

## Community Health Worker Task Force Public Comment Special Meeting Monday April 22, 2024

### Quick recap

Various members of the public provided comments to the Community Health Worker Task Force concerning the development of the community health workers' scope of practice, with a focus on improving access to quality care, especially in rural areas. They also suggested exploring the potential role of community health workers in improving healthcare access for children, addressing social determinants of health, and the importance of collaboration with other states. The public also discussed ways to improve public engagement and collaboration with various communities.

### Summary of Shared Comments

#### Improving Community Health Workers' Scope of Practice

Dr. Joan Connell, a pediatrician, shared her views on the importance of improving access to quality care, especially in rural areas. She emphasized the role of community health workers as lay members in the community who work in association with a local healthcare system, offering services like interpretation, health education, and care coordination. Community health workers also identify risks and provide direct services. She highlighted the top two outcomes of community health workers' services: improved access to healthcare services and increased health screenings.

#### Improving Access to Quality Care with CHWs

Dr. Joan Connell proposed the idea of utilizing community health workers to improve access to quality care in the state. She used some examples of how community health workers could be used. CHWs could screen feet of diabetics in their communities, check medication adherence, ensure patients have appropriate footwear, and educate them about foot care. Dr. Connell said that this approach would improve efficiency by allowing nurses to focus on patients with problematic feet.

## **Community Health Workers' Role in Healthcare**

Dr. Connell discussed the potential role of community health workers in improving access to healthcare, particularly in the context of the Health Tracks Medicaid benefit for children. She encouraged Task Force members to use their experience and consider community needs when developing this profession. Dr. Connell encouraged Task Force members to represent beyond their assigned roles and perspectives. The discussion also touched on the importance of not focusing solely on reimbursement, particularly from Medicaid.

## **Community Health Workers' Scope of Practice and Role Evolution**

Issues surrounding the scope of practice of community health workers were presented. Dr. David Field emphasized the importance of community health workers providing personal care specific to the communities they're working within and being present for their patients. He highlighted the need for their role to evolve and adapt based on the changing needs of the community. Dr. Field also pointed out the significant health risks associated with loneliness and isolation, stressing that community health workers could play a crucial role in addressing these issues.

## **Community Health Workers in Rural Environments**

Dr. Field emphasized the importance of care, contact, and care provisions in a successful home environment. Brad Gibbens, the acting director of the Center for Rural Health, discussed the role of community health workers in rural environments, particularly in the context of value-based care. He noted that many rural hospitals in North Dakota have already hired community health workers, although they are not yet certified. Brad also pointed out the complexity of the rural healthcare system and the need for collaboration between different providers and community resources. Finally, Lindsey Vanderbusch, the Director of the Sexually Transmitted and Bloodborne Disease Unit, expressed an interest in community health workers potentially specializing in her area.

## **Disease Intervention Specialists and CHWs**

Lindsey Vanderbusch discussed the crucial role of disease intervention specialists (DIS) in North Dakota, particularly during the COVID-19 pandemic. She highlighted that DIS positions are primarily grant-funded. Disease intervention specialists play a significant role in public health investigations, contact tracing, education, and counseling. She suggested that billing for their services could increase access to DIS services in rural communities and emphasized their expertise in navigating stigma associated with infectious diseases.

Melissa Erickson, the director of case management with Sanford Health, then spoke about the role of community health workers (CHWs) in addressing social determinants of health, including

transportation, food insecurities, and housing applications, emphasizing their importance in ensuring patients receive necessary resources and care.

### **Community Health Workers' Responsibilities and Training**

Dr. Joan Connell proposed that community health workers, especially those in public health, should be under the responsibility of the Medical Director of the Local Public Health Department. She suggested writing this into the ND Administrative Rules. Melanie Gaebe, ND Policy Director for the Alzheimer's Association, suggested a training requirement for community health workers to detect early changes in Alzheimer's and dementia. Ben Tiensvold, the Executive Director of the Community Health Worker Collaborative of South Dakota, encouraged Task Force members to look at what other states are doing and to learn from South Dakota's process and experiences.

### **Collaboration, Growth, and Public Engagement Strategies**

The team discussed the importance of collaboration with other states and involving all members of the group, including those who may not speak up publicly, to ensure mutual growth and workforce sustainment. Courtney Koebele, from the Medical Association inquired about the opportunity to provide feedback on proposed administrative rules before they are finalized. Brian Barrett confirmed that the Task Force has developed a timeline for public suggestions, to be reviewed towards the end of the fall and that part of the timeline includes public comment/review of the proposed administrative rules. Discussion also included ways to improve public engagement and collaboration with various communities, such as hosting another open session for reviewing administrative rules later in the fall, reaching out to communities, and connecting with CHW supervisors.

### **Future Engagement Recommendations:**

Dr. Joan Connell suggests having another open session when it is time to review the ND administrative rules. Lindsay Daniels suggested reaching out to communities (e.g., Native American communities) and finding out what is specifically important and encourage them to participate in a public listening session or have a special session. Dr. David Fields advised that there is a CHW structure in place (i.e., SD's CHW program) which can help structure the ND CHW program. Also, he cautioned against duplicating services. Instead, expansion should be the goal so rural communities can be well served. Cassandra Fonseca works as an epidemiologist for the Turtle Mountain Band of Chippewa. She recommended having a meeting specifically for CHWs and CHRs and have them explain what they are already doing. Cassandra wants to ensure the needs of CHWs and CHRs are included in this planning process.

**Request for comment from CHW/CHRs:**

Jolene Keplin indicated that she is not a CHR but works with Tribal Health Education and closely with CHRs and Ryan Eagle put on a workshop in Grand Forks, ND which was beneficial. Allison Wanner advised that the South Dakota CHW program is a fantastic program and encouraged the Task Force to get input from this program.

**Next steps**

- APT will send out a [timeline](#) for the Task Force's work to interested parties, who can then submit comments or suggestions for consideration. This timeline is also available on the [Task Force webpage](#).
- APT will distribute comments received from the public to the Task Force for consideration.

Adjourn 1:50pm CST

Date Posted: 4/25/24