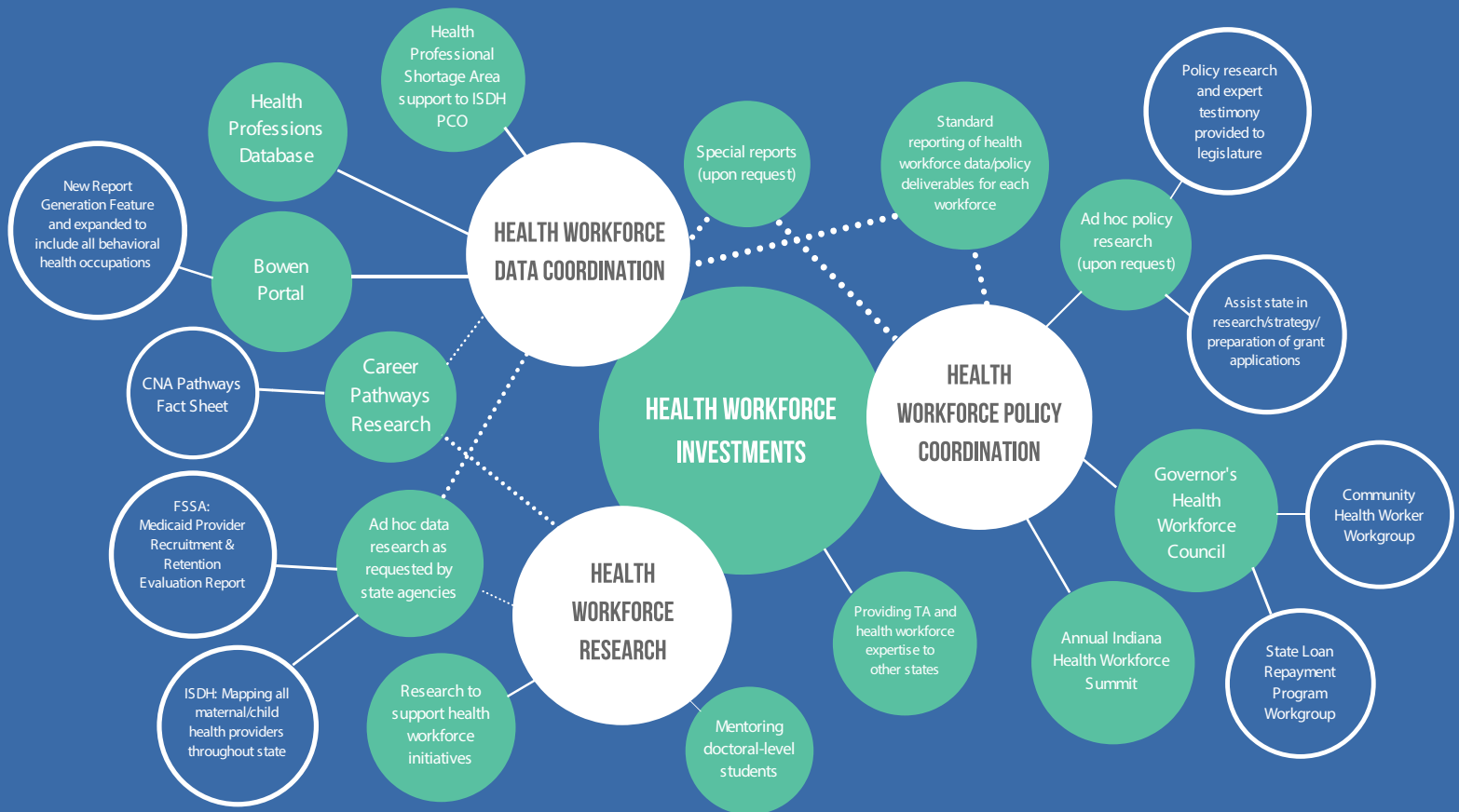


2018

IMPACT AND DISSEMINATION REPORT



Bowen Center for Health Workforce Research and Policy

2018 Impact and Dissemination Report

Prepared for:
Indiana State Department of Health

June 30, 2018

Prepared by:
Bowen Center for Health Workforce Research and Policy
Indiana University School of Medicine



SCHOOL OF MEDICINE

BOWEN CENTER FOR HEALTH
WORKFORCE RESEARCH & POLICY

Table of Contents

| | |
|---|-----------|
| Summary of Annual Impact..... | 1 |
| <i>Figure 1. Mind Map Legend.....</i> | <i>1</i> |
| Bowen Center Mind Map, 2018..... | 0 |
| Needs Assessment and HPSA Designations..... | 2 |
| <i>Figure 2. Designation Count by Discipline, July 2017 to May 2018.....</i> | <i>2</i> |
| Data Management Update..... | 3 |
| <i>Table 1. Summary of Data Management Processes.....</i> | <i>4</i> |
| Dissemination of Data..... | 5 |
| <i>IUPUI Scholarworks – Access to Timely Reports.....</i> | <i>5</i> |
| <i>Figure 3. Page view and download statistics for reports drafted in fiscal year 2018.....</i> | <i>5</i> |
| The Bowen Health Workforce Information Portal – Innovative Data Visualization..... | 6 |
| <i>Figure 4. Utilization rates of Bowen Portal features.....</i> | <i>6</i> |
| Presentations..... | 7 |
| <i>Table 2. Bowen Presentations - July 1st, 2017 – June 30th, 2018.....</i> | <i>7</i> |
| Stakeholder Technical Assistance..... | 8 |
| <i>Figure 5. Breakdown of organizations served during fiscal year 2018.....</i> | <i>8</i> |
| Department of Labor Grant..... | 9 |
| Forums for Collaboration..... | 10 |
| <i>Governor’s Health Workforce Council.....</i> | <i>10</i> |
| <i>Table 3. Meeting Dates for Council Workgroups in Fiscal Year 2018.....</i> | <i>10</i> |
| Indiana Health Workforce Summit..... | 11 |
| Impact of Evaluations and Reporting..... | 12 |
| Ivy Technical Community College..... | 12 |
| <i>Senate Enrolled Act 223.....</i> | <i>12</i> |
| <i>Senate Enrolled Act 225.....</i> | <i>12</i> |
| Appendix A: Governor’s Health Workforce Council - Summary of Initiatives FY2018 – FY2019..... | 13 |
| Appendix B: State Loan Repayment Program (SLRP) Workgroup..... | 18 |
| Appendix C: Community Health Worker (CHW) Workgroup..... | 20 |

Summary of Annual Impact

The health workforce is the foundational element of health care delivery, contributing to priorities such as quality and spending. Health care delivery system reforms cannot succeed without attention to this workforce. **The mission of the Bowen Center for Health Workforce Research and Policy (Bowen Center) is to improve population health by contributing to informed health workforce policy through data management, community engagement, and original research.** To achieve this mission, the Bowen Center has partnered with the Indiana State Department of Health (ISDH), Family and Social Services Administration (FSSA), and the Department of Workforce Development (DWD).

Dissemination of high quality health workforce information is a primary mechanism for promoting health policy discussion among health care leaders in Indiana. The Bowen Center is **charged with leveraging health workforce data to conduct needs assessments, workforce evaluations and develop data visualization tools.** The center also regularly provides technical assistance to stakeholders throughout Indiana and across the country who submit requests for data collection, analysis and assistance with federal health professional shortage designations. Such efforts aim to inform the work of educators, health care administrators and policymakers.

In order to support the translation of data and research into action, the Bowen Center is **committed to providing a forum for stakeholders that supports information sharing, idea generation, and consensus building, and serves as a platform for collaboration with policy makers and community leaders.** The center currently provides administrative support and technical assistance to the Governor's Health Workforce Council, which aims to coordinate initiatives, policies and programs related to the health workforce. This council, led by DWD, provides a forum for research, in-depth discussions and collaborative work that impact health workforce policy and, ultimately, improves population health. The Bowen Center also annually hosts the Indiana Health Workforce Summit, a convening where stakeholders learn about and engage in discussions related to Indiana health workforce priorities. The conference has grown over the past three years to attract policymakers, health care administrators, educators and community leaders.

A full synopsis of the Bowen Center's work can be found in the Mind Map on the following page. The legend (Figure 1) for the Mind Map is located on the right hand side of this page. The remainder of the Bowen Center's Annual Impact Report (AIR) provides an overview of contributions, including dissemination strategies, reach and impact, resulting from partnership with the State of Indiana.

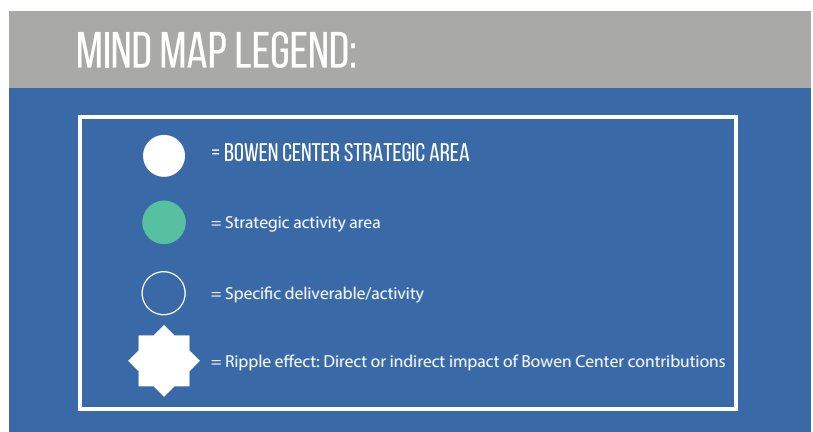
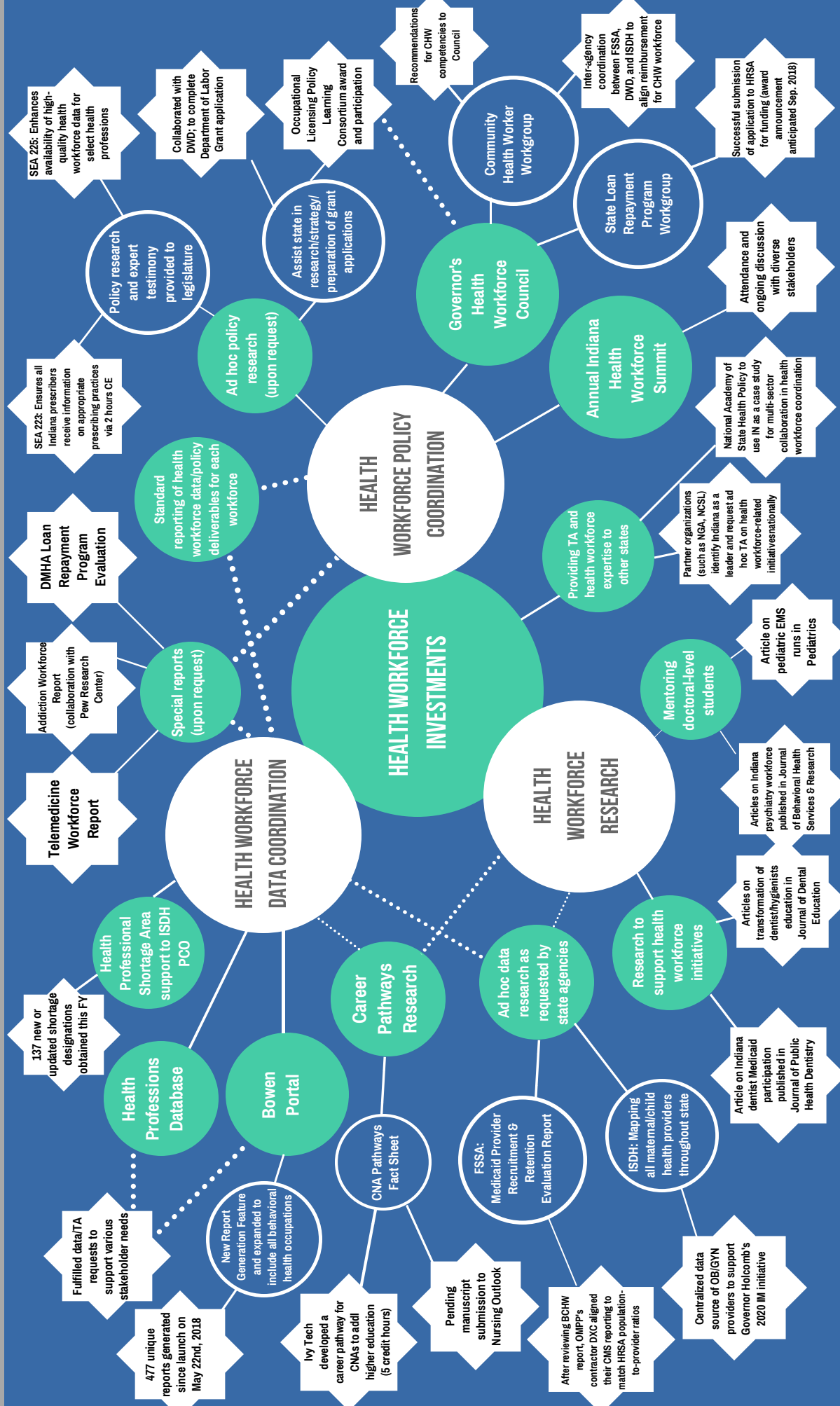


Figure 1. Mind Map Legend

MAPPING THE IMPACT OF STATE INVESTMENT IN HEALTH WORKFORCE COORDINATION: JUL 2017-JUN 2019

BOWEN CENTER FOR HEALTH WORKFORCE RESEARCH & POLICY (BOWEN CENTER)

The State of Indiana began investments in health workforce data and policy coordination initiatives in FY 2015-2017 after Indiana's participation in the National Governor's Association Health Workforce Policy Academy (2015). (Former) Governor Pence established the Governor's Health Workforce Council to serve as the health workforce policy coordinating entity for the state. The Bowen Center manages health workforce data coordination on behalf of the state and provides administrative support and technical expertise to the Council. This concept map displays the policy and programmatic impacts of these investments.



Needs Assessment and HPSA Designations

Since 2015, the Bowen Center has provided technical support to the Indiana State Office of Primary Care for management of provider data, health professional shortage area designations (HPSA) and annual Primary Care Need Assessments. Leveraging data on health professions and research and analytics expertise, the Bowen Center verifies provider data, prepares designation applications, and provides technical assistance to the state and stakeholders in Indiana and nationally. This includes facilitating communication with state primary care offices, hospitals and clinics and proactively responding to changes implemented by the Health Resources and Services Administration (HRSA).

Recent Changes to Designation Processes and What it Means for Indiana

Beginning in 2014, the HRSA began a modernization project that would streamline and automate the application process for geographic and population Health Professional Shortage Areas (HPSAs). Part of this project included the use of the online Shortage Designation Management System (SDMS) to manage provider data and HPSA applications. Management of HPSA applications in SDMS requires state Primary Care Offices (PCOs) or their designees to verify provider data derived from NPI and use population data derived from the American Community Survey (ACS), all of which HRSA uploads to SDMS.

Beginning in January 2017, HRSA has used these verified provider and population data to administer impact analyses, or preliminary evaluations, of all geographic and population HPSA designations approved prior to August 2016. These analyses were used to determine the possible changes that would occur to designations if re-evaluated by HRSA during the National Shortage Designation Update, which took place between October 28th and November 4th. Auto-HPSAs and other HPSA designations acquired after August 2016 were not included in this update.

The National Update resulted in 18 designations in Indiana being included in the re-evaluation. Five HPSA designation scores dropped by 1 to 5 points; two HPSA designations remained unchanged; five HPSA designation scores increased by 3 to 5 points; and six designations were proposed for withdrawal, three of which had been replaced by new designations.

How the Bowen Center is Helping

The Bowen Center for Health Workforce Research and Policy manages provider data and HPSA designation applications in SDMS as a designee of the Indiana State Department of Health PCO. In response to changes from the modernization project, the Bowen Center has conducted annual primary care needs assessments, developed standard provider verification procedures and prepared new or updated HPSA applications for communities that could potentially lose their designation.

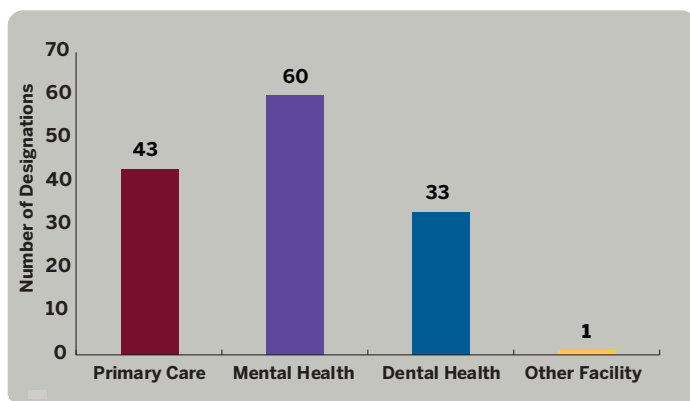


Figure 2. Designation Count by Discipline, July 2017 to May 2018

Between July 2017 and May 2018, 137 new and/or updated designations were obtained for the State of Indiana (Figure 2). Looking ahead, this year the Bowen Center will complete provider verifications (and associated updates) and develop new designation applications for dental health. The Bowen Center and Indiana State Department of Health **aim to assist qualifying communities in obtaining the designation that provides the most program opportunities (student loan repayment, Medicare supplement, etc.) that will contribute to improving access to care.**

Data Management Update

During this past fiscal year, the Bowen Center has worked in collaboration with the Department of Biostatistics (Biostats) at IU School of Medicine, and The Polis Center (Polis) at IUPUI to enhance and refine data management and data quality processes. This has been done through the development of more robust and standardized procedures in addition to the development of coding/programs to perform more tasks in a programmatic fashion. As a result of these efforts, improvements in quality, efficiency, and productivity have been realized. The database repository, a.k.a. "Bowen Library" has been enhanced to enable more effective storage of both original and aggregated data. This has led to more consistent and accurate dissemination of data to stakeholders in a variety of formats such as technical reports, geospatial maps, data sets, and the [Bowen Health Workforce Information Portal \(HWIP\)](#).

As the Bowen Center continues to collaborate with Biostats and Polis in this coming year, **continued improvement in management of health professional data will position Indiana as a leader in health workforce data and research**. More information regarding the use of health workforce data to disseminate timely information and research are found in the following sections.

2018 Impact and Dissemination Report

Table 1 below provides a summarized breakdown of the processing, storage, and dissemination components applied to the health workforce license and survey data:

| <i>Table 1. Summary of Data Management Processes</i> | | |
|--|--------------------|---|
| Step | Responsible Entity | Responsibility |
| 1. Processing | | |
| 1.1 | Bowen | Securely receives the license and survey data files from PLA. |
| 1.2 | Bowen | Performs basic QC and data cleaning steps using developed SAS scripts. |
| 1.3 | Bowen | Generates a single data file linking the license and survey data together using developed SAS scripts. |
| 1.4 | Bowen | Documents/updates corresponding data dictionary/codebook and other relevant documentation. |
| 2.5 | Bowen | Securely transfers data file and data dictionary/codebook to Biostatistics. |
| 2. Storage | | |
| 2.1 | Biostats | Loads the data into an import database within a secured MS SQL Server database environment. |
| 2.2 | Biostats | Transforms and loads all the license and survey data from the import database into a structured relational data model (database) within the secured MS SQL Server database environment. |
| 2.3 | Bowen and Biostats | Programmatically perform a series of data quality checks to compare the raw data file to the data loaded into structured relational data model (database). |
| 2.4 | Polis | Pulls the licensing data from the database. |
| 2.5 | Polis | Geocodes license addresses, using commercialized/licensed and/or public repositories. |
| 2.6 | Polis | Transfers geocoded data into the database. |
| 2.7 | Bowen and Biostats | Perform QC checks against returned geocoded data. |
| 3. Dissemination | | |
| 3.1 | Bowen | Documents the requirements for: 1) what criteria/filters to apply against the original data; and, 2) what types of aggregate data need to be generated. Both of these drive what is ultimately incorporated and disseminated through the technical reports, geospatial maps, data exports, and the Bowen Health Workforce Information Portal. |
| 3.2 | Biostats | Applies the appropriate criteria/filters to the license and survey data within the structured relational data model and loads the filtered data into a separate, but identical, relational data model (database) within the “Bowen Library” reports database. |
| 3.3 | Biostats | Aggregates the data and loads it into the “Bowen Library” reports database. |
| 3.4 | Bowen and Biostats | Bowen and Biostats perform QC checks against both the filtered data and the aggregate data. |

Dissemination of Data

In order to inform the policy making process with strong evidence and timely data, resources must be widely disseminated, easily accessible, and relevant to the health related issues that Hoosiers face. **The Bowen Center embraces a culture of transparency and collaboration in order to make resources available to a large and diverse audience in the hopes of informing health workforce policy in Indiana.**

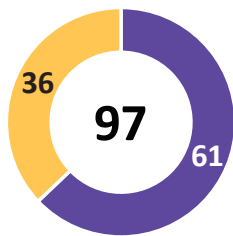
IUPUI Scholarworks - Access to Timely Reports

IUPUI ScholarWorks is an institutional digital repository which employs the DSpace open source software (freeware) created by MIT and Hewlett Packard in 2000. This online repository allows researchers to publish scholarly material. Open Access seeks to return scholarly publishing to its original purpose: to spread knowledge and allow that knowledge to be built upon. The Bowen Center implemented a strategy to use IUPUI ScholarWorks to disseminate information and to improve the reach and impact of project deliverables.

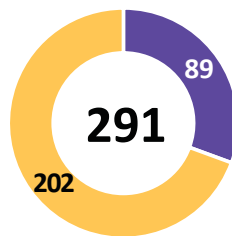
Within this fiscal year, the Bowen Center's has developed and published three major reports: an exploration of occupational pathways for certified nurse aides (CNA), a statewide primary care needs assessment and an evaluation of provider engagement in Indiana Medicaid. Such reports and evaluations have informed initiatives led by the ISDH Primary Care Office and FSSA, and has also impacted educational opportunities for students (discussed later in this report).

Together, these deliverables have received 219 views and 269 downloads (figure 3). In essence, these Bowen Center deliverables are averaging roughly 44 views/downloads. The reach of dissemination spans 7 countries with the majority of views/downloads attributed to the United States. These data show that the Bowen Center work is not only valuable to the Indiana and other States within the U.S., but also to other countries looking to understand and improve health workforce policy.

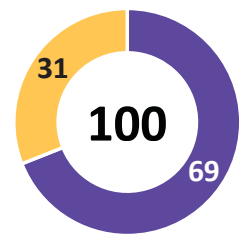
Medicaid Provider Recruitment and Rentention Report



Certified Nurse Aide an as Occupational Pathway to Licensed and Professional Nuring in Indiana



2017 Primary Care Needs Assessment Report



■ Page Views ■ Downloads

Figure 3. Page view and download statistics for reports drafted in fiscal year 2018

Source: IUPUI ScholarWorks

The Bowen Health Workforce Information Portal - Innovative Data Visualization

The Bowen Health Workforce Information Portal (Bowen Portal) provides reliable and timely data on Indiana's health workforce in order to support data-driven policy development and to inform decisions at both the state and local levels. The Bowen Portal is maintained by the Bowen Center in collaboration with the Polis Center. Since the launch of the Bowen Portal in June of 2017, the Bowen Center has seen significant utilization of its major features, including the interactive mapper, map gallery and data download. As presented in Figure 4, there have been over 1,100 unique users who have accessed the interactive mapper between June 2017 and May 2018. Viewers have also visited the Map Gallery (477) and the Data Download feature (442), though at a less frequent rate.

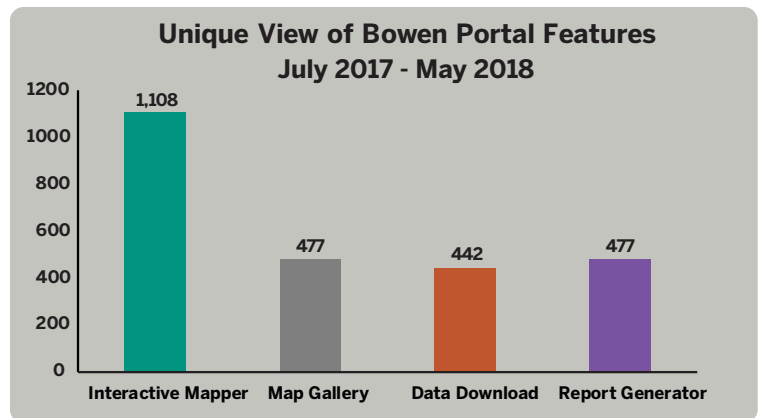


Figure 4. Utilization rates of Bowen Portal features

A new addition to the Bowen Portal is the Report Generator. This feature allows users to create customized fact sheets for a specified profession with formatted tables and an accompanying map demonstrating the geographic distribution of a selected indicator. **Since the launch of the Report Generator in May 2018, there have been 477 unique views of this new feature.** In order to support evaluation of this new feature, users are required to register or login to use the Report Generator. This feature improves access to customized, easily digestible health workforce information and is expected to have significant utilization in the coming year.

This year the Bowen Center expanded information available on the Bowen Portal to include occupations regulated by the Indiana Behavioral Health and Human Services Licensing Board and Psychology Board. The professions added to the cohort includes psychologists, addiction counselors, social workers, marriage and family therapists and mental health counselors. The hope is that the addition of these professionals will help to inform initiatives that focus on mental health and addiction in Indiana.

The Bowen Health Workforce Information Portal is becoming a hub of data and information for Indiana's health workforce. The data and features on the portal have proven to be useful to a broad range of individuals throughout Indiana. In the next phase we anticipate incorporating longitudinal capabilities into the Bowen Portal and beginning discussions for aggregating data by legislative districts. Such additions will meet the needs of Indiana's legislators and inform policy.

2018 Impact and Dissemination Report

Presentations

In this past fiscal year, members of the Bowen Center presented at various conferences, forums, legislative hearings and lectures with the intent of raising awareness on Indiana’s health workforce data among researchers, community leaders and policymakers. These presentations also inform listeners of the technical assistance and opportunities for collaboration the Bowen Center can offer. Table 2 below provides a summary of the presentation that have occurred in fiscal year 2018.

Table 2. Bowen Presentations - July 1st, 2017 – June 30th, 2018

| Setting | Date | Event | Content Presented |
|-----------------------|--|---|--|
| Forum | August 15 th , 2017 | Indiana Primary Health Care Association | HPSA Update |
| | January 23 rd , 2018 | Indiana Public Policy Forum | Physician Burnout |
| | June 19 th , 2018 | Indiana Primary Health Care Association: Members Forum | HPSA Designations |
| Conference | November 6 th , 2017 | Indiana Nursing Summit | Eighty Percent by 2020: Monitoring Indiana’s Progress with New Data Tools |
| | November 7 th , 2017 | APHA | “What can Medicaid claims tell us about the Dental Safety-Net?” |
| | November 7 th , 2017 | APHA | CNA Pathway |
| | February 8 th , 2018 | Indiana Council of Community Mental Health Centers | |
| | May 22 nd , 2018 | Indiana Health Workforce Summit | Shortage Designations |
| Meeting | July 1 st , 2017- June 30 th , 2018 | Community Health Worker Workgroup Meetings | Bowen Technical Assistance and Expertise |
| | July 1 st , 2017- June 30 th , 2018 | State Loan Repayment Plan Workgroup Meetings | Bowen Technical Assistance and Expertise |
| | August 2 nd , 2017 | Mental Health and Substance Abuse Task Force Meeting | HPSA and Student Loan Repayment Program (SLRP) |
| | August 4 th , 2017 | Indiana State Department of Health | HPSA Webinar |
| | August 9 th , 2017 | NGA Behavioral Health Workforce Meeting | Behavioral Health Report: Lessons Learned |
| | August 29 th , 2017 | Mental Health and Addiction Services Development Programs Board Meeting (Loan Assistance Board) | Bowen Center for Health Workforce Research & Policy, and its recent strategic plan |
| | September 7 th , 2017 | Indiana Hospital Association | Bowen Portal Demonstration |
| | September 25 th , 2017 | ASPIN (Affiliated Service Providers of Indiana) Board Meeting | Bowen Portal Demonstration |
| Education | October 20 th , 2017 | Indiana University School of Dentistry | Indiana Dental Public Health Workforce |
| | December 1 st , 2017 | School of Informatics and Computing – Department of BioHealth Informatics: Colloquia Series | Leveraging Information for Health Workforce Research & Policy |
| | March 6 th , 2018 | Fairbanks School of Public Health: Speaking with H120 Students | |
| Legislative Testimony | September 28 th , 2017 | Legislative Testimony | Presentation of Governor’s Health Workforce Council, data to support needs assessments, federal shortage areas, associated incentives, and shortages of other professionals (allied health and other occupations for whom there are no federal designations) |

Stakeholder Technical Assistance

In addition, to working with the State of Indiana on pre-defined deliverables to support health workforce planning and policy, the Bowen Center provides ad hoc technical assistance to State agencies and various other stakeholders for a diverse array of health workforce data and policy research needs. From July 2017 through May 2018 the Bowen Center completed over 35 technical assistance requests and served over 20 different organizations. Figure 5 provides a breakdown of the organizations served in this fiscal year.

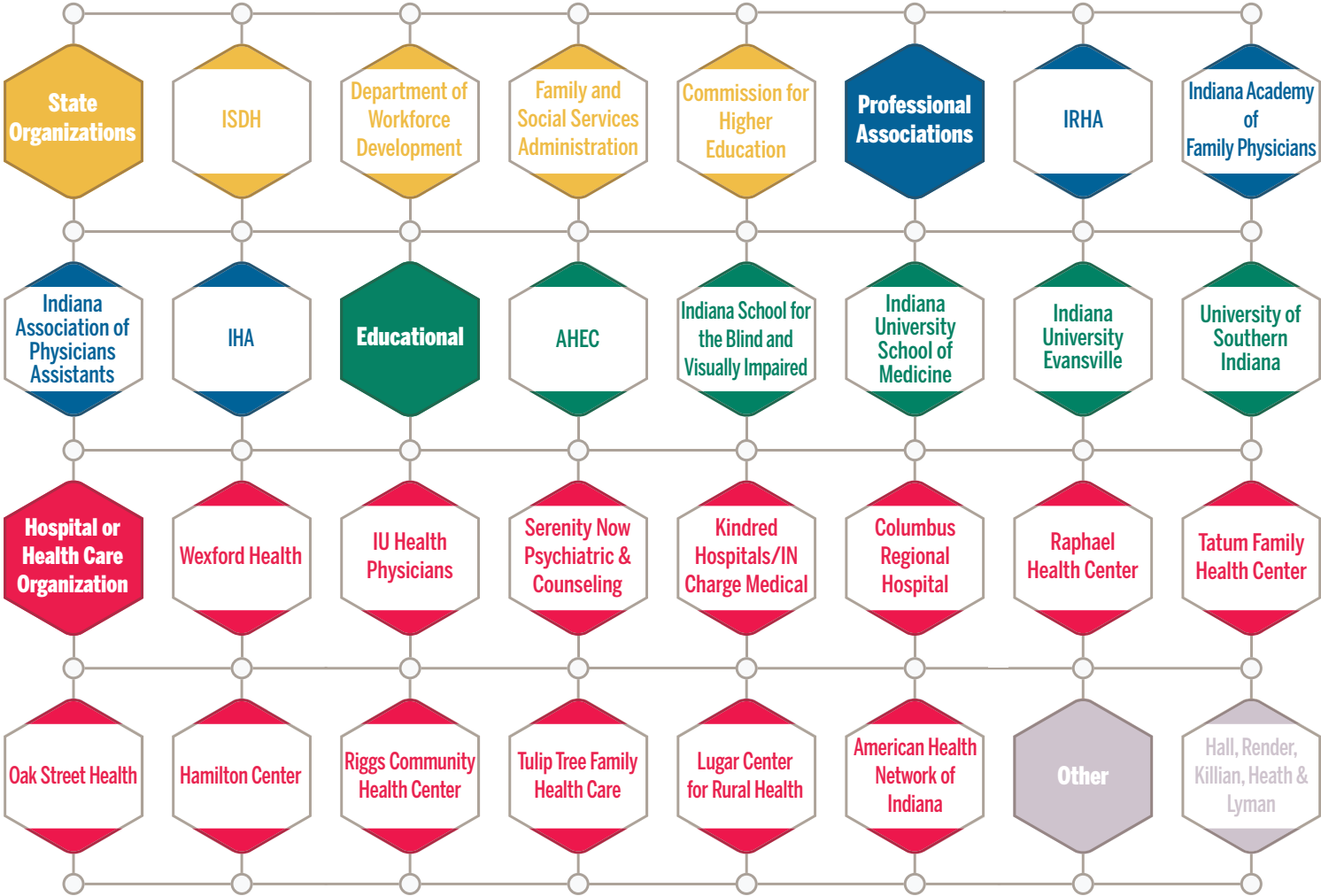


Figure 5. Breakdown of organizations served during fiscal year 2018

Department of Labor Grant

In September 2017, a Request for Applications was issued for states to participate in the **Occupational Licensing Policy Learning Consortium** (Consortium). The purpose of this project is to provide a forum for states to: 1) improve their understanding of occupational licensure issues and best practices; 2) become familiar with and discuss the existing licensing policies in their state; 3) identify current policies that create unnecessary barriers to labor market entry, especially for special populations including military families, immigrants, people with criminal records and unemployed or dislocated workers; and 4) creating an action plan that focuses on removing barriers to labor market entry and improves portability and reciprocity for select occupations.

This Project is funded by the US Department of Labor and hosted by three Project Partners: the National Governors Association Center for Best Practices, the National Conference of State Legislatures, and the Council of State Governments. The Department of Workforce Development chose to spearhead an application for Indiana's participation in the Consortium, building upon the work of the Council in health sector occupations. The Bowen Center assisted in the development of Indiana's application for Consortia participation. Indiana was one of 11 states selected to participate. The Project continues through December 2019. Many of Indiana's Core Team members also serve on the Council. As such, the Council will serve as an advisory body for the work associated with Indiana's participation in the Consortium.



Forums for Collaboration

Governor's Health Workforce Council

The Governor's Health Workforce Council (Council) was established by former Indiana Governor Mike Pence for the purpose of coordinating health workforce-related policies, programs, and initiatives within Indiana with the goals of reducing cost, improving access, and enhancing quality within Indiana's health system. The Council is charged with developing data-driven health workforce policy recommendations.

The Council held its first convening in February 2016. At this first meeting, the Council identified three priorities: 1) Education, Pipeline and Training, 2) Mental and Behavioral Health Workforce, and 3) Health Workforce Data Coordination.

The Council established Task Forces to tackle the first two priorities. These Task Forces met regularly throughout 2016 and developed recommendations for the Governor at the close of the calendar year. These recommendations can be found in the Council's 2016 Strategic Plan. These Task Forces dissolved after their recommendations were adopted by the Council.

To address the third priority identified in the Council's first year, the Council recognized the partnership with the Bowen Center to perform data coordination on an ongoing basis. As part of **Health Workforce Data Coordination** efforts the Bowen Center developed and launched the Bowen Portal in June of 2017.

Governor Eric Holcomb took office in 2017 and maintained the Council as an active entity. In 2017, three state agencies (Department of Workforce Development, State Department of Health, and Family and Social Services Administration) met to discuss emerging health workforce priorities. The priorities identified by these agencies included: 1) creating a state loan repayment program to support recruitment/retention of health professionals in underserved areas, 2) formalizing the community health worker workforce, and 3) formalizing a process for periodic, systematic review of health workforce-related policies to ensure existing policies meet the needs of Indiana.

These identified priorities were brought to the larger Council in May 2017 when the Council voted to establish three workgroups to tackle these issues: 1) State Loan Repayment Program (SLRP) Workgroup, 2) Community Health Worker (CHW) Workgroup, and 3) Health Workforce Modernization and Innovation (HWMI) Workgroup. The CHW Workgroup and SLRP Workgroup began convening in late Summer/Fall 2017 and continue to meet regularly (see table 3 on the following page for previous meeting dates). A complete summary of Council and workgroup initiatives can be found in the appendix.

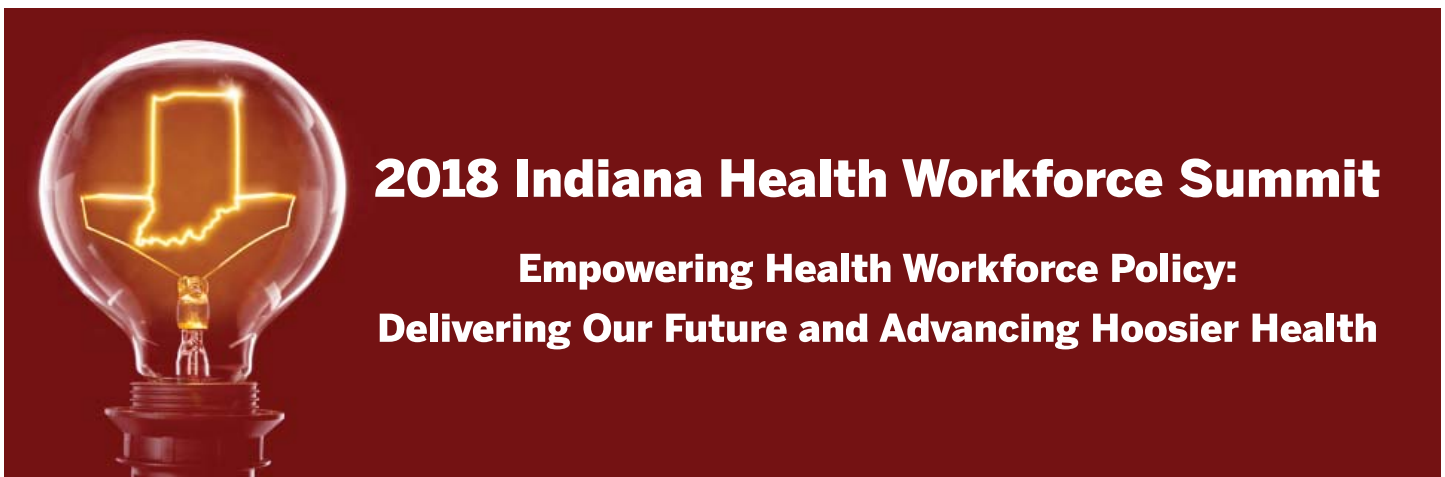
| <i>Table 3. Meeting Dates for Council Workgroups in Fiscal Year 2018</i> | |
|--|---|
| Community Health Worker Workgroup | State Loan Repayment Program Workgroup |
| October 17, 2017 | November 13, 2017 |
| December 1, 2017 | January 11, 2018 |
| January 18, 2018 | February 19, 2018 |
| February 13, 2018 | March 28, 2018 |
| March 20, 2018 | |
| April 19, 2018 | |

Indiana Health Workforce Summit

Not only has the Bowen Center staff and faculty traveled the state and country presenting on these health workforce data and the success of Indiana's data collection and policy coordination efforts, but the Center also hosted its third statewide event: the 2018 Indiana Health Workforce Summit.

The conference brought together over 157 individuals from across the state and the nation, representing a diverse group of stakeholders. This event served as a platform for important health workforce policy discussions and various health-related state priorities (such as infant mortality and the substance abuse and addiction crisis). This event also provides another venue for dissemination of recent reports generated as a part of the partnership between the Bowen Center and the State of Indiana.

In order to evaluate participant experience and to inform future meetings, a survey was administered to attendees of the 2018 Indiana Health Workforce Summit. Overall, the event was well received by attendees. It is the hope of the Bowen Center that this summit continues to engage many legislative and community health leaders in discussions to improve access to care for Indiana residents.



Impact of Evaluations and Reporting

This section provides a summary of the major impacts that have resulted from the Bowen Center efforts. A full synopsis of the many ripple effects of our work can be found in the “Bowen Center Mind Map” on page 4 (with an accompanying legend on page 5). As we continue into this next fiscal year, it is the hope of the Bowen Center that our use of data, research and analysis continues to impact the health workforce to improve workforce capacity and access to care.

Ivy Technical Community College

At the conclusion of FY2016, the Bowen Center finalized a report for the Department of Workforce Development which explored whether career pathways existed for Certified Nurse Aides (CNA) into professional nursing as a Licensed Practical Nurse or Registered Nurse. This report found that there were a number of individuals who used CNA as an entry point into the field of nursing. As a result of these findings, Ivy Tech expressed an interest in supporting this career pathway by creating a bridge program for CNAs interested in receiving academic credit toward more advanced nursing certificates. (Many other states had already implemented similar strategies to bridge the CNA credential and LPN). In fall of 2017, Ivy Tech received approval to offer students with a CNA certification five academic credit hours toward the pre-nursing certificate (which is used as a stepping stone toward the LPN certificate or an associate degree in nursing)¹.

Senate Enrolled Act 223

On March 16th, 2018, Governor Holcomb signed Senate Enrolled Act 223 into Public Law (authored by Senators Head and Charbonneau). This bill requires specified health professionals to provide certain information when renewing their professional license online beginning January 1, 2019. This information includes educational characteristics, specialty or field of practice, and additional practice characteristics. This initiative builds on existing state efforts to quantify and describe the health workforce for the purpose of informing policy, supporting program development and evaluation, identifying workforce shortages, and allocating resources.

Previously, this information was collected as a voluntary part of health professional license renewal. This new requirement will provide Indiana with more comprehensive, high-quality data than has ever been previously available. Enhancing the availability and quality of information on the health workforce is critical to ensuring Indiana is positioned to respond to health crises. Senate Enrolled Act 223 also specifies that a report is to be delivered to specific agencies (Office of Medicaid Policy and Planning, Department of Workforce Development, Commission on Improving the Status of Children in Indiana, the legislative council, and the Office of the Attorney General). The Bowen Center looks forward to partnering with the State of Indiana to support data-driven discussions on the health workforce.

Senate Enrolled Act 225

On March 13th, 2018, Governor Holcomb signed Senate Enrolled Act 225 into Public Law (authored by Senators Head, Houchin, and Merritt). This bill requires licensed health care practitioners who apply for a controlled substances registration (a license to prescribe controlled substances such as opioids), to complete continuing education before being eligible to receive this registration. The continuing education will address topics of opioid prescribing and opioid abuse.

This law will ensure Indiana’s practitioners receive the most current information on best practices in prescribing. This bill aligns with the National Governors Association recommendations for states to “improve prescribing practices by increasing educational opportunities and requirements for health care providers.” The Bowen Center was honored to provide background research to legislators interested in policy strategies to reduce prescription opioid misuse.

¹ Source: https://docs.google.com/spreadsheets/d/1bwXMk5fKCTqPTPlxSzSGXl93xOVIbwA-y_bDQpvviE/edit#gid=1026063551; <https://www.ivytech.edu/healthcare-specialist/index.html>

Appendix A: Governor's Health Workforce Council - Summary of Initiatives FY2018 – FY2019

Governor's Health Workforce Council Membership

Michael Barnes, Associate Chief Operating Officer for Employer Engagement, Indiana Workforce Development

Luke Bosso, Senior Operations Director, Office of Governor Eric Holcomb

Kristina Box, Commissioner, Indiana State Department of Health

Senator Ed Charbonneau, Indiana Senate, Chair of Senate Health and Provider Services Committee

Deborah Frye, Executive Director, Professional Licensing Agency

Logan Harrison, Director of State Affairs, Anthem, Inc.

Don Kelso, Executive Director, Indiana Rural Health Association

Representative Cynthia Kirchhofer, Indiana House of Representatives, Chair of House Public Health Committee

Brian Tabor, President, Indiana Hospital Association

Hannah Maxey, Assistant Professor and Director, Bowen Center for Health Workforce Research and Policy

Patrick McAlister, Director of Policy, Indiana Department of Education

Jim McClelland, Executive Director for Drug Prevention, Treatment, and Enforcement, State of Indiana

Phil Morphew, Chief Executive Officer, Indiana Primary Health Care Association

Ken Sauer, Senior Associate Commissioner and Chief Academic Officer, Indiana Commission for Higher Education

Jennifer Walthall, Secretary, Indiana Family Social Services Administration

2018 Impact and Dissemination Report

| Goal 1: <i>Health Workforce Data Coordination</i> . To create and maintain a data infrastructure for health workforce (Bowen Portal). | | | | | |
|--|---|--|---|--|----------------------------|
| Action Step | Timeline | Team Lead | Expected Deliverable | Notes | Status |
| 1.1 Create surveys to obtain key information from select licensed health professionals in conjunction with biennial license renewal. | | | | | |
| Explore whether a federal minimum dataset is available for each profession. | Ongoing | Bowen Center | Identified list of health professionals for which an MDS is available | | Complete |
| Conduct literature review and background research on non-federal survey tools available for professions with no MDS. | Ongoing | Bowen Center | Survey tool for each licensed health profession | | Ongoing |
| Engage stakeholders in survey development process through formal advisory groups for select professions (medicine, nursing, oral health, pharmacist, physician assistant, behavioral health) | Ongoing | Bowen Center, Advisory Groups | Biannual advisory groups held for select professions | | Ongoing |
| 1.2 Establish a database infrastructure for longitudinal data storage. | | | | | |
| Engage stakeholders to develop data management strategies | Jun. 2017 | Bowen Center, Stakeholders | Indiana Health Professions Database | Includes license and survey data for all licensed health | Ongoing |
| Partner with IU entities for database architecture and administration | Ongoing | Bowen Center | Indiana Health Professions Database | | Ongoing |
| 1.3 Design a public-facing, easily accessible web-based portal for accessing county-level data, custom mapping, and report production. | | | | | |
| Engage stakeholders to determine requirements/parameters | Ongoing | Bowen Center, Advisory Group, Stakeholders | Bowen Portal | Bowenportal.org | Ongoing |
| Public roll-out of the Bowen Portal | Jun. 2017 | Indiana Health Workforce Summit | Bowen Portal | Bowenportal.org | Completed |
| Evaluation | Ongoing | Bowen Center | Annual Impact Report | 2017 Report Completed | Ongoing |
| 1.4 Disseminate information on pertinent health workforce data and policy findings | | | | | |
| Create standardized data reports for select health professions on a biannual basis | Dependent on professions' license renewal cycle | Bowen Center | Biannual data reports | Data reports available on ScholarWorks (link) | Created on a rolling basis |
| Create policy fact sheets for select health professions on a biannual basis, tailored to state priorities | Dependent on professions' license renewal cycle | Bowen Center | Biannual policy fact sheets | Policy fact sheets available on ScholarWorks (link) | Created on a rolling basis |
| Ad hoc reporting at Council, state agency, or legislative request | Dependent on professions' license renewal cycle | Bowen Center | Ad hoc reports | Reports available on ScholarWorks (link) and delivered to requesting body | Dependent on request |
| Disseminate information via in-state conferences, ad hoc presentations, and email marketing strategies | Ongoing | Bowen Center | | | Ongoing |
| Host annual convening of health workforce stakeholders | Annual | Bowen Center | Indiana Health Workforce Summit | Annual summit to convene and engage stakeholders on key health workforce priorities and issues as determined by the Council and Administration | Annual |

2018 Impact and Dissemination Report

| Goal 2: <i>State Loan Repayment Program (SLRP) Workgroup.</i> To support recruitment and retention of health workforce into underserved areas. | | | | | |
|---|------------|---|---|---|-------------|
| Action Step | Timeline | Team Lead | Expected Deliverable | Notes | Status |
| 2.1 Establish State Loan Repayment Workgroup | | | | | |
| Membership list determined | Sept. 2017 | FSSA/OMPP | SLRP Workgroup Membership List | | Complete |
| Send invitations to potential members | Sept. 2017 | OMPP/Bowen Center | SLRP Workgroup Invitations | | Complete |
| Convene first meeting | Oct. 2017 | Allison Taylor, Workgroup Chair | SLRP Workgroup Meeting | | Complete |
| 2.2 Conduct background research on framework for SLRP programs in other states | | | | | |
| Perform systematic review of all active National Health Service Corps SLRP programs (funded by federal match dollars). | Nov. 2017 | Bowen Center | Workbook of information on all existing NHSC SLRP programs | | Complete |
| Perform systematic review of all active state-based SLRP programs (NOT funded by federal match dollars). | Dec. 2017 | Bowen Center | Workbook of information on all existing state-based SLRP programs | | Complete |
| Conduct key informant interviews with states of interest (Idaho, Michigan, Missouri, North Carolina) | Jan. 2018 | Bowen Center | Results of key informant interviews presented to SLRP Workgroup at Jan. mtg | Interviews with other states were requested, but the Bowen Center was unable to contact these states after multiple attempts. | Complete |
| 2.3 Determine list of professions/license types eligible for loan repayment in Indiana | | | | | |
| Review "menu" of professions determined eligible for NHSC-SLRP (states can elect to include any or all of these professions in the structuring of their program) | Dec. 2017 | Bowen Center | List of eligible professions for NHSC-SLRP | List can be found here: link | Complete |
| Engage in facilitated small group discussions RE: strategies for determining eligible professions, benefits/challenges associated with each strategy | Jan. 2017 | Workgroup, facilitated by Bowen Center | Results of members' discussion/feedback in 1/11/18 meeting minutes | | Complete |
| Vote on eligible professions for SLRP program in Indiana | Jan. 2017 | Workgroup | Recommended list of eligible professions to provide to Council | SLRP Workgroup Recommendation: eligibility for SLRP participation should include all professions trained at the master's level and above that are deemed eligible by NHSC (MD, DO, DDS/DMD, Nurse Practitioner, Certified Nurse-Midwife, Physician Assistant, Health Service Psychologist [Clinical and Counseling], Licensed Clinical Social Worker, Psychiatric Nurse Specialist, Licensed Professional Counselor, Marriage and Family Therapist, Pharmacist) | Complete |
| Determine strategy for prioritizing award for eligible applicants | Jan. 2017 | Workgroup | Prioritization recommendations | Discussions began at 1/11/18 meeting but were not voted on | In process |
| 2.4 Determine funding strategy | | | | | |
| Explore funding strategies implemented in other states | Feb. 2017 | Bowen Center | Presentation at Feb. 2017 meeting | | Complete |
| Discuss benefits/challenges associated with each funding strategy (state line item, licensing fees, tax, under existing agency appropriation, employer, foundation, mixed strategy, etc.) | Feb. 2017 | Workgroup, discussion facilitated by Bowen Center | Results of facilitated discussion | Document containing summary of feedback delivered to workgroup | Complete |
| Vote on recommended funding strategy | Feb. 2017 | Workgroup | Results of vote on funding strategy | Results discussed in Mar. 2018 Meeting | Complete |
| Develop plan for implementation of funding strategy | | | | | Forthcoming |
| 2.5 Determine framework for successful SLRP program administration | | | | | Forthcoming |
| 2.6 Develop plan for evaluation of SLRP program | | | | | Forthcoming |

2018 Impact and Dissemination Report

| Goal 3: <i>Community Health Worker (CHW) Workgroup.</i> To create a forum to unite all previous and existing efforts toward formalizing the CHW workforce in Indiana. | | | | | |
|--|-----------------------|---|--|--|-------------|
| Action Step | Timeline | Team Lead | Expected Deliverable | Notes | Status |
| 3.1 Establish CHW Workgroup | | | | | |
| Membership list determined | Sept. 2017 | DWD/ISDH | CHW Workgroup Membership List | | Complete |
| Send invitations to potential members | Sept. 2017 | DWD/Bowen Center | CHW Workgroup Invitations | | Complete |
| Convene first meeting | Oct. 2017 | Judy Hasselkus (DWD) and Laura Heinrich (ISDH), Co-Chairs | CHW Workgroup Meeting | | Complete |
| Identify and engage key stakeholders in workgroup's work | Ongoing | | | | Ongoing |
| 3.2 Understand the landscape of CHW workforce nationally | | | | | |
| Gather information from Department of Labor perspective | Oct. 2017 | Judy Hasselkus | Presentation at Oct. 2017 meeting | | Complete |
| Gather information on CHW from public health perspective | Oct. 2017 | Laura Heinrich | Presentation at Oct. 2017 meeting | | Complete |
| 3.3 Review previous and existing CHW initiatives in Indiana for training and certification | | | | | |
| Research and report out on previous and existing initiatives | Dec. 2017 – Jan. 2018 | ASPIN, INCHWA, HealthVisions Midwest, Mental Health America of Indiana | Presentations at Dec. 2017 and Jan. 2018 meetings | | Complete |
| 3.4 Coordinate with FSSA OMPP to ensure synergy with CHW Workgroup's efforts and state plan for CHW Medicaid reimbursement | | | | | |
| CHW Workgroup leadership meet regularly with OMPP team | Ongoing | Judy Hasselkus Laura Heinrich | Formal mechanism for bi-directional communication between OMPP and CHW Workgroup | | Ongoing |
| Work with state budget agency to determine funding details | Apr. 2018 | FSSA OMPP | | | Complete |
| Submit state plan to CMS | Jul-18 | FSSA OMPP | | | Forthcoming |
| 3.5 Generate recommendations for regulatory framework for CHW workforce | | | | | |
| Research other states' regulatory framework for CHW workforce | Mar. 2018 | Bowen Center | Presentation at Mar. 2018 meeting | | Complete |
| Discuss process and considerations for regulatory framework strategy | Apr. 2018 | Expert external partners consulted (partners with Occupational Licensing Policy Learning Consortium; NGA, NCSL) | Presentation and facilitated discussion at Apr. 2018 meeting | | Complete |
| Vote on regulatory framework recommendations | TBD | CHW Workgroup | | | Forthcoming |
| 3.6 Generate recommendations for training/education for CHW workforce | | | | | |
| Research other models for CHW competencies/skills | Feb. 2018 | Bowen Center | Presentation at Feb. 2018 meeting | C3 Community Health Worker Core Consensus Project identified as leading model (link) | Complete |
| Discuss appropriateness of each competency/skill proposed by the C3 project | Feb. 2018 | CHW Workgroup | Facilitated discussion at Feb. 2018 meeting | | Complete |
| Generate recommendations for competencies/skills associated with this workforce | Mar. 2018 | CHW Workgroup | Formal recommendations for CHW Competencies/Skills after vote at Mar. 2018 Meeting | | Complete |
| Research leading models for CHW training logistics (i.e. number of hours of training, cost, clinical vs. classroom, etc.) | TBD | Bowen Center | Presentation at future meeting | | Forthcoming |
| Generate recommendations for training this workforce | TBD | | | | Forthcoming |
| 3.6 Generate recommendations for Council, Governor and General Assembly | | | | | |
| Generate recommendations for amending current definition of CHW (currently in OMPP's 1915[i] Behavioral and Primary Healthcare Coordination Special Members Program Provider Reference Module) | Nov. 2018 | CHW Workgroup | Formal recommendations for CHW definition, including any regulatory requirements | | Forthcoming |
| Generate training requirement recommendations | NOV. 2018 | CHW Workgroup | Formal recommendations | | Forthcoming |

2018 Impact and Dissemination Report

Goal 4: *Health Workforce Modernization and Innovation (HWMI) Workgroup*. To create an inter-agency working group which can make formal recommendations to the Governor on a mechanism for 1) performing periodic systematic review of statutes relating to health professions practice to assess appropriateness and ensure alignment with the state's evolving needs (including scopes of practice reviews, reciprocity examination, etc.); and 2. facilitating feasibility assessments (pilots) of new and emerging workforce innovations, including whether and to what extent regulation is required to ensure public safety.

| Action Step | Timeline | Team Lead | Expected Deliverable | Notes | Status |
|---------------------------------------|----------|-----------|--------------------------------|-------|-----------------|
| 4.1 Establish HWMI Workgroup | | | | | |
| Membership list determined | | | HWMI Workgroup Membership List | | Not yet started |
| Send invitations to potential members | | | HWMI Workgroup Invitations | | Not yet started |
| Convene first meeting | | | HWMI Workgroup Meeting | | Not yet started |

Goal 5: *Occupational Licensing Policy Learning Consortium*. To support and advise Indiana's participation in the Consortium

| Action Step | Timeline | Team Lead | Expected Deliverable | Notes | Status |
|---|-------------|---|---|--|-------------|
| 5.1 Generate policy recommendations for the General Assembly aimed at 1) removing any unnecessary barriers to labor market entry and 2) enhancing portability of licensure for targeted occupations. | | | | | |
| 5.11 Understand the status/landscape of four occupations of focus: | May 2018 | Bowen Center, consulting with key agencies (ISDH, PLA, DHS) | | | |
| Establish a framework to evaluate occupations | Jan. 2018 | Bowen Center | Framework tool generated | | Completed |
| Research other states policies/requirements/reciprocity | Feb. 2018 | Bowen Center | Policy review document | | Completed |
| Engage stakeholders to validate research | Feb. 2018 | Council | Facilitated discussion at Governor's Health Workforce Council meeting | | Completed |
| Draft recommendations based on research | May 2018 | Council | Recommendations | | In progress |
| 5.12 Consider potential additional occupations for inclusion in Consortia activities | Feb. 2018 | Bowen Center, consult with Commission for Higher Education, Department of Defense | Information on health occupations for separating veterans | At 2/22/18 Council meeting, determined to not include any additional occupations at this time. | Completed |
| 5.13 Develop a funding strategy to support reducing the costs of obtaining licenses for military families and unemployed/ dislocated workers | Summer 2018 | Council | Recommendations for funding strategy to support licensing | | TBD |
| 5.14 Engage key stakeholders in work. | Ongoing | Core Team and Council | Ongoing communications | | Ongoing |

5.2 Establish or identify infrastructure to support ongoing review and analysis of licensing policy for all occupations in Indiana.

| | | | | | |
|---|-----|--|--|--|-------------|
| 5.21 Convene Health Workforce Modernization and Innovation Workgroup | TBD | | | | Forthcoming |
| 5.22 Understand landscape of occupation licensing policy review in Indiana and other states | | | | | Forthcoming |
| 5.23 Identify strategies and engage stakeholders | | | | | Forthcoming |
| 5.24 Develop legislative recommendations | | | | | Forthcoming |

APPENDIX B: STATE LOAN REPAYMENT PROGRAM (SLRP) WORKGROUP

Membership

Ann Alley, Member

*Director of Chronic Disease, Primary Care
& Rural Health Division*
Indiana State Department of Health

Jason Kolkmeier, Member

Physician Assistant
Indiana Academy of Physician Assistants

Leila Alter, Member

DDS, Chair of the Indiana Oral Health Coalition
Indiana Dental Association

Blayne Miley, Member

Director of Policy & Advocacy
Indiana State Nurses Association

Mike Brady, Member

Director of Advocacy
Indiana State Medical Association

Kevin Moore, Member

Director
Division of Mental Health & Addiction

Matt Brooks, Member

President & CEO
Indiana Council of Community Mental
Health Centers, Inc.

Colby Shank, Member

*Assistant Commissioner for Financial Aid & Student
Support Services*
Indiana Commission for Higher Education

Jeffery Chapman, Member

Director of Provider Services Section
Office of Medicaid Policy & Planning

Brian Tabor, Member

President
Indiana Hospital Association

Jessica Ellis, Member

Director of Provider Retention
Indiana Primary Health Care Association

Allison Taylor, Chair

*Interim Director, Indiana Office of
Medicaid Policy & Planning*
Indiana Family and Social Services Administration

Joseph Habig, Member

Assistant Director
Indiana State Budget Agency

Angela Thompson, Member

Advanced Practice Nurse
Coalition of Advanced Practice Nurses of Indiana

Randall Head, Member

Senator
Indiana Senate

SLRP WORKGROUP CHARGE

Explore the framework of the SLRP, including how this program has been implemented in other states and potentially make recommendations to the larger Council for implementation of this program in Indiana Summit.

Report to the Council for review and decision. Potential outcomes include:

- Legislative Recommendations for 2019 Legislative Session (or sooner)
- Action Plan for Implementation

Eligible professions adopted by the SLRP workgroup: master's level and above professions.

These professions include:

- Physicians
- Dentists
- Psychologists
- Behavioral and Mental Health Providers
- Nurse Practitioners
- Certified Nurse Midwives
- Physician Assistants

APPENDIX C: COMMUNITY HEALTH WORKER (CHW) WORKGROUP

Membership

Rebecca Adkins, Member

*Systems Director-Population Health
Ascension*

Laura Heinrich, Co-Chair

*Director of Cardiovascular Health and Diabetes
Indiana State Department of Health*

Kathy Cook, Member

*Executive Director
Affiliated Services Provider of Indiana*

Don Kelso, Member

*Executive Director
Indiana Rural Health Association*

Debbie Herrmann, Member

(October 2017 – February 2018)
*Deputy Director of Medicaid Initiatives
Division of Mental Health and Addiction*

Jennifer Long, Member

*Administrator of Community Based Care
Marion County Public Health Department*

Terry Cook, Member

(February 2018 – Present)
*Assistant Director
Division of Mental Health and Addiction*

Mandy Rush, Member

*Director of Community Services
Mental Health America of Northeast Indiana*

Rick Diaz, Member

*CEO
HealthNet*

Mary Anne Sloan, Member

*Vice President Health Care
Ivy Tech*

Margarita Hart, Member

*Executive Director
Indiana Community Health Workers Association*

Lisa Staten, Member

*Department Chair of Social and Behavioral Sciences
Richard M. Fairbanks School of Public Health*

Derris Harrison, Member

*Long Term Care Reimbursement Manager
Office of Medicaid Policy & Planning*

Andrew VanZee, Member

*Chair of Council on Workforce Development
Indiana Hospital Association*

Judy Hasselkus, Chair

*Program Director, Employer Engagement &
Sector Specialist for Health Care, Ag., & Life Sciences
Department of Workforce Development*

Carol Weiss-Kennedy, Member

*Director of Community Health
IU Health Bloomington*

Mission and Vision Adopted by the CHW Workgroup

Indiana has a CHW workforce

- Employed in a variety of settings where they support patient and community health and positively affect health outcomes
- With access to high-quality, low cost, short-term training which results in a recognized credential (Certified Community Health Worker or CCHW)
- With minimal regulation to reduce barriers to entry in the occupation, but with sufficient oversight to ensure quality, safety, employer confidence, and alignment with reimbursement opportunities

Community health workers

- May serve their communities without certification but will have access to a State-recognized credential* to increase recognition of their profession and to improve their employment opportunities
- Serve in an entry level health sector occupation that offers opportunities for advancement through career pathways and additional education and training

Health care providers, community organizations, and others who employ CHWs

- Have access to a talent pipeline for the CHW workforce with a baseline skillset that has been validated
- May build upon existing skill sets of certified individuals to meet the needs of their patients and communities

Implications for State Policies and Agencies

State CHW certification policies provide a supportive framework that positively affects the CHW workforce and patient and community health outcomes.

- Certified Community Health Workers (CCHWs) are deployed in communities across Indiana in various roles, including supporting patient and community health by serving as a liaison and/or uniquely qualified connector to healthcare and community resources (ISDH)
- The State of Indiana provides reimbursement for selected supportive healthcare services provided by CCHWs (FSSA)
- CCHW is part of a health sciences career pathway and is a stackable credential. Opportunities exist for CCHWs seeking career advancement (DWD/DOE/CHE)

*Note: Explore a legacy provision to allow community health workers who earned a certificate prior to implementation of a State-recognized credential to earn the State-recognized credential without requirement of additional training.

Competencies and Skills Adopted by the CHW Workgroup

COMPETENCY I: COMMUNICATION SKILLS

- A) Ability to use language confidently
- B) Ability to use language in ways that engage and motivate
- A) Ability to communicate using plain and clear language
- B) Ability to communicate with empathy
- C) Ability to listen actively
- D) Ability to prepare written communication (examples: client encounter documentation) including electronic communication (e.g., email, telecommunication device for the deaf)
- E) Ability to document work and communicate with care team (and employer) if applicable
- F) Ability to communicate with the community served (may not be fluent in language of all communities served)
- G) Ability to use culturally appropriate language

COMPETENCY II: INTERPERSONAL AND RELATIONSHIP-BUILDING SKILLS

- A) Ability to provide coaching, social support, and problem solving skills to the client
- B) Ability to conduct self-management coaching to empower individuals to improve their health
- C) Ability to use interviewing techniques (e.g. motivational interviewing)
- D) Ability to work as a team member
- E) Ability to manage conflict
- F) Ability to practice cultural humility and be sensitive to other cultures

COMPETENCY III: SERVICE COORDINATION AND NAVIGATION SKILLS

- A) Ability to coordinate care (including identifying and accessing resources, overcoming barriers, and understanding the social services and health systems)
- B) Ability to make appropriate referrals
- C) Ability to facilitate development of an individual and/or group action plan, goal attainment, and facilitate output of action plan
- D) Ability to coordinate CHW activities with clinical and other community services
- E) Ability to follow-up and track care and referral outcomes

COMPETENCY IV: CAPACITY BUILDING SKILLS

- A) Ability to help others identify goals and develop to their fullest potential
- B) Ability to work in ways that increase individual and community empowerment
- C) Ability to network and build community connections
- D) Ability to teach self-advocacy skills
- E) Ability to assist with community organizing

COMPETENCY V: ADVOCACY SKILLS

- A) Ability to contribute to development of policies that focus on community health
- B) Ability to advocate for change in policies that focus on community health
- C) Ability to identify barriers to care for individuals and community and speaking up to promote change.

COMPETENCY VI: EDUCATION AND FACILITATION SKILLS

- A) Ability to use empowering and learner-centered teaching strategies
- B) Ability to use a range of appropriate and effective educational techniques that are culturally appropriate
- C) Ability to facilitate group discussions and decision-making using culturally appropriate strategies
- D) Ability to plan and conduct classes and presentations for a variety of groups
- E) Ability to seek out appropriate information and respond to questions about pertinent topics (in culturally appropriate context)
- F) Ability to find and share requested information that is culturally appropriate
- G) Ability to collaborate with other educators in a culturally appropriate context
- H) Ability to collect and use culturally appropriate information from and with community members
- I) Ability to utilize education and facilitation skills that are culturally appropriate

COMPETENCY VII: INDIVIDUAL AND COMMUNITY ASSESSMENT SKILLS

- A) Ability to participate in individual assessment through observation and active inquiry
- B) Ability to participate in community assessment through observation and active inquiry

COMPETENCY VIII: OUTREACH SKILLS

- A) Ability to identify need, recruit, and follow-up
- B) Ability to prepare and disseminate information
- C) Ability to identify existing resources, build a current resources inventory, and maintain a current resources inventory

COMPETENCY IX: PROFESSIONAL SKILLS AND CONDUCT

- A) Ability to set goals and to develop and observe a work plan
- B) Ability to balance priorities and to manage time
- C) Ability to apply critical thinking techniques, problem solving, and identify when follow-up is needed with the appropriate multi-disciplinary teams
- D) Ability to use pertinent technology
- E) Ability to observe and follow ethical and legal standards (e.g. CHW Code of Ethics, Americans with Disabilities Act [ADA], Health Insurance Portability and Accountability Act [HIPAA])
- F) Ability to identify situations calling for mandatory reporting and carry out mandatory reporting requirements
- G) Ability to participate in professional development of peer CHWs and in networking among CHW groups
- H) Ability to set boundaries and practice self-care

COMPETENCY X: EVALUATION AND RESEARCH SKILLS

- A) Ability to assist, support, and contribute to evaluation and research processes

COMPETENCY XI: KNOWLEDGE BASE

- A) Knowledge about social determinants or social factors related to health and health disparities
- B) Knowledge about pertinent health issues
- C) Knowledge about healthy lifestyles and self-care
- D) Knowledge about mental/behavioral health issues and their connection to physical health
- E) Knowledge about the factors that contribute to health behaviors
- F) Knowledge of basic public health principles
- G) Knowledge about the community served
- H) Knowledge about system and resources for health and social service in the United States and local community