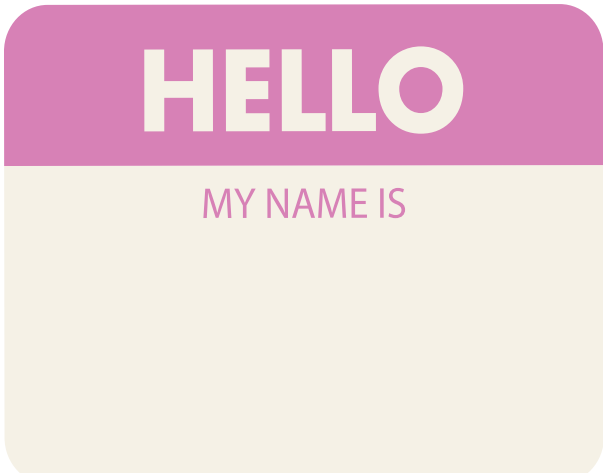


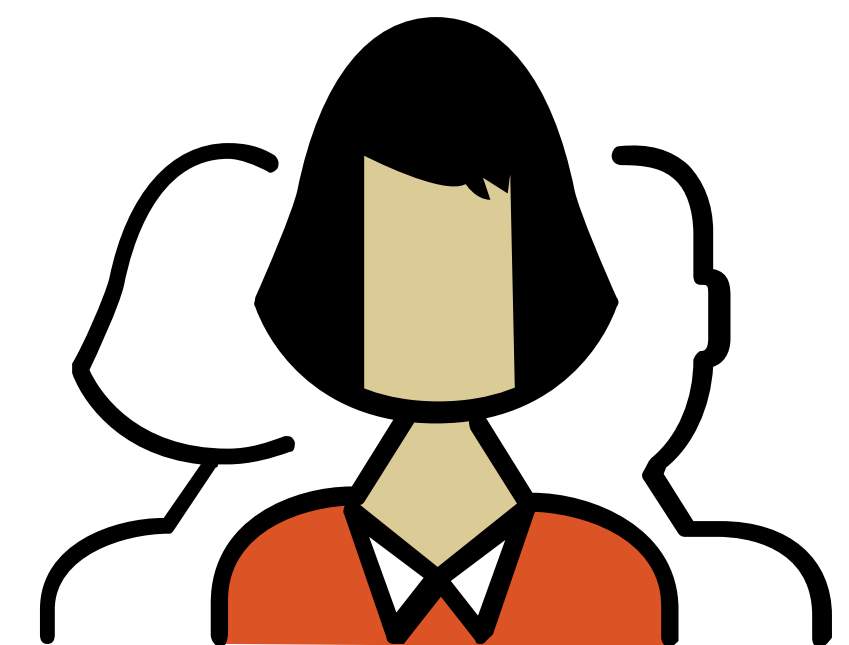
# Community Health Workers

## Community Health Worker Defined

A community health worker (CHW) is a frontline public health worker who is a trusted member of and/or has a unique understanding of the community served. This relationship allows the CHW to serve as a liaison between health/social services and the community.<sup>1</sup>

Community health workers are identified by many titles:

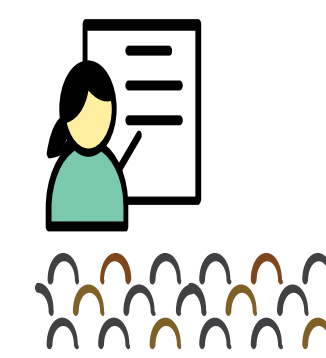
 <p><b>HELLO</b> MY NAME IS</p>	Community health adviser or representative Health advocate, promoter, or educator Outreach worker or educator
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CHWs could fulfill the following roles:

## Role of a Community Health Worker

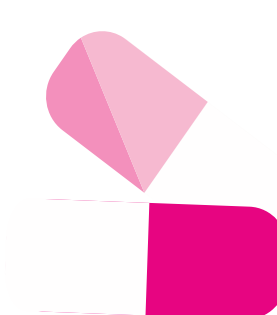
CHWs build individual and community capacity through various activities such as outreach, community education, social support, and advocacy. The roles and activities of CHWs are tailored to meet the needs of the communities they serve.



Educate individuals and communities about healthy behaviors



Facilitate effective communication between individuals and health providers



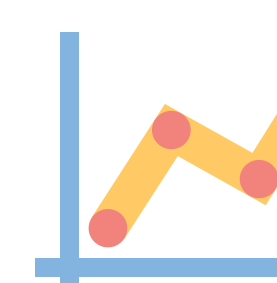
Assist health care teams in prevention and control of chronic diseases



Monitor treatment compliance and appointment keeping



Navigate patient through health care systems and hospital discharge planning



Support data collection and evaluation of CHW services and programs

## Organizational Benefits of Supporting Community Health Workers

CHWs can be a valuable resource to help reduce costs and increase patient outcomes. CHWs are able to connect individuals to a range of health care and social services, resulting in reduced barriers to health coverage and care for patients.

Key outcomes of CHWs supporting your organization include the following:



1 Increase utilization of preventive and other health care services

2 Improve patient compliance to health recommendations

3 Improve quality and cultural competence of service delivery

4 Reduce need for emergency and specialty services

# Community Benefits of Supporting Community Health Workers

CHWs typically reside in the community they serve and have the unique ability to reach community residents where they live, eat, play, work, and worship. CHWs are especially valuable in vulnerable, underserved communities that struggle with barriers to quality health care. Access to care and using preventive services are critical to narrowing the health disparities gap. Community health workers serve as a bridge between community members and the health services they need.

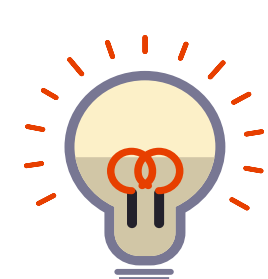
Key outcomes of CHWs' service include the following:



Improved access to preventive and other health care services



Enhanced communication between community, individuals, and health care providers



Increased understanding of the health and social service system among community members

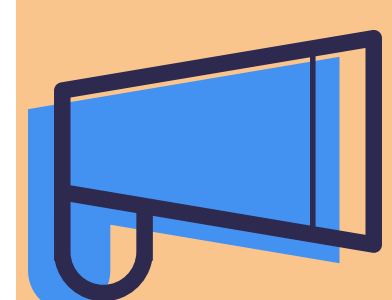


## Success Story: Sanford Health-Webster Bridging Health and Home Program

The Bridging Health and Home program began in September 2017 to provide care outside of the clinic. Aimed at assisting the aging population live at home longer, the program addresses chronic conditions and barriers to healthcare.

The CHW focuses specifically on the social determinants of health that exists in the elderly population such as inadequate transportation, mobility issues, health literacy, and financial burdens. After the nurse's initial assessment, the CHW accesses community resources to address the unique needs of the patient.

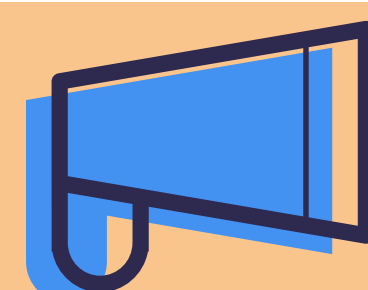
In addition to being trained by the Minnesota CHW Alliance on the core competencies identified in the CHW Scope of Practice, the Sanford Webster's CHW is also a "Better Choices, Better Health" trained lay leader.



### Program Outcomes

The CHW has been instrumental in implementing and recruiting for the Better Choices, Better Health workshops, leading to the following outcomes:

A total of **5** workshops with 54 attendees & 38 successful completions. **12.5%** increase on the Stanford Self-Efficacy scale.



### Patient Outcomes

The Bridging Health and Home program has seen **145** people, aged **60** years of age or older, comprising of nearly **700** visits.

Using the Patient-Reported Outcomes Measurement Information System (PROMIS) instrument, six month post-enrollment evaluations demonstrated:

- 19% pain scores
- 25% fatigue
- 6% satisfaction with social activity
- 11% quality of life ratings

After only 3 months of participation in combined interventions, this program demonstrated:

- A reduction in systolic and diastolic blood pressures in patients with hypertension
- A stabilized hemoglobin A1C
- 93%** of participants continue to age-in-place

# South Dakota Medicaid Reimbursement for CHW Services

CHW services are covered by South Dakota Medicaid for recipients eligible for Medicaid. Services ordered or referred by the recipients' primary care provider or health home are covered under the following conditions:

- A. Recipient has/is at risk for a chronic condition and is unable to self-manage
- B. Services must be delivered according to a care plan
- C. Recipients are limited to 104 units of service per plan year
- D. CHW meets the following specified qualifications:



1. Supervised by an enrolled Medicaid provider or agency and have passed a State approved background check
2. Certified completion of Indian Health Service CHR basic training or a CHW program approved by the SD Board of Regents, Board of Technical Education, or the state

For more information, view the South Dakota Billing Manual [here](#). Please email the South Dakota Medicaid office at [DSS.MEDICAID@state.sd.us](mailto:DSS.MEDICAID@state.sd.us) or call 1-800-452-7691.

## Additional Resources

Centers for Disease Control and Prevention. (2015). Addressing Chronic Disease through Community Health Workers. [https://www.cdc.gov/dhdsp/docs/chw\\_brief.pdf](https://www.cdc.gov/dhdsp/docs/chw_brief.pdf)

Centers for Disease Control and Prevention. (2015). A Community Health Worker Training Resource for Preventing Heart Disease and Stroke. [https://www.cdc.gov/dhdsp/programs/spha/chw\\_training/pdfs/chw\\_training.pdf](https://www.cdc.gov/dhdsp/programs/spha/chw_training/pdfs/chw_training.pdf)

Association of State and Territorial Health Officials. (2017). Community Health Workers. <http://www.astho.org/community-health-workers/>

Enard, KR and Ganelin, DM. (2013). Reducing preventable emergency department utilization and costs by using community health workers as patient navigators. *Journal of Healthcare Management*, 58(6): 412-27. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4142498/>

## References

<sup>1</sup>Centers for Disease Control and Prevention. (2014). Technical Assistance Guide: States Implementing Community Health Worker Strategies. [https://www.cdc.gov/dhdsp/programs/spha/docs/1305\\_ta\\_guide\\_chws.pdf](https://www.cdc.gov/dhdsp/programs/spha/docs/1305_ta_guide_chws.pdf)

IN COLLABORATION WITH



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