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Meeting Minutes

Community Health Worker Task Force Regular Meeting
Monday, January 8, 2024

Call to Order

Members in Attendance
Mandy Dendy - Medical Services Division
Rebecca Quinn- UND School of Medicine and Health Sciences Center for Rural Health
Chris Price - Public Health Division
Tyler Kientopf - EMS Representative
Tasha Peltier - Tribal Nations Representative
Amanda Tuura - NDSU School of Public Health
Wendy Schmidt - Hospital Representative
Shannon Bacon - Federally Qualified Health Centers (FQHC)

Facilitator
Brian Barrett - APT, Inc

There were many members of the public in attendance with expertise in community health work and community health representative work.

Discussion Items:

I. Develop a data driven plan for Community Health Workers (CHWs)

1. Scope of Practice

The Task Force reviewed its draft Scope of Practice language (i.e., screening and assessment, prevention and health education, health navigation) and edits suggested by Task Force members.

Screening and Assessment:
The Task Force reviewed two different definitions as they relate to screening and assessment (see below, differing language appears underlined):

"Screening and Assessment that does not require a license and assists an individual with connecting to appropriate services to improve their health. Assessments include individual and community assessments."

"Screening and assessment that does not require a license and assists an individual with connecting to appropriate services through individual or community assessments that involve health promotion and education, resource navigating or providing direct services to improve individual and population health".

The Task Force explored using "direct service" within the definition of screening and assessment. It was questioned if CHWs are currently performing direct services? There was also a concern of unintended consequences if "direct service" is left out of the definition. The Task Force was reminded that "direct service" should be defined before going in the ND Administrative Rules and this may be very difficult to define without crossing over into another profession's scope of practice. The idea of getting legal advice concerning this issue was presented and Mandy Dendy indicated she would look into this.

The Task Force also explored how leaving out "direct service" would affect the CHW's role in "disease investigation". After some discussion, it was communicated that for Medicaid purposes, generally CHW services would need to be part of a plan of care, referred by a physician, physician's assistant, or nurse practitioner. Also, the patient would likely have a chronic disease or be at risk of developing a chronic disease such as high blood pressure, diabetes, etc. The Task Force seemed to agree that the CHW's role is to connect the patient to the appropriate resource and/or reinforce education.

Prevention and Health Education

Next, the Task Force reviewed the prevention and health education definition below:

Prevention and Health Education: The prevention of or progression of health conditions for individuals at risk of chronic conditions or individuals living with a chronic condition who have a documented barrier affecting the individual's health.

CHW's may provide:

"Health education to the individual and their family and/or social support systems on the importance of lifestyle change".

"Health education to the individual and their family and/or social support systems on the importance of lifestyle and/or behavior change, disease process, and disease management."

“Information or instruction on health topics to include physical, social, emotional, environmental, spiritual, and sexual and reproductive health.	Instruction on regularly taking medications and following recommended treatments.”.
"Coaching and goal setting to improve an individual’s health or ability to self-manage chronic health conditions”.	“Coaching and goal setting to improve an individual’s health or ability to self-manage health conditions”.

Upon reviewing the above information, the Task Force discussed “coaching and goal setting to improve an individual’s health or ability to self-manage health conditions” and if “coaching” should be interpreted as “counseling”? It was reiterated that the CHW’s role would be to support educational material but not actually educate a patient concerning health related issues. The importance of differentiating between concepts like care management vs care navigation or medication management vs connecting a patient to a provider was emphasized. It is also important to recognize the difference between providing education vs reinforcing education. Making these distinctions was important during legislative hearings.

Members shared thoughts on using words such as “acute” and “chronic” in the definition. It was pointed out that the word “chronic” aligns with ND Century Code section 43-66-01(4). The term preventative services is relevant because under North Dakota law, a CHW is defined as an individual certified under this chapter to provide preventative services. Preventive services is also defined at Century Code 43-66-01.

The Task Force was reminded that whatever is proposed by the Task Force needs to be accepted by the legal department at the North Dakota Department of Health and Human Services and put forth in the ND Administrative Rules. One major factor when approving the proposed Administrative Rules is that they align with ND Century Code.

The Task Force concluded the Prevention and Health Education discussion by agreeing that this might be better addressed once the training and certification piece is created. This is also when the Task Force can address CHW specialization. The Task Force noted a potential for CHW specialization. An example was noted that the Centers for Disease Control (CDC) has a CHW heart disease training curriculum .

Health Navigation

Finally, the Task Force reviewed the "Health Navigation" definition below:

Health Navigation to assist individuals with accessing health care, understanding the health care system, or engaging in their own care. Connect to community resources necessary to promote an individual's health, address health care barriers, or address health-related social needs.

CHW's may :

- Serve as a cultural liaison or assist a licensed health care provider to create a plan of care, as part of a health care team.
- Provide outreach and resource coordination to encourage and facilitate the use of appropriate preventive services.
- Help a beneficiary to enroll or maintain enrollment in government or other assistance programs related to improving their health.

Health Navigation: to assist individuals with accessing health care, understanding the health care system, engaging in their own care, or providing direct services to improve health. Connect to necessary community resources to promote an individual's health, address health care barriers, or address other health related needs.

CHW's may:

- Serve as a cultural liaison or assist a licensed health care provider to create a plan of care, as part of a health care team.
- Provide direct patient services, as part of a health care team.
- Provide outreach and resource coordination to encourage and facilitate the use of appropriate preventive services.
- Help a beneficiary to enroll or maintain enrollment in government or other assistance programs related to improving their health.

The Task Force discussed including "social needs" and into the definition so it reads "connect to necessary community resources to promote an individual's health, address health care barriers, or address other health related social needs". Not all members were comfortable with this due to not yet resolving the "direct services" issue.

Mandy Dendy shared a definition from a CMS document titled "On the Front lines of Health Equity Community Health Workers". The C3 Project defines core roles and sub roles along with defining direct services as conducting basic screening tests and services. Examples include height and weight, blood pressure, first aid, and diabetic foot checks. It also includes assisting individuals with basic socio-economic or geographic needs like providing transportation or linking to social services.

The Task Force questioned if what is described above is a “direct service” or “connecting people to services”? It was communicated that a CHW reinforces patient education and instructions to perform the procedure correctly versus actually performing the procedure for the individual. It was questioned if this can be seen as a direct service component and carrying out the plan of care? Task Force tabled this discussion until the certification/training piece is outlined.

The final discussion centered around the idea of inviting a professional board to provide direction and feedback regarding the CHW Scope of practice. Not all Task Force members were comfortable with this idea and expressed concern that it may not be the best way to proceed. The Task Force was reminded of the overall role of the CHW - being a trusted community member who helps people engage in their own health care and manage their health conditions - and to avoid becoming embedded in “direct services”.

The meeting ended with the following tasks and agenda items for 02/12/2024:

- Mandy Dendy will provide an outline regarding the steps that the Task Force will take and how they will be implemented by ND Health and Human Services/Medical Services Division.
- Mandy will look into legal requirements for Administrative Rules.

Adjourn 2:30pm

Date Posted: January 16, 2024