

## Community Health Worker Task Force Special Meeting Monday, December 11, 2023

Call to Order

### Members in Attendance

Mandy Dendy - Medical Services Division

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. CHW Scope of Work Discussion and decision

- The Task Force discussed the scope of practice for Community Health Workers (CHWs), emphasizing the importance of avoiding duplicated services and ensuring clarity on reimbursement policies. The Task Force cautioned against creating a scope of practice the CHW is not trained to perform. Also, they emphasized the importance of a CHW operating in the scope in which they were hired to perform.
- The Task Forces reviewed a compiled document listing various CHW practices submitted by Task Force. Feedback was obtained from both Community Health Workers and Community Health Representatives (CHRs) who attended the meeting. The compilation document prepared by Brian Barrett placed many different “practices” into 5 categories which are listed below:
  - Screening and Assessment
  - Prevention and Health Education
  - Health Navigation
  - Control of Chronic Disease
    - Improving Social Determinants of Health (SDOH)

### **Screening and Assessment**

Participating CHWs and CHR's provided information regarding current practices. For example, monitoring overall health changes such as vital signs, measurements, and changes in blood sugar. Currently, CHW's report various information which might require medical attention or care coordination. It was mentioned that the CHW may not perform an actual test but assess whether the client needs additional training on how to self-administer the test. The CHW role is to identify client needs and make recommendations for additional education.

- Upon further discussion, the Task Force agreed that this could fall under "reinforcement of education". A CHW can reinforce but not actually perform a specific test. For example, the CHW cannot educate but reinforce what is communicated by a nurse during training.

### **Prevention and Health Education**

The Task Force discussed using general vs. specific wording when creating language focusing on each category. After some discussion, the Task Force concluded that general language would be of greater benefit. This led to a discussion regarding Medicaid and maybe creating a scope of practice based on what is covered by Medicaid.

The Task Force agreed that limiting the scope of work to what is covered by Medicaid would be a mistake. However, it was suggested that the Task Force use caution and avoid making certification too difficult and expensive.

- Tribal sovereignty was raised in relation to the current CHR scope of work under existing tribal programs. It was communicated that the way the law is currently written, Community Health Representatives could fall under the certification of a CHW, but they would be limited to the scope of work for a CHW under North Dakota law for purposes of reimbursement from Medicaid.

### **Health Navigation**

The Task Force agreed that the "Health Navigation" category is the bulk of the CHW scope of practice. The importance of including all stakeholders in the health resource navigation process was emphasized. Also, the Task Force explored how CHW's are utilized in different environments, which led to a discussion about self-referrals and if they are dependent on agency involvement. Shannon Bacon agreed to contact the CHW Collaborative in South Dakota for additional information.

### **Control of chronic Disease**

The Task Force agreed that the "Control of Chronic Disease" category falls under "Prevention and Health Education."

### **Improving Social Determinants of Health (SDOH)**

Regarding the category of "Improving Social Determinants of Health" (SDOH), the Task Force agreed that this is a "gap" where clinical teams often fall short. Various needs such as transportation and access to food are major issues in this category. The Task Force discussed and recognized these challenges and how they relate to Medicaid reimbursement. Social Determinants of Health and Medicaid reimbursement will need to be explored further.

- The Task Force concluded by agreeing that CHW practices can be categorized under screenings and assessments, prevention and education, and Health Navigation. Broad definitions of these categories will be presented and discussed during the next meeting.

**Listed below are the tasks and agenda items for 12/18/2023:**

- Consider comparing the scopes of different healthcare professions to identify any overlap or gaps in the proposed CHW scope.
- Gather feedback from stakeholders on the draft scope of practice for Community Health Workers.
- APT will bring the definitions for the three buckets to the next meeting for discussion and refinement.
- Shannon Bacon/Wendy Schmidt to contact the CHW Collaborative in South Dakota.

Adjourn 1:34pm

Date Posted: December 15, 2023