



COMMUNITY HEALTH WORKER INITIATIVE

KEY FINDINGS FROM THE COMPREHENSIVE REPORT

As a result of the collective efforts of the study, driven by the state-by-state comparison and stakeholder interviews, the following represent key findings that need to be considered in subsequent steps of the process.

✓ **STAKEHOLDER INTERVIEWS OPENED THE DOOR FOR DIALOGUE.**

The process of interviewing key stakeholders within South Dakota not only served to provide informative feedback for the construct of a statewide Community Health Worker (CHW) program, but it also opened the door for conversation with each interviewee and their representative organization. Cross-functional and inter-organizational communication is both valued and integral to the development of this program moving forward, and the interview process served to vest their interests in the process. Study contributors are hopeful the organizations that contributed to this body of evidence will continue their involvement into subsequent steps of the CHW process in South Dakota.

✓ **COMMUNITY HEALTH WORKER SERVICES NEED TO BE REIMBURSABLE.**

The key stakeholders were largely in favor of creating a new level of health care work – CHW – to bridge gaps between the health care facilities and the patient in order to improve health care outcomes and quality of life. However, reimbursement of CHW service will be a key factor to determine a go or no go decision. The South Dakota Department of Health and other key partners will facilitate discussions with insurers, Centers for Medicaid and Medicare Services, and policy makers with the aim to obtain reimbursement for CHW services.

✓ **THE CHW PROGRAM CURRICULA, TRAINING MODEL, AND CERTIFICATION PROCESS NEED TO BE AFFORDABLE, ACHIEVABLE AND ACCESSIBLE.**

Stakeholders agreed the people who fill the CHW positions will first and foremost have a personality that is conducive to working with patients in all settings. Ideal CHW candidates will be members of communities in which they serve and may or may not have the resources to attain the training and subsequent certification. The training and certification process needs to a) be affordable for individuals or their health care organizations; b) be achievable as demonstrated by evidence-based programs; and c) accessible via hybrid program with in-person skills assessment and job shadowing.

✓ **THE CHW PROGRAM NEEDS TO BE STANDARDIZED ACROSS THE STATE.**

Based on findings from other states as well as stakeholder input, there is a strong consensus the CHW program should be managed by a single entity for the entire state in order to be most efficient and preserve program integrity. The program management would include training, certification, annual continuing education updates, recertification reminders, national updates, and other relevant training needs.

✓ **COMPONENTS FROM EXISTING PROGRAMS SHOULD BE LEVERAGED TO CREATE A SD CHW PROGRAM.**

After an extensive environmental scan of each state program and the Indian Health Service's Community Health Representative (CHR), five programs were determined as meeting the requirements of the South Dakota stakeholders. Elements from these models should be adapted/adopted to inform the South Dakota curriculum design.

- Community Health Education Center /Massachusetts Board of Certification of Community Health Workers
- Community Health Worker National Education Collaborative (The University of Arizona and Arizona Area Health Education Center) Community Health Worker Program
- Indian Health Service Community Health Representative Program
- MHP Salud Camp Health Aide (Community Health Worker) Program
- Texas Department of State Health Services CHW Program

✓ **SCOPE OF WORK NEEDS TO BE DEFINED.**

South Dakota stakeholders agreed a level of health care workers is needed to bridge the gap between the health care services and the patient, particularly with resource navigation, appointment follow-up and overall coordination of care. For some stakeholders, services under the scope of nursing, therapy, and social work, were not as clear-cut. As the program evolves, the program should involve other health care regulatory stakeholders to a) ensure scope creep doesn't happen into other positions, and b) ensure statute is provided on a state-wide level as to scope of practice for these positions.