SOUTH DAKOTA COMMUNITY HEALTH WORKER WORKGROUP

Summary and Recommendations

South Dakota Department of Health
South Dakota Department of Social Services

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SUMMARY

The South Dakota Department of Health (SD DOH) and South Dakota Department of Social Services (SD DSS) combined efforts to further define the Community Health Worker services in South Dakota. A workgroup of constituents comprised of representatives from healthcare organizations, public health, Indian Health Service, and tribal communities developed three recommendations to inform the development of CHW services. This report summarizes the recommendations, credentialing models, business case, background work and workgroup meeting outcomes.

RECOMMENDATION #1: SCOPE OF PRACTICE

The recommended scope of practice for a Community Health Worker for the state of South Dakota was defined through review and analysis of national research[1] and input from the workgroup. In addition to the four (4) primary areas listed below, CHWs may also be called upon the additional skill sets of: advocating for individuals and communities, conducting various forms of outreach both within and outside the community, building individual and community capacities, engaging in the evaluation of CHW services and associated programs, as well as implementing an individual and community assessment process.

SYSTEM NAVIGATION AND RESOURCE COORDINATION

- Providing information to individuals and communities about accessing health systems, social service systems, and human resources
- Ensuring individuals follow-up with care provider recommendations
- Facilitating transportation to services and addressing other barriers to service
- Documenting and charting data
- Informing individuals and systems about community assets
- Assisting individuals to better understand their private and/or public health insurance coverage and options
- Sharing knowledge of resources about healthcare related topics
- Helping individuals navigate transition of care

PROVIDING COACHING & SOCIAL SUPPORT

- Providing individual support and coaching
- Motivating and encouraging people to obtain care and other services
- Supporting self-management disease prevention education
- Planning and/or leading support groups
- Accessing resources and connecting patients to those resources
- Conducting environmental assessments and identifying barriers to healthcare

PROVIDING CULTURALLY APPROPRIATE HEALTH EDUCATION AND INFORMATION

- Reviewing professionally-prepared health promotion and disease prevention information that matches linguistic and cultural needs of the community and/or its members
- Providing nationally-recognized and/or provider-specific information to understand and prevent diseases and to help individuals manage their health conditions
- Attaining culturally appropriate (language) education materials
- Linking community perspectives and cultural norms with the current health systems
- Incorporating Traditional Healing within standard healthcare practices

[1] A Contemporary Look at the United States Community Health Worker Field. *Progress Report of the Community Health Worker (CHW) Core Consensus (C3) Project: Building National Consensus on CHW Core Roles, Skills, and Qualities.* April 2016.

PROVIDING DIRECT SERVICES

- Providing basic screening tests (e.g. heights and weights, blood pressure)
- Providing basic services (e.g. first aid, oral hygiene)
- Recognizing variations between normal and abnormal health conditions
- Meeting basic needs (e.g. direct provision of food and other resources)
- Facilitating communication with provider

RECOMMENDATION #2: CORE COMPETENCIES

The following core competencies are recommended based on the four (4) scope of practice priorities identified by the CHW Workgroup.

Scope of Practice Priority	Core Competencies
SYSTEM NAVIGATION AND RESOURCE COORDINATION	• Assist in implementing a care management plan in collaboration with provider/other resources • Knowledge of local health systems/resources • Assisting in developing and implementing care plans • Making referrals and connections to community resources • Fostering and establishing relationships and communication • Providing follow-up and collaboration with provider/other resources
PROVIDING COACHING AND SOCIAL SUPPORT	• Demonstrating competency in motivational interviewing in both individual and group settings • Knowledge of counseling techniques in both individual and group settings • Knowledge of coaching and self-efficacy theory and application in both individual and group settings
PROVIDING CULTURALLY APPROPRIATE HEALTH EDUCATION AND INFORMATION	• Knowledge of health promotion and disease prevention principles while honoring cultural and religious beliefs • Knowledge of cultural practices within the community • Demonstrating cultural competency and understanding of diversity • Demonstrating interpersonal skills • Identifying health literacy standards for written materials • Knowledge of translation and interpretation services
PROVIDING DIRECT SERVICES	• Providing support for clients to use provider instructions or advice, and convey client challenges to providers. • First Aid and CPR training • Universal precautions training • HIPAA compliance training • Knowledge of screening tools (e.g., PHQ, blood pressure)

Additionally, the CHW Workgroup identified the need for CHWs to complete a job shadowing and/or internship prior to employment as a CHW. A set number of hours of job shadowing and/or internship hours has not yet been defined, but has been deemed necessary by the CHW Workgroup.

RECOMMENDATION #3: EDUCATION AND TRAINING

The workgroup drew from two bodies of work: (1) *Community Health Workers: An Evidence-Based Model for South Dakota* and (2) *Contemporary Look at the United States Community Health Worker Field Progress Report of the Community Health Worker (CHW) Core Consensus (C3) Project: Building National Consensus on CHW Core Roles, Skills, and Qualities.*[2] A total of eight (8) state/organizational curricula have been identified as beneficial (either pieces of, or as a whole) for training CHWs in South Dakota. Of these eight (8) curricula, six (6) include required or optional continuing education.

CHW PROGRAMS FOR COMPARISON

The following CHW program curricula were identified, researched, and comparedto further assist the CHW workgroup in analyzing CHW curricula that may benefit a future CHW curriculum in South Dakota:

- Arizona (AZ) – Community Health Worker National Education Collaborative: University of Arizona and Arizona Area Health Education Center (AHEC)
- California (CA) – Community Health Worker Program: City College of San Francisco
- Indian Health Service (IHS) – Community Health Representatives (CHRs) Program
- Massachusetts (MA) – Massachusetts Board of Certification of Community Health Workers Program
- Minnesota (MN) – Minnesota Department of Health Community Health Worker Program
- New York (NY) – Community Health Worker Initiative
- Oregon (OR) – Oregon Health Authority Certified Traditional Health Worker Program
- Texas (TX) – Texas Department of State Health Services Community Health Worker Program

CURRICULA OFFERINGS

In reviewing the eight (8) selected curricula, specific areas of interest were examined further to reiterate the validity of selected curricula. Based on the top five (5) areas identified by CHW constituents in 2015, five (5) areas were examined. Additionally, the four (4) areas of the proposed CHW scope of work were reviewed, as were additional information pertinent to a future CHW program in South Dakota.

CHW SCOPE OF PRACTICE

Based on the proposed CHW Scope of Practice, the following areas were reviewed for each of the eight (8) curricula:

1. System Navigation and Resource Coordination
2. Providing Coaching and Social Support
3. Providing Culturally Appropriate Health Education and Information
4. Providing Direct Services

CHW CORE COMPETENCIES

In addition to reviewing the four (4) areas of the CHW Scope of Practice, all Core Competencies were reviewed for each of the eight curricula.

[2] A Contemporary Look at the United States Community Health Worker Field. *Progress Report of the Community Health Worker (CHW) Core Consensus (C3) Project: Building National Consensus on CHW Core Roles, Skills, and Qualities*. April 2016.

CURRICULA OFFERINGS COMPARISON TABLES

The following tables (Tables 1 through 3) provide a quantifiable view of what is included in the eight (8) model curricula as it relates to important areas identified through the proposed CHW Scope of Practice and workgroup suggestions.

CHW SCOPE OF PRACTICE

Table 1

	AZ	CA	IHS	MA	MN	NY	OR	TX
System Navigation and Resource Coordination	✓	✓	✓	✓	✓	✓	✓	✓
Providing Coaching and Social Support	✓			✓	✓	✓	✓	✓
Providing Culturally Appropriate Health Education and Information	✓	✓	✓	✓	✓	✓	✓	✓
Providing Direct Services		✓			✓			

CORE COMPENTANCY ADDRESSED IN CURRICULUM

Table 2

SYSTEM NAVIGATION AND RESOURCE COORDINATION

	AZ	CA	IHS	MA	MN	NY	OR	TX
Developing a care management plan in collaboration with provider/other resources		✓		✓				
Knowledge of local health systems/resources	✓	✓	✓	✓		✓	✓	✓
Assist in developing and implementing care plans	✓	✓	✓	✓	✓	✓		
Making referrals and connections to community resources	✓		✓	✓	✓	✓	✓	✓
Fostering and establishing relationships and communication	✓	✓	✓	✓	✓	✓	✓	
Ability to provide follow-up and collaboration with provider/other resources	✓	✓		✓	✓	✓		✓

Table 3

PROVIDING COACHING AND SOCIAL SUPPORT

	AZ	CA	IHS	MA	MN	NY	OR	TX
Demonstrate competency in motivational interviewing in both individual and group settings	✓		✓	✓	✓	✓	✓	
Knowledge of counseling techniques in both individual and group settings	✓		✓	✓	✓	✓	✓	✓
Knowledge of coaching and self-efficacy theory and application in both individual and group settings			✓	✓	✓			

Table 4

PROVIDING CULTURALLY APPROPRIATE HEALTH EDUCATION AND INFORMATION

	AZ	CA	IHS	MA	MN	NY	OR	TX
Knowledge of health promotion and disease prevention principles while honoring cultural and religious beliefs	✓	✓	✓	✓	✓	✓	✓	✓
Knowledge of cultural practices within the community	✓	✓	✓	✓	✓		✓	✓
Demonstrate cultural competency and understanding of diversity	✓	✓	✓	✓	✓			
Demonstrate interpersonal skills		✓		✓	✓			✓
Identifying health literacy standards for written materials		✓	✓	✓	✓	✓		✓
Knowledge of translation and interpretation services				✓	✓	✓		

Table 5

PROVIDING DIRECT SERVICES

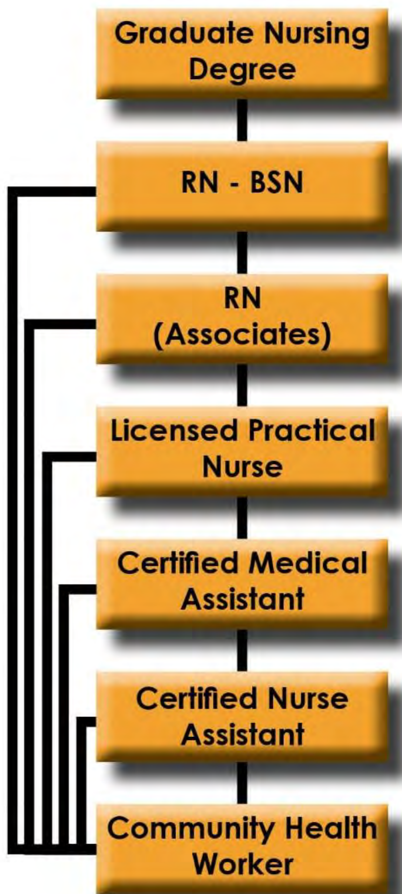
	AZ	CA	IHS	MA	MN	NY	OR	TX
Provide support for clients to use provider instructions or advice, and convey client challenges to providers		✓	✓	✓	✓			
First Aid and CPR training	✓							
Universal precautions training	✓	✓	✓					
HIPAA compliance training	✓	✓						
Knowledge of screening tools (e.g., PHQ)		✓	✓					

CAREER LADDERS- NURSING AND SOCIAL WORK

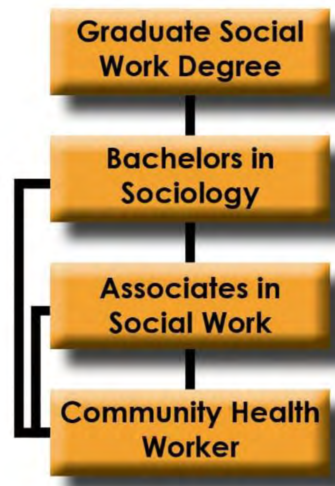
Continuing education is a critical requirement for CHWs in South Dakota to ensure CHWs are up-to-date on changes and various aspects of the profession.

Although several career options can develop from a CHW position, two specific career ladders were further examined to assist in establishing a benchmark career field entry point for CHWs in South Dakota. Ideally, the CHW courses will provide foundational credits to get a nursing and sociology degree.

CAREER LADDER – NURSING



CAREER LADDER – SOCIAL WORK



CAREER LATTICE

The following are just a few of the possible careers that can be paired with a CHW career. One currently employed in one or more of the following careers could also add CHW training to expand their career reach. There are many additional careers that can be included in a CHW career lattice, with the following used simply as an example:

- Home Health Aide
- Unlicensed Diabetes Aide (UDA)
- Medication Aide
- Health Coach
- Emergency Medical Technician (EMT)
- Paramedic

CREDENTIALING MODELS

States and organizations have used a variety of methods to credential their Community Health Worker workforce. Many states have adopted a certification mandate as part of their credentialing process. Certifying CHWs allow them to be identifiable to employers and payers and to be able to perform certain tasks with possible reimbursement. It is recommended that before a CHW program is created, a credentialing method is selected to ensure consistent credentialing and reimbursement for CHWs in South Dakota.

CREDENTIALING REQUIRED FOR CHWS[3]

The Rural Health Information Hub notes that health and human services agencies in some states require CHWs to have state-level certification, meaning that they must pass an approved training program and have acquired specific skills and competencies. Credentialing and certification programs are often administered by the health department or another agency at the state level. A number of educational institutions offer courses, certificates, or degrees in the CHW field. In rural communities, a number of CHWs often receive minimal training, supplies and supervision.

There are different types of credentialing a CHW can receive depending on the program and state. CHWs can be credentialed by certification, licensing, or registration, with pros and cons to each approach. Benefits of pursuing credentialing can include greater professional respect amongst healthcare professionals, improved pay and working conditions, and increased job stability due to potential reimbursement from programs such as Medicaid for services rendered. Negative aspects could include cost of training, no formal tie to increased compensation, ambiguity about responsibility for violations, and academic requirements could be a barrier for entry into the field.

CHW CREDENTIALING EXAMPLES

State/Organization	*Type of Credential*	*Governing Agency*	*Training Requirements*
Massachusetts	Certification; needed in order to represent oneself as a "certified CHW"	Board of Certification at Department of Public Health	Board approves education standards, curriculum specifics, and requirements for CHW certification and renewal processes (80hrs of classroom training and 15 years of continuing education every 2 years)
Minnesota	Certification; needed in order to participate in state Medicaid program	State of Minnesota; Medicaid program, state universities, and colleges	Standardized curriculum delivered by community colleges (developed by Minnesota State University in partnership with stakeholders)
Ohio	Certification; needed in order to perform tasks delegated by nurses	Board of Nursing (BON)	BON approves training programs, 15 hours continuing education every 2 years

[3] Rural Health Information Hub. *State Certification Programs.* https://www.ruralhealthinfo.org/community-health/community-health-workers/3/certification. 2016. Accessed 09.21.2016.

Oregon	Certification	Non-Traditional Healthcare Workforce Committee	Committee approves training courses. 80 hours of training and 20 hours of continuing education every 3 years
Texas	Certification; needed to receive any payment for services	State Department of Health	DOH approves training programs. At least 160 hours of instruction
Indian Health Services[4]	Job Position	Indian Health Services	IHS assists in the hosting of online modules and holds the registry of completed users

SUMMARY OF SELECT STATE CREDENTIALING POLICIES:[5]

BOARD MODEL OF CERTIFICATION

Massachusetts: Board of Certification of Community Health Workers

- Develop and administer a program of certification" for CHWs, and establish qualifications for certifications as a CHW, including standards for practice as a certified CHW.
- Set standards for CHW training programs, the successful completion of which makes individuals eligible to apply to the board for certification, and set standards for CHW continuing education programs.
- Adopt a "certification examination or means to assess CHW competency in connection with board certification" if it believes such actions would enhance the profession.
- Establish and implement procedures for the investigation and resolution of complaints related to the practice of CHWs, and to establish and implement disciplinary actions in connection with complaint resolution, which may include a fine, reprimand, probation, censure, or suspension, revocation, or denial of certification.
- Establish "tiered classes or levels of practice" as a CHW and "certification requirements for established class or level".
- Certify CHWs to practice in Massachusetts who have been certified under laws of other states.

Ohio: State of Ohio Board of Nursing

- Board of Nursing has authority to issue and renew CHW certificates and to charge any fees associated with the issuance of certification and written verification.
- The BON also has the control of denying, revoking, or suspending a CHW certificate.
- The State of Ohio requires that CHW training programs be approved by the board and reapproved every two years.

STATE DEPARTMENT OF HEALTH (DOH) MODEL CREDENTIALING

Rhode Island: State of Rhode Island Department of Health

- Rhode Island does not require certification, but the state does officially recognize certain training programs and sites.
- The CHW Association of Rhode Island (CHWARI) is a training and networking organization. It provides the only state-endorsed training program for CHWs in the state.

Texas: Texas Department of State Health Services

- Department of State Health Services: to establish and operate a training program for promotoras and CHWs.

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[4] Indian Health Service. *Education and Training.* https://www.ihs.gov/chr/education/. Accessed 09.20.2016

[5] Center for Health Law & Policy Innovation, Harvard Law School. *Community Health Worker Credentialing – State Approaches.* 06.16.2014. Accessed 09.20.2016.

- Texas requires that the State Health Services commissioner adopt rules that provide minimum standards and guidelines (including participation in a training program) for the issuance of CHW certification.

STATEWIDE CHW ORGANIZATION/COALITION MODEL CREDENTIALING

Oregon: Traditional Health Worker (THW) Program

- Developed to design certification protocols for Oregon's CHW program (2012)
- The Oregon Health Authority Organization is responsible for communicating rules with respect to the criteria and description of CHWs that may be used by community care organizations, as well as education and training requirements of CHWs.

REGISTRY MODEL

South Dakota: Unlicensed Diabetes Aide[6]

- Regulated by the South Dakota Board of Nursing (UDAs do not receive reimbursement for services)
  - Develop and approve training
  - Train the trainers
  - Host online training
  - Validate skills of trainees by the delegating nurse in a face-to-face venue
  - Maintain registry of trained individuals
  - Ensure follow-up with continuous education
  - Alert individuals of training renewal deadline

BUSINESS CASE FOR COMMUNITY HEALTH WORKERS

The CHW workgroup collected qualitative and quantitative evidence through partner agencies of benefits which is captured in the September 20 and September 27, 2016 meeting minutes in Attachment B. A summary of benefits reported to the workgroup from Indian Health Services in South Dakota and Sanford Health are listed below:

- **Contribute as a health home team member**. The CHW is an important member of the health care team. The CHW ensures the patient understands provider instructions, attends appointments, and has the resources to manage their health. The CHW/CHR also helps patients access their electronic chart and therefore empowers the patient to communicate with their health team.
- **Schedule appointments**. The CHW helps patients schedule appointments and ensure they have transportation.
- **Provide screenings**. The CHW provides screenings such as depression, blood pressure and blood glucose. If not within normal ranges, the patient is referred to a provider.
- **Reduce costs**. By ensuring patients follow discharge instructions and attend post-hospital care appointments, readmissions are reduced. One example provided was a dialysis patient who was readmitted to the hospital several days over a four-month period. After working with an IHS CHR, the patient's hospitalization visits were reduced saving approximately $390,000.
- **Conduct home living assessments**. The IHS CHRs assess home environments to identify barriers to health including but not limited to cleanliness, mold, and lighting.
- **Identify abnormal conditions**. The IHS CHR identifies abnormal conditions and refers patients to a provider. For example, the CHRs on the task force noted they will take pictures of wounds or skin conditions and send to the patient's providers. They facilitate discussions between the patients and providers. By doing so, they may prevent infection, hospitalization, or loss of limb.
- **Reinforce educational information**. The CHW reinforce educational information provided by the patient's provider. For example, the CHW may ask the patient to demonstrate testing blood glucose, counting carbohydrates, or choosing a healthy diet.

[6] South Dakota Board of Nursing. *Unlicensed Diabetes Aide*. https://doh.sd.gov/boards/nursing/uda.aspx. Accessed 09.20.2016.

- **Create trust.** The CHW builds trust through developing a relationship with the patient by being a link to the provider, a resource, and someone motivated to see the patient's health improve.

The Massachusetts Department of Health issued in a white paper titled *Achieving the Triple Aim: Success with Community Health Workers* in May 2015.[7] The paper outlined the following business case based on evidence from research and the experience of Massachusetts and other states' provider organizations.

1. **Reduce costs**. Save costs through fewer emergency department (ED) visits and lower hospitalization and readmission rates for complex patients.
2. **Improve health**. Help patients engage more fully in their care and adhere to care plans. Help patients' control chronic conditions.
3. **Improve quality of care**. Improve health and care utilization, reflected in performance and quality measures and standards. Improve retention in care through outreach to reduce no-shows and assistance with insurance enrollment and retention. Improve patient satisfaction through better understanding of and help with addressing their social needs.
4. **Reduce health disparities**. Reduce health disparities and related costs by strengthening communication with underserved patient populations and by diversifying the healthcare workforce.

Additionally, MHP Salud has several resources for CHW programs including a guide to calculate return-on-investment ROI. A return on investment calculation is the total value of the benefit or profit resulting from a program divided by the total program cost. The guidebook, *ROI Toolkit for Community Health Worker Programs*[8] explains how to calculate the cost of hiring a CHW and savings of avoidable hospitalizations. The workgroup suggests healthcare facilities who are contemplating hiring a CHW use the guide to calculate costs and benefits.

The CDC also has resources available to assist organizations in calculating the ROI for CHWs. One example, provided by the CDC, identified a Texas-based hospital system, which calculated a return on a CHW initiative to divert emergency department users to more appropriate sources of care. The calculation was based on total cost of care for the patients. One region in the system calculated the CHW program's ROI, and found that for every dollar spent, $16 was saved.[9]

WORKGROUP BACKGROUND AND DEVELOPMENT

SOUTH DAKOTA DEPARTMENT OF HEALTH

In July 2013, the South Dakota Department of Health (SD DOH) was awarded the State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health Non-Competitive Grant from the Centers for Disease Control and Prevention (CDC). SD DOH analyzed the grant funding received from the CDC and identified key areas where partner organizations could assist in fulfilling the grant requirements including developing a level of health care employees, Community Health Workers (CHW). In June 2014, the SD DOH received additional, enhanced funding from the CDC, which provided subcontract grant funds to both Northeast South Dakota Area Health Education Center (NESD AHEC, or AHEC) and the South Dakota Diabetes Coalition (SDDC) to assist with the facilitation of strategy three, task two of the CDC grant.

STRATEGY 3: INCREASE USE OF HEALTH-CARE EXTENDERS IN THE COMMUNITY IN SUPPORT OF SELF-MANAGEMENT OF HIGH BLOOD PRESSURE AND DIABETES.

TASK 2: INCREASE ENGAGEMENT OF CHWS TO PROMOTE LINKAGES BETWEEN HEALTH SYSTEMS AND COMMUNITY RESOURCES FOR ADULTS WITH HIGH BLOOD PRESSURE AND ADULTS WITH DIABETES.

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[7] Massachusetts Department of Health. Achieving the Triple Aim: success with Community Health Workers. May 2015.
[8] MHP Salud. ROI Toolkit for Community Health Worker Programs. http://mhpsalud.org/portfolio/roi-toolkit/
[9] Centers for Disease Control and Prevention. *Division for Heart Disease and Stroke Prevention – Sustainable Funding for CHW Positions.* http://www.cdc.gov/dhdsp/chw_elearning/s5_p9.html. February 3, 2015.

Work on the initial subcontracted grant officially began in December 2014, and in June of 2015, NESD AHEC and the SDDC presented the SD DOH with a report (*Community Health Workers, an Evidence-Based Model for South Dakotans*) which provided recommendations based on primary and secondary research of CHWs and CHW programs.

SOUTH DAKOTA HEALTH CARE SOLUTIONS COALITION

In the Fall 2015, Governor Dennis Daugaard convened the Health Care Solutions Coalition (HCSC) to develop a strategy to improve healthcare access and outcomes for American Indians that, along with changes in federal policy for funding Medicaid services for people eligible for services through Indian Health Services (IHS), will simultaneously produce general fund savings that can be leveraged to finance Medicaid expansion. The HSCS is a partnership between South Dakota Tribes, IHS, Medicaid service providers, South Dakota Legislators, and State agencies.

The HCSC was tasked with the development of a solution that supports increased access to healthcare for American Indians and improved health outcomes for American Indians in South Dakota, while leveraging state savings to finance Medicaid expansion. After three months of meeting, the Coalition proposed six recommendations. One recommendation proposed the development of a formal CHW/CHR program under the Medicaid State Plan.

SOUTH DAKOTA CHW WORKGROUP

In May 2016, the South Dakota Department of Health and South Dakota Department of Social Services combined efforts to continue to explore the idea of a Community Health Worker program in South Dakota. To continue to assist with the project, NESD AHEC and the SDDC received additional funds to work on the project with the SD DOH and SD DSS. Derrick Haskins, Health Communications and Marketing Administrator, SD DOH, and Sarah Aker, Deputy Director, Division of Medical Services, SD DSS, were tasked with co-leading a workgroup of constituents in South Dakota, comprised of representatives from healthcare organizations, public health, Indian Health Service, and tribal communities.

OVERVIEW OF CHW WORKGROUP MEETINGS

From June 2016 through September 2016, the CHW Workgroup met two (2) times face-to-face, and five (5) times via teleconference to discuss various aspects necessary to establish six (6) recommendations to consider when developing a statewide CHW program in South Dakota.

JUNE 16TH, 2016 – IN-PERSON WORKGROUP MEETING, CHAMBERLAIN, SD

At the introductory CHW Workgroup meeting in Chamberlain on June 16th, workgroup members were introduced to the general concept of a CHW, and were also briefed on past work completed by the SD DOH and Health Care Solutions Coalition. A presentation of the five (5) SD DOH recommendations and the recommendations of the Health Care Solutions Coalition provided workgroup members with additional and necessary information regarding a proposed CHW program in South Dakota. Discussion occurred regarding the use of the title Community Health Worker versus Community Health Representative. Although an official title for the career field in South Dakota was not chosen at the meeting, workgroup members provided various pros and cons for both titles.

Workgroup members were also presented with information regarding an analysis and recommendations from a nationwide report on Community Health Workers, *A Contemporary Look at the United States Community Health Worker Field Progress Report of the Community Health Worker (CHW) Core Consensus (C3) Project: Building National Consensus on CHW Core Roles, Skills, and Qualities*. Discussion occurred regarding the proposed

Scope of Practice identified within the C3 report. After reviewing each role, the workgroup prioritized the scope of practice for CHW positions in South Dakota.

JULY 12TH, 2016 – TELECONFERENCE WORKGROUP MEETING

For the second CHW Workgroup meeting, two individuals shared information about successful CHW programs. Gail Hirsch, Co-Director of the Massachusetts Office of Community Health Workers, shared information about the Community Health Worker training curriculum in Massachusetts and future statewide certification. Ms. Hirsch answered questions regarding CHWs in Massachusetts, and their training program and credentials. Following a presentation on the CHW curriculum in Massachusetts, Ron Galloway with Indian Health Service presented an overview of the training curriculum for Community Health Representatives (CHRs). Mr. Galloway introduced the workgroup to training requirements, timeline, curriculum and scope of work.

JULY 26TH, 2016 – TELECONFERENCE WORKGROUP MEETING

The CHW Workgroup discussed the Scope of Work for curricula research in South Dakota. Discussion occurred regarding a proposed scope of practice. The workgroup also reviewed eight (8) CHW programs for curricula comparison, and formed a small subcommittee to review curricula as it pertains to the proposed Scope of Practice.

AUGUST 8TH, 2016 – TELECONFERENCE WORKGROUP MEETING

For the third CHW Workgroup teleconference, the workgroup reviewed the CHW Curricula Research and Comparison and Scope of Work document, which included tables outlining other curricula that focuses on the South Dakota Scope of Work areas. The workgroup then discussed the four areas of the proposed scope of work for a South Dakota CHW curriculum, and discussed core competency areas while connecting them to model curricula, as appropriate. Additional discussion was added to support the core competency areas.

AUGUST 23RD, 2016 – TELECONFERENCE WORKGROUP MEETING

Representatives from the SD DOH and SD DSS shared information about a previous meeting with the SD Board of Nursing (SD BON) regarding the proposed HCW Scope of Practice. The SD BON provided a few edits to the Scope of Work. Workgroup members continued to edit the CHW Scope of Practice and Core Competencies. Discussion also occurred regarding possible career ladders for CHWs, specifically in the fields of nursing and social work, and also complimenting positions for CHWs (career lattice). The Workgroup also discussed and agreed upon the need for CHW training to include job shadowing and/or an internship, but decided to not define a specific hour or number of credits to include.

SEPTEMBER 20TH, 2016 – TELECONFERENCE WORKGROUP MEETING

Workgroup member Wade McIntyre with Sanford Health shared information about Sanford Health's implementation of a CHW program with Sanford Health in Bemidji, MN. Mr. McIntyre shared information about initial program challenges, program implementation, and anecdotal and qualitative stories regarding CHW implementation and working with American Indians in the Bemidji Area.

SEPTEMBER 27TH, 2016 – IN-PERSON WORKGROUP MEETING, CHAMBERLAIN, SD

The workgroup reviewed the recommendations of this report and provided edits and additional suggestions to scope of work and core competencies. The workgroup validated the curriculum recommendations and emphasized the importance of on-the-job training and job shadowing. The workgroup members, including practicing CHRs, listed business benefits that CHR provide to the patients and healthcare facilities.

CHW WORKGROUP PARTICIPANTS

Derrick Haskins (Co-Chair)	**Communications and Community Director**	**South Dakota Department of Health**
Sarah Aker (Co-Chair)	**Deputy Director, Division of Medical Services**	**South Dakota Department of Social Services**
Darlene Allard	CHR Generalist	Rosebud Sioux Tribe
Kim Bellum	Dean of Academics	Lake Area Technical Institute
Sharon Chontos	Co-Coordinator	South Dakota Diabetes Coalition
Jerilyn Church	Chief Executive Officer	Great Plains Tribal Chairmen's Health Board
Sunny Colombe	Chief Administrative Officer	Great Plains Tribal Chairmen's Health Board
Shirley Crane	CHR Director	Lower Brule Sioux Tribe
Sandy Crisp	Director of Patient Care Coordination/Medical Home	Avera Health
Sara DeCoteau	Health Coordinator	Sisseton-Wahpeton Oyate of the Lake Traverse Reservation
John Eagle Shield	CHR Director	Standing Rock Sioux Tribe
Evelyn Espinoza	Health Administrator	Rosebud Sioux Tribe
Ron Galloway	CHR Area Coordinator, Great Plains Region	Indian Health Services
Kiley Hump	Director, Chronic Disease Prevention and Health Promotion	South Dakota Department of Health
Susan Johannsen	SDDC Chair	Avera Health South Dakota Diabetes Coalition
Denise Kolba	Program Manager	South Dakota Foundation for Medical Care
Steve Leader Charge	CHR Generalist	Rosebud Sioux Tribe
Bernie Long	CEO	Ft. Thompson IHS
Wade McIntyre	Enterprise Coordinator of Chronic Disease Self-Management Programs	Sanford Health
Brenda Merkel	Clinical and Education Coordinator	Northeast South Dakota Area Health Education Center
Elliott Milhollin		Great Plains Tribal Chairmen's Health Board
Josie Petersen	Assistant Administrator	South Dakota Department of Health; Office of Rural Health
Jessica Rappe	Project Coordinator	Northeast South Dakota Area Health Education Center
Serra Schrempp	Ambulatory Nursing Practice Manager	Regional Health
Robert Taken Alive		Standing Rock Tribal Health
Kathlene Thurman	Director of Training and Education	Great Plains Tribal Chairmen's Health Board
Ben Tiensvold	Co-Coordinator	South Dakota Diabetes Coalition
Roxy Vandendries	Clinical Nurse Educator	Sanford Health
Sonia Weston		Oglala Sioux Tribe