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Testimony to:
ND Legislative Interim Health Committee
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Chairman Weisz and Committee members, thank you again for allowing me to come before you today to offer some thoughts on community health workers. I am Brad Gibbens, Acting Director Center for Rural Health and an Assistant Professor at the UND School of Medicine and Health Sciences. I think many of us who work in the health industry and are cognizant of our national, not simply North Dakota, and not merely rural health, workforce shortages and are intrigued by the CHW option. The workforce issue tends to dominate all of our discussions.

You have received much testimony on this subject from a range of people including providers, educators, payers, and others. A couple of perspectives from the Center for Rural Health on where I see some connections, in addition to what others have said.

I think your own staff memo summed up well what CHW can do:

- Creating connections between vulnerable populations and health care systems.
- Providing health education on topics related to chronic disease prevention, physical activity, and nutrition.
- Performing health screenings, informal counseling, and referrals.
- Facilitating health care and social service system navigation.

From a rural health perspective, I see three areas where CHW can contribute:

1. **Within a value driven health system.** More and more we are moving away from paying providers on a fee-for-service basis and moving to payment associated with outcomes, impact, and performance. Medicaid Expansion is moving in this direction. The most common model for the “volume to value” movement is the Accountable Care Organization (ACO), especially the Medicare Shared Savings option. I realize you have been briefed on the ACO model. In ND, we have 8 CAHs in a Caravan Medicare Shared Savings ACO and many are engaged with Blue Alliance of Blue Cross Blue Shield of North Dakota. With the emphasis being better care, better health, and lowered costs, focus is placed on population health and social determinants of health. The earlier we recognize that health is impacted by a range of factors such as socio-economic-education, physical environment, health-medical-quality, and health behaviors the better the

opportunity to improve patient outcomes. The overall improvement in population health and individual health status relates to a new emphasis on how to approach the patient. Care coordination which could include a CWH as part of the care team seems reasonable. I checked my idea with one of the CAH ACO CEO and his reaction was “spot on, yes CHW can help with patient care if we have them in the workforce. But we need to find them”

2. **Providing experience for students.** The Federal HRSA is “nudging” the Area Health Education Centers (AHEC) to look at CHW. The ND AHEC program office is located at the CRH and we work with two regional rural-based AHECs. Just on Tuesday in our monthly ND meeting we discussed this. The connection we see is with HOSA. HOSA is a student organization for High School students. Think FFA or DECCA but for students interested in health careers. Our thought would be for interested students to gain experience (possibly school credit) by working as CHW. This is another bridge to build our health workforce pathway.
3. **Contributing to helping older adults.** Don Jurivich, DO, Chair of the UNDSMHS Geriatrics Department operates a HRSA funded program called Geriatrics Workforce Enhancement Program (GWEP) which focuses on steps to help elders age better. I spoke to Don a few days ago about CHW and he too sees their utility in this area. The CRH is a partner with Dr. Jurivich on GWEP and we are working with some nursing homes and CAHs to introduce the concept. I know Don’s views are that a CHW could be part of the team to promote fall prevention efforts, home environmental checks, core exercise adherence, and checking for unsafe medications. And all of this would be considered part of population health and the social determinants of health.

Those are three ideas. To reiterate, integrating CHW in a valued based model means those services would be part of the payment stream. A fairly straight forward process.

Thank you.