

Testimony of Elizabeth Chung
Health and Government Operations
Support HB0334 with Amendments (FWA)
January 27, 2025

Good afternoon, Madam Chair and Members of the Health and Government Operations Committee. My name is Elizabeth Chung, and I reside in Frederick, Maryland. I bring over 40 years of experience in public health, specializing in health equity, healthcare workforce development, and maternal and child health. As Executive Director of the Asian American Center of Frederick (AACF), which houses one of Maryland's first accredited Community Health Worker (CHW) training programs, I strongly support HB0334 with amendments to ensure equitable maternal and infant healthcare for all Marylanders. Maternal and infant health outcomes can only improve with a comprehensive, community-driven approach that addresses systemic barriers. I urge the Committee to incorporate these priorities into HB0334:

1. **Comprehensive Maternal and Infant Care:** Programs must begin before pregnancy, continue through the first year of life, and link families to community resources that support long-term health and development.
2. **Support for Underserved Families:** Low-income, low-education families face systemic challenges that prevent socioeconomic mobility. Addressing these disparities is crucial for breaking cycles of inequity.
3. **Assured Access to Quality Prenatal Care:** Family assessments must identify and mitigate barriers to income, education, and employment, ensuring that families are equipped to thrive collectively.
4. **Institutional Accountability:** Healthcare institutions benefiting from the community's poor health outcomes must reinvest in meaningful partnerships that dismantle barriers to good health.
5. **Empowering Community Health Workers:** CHWs are uniquely positioned to bridge cultural and linguistic gaps, promote positive birth outcomes, and reduce healthcare costs. While they don't replace home visitation, their expertise in education and navigation enhances care delivery and ensures cultural competency.

At AACF, CHWs have been integral to our success. During our 2018–2020 Maternal and Child Health (MCH) project funded by the Maryland Health Department, we achieved extraordinary outcomes with minimal resources: 100% of at-risk pregnant women delivered babies with healthy birth weights, 92% achieved full-term gestation, and NICU admissions were eliminated. Our C-section rate was just 12%, compared to the state's 18%. These results demonstrate that CHWs are not just a supplement to care—they are a catalyst for transformative change. Federal initiatives like HRSA's Maternal and Child Health programs and CMS's Transforming Maternal Health (TMaH) model underscore the need for this approach. Maryland must follow suit by prioritizing CHWs in its strategy to improve maternal and infant health equity.

Thank you for your time and consideration. I urge you to support HB0334 with amendments that emphasize the critical role of Community Health Workers in achieving these goals.