours Urban Medical Institute
2600 Liberty Heights Avenue
Baltimore, Maryland

□ Attendance

Committee Members:

Co-Chairs: Dr. Trudy Hall
Dr. Myron Weisfeldt

Co-Staff: Arlee W. Gist, MHHD, Lead Co-Staff
Iris Reeves, DHMH/Mental Health

MHHD Staff: Dr. Carlessia Hussein, MHHD Director
Janet Adams, MHHD
Dr. David Mann, MHHD
Nduku Numbu, MHHD
David Wolfe, MHHD

Committee Members:

Diane Becker	Diane Cheng
Michelle Clark-Green	Yvette Colo'n
Russell Dick	Maureen George
Bernard Gibson	Miryam Granthon
Sheila Higdon	Marilyn Johnson
Adam Kaplin	Julia Mitchner
Tricia Reedy	Diane Skojec
David Stein	Colin Weeks
R. Herman White	Simon Williams

Total Attendees: Twenty-Seven (27)

□ Meeting Summary and Key Points

- Meeting opened with greetings/introduction by Dr. Trudy Hall, meeting convener and one of the three co-chairs. Dr. Hall shared her excitement about the process and involvement in facilitating the charge of the Health Professional Education Committee.
- Dr. Myron Weisfeldt extended greetings and shared his background at Johns Hopkins University programs involving health disparities. All other committee members gave a brief introduction and employment background.

- Dr. Carlessia A. Hussein provided an overview of House Bill 883 and House Bill 86. House Bill 86 established the office of Minority Health and Health Disparities (MHHD) during the 2004 Maryland General Assembly. No fiscal note was passed with the bill. Secretary S. Anthony McCann and former Secretary Nelson made commitments to support the requirements of each bill.
- MHHD held a successful conference on June 8, 2004 at the University of Maryland at Baltimore County. The conference attendance exceeded three-hundred (300) with professionals from health, legislative branch, research, higher education, advocacy, minority and community based organizations representation. The morning sessions set the tone for the charges the four breakout committees (1) Access to Quality Health Services (2) Health Professional Education (3) Identifying Funding Strategies and (4) Measuring Disparities.
- An informational folder was compiled by MHHD that included recommendations from June 8th conference, HB 883, HB 86, MHHD pamphlet, Maryland minority population data, committee charge, MHHD poster presentation at Annual Public Health Association conference in November 2004 and other articles on health disparities.
- The recommendations from the four committees will be used to develop the Health Disparities Plan, which a draft report is due June 30, 2005.
- The committee members were asked to review the committee charge that will serve as the framework for the committee. No suggestions were noted by members to amend the charge.
- A suggestion was made to examine national initiatives to share with the committee to support the work undertaken by this committee.
- The recommendations from the June 8 conference were grouped into six categories. The categories are:
 - Training and Education
 - Post Graduate Education (health professional driven and advocacy)
 - Health Care Professionals (define group/population)
 - Minority Health Providers
 - Legislation
 - Other

See Attachment A.

WHO ARE HEALTH PROFESSIONALS? Committee members discussed grouping health professionals into tiers but decided to work with simple listings of health professional who had the most direct impact on patients and the public. The following list represents those health professionals, which will be the focus of the work the committee:

- | | |
|-----------------------|------------------------------|
| Physicians | Social Worker/Case Managers |
| Nurses- RN/LPN | Pharmacists |
| Physician Assistants | Therapists (PT, OT, SLP, RT) |
| Dentists | Optometrists |
| Clinical Psychologist | Counselors (health related) |
| Podiatrists | Nutritionists |
| Researchers | Health Care Administrators |
| Chiropractors | Public Health Workers |

Medical Assistants	Technicians
Community Health Workers	Health Educators
Medical Language Interpreters	Health Systems Support Staff
Health Workers in:	
Hospitals	Health Clinics
Managed Care Organizations	Health Institutions
Pharmaceutical Companies	

- ❑ The Sullivan Commission Report was asked to be shared with the committee because of the reports focus on achieving diversity among health professionals.
- ❑ Health Professional curriculum offered at Hopkins and University of Maryland requested for next meeting. Reference was made to a section of the bill that directs entities named in the bill to review curriculums.
- ❑ It was suggested that Morgan State University and other Historical Black Colleges and Universities and minority providers participate in committee meetings.
- ❑ A question was raised in regarding a health inventory survey. It was explained that Maryland Health Disparities Coalition conducted a disparities survey and the results of the survey would be made available over the next week or two.

FOLLOW-UP

❑ Action Steps

1. Follow-up on curriculum at Johns Hopkins and University of Maryland
2. Make the Sullivan Commission Report available to committee members
3. Identify larger meeting space for future meetings

NEXT MEETING DATES

2/4/05

2/25/05

Location: Bon Secours Medical Institute
 2600 Liberty Heights Avenue
 Baltimore, Maryland

PARKING LOT ITEMS – NONE

Attachment A

Health Professional Education Recommendations from June 8th Conference by Category

(1) Training and Education

1. Require public health and medical providers to work together as a team
2. Promote health education
3. Encourage self-advocacy
4. Promote community-based research
5. Increase awareness of preventive measures at all levels (home, family, community)
6. Promote cultural sensitivity training at all levels
7. Encourage partnership between all practitioners that serve a client.
8. Provide language training
9. Improve communication between healthcare professionals and community through marketing and outreach
10. Provide outreach to professional societies to limit "lumping" together of different minority populations into single category. Address "lumping" issue through education and exposure to different cultures.
11. Increase number of role models and improve mentoring
12. Train providers on how to access and use language services
13. Establish a multicultural center in rural areas with on-call physicians/ nurses. Provide kiosks in different languages that serve communities. Provide knowledge of other cultures/languages.
14. In an effort to offset the growing nursing shortage through utilization of foreign-trained nurses

(2) Post Graduate Education (Health Professional Driven and Advocacy)

1. Require public health and medical providers to work together as a team
2. Promote health education
3. Encourage self-advocacy
4. Promote community-based research
5. Promote cultural sensitivity training at all levels
6. Encourage partnership between all practitioners that serve a client.
7. Provide diversity training in re-licensing of health professionals
8. Provide language training
9. Improve communication between healthcare professionals and community through marketing and outreach
10. Provide outreach to professional societies to limit "lumping" together of different minority populations into single category. Address "lumping" issue through education and exposure to different cultures.
11. Increase number of role models and improve mentoring
12. Train providers on how to access and use language services
13. Establish a multicultural center in rural areas with on-call physicians/ nurses. Provide kiosks in different languages that serve communities. Provide knowledge of other cultures/languages.

14. Expand/incorporate health professions to include promoters/community health workers

(3) Health Care Professionals (Define Group/Population)

1. Require public health and medical providers to work together as a team
2. Increase funding for minority provider education
3. Encourage participation in career day in first and second year of high school
4. Seek funding for scholarships and grants from private foundations, corporations, federal and state government
5. Offer cultural diversity classes early on primary education (elementary and middle schools)
6. Provide financial support (reduce cost) for professional training/licensure
7. Improve incentives for entrance into health professions (e.g. loans, scholarships, loan forgiveness)
8. Address "pipeline" issue (of decreased likelihood for racial and ethnic minorities to graduate high school, enroll in college, and graduate from college) (and of decreased likelihood of racial and ethnic minorities to take required science and math courses for college admission) early on in educational level.
9. Encourage racial and ethnic minority students to take science and math courses.
10. Increase number of role models and improve mentoring
11. Identify high school student volunteer opportunities in health care settings as means of satisfying volunteer high school graduation requirements.
12. Mandate that nurses/providers who receive federal/state funding improve outreach programs and provide services in rural areas & culturally diverse communities.
13. Change Maryland health insurance regulation which prohibits collection/reporting of racial/ethnic data by health plans and health insurers- in order to allow for the monitoring of efforts to increase diversity of their workforce to match the diversity of their enrollees

(4) Minority Health Providers

1. Provide incentives for healthcare providers to remain in Maryland
2. Increase funding for minority provider education
3. Reduce Pell grant
4. Seek funding for scholarships and grants from private foundations, corporations, federal and state government
5. (MD) Provide racial/ethnic data for Medicaid managed-care recipients to MCOs as required by Federal regulation
6. Change Maryland health insurance regulation which prohibits collection/reporting of racial/ethnic data by health plans and health insurers- in order to allow for the monitoring of efforts to increase diversity of their workforce to match the diversity of their enrollees
7. In an effort to offset the growing nursing shortage through utilization of foreign-trained nurses currently not practicing in Maryland:
 - A. Provide English classes with emphasis on medical terminology
 - B. Establish a central location to distribute information on licensure process
 - C. Develop internships, and entry-level jobs or health care contacts

- D. Help with immigration/legal status documentation
- E. Provide preparation course for the NCLEX exam
- F. Provide assistance with childcare

(5) Legislation

1. Educate legislators about the need for funding and for the requirement of education of health professional core to include cultural competence.
2. Advise legislatures about cost-effectiveness of prevention
3. (MD) Provide racial/ethnic data for Medicaid managed-care recipients to M COs as required by Federal regulation

(6) Other

1. Provide funding for policies to promote patient advocacy and services (i.e. interpreter/ transportation)
2. Allocate/ increase funding for prevention
3. Implement universal healthcare coverage
4. Provide culturally sensitive literature
5. (DHMH) Improve institutional climate for diversity
6. (MD) Pay for a health information line in Spanish.