

## Community Health Worker Task Force Education & Training Workgroup Thursday April 11, 2024

Call to Order

### Members in Attendance

Jolyn Rising Sun – Hospital Association Representative

Shannon Bacon – Federally Qualified Health Centers (FQHC)

Tasha Peltier – Tribal Nations Representative

Mandy Dendy – Medical Services Division

Rebecca Quinn – UND School of Medicine and Health Sciences Center for Rural Health

Melissa Reardon – NDSU State University School of Public Health

### Facilitator

Brian Barrett - APT, Inc

### Discussion Items:

The group reviewed Minnesota and South Dakota Community Health Worker (CHW) competencies and training time requirements. Some of the Task Force members indicated that their constituents are concerned about CHW training being too long and extensive. Ideas focusing on specialized training with the possibility of fitting this into a “tiered” training program was explored.

One aim of this group is to ensure that there is flexibility and responsiveness to community needs.

### Training Discussion

- Members of the Task Force (TF) discussed training and time requirements. Training that is time consuming and extensive is being viewed as a barrier by some stakeholders.
- The group focused on a lower “barrier” level of training. Peer Support Specialist training was discussed, and Rebecca Quinn advised the group that there is a training requirement of 40 hours which includes levels and endorsements.
- Tasha Peltier expressed concern about CHW training being too long. She advised that Community Health Representative (CHR) training is

completed in a short period of time (i.e., 2-5 days). She thinks it would be beneficial for the Task Force to create an opportunity for specialized training depending on the community's needs.

- The group discussed Peer Support training and concluded that the possibility of overlap is very likely. Rebecca indicated that it is important to consider the CHW "health promotion" component of training.
- Mandy Dendy pointed out that CHW training cannot be a duplicate of Peer Support training. These are 2 different professions, and they require different training. Also, CHW training needs to relate to the CHW scope of practice and core competencies.
- Shannon Bacon advised that the Health Centers feel 200 hours of training plus a 40 hour shadowing is too long, especially when considering the training they provide on-site.
- The work group reviewed MN/SD training and SD offers 3 options: 1 month, 3 month and 6-month training. It was mentioned that some states mandate 40 to 70 hours of training which focus more on competencies than duration. The work group explored the idea of a "self-paced" option over a 2-week period.
- Shannon Bacon questioned if there can be a "base level" training relating to the scope of practice and then provide an option to expand? The group discussed what type of time constraint would be associated with a "base level" training. More specifically, it was questioned if the 200 hours is necessary, or can this be shortened? Jolyn Rising Sun indicated that she thinks 200 hours of training is appropriate. Tasha compared CHR training hours to Sanford's training hours and pointed out that there is a big difference between them (i.e., 40hrs vs. 200hrs). She stressed the need for "finding a common ground" and to avoid "creating barriers for existing programs".
- The group shifted their focus to include the CHR training program. This is an "accelerated" program and Tasha advised that the CHR program has 18 modules that are based on the C3 Project. The group decided it would be beneficial to obtain information about the CHR core competencies and compare them to both MN and SD's competencies. Brian Barrett questioned if CHR training could be utilized by CHW's? Tasha indicated that she would obtain additional information about the CHR curriculum.
- Work group members discussed not only having basic level training but also a tiered or staged approach to allow for specialty training. Shannon indicated that the basic training would be low barrier but ensure the knowledge needed. Tasha indicated that her concern is adding to educational opportunities by including specialty areas. Melissa Reardon suggested looking at what services are billable under South Dakota's Medicaid and using this as a starting point?

### Conclusion:

- Members briefly discussed an experience pathway and how to consider this. Shannon Bacon indicated that an apprenticeship model could be developed with all the virtual trainings that exist. Learning could be practiced through job shadowing. This is something Shannon discussed with South Dakota and learned that this could be developed if CHW training standards do not limit or exclude apprenticeships.
- The group concluded the meeting with a discussion regarding tasks and bringing information back to the full TF. The Group discussed if open meeting laws apply when 2 TF members work on a project? Brian will investigate this.

### Action Items

- Tasha Peltier will contact the CHR consultant and bring information back to the Task Force and/or work group regarding competencies and training.
- Shannon Bacon will research different curriculums and compare competencies and training.
- Shannon will discuss the tiered or staged approach with Health Centers
- Melissa Reardon will create a draft of a “tiered” or staged training approach. Depending on open meeting laws, Rebecca will help with this.
- The work group decided to meet and review this information on May 2<sup>nd</sup> 2024 at 2pm. Brian will create the agenda and post the meeting.

Adjourn 2:19pm CST

Date Posted: April 22, 2024