**A drawing of a face

Description automatically generated**

**Establishing and Enhancing Community Health Workers (CHWs) across South Dakota – Project Narrative**

**Date:**

# **Narrative Overview**

Please complete this narrative in its entirety, along with the completed budget by accessing [www.chwsd.org/funding](http://www.chwsd.org/funding) and clicking “apply”. For questions or concerns as you complete this project narrative, please contact Julie Klinger at [julie@chwsd.org](mailto:julie@chwsd.org) or 605-553-0529.

# **Organizational Overview**

**Please respond to the following questions regarding your organization:**

|  |  |
| --- | --- |
| Item: | Response: |
| Organization Name: |  |
| Organization Location: (City, State) |  |
| Organization Type: | Medical/Clinical (i.e., hospital, clinic)  Community-Based Organization (i.e., non-profit, social services organization)  Tribal Organization  Other (please explain): |
| Organization Status: | Non-Profit  For Profit  Other (please explain): |
| Does your organization currently provide direct patient/client services? | Yes  No |
| Amount Requested: | $ |

# **Project Narrative**

**Please provide a short response (1 -2 paragraphs) for each question.** These responses will help the Application Review Team to better understand the proposed work and activities for your organization:

## **CHW Position Development**

A required grant outcome of this funding is to develop, at minimum, a part-time and/or cross-trained CHW position. Funding can also be used to develop a full-time CHW position. Please provide a summary of the CHW position your organization will develop if awarded through this funding opportunity (i.e., full-time CHW, part-time CHW, cross-trained CHW, multiple CHW positions).

## **CHW Program Development**

Please briefly describe who will be responsible for managing and coordinating the work associated with developing the CHW program at your organization.

## **CHW Documentation and Reporting**

CHWs must be able to record interactions and services provided to patients/clients. Please briefly document how your CHW(s) will document patient/client interactions and services provided. Does your organization currently have an EHR? Does your organization currently subscribe to client management software? Will a portion of this funding be used to purchase or upgrade your EHR/software?

## **Health Equity**

Health equity is achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.” Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment. Please share a brief summary of how your organization works to implement health equity within the services and care provided.

## **Evaluation**

As a condition of this funding, the site or organization must participate in an evaluation process. Each site will also be required to track 2 - 3 measures to assess your specific needs and issues. Examples in a health setting may be reducing emergency department visits, increasing appointment follow-through, or specific chronic disease measures, such as A1c or blood pressure. Examples in a community-based organization may be related to specific case management measures important to the agency.

What 2 - 3 measures will your CHW program measure and report?

## **CHW Program Sustainability**

This funding is only available for a short period of time to establish and develop a CHW Program and is not meant to be a consistent funding source for CHW programs. Please briefly detail your organization’s plan to sustain your CHW program after the grant funding ends. If your organization is planning to seek Medicaid reimbursement for CHW services provided, please briefly summarize this as well.