



Minnesota
**Community
Health Worker**
Alliance

Developing A Sustainable Plan for CHWs

March 6th, 2025 Kick-Off Meeting

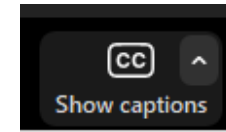
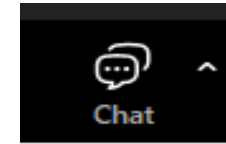
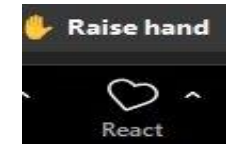


Welcome and Meeting Overview

Ann Nyakundi, MNCHWA Executive Director

Zoom Meeting Housekeeping

- Please keep your mic muted and your cameras off.
- Please use the Hand React, to raise your hand.
- The Chatbox is available to type in during the meeting.
- Closed Captions are available for anyone.



This meeting will be recorded

The recording will be shared on the MNCHWA website, YouTube channel, and social media platforms after the event.



Meeting Agenda

Welcome & Overview

- Agenda Overview – Ann Nyakundi, MNCHWA
 - Framing of current landscape
- Land Acknowledgement

State of the Field: CHW landscape in MN and nationally

- Carl Rush, Community Resources, LLC
- Victoria Adewumi, CHW Center for Research + Evaluation
- Brief Q&A

CHW landscape in MN

- Ann Nyakundi, MNCHWA
- Kristen Godfrey Walters & Laura Turek, Minnesota Department of Health
- Brief Q&A

Introduction of Sustainable Plan Development & Work Groups

- Angela Fields, MNCHWA

Next Steps & Special Announcement

- Ann Nyakundi, MNCHWA



Defining a Community Health Worker

American Public Health Association: A CHW is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

Minnesota Community Health Worker Alliance: CHWs come from the communities they serve, building trust and vital relationships. This trusting relationship enables the CHWs to be effective links between their own communities and systems of care.



Minnesota CHW Education Requirements

- Education: State-wide standardized curriculum, approximately 14-17 credits from approved post-secondary institution including credits for an internship at approved site:
 - Role, Advocacy and Outreach
 - Cultural Health Communications
 - Teaching and Capacity Building
 - Documentation, Legal, and Ethical Responsibilities in Community Health
 - Health Promotion Competencies
 - Internship



Community Health Worker Roles

Bridge	Bridge the Gap Between Communities and Systems
Navigate	Navigate Health and Human Services
Advocate	Advocate for Individual and Community Needs
Provide	Provide Direct Patient/Client Services
Build	Build Individual and Community Capacity



Thank You MNCHWA Team



State of the Field: CHW Landscape in MN and Nationally

Carl Rush, Community Resources, LLC

Victoria Adewumi, CHW Center for Research + Evaluation

Sustainable Plan for CHWs Kick-Off Meeting March 6, 2025



Carl H. Rush, MRP
Community Resources, LLC
San Antonio, Texas



State of the Field: The CHW National Landscape

Medicaid CHW SPAs

- ▶ Approved in 19 states
- ▶ Other states planning to submit: AK, IL, MS, NC, OK, PA, SC, TN, VA
- ▶ Legislation pending in AR, FL
- ▶ Persistent issues:
 - ▶ Work-arounds for FQHCs
 - ▶ Variation in billing rates (RI starting rate review process)
 - ▶ Integration into Alternative Payment Methods (most states use FFS)
 - ▶ Integrating CBOs

Medicare Part B coverage

- ▶ Implementation has been slow: uncertainty, regulatory barriers
- ▶ CHWs eligible under **Community Health Integration (CHI)** and/or **Principal Illness Navigation (PIN)**
- ▶ CHI eligibility depends on **identified social need**, regardless of clinical diagnosis
- ▶ PIN eligibility depends on **clinical diagnosis and prognosis**, whether social needs are present or not

Basic provisions of Medicare regulations

- ▶ Can cover wide range of activities provided by “auxiliary personnel... incident to” clinical care
- ▶ Must be ordered by “billing provider” during an “initiating visit” – provider also responsible for general supervision
- ▶ Claims may only be submitted by one billing provider for a given patient
- ▶ Providers encouraged to partner with community-based organization (CBOs), but CBOs cannot bill directly

Dual eligible issues

- ▶ Original Medicare requires 20% co-pay for most services including CHI
 - ▶ Providers are not permitted to waive co-pays
 - ▶ Medicaid required to cover co-pays for dual eligibles, but states may object
- ▶ Medicare Supplement (“Medigap”) and Medicare Advantage plans, generally cover cost-sharing, plans for duals (D-SNPs and C-SNPs) are widely marketed
- ▶ Information from state duals offices is scarce

Key relationships needed to access Medicare reimbursement

- ▶ Major local and regional Medicare providers (physicians)
 - ▶ Hospitals are mostly paid by Part A, but often have affiliated physician groups
 - ▶ Providers will be responsible for billing, but may partner with CBOs as CHW employers
- ▶ State Medicaid dual-eligible program management and MCOs
- ▶ Medicare private insurers (Medigap and Advantage plans)
 - ▶ Licensed to market in your state (some may be national plans)

Broader sustainability issues and TA efforts

- ▶ Due to requirements of non-billable CHW activity, no more than 50-60% of CHW's time may be “billable”
 - ▶ Travel time, relationship-building
- ▶ Blended/braided funding models can be costly to build and maintain (Hubs)
- ▶ States involved in national TA/learning communities - National Academy for State Health Policy (NASHP) and Envision (CCR 2109) – lessons learned
 - ▶ Crucial role of relationships at state/local levels
 - ▶ State govt. agencies: shared understanding of CHW roles and interagency policy coherence
 - ▶ Capacity-building for CHW leadership/networks

Federal categorical programs

- ▶ CDC, HRSA, SAMHSA, ACL, DOT and others
- ▶ Some currently allow expenditures for CHW salaries, some do not
- ▶ Could states be permitted/incentivized/mandated to allocate 5-10% of each grant for CHWs? Can those resources be pooled?
 - ▶ Example of Nevada pooled funding pilot (2013) – 14 CHWs hired to serve rural counties using pooled funds from 4 categorical grants
 - ▶ What can states do now on their own and what would require federal policy action?

Where is the leadership?

- ▶ HHS dept.-wide work group on CHW sustainability work group, chaired by Office of Minority Health, 2023-2024
- ▶ CDC (Chronic Disease) gained enthusiasm from Envision 2109 Community of Transformation – April 2024 Sustainability Summit
 - ▶ Potential for continued support on chronic disease prevention/management in new Administration
- ▶ New Policy Partners coalition: NACHW, NASHP, Envision, ASTHO, CHCS, Partners in Health
- ▶ National CHW Policy Working Group monthly call (open meeting convened by NACHW and PIH)

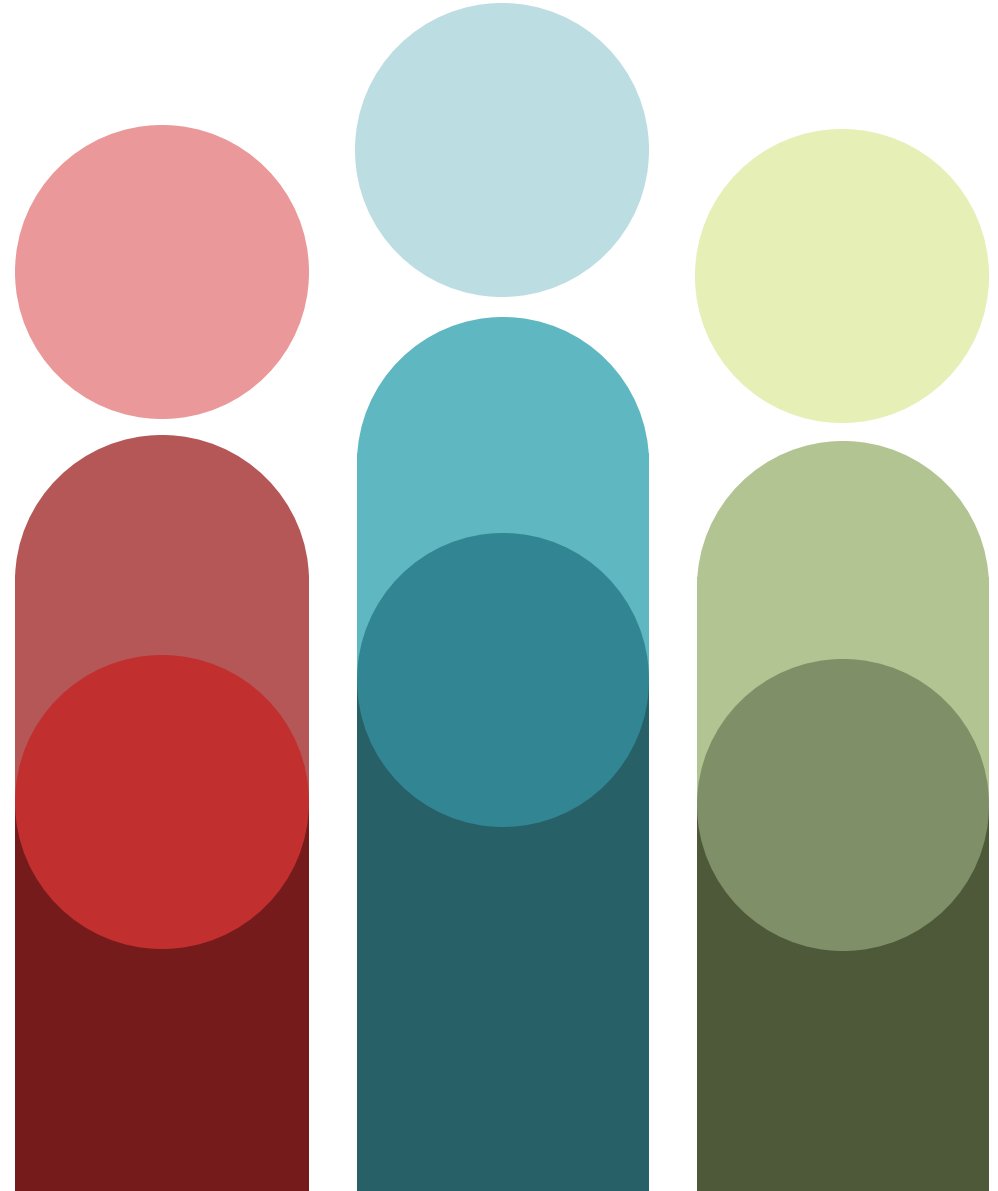
General sustainability resources:

- ▶ Envision Financial Sustainability Toolkit and other Envision resources (click on “Sustainability” button):
<https://envisionequity.org/resources>
- ▶ NACHW briefing paper on state level financing strategies:
<https://nachw.org/wp-content/uploads/2023/12/sustainable-financing-of-community-health-worker-employment.pdf>
- ▶ Employer-centered sustainability toolkit:
<https://marc.growthzoneapp.com/ap/r/67f5aa3dbca64201a3026ab3e04f13d3>
- ▶ Case Study of Health Center Implementation:
<https://www.marc.org/document/chw-sustainability-case-study-2024-chc-sek>
- ▶ UMass detailed compilation of CHW SPAs and waivers:
<https://forhealthconsulting.umassmed.edu/publication/connecticut-environmental-scan-on-community-health-workers/>



Advancing the CHW Profession Through R&E

Victoria Adewumi, MA, CHW, MPH
Co-Executive Director/Co-Principal Investigator
CHW Center for Research and Evaluation



OBJECTIVES

Understand the purpose and work of The Community Health Worker Center for Research and Evaluation (CHW-CRE)

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Learn about the CHW Common Indicators and their value + importance in strengthening national CHW evaluation efforts

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Learn about the CHW Common Indicators and their value + importance in strengthening national CHW evaluation efforts

Hear our perspective on the current landscape of CHW focused research and evaluation efforts

A photograph of two women sitting at a table by a large window, engaged in a conversation. The woman on the left has long brown hair and is wearing a light-colored blouse. The woman on the right has dark curly hair, wears glasses, and a blue long-sleeved top. They are both smiling and looking at each other. The background shows a cityscape through the window.

HISTORY OF CHW-CRE

THREE PILLARS

- **Promotion of the Indicators**



THREE PILLARS

- **Promotion of the Indicators**
- **Capacity Building for CHWs and Non-CHW Researchers and Evaluators**



THREE PILLARS

- **Promotion of the Indicators**
- **Capacity Building for CHWs and Non-CHW Researchers and Evaluators**
- **Lead Research + Knowledge Creation that Benefits the Field**



A young man with short dark hair, wearing a white long-sleeved button-down shirt, is standing in a room with a large window. He is holding a black marker with an orange band and pointing it towards a whiteboard. The whiteboard has some faint, light-colored lines and shapes drawn on it. The man is looking upwards and to the right with a slight smile. The background is bright and out of focus, showing greenery outside the window.

PROMOTION OF THE COMMON INDICATORS

Common Indicators Measure:

- **Workplace conditions that benefit individual CHWs**



Common Indicators Measure:

- **Workplace conditions that benefit individual CHWs**
- **Intermediate outcomes among participants in CHW programs (i.e., community members) that CHWs are uniquely placed to achieve**



Common Indicators Measure:

- **Workplace conditions that benefit individual CHWs**
- **Intermediate outcomes among participants in CHW programs (i.e., community members) that CHWs are uniquely placed to achieve**
- **Policies and practices at the program and state levels that can benefit the CHW workforce as a whole**




PROCESS INDICATORS

- CHWs' level of compensation, benefits, and opportunities for advancement
- CHW enactment of the 10 core roles
- CHW-facilitated referrals
- CHWs' involvement in policy making
- Extent to which CHWs are integrated into teams
- **CHW supportive and reflective supervision**

OUTCOME INDICATORS

- Participant self-reported physical, mental, and emotional health
- Participant health and social needs
- Participant social support
- Participant empowerment
- Policy and systems change (program and state level)





CHW EVALUATION AT THE NATIONAL LEVEL



National Landscape

- **Statewide Workforce Surveys (Oregon, Illinois, New Hampshire)**



National Landscape

- **Statewide Workforce Surveys (Oregon, Illinois, New Hampshire)**
- **Medicaid/Medicare Reimbursement Policy + Changes**



National Landscape

- **Statewide Workforce Surveys (Oregon, Illinois, New Hampshire)**
- **Medicaid/Medicare Reimbursement Policy + Changes**
- **Introduction of CHW “Standards”**





Guide to Using the
CHW Common Indicators

Thank You!!!



CHW Common Indicators:
Data Analysis Guide





Brief Q&A



CHW Landscape in Minnesota

Ann Nyakundi, MNCHWA Executive Director

Kristen Godfrey-Walters, Minnesota Department of Health

Laura Turek, Minnesota Department of Health



State of the Field Report:

Ann Nyakundi

Executive Director, Minnesota CHW Alliance

Ann.Nyakundi@mnchwalliance.org



Minnesota
**Community
Health Worker**
Alliance



Minnesota Community Health Worker Alliance

Focus: We work with our partners to reduce health disparities, achieve the Quadruple Aim, and foster healthier communities.



Mission: Build community and systems capacity for better health through the integration of community health worker (CHW) strategies.



Vision: Equitable and optimal health outcomes for all communities.



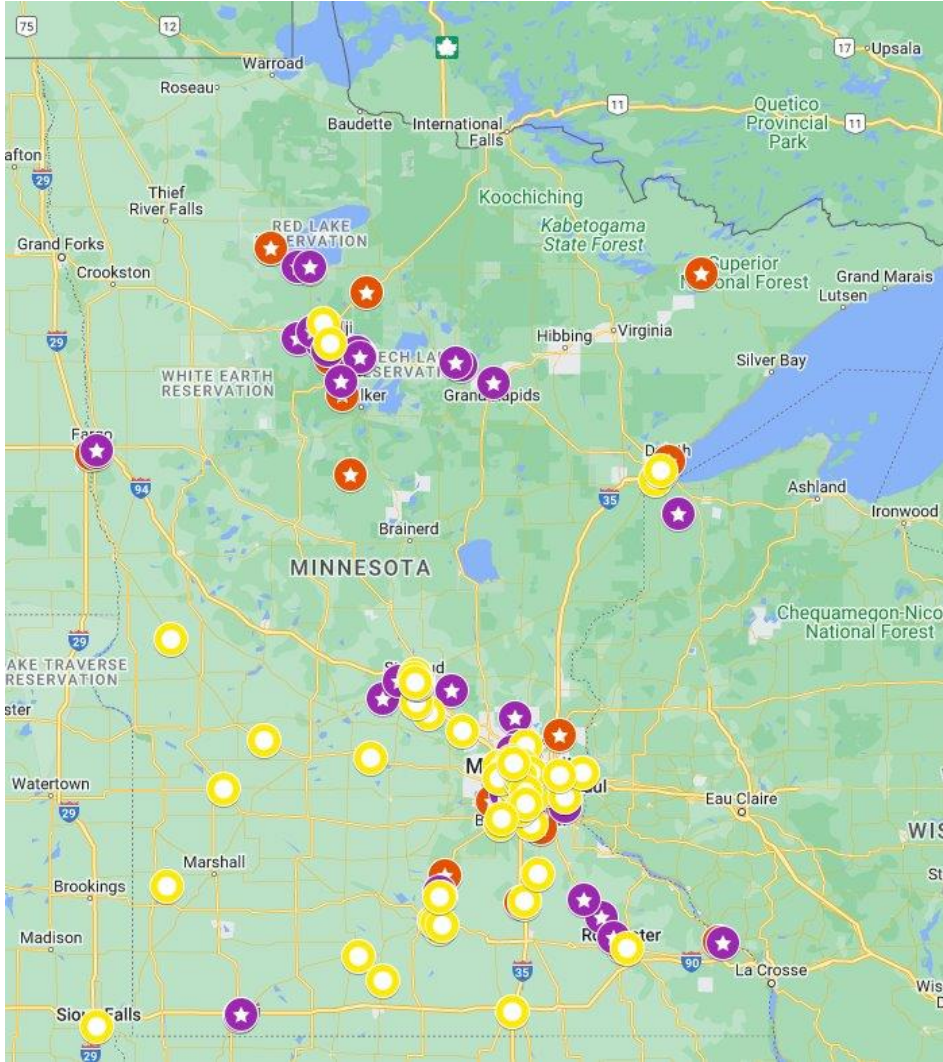
Case Management and Care Coordination • Community-Cultural Liaison • Health Promotion and Health Coaching
Home-based Support • Outreach and Community Mobilization • Participatory Research • System Navigation*

* Matos S, Findley S, Hicks A, Legendre Y, Do Canto L. Paving a path to advance the community health worker workforce in New York State: a new summary report and recommendations. CHW Network of New York City. 2011

Minnesota Community Health Worker Alliance

MNCHWA's Role & Key Activities

Minnesota CHW Curriculum	Statewide Education Committee	Define CHW Professional Standards	CHW Education and Student Support
Employer Training and Technical Assistance	CHW Apprenticeship Program	Monthly Newsletter	CHW Learning Circle
MNCHWA Resource Library	CHW Registry	CHW Demonstration Grants	CHW Scholarships
CHW Leadership Training	Research and Evaluation	Advocacy and Policy Analysis	NACHW and APHA Member
	CHW Career Advancement	Technical Advisor for State Agencies, Professional Associations, and Coalitions	



CHW Reach in Minnesota



Minnesota Unique Strengths

- Our CHW Certificate Curriculum is in use partially or fully in at least 20 other states
- Statewide CHW Education Committee
- Very Strong and Active CHW Network Organization (MNCHWA)
 - Training and supporting hundreds of CHWs annually
 - Registry of 560+ CHWs
 - Thousands of unique visits to website every month
 - Over 1500+ subscribers to newsletter (high open rate)
 - 2-3 events hosted monthly
- We have Very Strong CHW Leadership
- Favorable and structured relationship with state agencies to support CHWs (MDH, DLI, MNSCU/DOE, DHS)



State of the Community Health Worker Field in Minnesota

Developing a Sustainable Plan for CHWs in MN, Kick-Off Meeting | March 6, 2025

Kristen Godfrey Walters and Laura Turek

PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS



MDH CHW Initiatives and Community Engagement Unit

Collaboration and coordination between state and community partners



Training

Academic CHW certificate program, apprenticeship, upskilling

CHW Infrastructure in MN



Financing

Medical billing – Medicaid & Medicare
Grants, levy's
Legislative appropriations



MN CHW Alliance

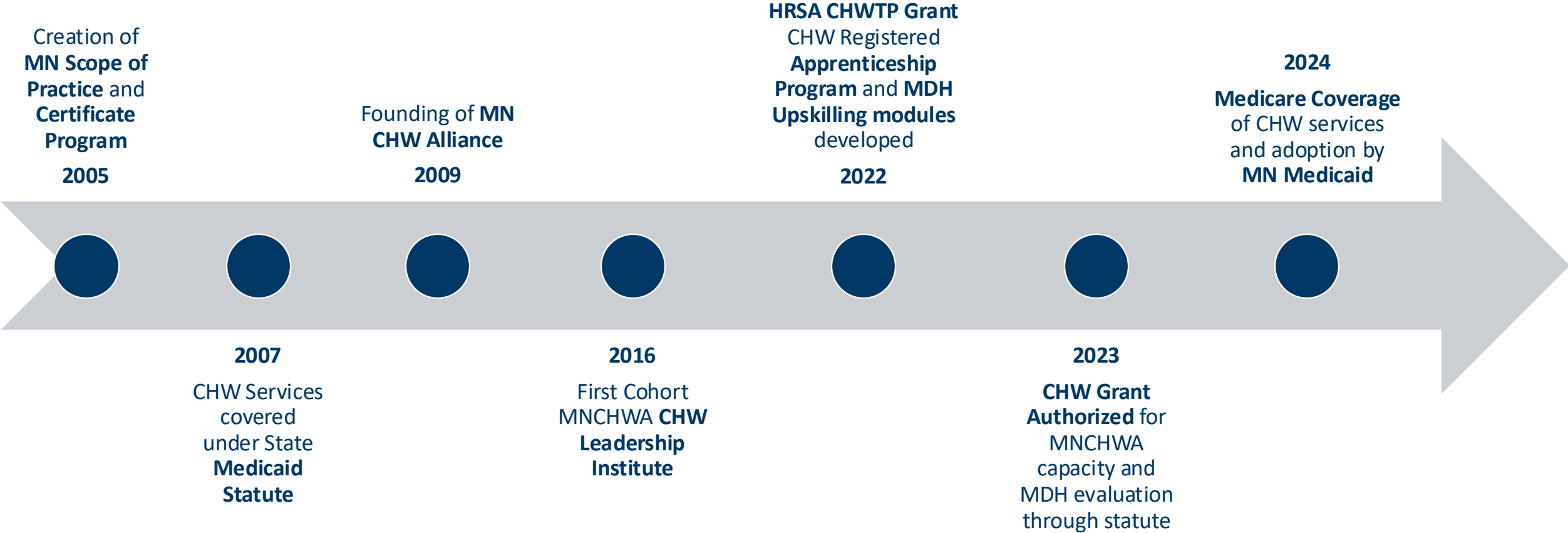
Professional, advocacy, capacity building organization for CHWs and employers



Evaluation and Measurement

Environmental scan, measure development

Timeline in MN

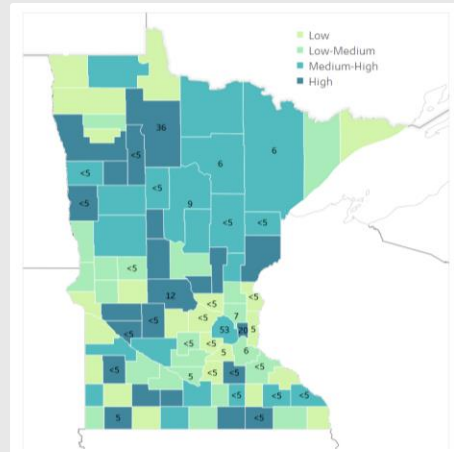


Community Health Worker Training Program (CHWTP) Funded by HRSA Sept 2022-2025

Goal: To expand the public health workforce through training of new CHWs and extending knowledge of existing CHWs



CHW Awareness



**CHW Certificate Program
Scholarships**



**Registered
Apprenticeship Program**



CHW Upskilling Training



HRSA CHW Training Program Progress Aug 2023 - Feb 2025

CHW Certificate Program
Trainees Enrolled



237

CHW Certificate Program
Trainees Completed

68

CHW Certificate Program
Graduates Employed

55

CHW Apprentices



6

Apprenticeship Sites

4 approved sites



Apprenticeship Sites In-Progress

6 in progress

Upskilling Training Modules
developed

4



Upskilling Training Modules In
Progress

4

Upskilling Trainees

138



Community Health Worker (CHW) Grant Program

2023 Legislative Session Outcomes

[MINN. STAT. ANN.144.1462](#) (2023) Community Health Workers; Grants Authorized

- Support collaboration and coordination between state and community partners to develop, refine, and expand the community health workers profession in Minnesota; equip community health workers to address health needs; and to improve health outcomes.
- Establishes grant to the MN CHW Alliance to expand and strengthen the community health worker workforce across Minnesota.
- CHW Alliance to provide technical assistance, training and support to CHWs/employers and advance financing and sustainability.
- MDH to administer the grant; design, conduct, evaluate, and report on the community health worker initiative; and facilitate collaboration across stakeholders.

CHW Grant Program – Next Steps

Environmental scan on
CHW Field

MNCHWA Demonstration
Projects of CHW models

Refine and
operationalize CHW
Initiatives logic model and
develop sustainable plan

Collaboration with state
and external stakeholders
to address reimbursement
and financial sustainability
barriers

Development of a statewide
measurement system

MNCHWA Technical
Assistance and Training for
CHWs and CHW Employers

2024 MDH CHW Environmental Scan Highlights

Laura Turek | Evaluator

CHW Infrastructure: Key Findings

Minnesota has a **robust infrastructure** in place to support the CHW profession, including:

- Statewide scope of practice
- Academic CHW Certificate training program and upskilling trainings
- Medical billing and reimbursement
- MN CHW Alliance (MNCHWA), a non-profit who builds community and systems capacity for better health through integration of CHW strategies

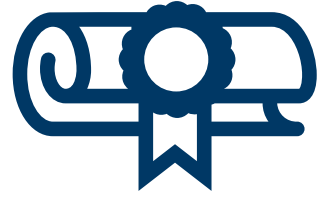
There are opportunities to **strengthen and expand** effective CHW services statewide:

- Increase funding and sustainability for positions
- Support employer readiness and capacity
- Advance CHW training, support, and career development
- Establish state strategy and coordination.
- DHS billing methods/process support



CHW Certificate
Program Schools

6



CHW Certificate
Holders

1631



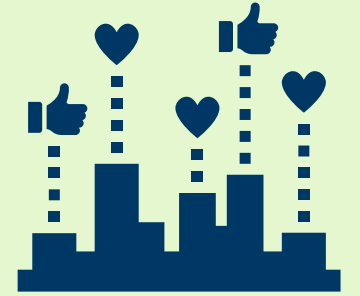
CHWs Employed

880



Counties with
CHW activity

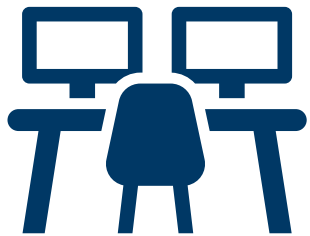
54%



Settings
Employing CHWs

11

2024 MN CHW Workforce



Providers
enrolled with
DHS to Bill

209



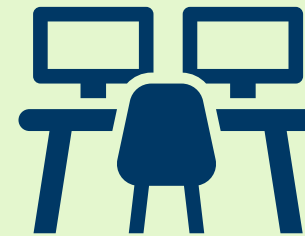
CHW Certificate
Holders from
Greater MN

64%



Codes for
Reimbursement

5



CHW Employers Billed
for Reimbursement last
year

77

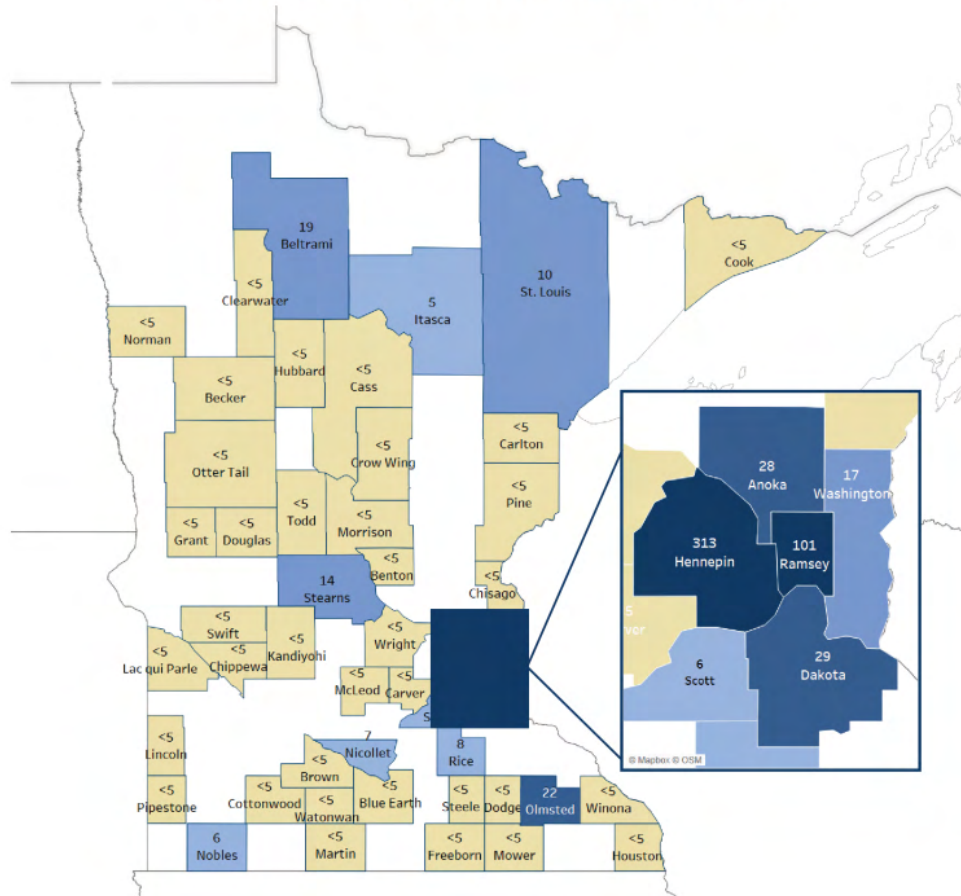


CHW in Healthcare
Homes

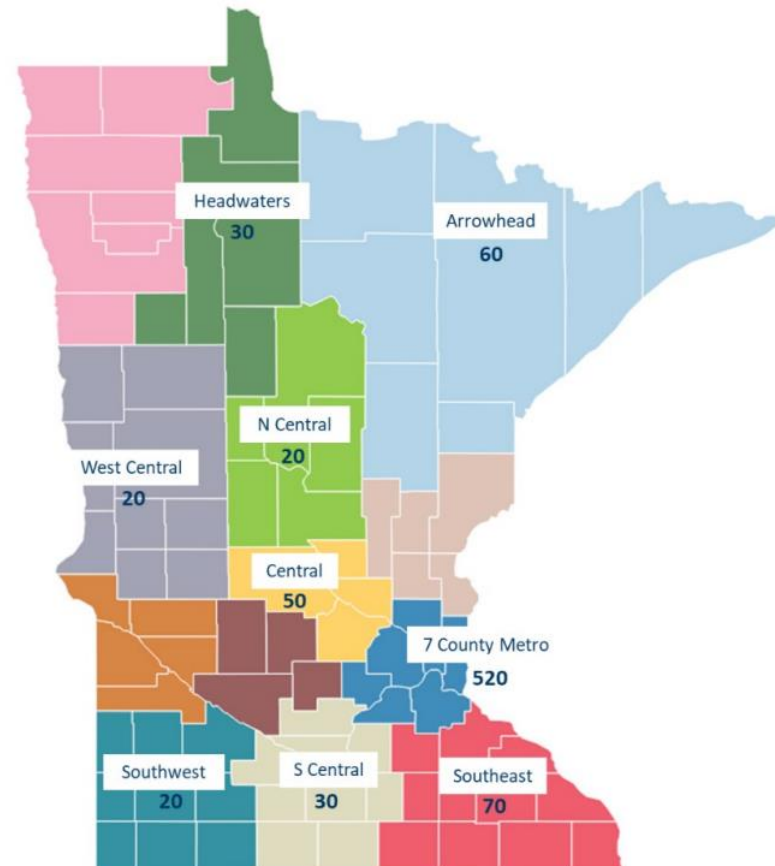
31%

CHW Workforce and Training: Key Findings

Minnesota CHW Certificate Holders 2005-2024



CHW Labor Estimates by Economic Development Region



Barriers and Facilitators: Key Findings

BARRIERS TO CHW PROGRAM DEVELOPMENT, EMPLOYMENT, AND SUSTAINABILITY

- Organizational readiness, training, supervision, retention, and funding are themes that emerged through key informant interviews.
- Themes included low salary levels, availability of fulltime work, supervision, and ongoing support to navigate internal organization dynamics.
- Documentation is consistently noted as a challenge for CHW workflows as well as for program evaluation and billing.
- Common barriers to implementing an apprenticeship on the job training model included existing supervisor/administrative staff capacity, time and funding, and general awareness of the training model. [?]
- Funding and sustainable financing is an ongoing barrier that has impacts on retention.
- Reimbursement rates do not support the full cost to fund CHW positions.

FACILITATORS AND COMPONENTS OF SUCCESSFUL CHW EMPLOYMENT

- Preparing the organization ahead of hiring a CHW was regularly noted to help ease entry and integration to the team.
- Internal advocacy tools to increase awareness and value of the CHW role are important for retention and sustainable braided funding.
- Connection to and integration with colleagues was identified across settings as a successful strategy.
- Reflective practice was highlighted as a positive supervisory tool to support CHWs and debrief work experiences.
- Continuing education or specialty trainings offered consistently, via MN CHW Alliance, national organizations, or MDH online learning modules, are valued by employers.
- Building employment levels to allow for professional growth in the field contributes to sustainability.

- [CHW in Minnesota: Environmental Scan 2024](#)
 - www.health.mn.gov/communities/commhealthworkers/docs/chwscan.pdf
- [CHW Environmental Scan Summary – key findings](#)
 - www.health.mn.gov/communities/commhealthworkers/docs/chwsummary.pdf
- [CHW Initiatives Webpage](#)
 - www.health.mn.gov/communities/commhealthworkers/index/html
- CHW Workforce infographic
 - <https://www.health.state.mn.us/communities/commhealthworkers/docs/chwminnesota.pdf>

CHW Initiatives Logic Model Overview

Laura Turek | Evaluator

- A Collective Impact initiative:
 - a common agenda
 - shared measurement systems
 - mutually reinforcing activities
 - continuous communication
 - backbone support organizations



CHW Alliance
with support
from MDH

Logic Model as a Road Map

- Logic model to be used as a **road map** for Minnesota to strengthen, enhance, and grow the CHW infrastructure.
- The following *draft* logic model was developed in 2022 with MN CHW Alliance, MDH and key stakeholders.
- The logic model will be reviewed and updated as a part of the sustainable plan development.

	Activities	Intended Outputs	Short-term Outcomes (Yr 1-2)	Intermediate Outcomes (Yr 3-5)	Long-term Outcomes (Year 5+)
Strategic Collaboration, Planning, Networking	Join CHW Alliance as member of National Association of CHWs	Membership and participation with National Association of CHWs			
	Convene a state-level council on CHW profession using an equity lens/ensure representation of communities experiencing disparities	Members of state-level council	S1. Increased understanding of national efforts to support CHWs	I1. Improved CHW infrastructure within the health system - within high-risk communities	
	Form work groups focused on particular topics of interest such as CHW continuing education, job placement/prospects of employment/non-traditional setting/employment, culturally responsive trainings, reimbursements, promotion of CHWs profession, pathways to advancing CHW career	Work groups by topic of interest and priority	S2. Increased opportunities for networking and collaboration among partners S3. Increased participation in work groups	I2. CHWs integrated into the health care delivery system (to address access, costs, and disparities)	
	Engage with payers to explore reimbursement rates, rate determination processes; create relationships to discuss CHW roles in different payer systems	New reimbursement procedures and rates			
Continuing Education and Career Development	Develop robust training infrastructure (in addition to the certificate curriculum) for the CHWs including necessary opportunities for FREE training; leadership opportunities; mentorships. Includes enhancing accessibility (examples could be availability of web-based, in-person and on-job trainings and professional development opportunities)	Newly developed CHW trainings and methods of attendance	S4. Increased number of free training opportunities available for CHWs through variety of channels	I3. Increased number of CHWs participating in trainings/curriculum/toolkit	
	Develop priorities and guidelines for continuing ed	Agreed upon guidelines		I4. Increased number of CHWs with a certificate	
	Update core curriculum to reflect or offer tracks to reflect varied cultures and languages	Culturally-specific curricula	S5. Increased schools offering culturally specific curricula	I5. Increased number of trained CHW supervisors	
	Support CHW supervisor training and support system	CHW supervisor trainings and support opportunities	S6. Increased number of available and accessible CHW supervisor training	I6. Increased number of academic programs and DEED offering CHW certificate as viable 1st step in other professions	L1. Reduced disparities in chronic diseases, injury, violence, and substance use disorder
	Engage in dialogue with academic institutions and DEED to raise awareness of CHW as a step on pathway to other careers (ex. nursing, public health) and a sustainable career for DEED to promote and support	CHW presented as career with upward mobility/promotion potential	S7. Increased number of academic and DEED programs willing to offer CHW certificate and training S8. Increased number of individuals from diverse communities interested in CHW pathway	I7. Increased number of CHWs serving the communities with which they relate and/or in which they reside	L2. Increased number of CHWs able to confidently and effectively address current health challenges
	Engage in strategic CHW recruitment efforts in focused communities. Encourage individuals from diverse communities to become CHWs	Recruitment plans and partners			
Outcome-based Standards	Identify existing promising practices in MN	Case studies	S9. Increased understanding of CHW presence in MN	I8. Increased ability to advise on pros/cons of CHW models	L3. Increased number of CHWs from high-risk populations
	Broaden implementation of CHW strategies across state with focus on disparities and evidence-based models	Established CHW programs		I9. Increased number of established CHW models in MN	L4. Increased statewide access to appropriate and effective CHW services, specifically populations disproportionately experiencing poor health outcomes
	Provide organizational support and develop a system to support CHW hiring and sustaining process	Guiding documents	S10. Increased spaces receiving support for CHW models/services	I10. Increased impact of CHW models	
Assessment and Evaluation	Common Indicators (CI) project	CI project assessment report	S11. Increased stakeholder knowledge of CIs	I11. Increased data available on CHW experience (salary, benefits, satisfaction, etc.) and CHW employers	L5. Increased ability to track and evaluate impact of CHW models
	Assess types of CHW models - pros/cons for different communities/geographic areas; reimbursement strategies	Reports and assessments, lit reviews	S12. Increased understanding among stakeholders about available data on CHWs and CHW models	I12. Shared/standardized measurement system agreed upon, developed and tested	
	Develop a shared/standardized measurement system with stakeholders of CHW collective impact. Explore inclusion of EHR and other systems for documentation and monitoring	Shared/standardized measurement system	S13. Increased participation of stakeholders in conceptualizing and developing a shared/standardized measurement system		
	Explore traditional and non-traditional spaces that could benefit from CHWs (e.g., senior care facilities, factories, schools, law enforcement, health hubs, construction, food processing, etc)	Network of potential employers	S14. Increased awareness of traditional and non-traditional spaces that can benefit from CHWs	I13. Increased range of CHW employers	
	Conduct cost study to present correlation between positive health outcomes (including reduced disparities) and higher reimbursement for CHW services	Cost study report			
Communication, Dissemination and Sustainability	Build public awareness campaign of CHW role; Tailored messaging for legislature, CHW employers/potential employers, community leaders throughout the state, and peer agencies (ex. state agency staff who are responsible for health care reform efforts)	Multi-media awareness campaign	S15. Increased understanding of role and value of CHWs	I14. Increased awareness of CHW value	Resources: MDH/HPCD; CHW Alliance (CHW network group; CHW supervisors group); CHW Solutions; Volunteers of America; Local Public Health; Pillsbury United and other orgs employing CHWs; Blue Cross Blue Shield; DHS/Dr. Chomilo; Dr. Call with Legislative Action Group; NACDD
	Develop a one-stop-shop website for the profession with resources including training materials for CHWs, employers, academic and professional institutions, legislature etc.	One-stop-shop website for the profession with resources including training materials for CHWs, employers, academic and professional institutions, legislature	S16. Increased availability of resources through website on CHW profession S17. Improved understanding of cost benefit of higher reimbursement rates for CHWs. Potential employers understand the importance of CHWs and the reimbursement process	I15. Increased number of CHWs, CHW employers, communities and legislature using the website	
	Support the CHW Registry development, awareness, and use, including communication efforts, data collection, satisfaction and impact assessment	Robust CHW Registry	S18. Increased awareness of registry and its potential uses	I16. CHW presence in MDH	
	Develop Career growth options for CHWs through consistent training and growth opportunities	Available trainings and career ladders	S19. Increased number of employers offering career ladder for CHWs	I17. Majority of CHWs are included in Registry and see value of Registry	

CHW Initiative Logic Model

Strategies

Long Term Outcomes

- Networking, Collaboration, Strategic Planning
- Continuing Education and Career Development
- Support Evidence-Based Models
- Assessment and Evaluation
- Communication, Dissemination, and Sustainability

Activities	Intended Outputs	Short-term Outcomes (Year 1-2)	Intermediate Outcomes (Year 3-5)
Join National Association of CHWs	Membership and participation with National Association of CHWs		
Convene a state-level council on CHW profession using an equity lens/ensure representation of communities experiencing disparities	Members of state-level council	S1. Increased understanding of national efforts to support CHWs	I1. Improved CHW infrastructure - within the health system - within high-risk communities
Form work groups focused on particular topics of interest such as CHW continuing education, job placement/prospects of employment/non-traditional setting employment, culturally responsive trainings, reimbursements, promotion of CHWs profession, pathways to advancing CHW career	Work groups by topic of interest and priority	S2. Increased opportunities for networking and collaboration among partners S3. Increased participation in work groups	I2. CHWs integrated into the health care delivery system (to address access, costs, and disparities).
Engage with payers (including Integrated Health Partnerships?) to explore reimbursement rates, rate determination processes, create relationships to discuss CHW roles in different payer systems	New reimbursement procedures and rates		
Develop a robust training infrastructure (in addition to the certificate curriculum) for the CHWs including necessary opportunities for FREE training; leadership opportunities; mentorships. Includes enhancing accessibility (examples could be availability of web-based, in-person and on-job trainings and professional development opportunities)	Newly developed CHW trainings and methods of attendance	S4. Increased number of free training opportunities available for CHWs through variety of channels	I3. Increased number of CHWs participating in trainings curriculum toolkit
Develop priorities and guidelines for continuing ed	Agreed upon guidelines		I4. Increased number of CHWs with a certificate
Update core curriculum, ensure it reflects or offers tracks to reflect varied cultures and languages; explore current pros/cons to changing from a certificate to a certification	Updated curriculum with cultural input	S5. Increased schools offering updated curriculum	I5. Increased number of trained CHW supervisors
Support CHW supervisor training and support system	CHW supervisor trainings and support opportunities	S6. Increased number of available and accessible CHW supervisor training	I6. Increased number of academic programs offering CHW certificate in conjunction with other programs. - CHW certificate is seen as viable 1st step in other professions
Engage in dialogue with academic institutions that offer CHW certificate to create a pathway for CHWs to receive a certificate and advance their career. Encourage interprofessional collaboration.	Rationale for CHW certificate to be offered with other academic programs	S7. Increased number of academic programs willing to offer CHW certificate in conjunction with other programs	
Engage in strategic CHW recruitment efforts in focused communities. Encourage individuals from diverse communities to become CHWs	Recruitment plans and partners	S8. Increased number of individuals from diverse communities interested in CHW pathway	I7. Increased number of CHWs serving the communities with which they relate and/or in which they reside
Identify existing promising practices in MN	Case studies	S9. Increased understanding of CHW presence in MN	I8. Increased ability to advise on pros/cons of CHW models
Broaden implementation of CHW strategies across state with focus on disparities and evidence-based models	Established CHW programs		I9. Increased number of established CHW models in MN
Provide organizational support and develop a system to support CHW hiring and sustaining process	Guiding documents	S10. Increased spaces receiving support for CHW models/services	I10. Increased impact of CHW models
Common Indicators (CI) project	CI project assessment report	S11. Increased stakeholder knowledge of CIs	I11. Increased data available on CHW experience (salary, benefits, satisfaction, etc.) and CHW employers
Assess types of CHW models - pros/cons for different communities/geographies; reimbursement strategies	Reports and assessments; lit reviews	S12. Increased understanding among stakeholders about available data on CHWs and CHW models	I12. Shared/standardized measurement system agreed upon, developed and tested
Develop a shared/standardized measurement system with stakeholders of CHW collective impact. Include EHR for documentation and monitoring	Shared/standardized measurement system	S13. Increased participation of stakeholders in conceptualizing and developing a shared/standardized measurement system	
Explore traditional and non-traditional spaces that could benefit from CHWs (e.g., senior care facilities, factories, schools, law enforcement, health hubs, construction, food processing, etc.)	Network of potential employers	S14. Increased awareness of traditional and non-traditional spaces that can benefit from CHWs	I13. Increased range of CHW employers

- Reduced disparities in chronic diseases, injury, violence, and substance use disorder
- Increased number of CHWs able to confidently and effectively address current health challenges
- Increased number of CHWs from high-risk populations
- Increased statewide access to appropriate and effective CHW services, specifically populations disproportionately experiencing poor health outcomes
- Increased ability to track and evaluate impact of CHW models

We aim to collectively produce these outcomes:

- Reduced disparities in chronic diseases, injury, violence, and substance use disorder
- Increased number of CHWs able to confidently and effectively address current health challenges
- Increased number of CHWs from high-risk populations
- Increased statewide access to appropriate and effective CHW services, specifically populations disproportionately experiencing poor health outcomes
- Increased ability to track and evaluate impact of CHW models

Logic model work falls into these strategy areas:

- **Networking, Collaboration, Strategic Planning**
- **Continuing Education and Career Development**
- **Support Evidence-Based Models**
- **Assessment and Evaluation**
- **Communication, Dissemination, and Sustainability**

Contact Us



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[Community Health Worker Initiatives for Health Promotion and Chronic Disease - MN Dept. of Health](https://www.health.mn.gov/communities/commhealthworkers/index.html)
(<https://www.health.mn.gov/communities/commhealthworkers/index.html>)



Brief Q&A



Introducing Sustainable Plan Development & Work Groups

Angela Fields, Associate Executive Director, MNCHWA



Community Engagement & Health Equity Outcomes in Evidence-Based Models Workgroup

Angela Fields, Associate Executive Director, Minnesota Community Health Worker Alliance



Community Engagement & Health Equity Outcomes in Evidence-Based Models Workgroup

Purpose of Workgroup

- Review and refine the logic model for building and strengthening the CHW infrastructure in Minnesota.
- Ensure the CHW workforce is sustainable, equitable, and responsive to community needs.
- Focus on evidence-based models of team-based care to improve health equity outcomes.
- Develop actionable next steps and recommendations for implementing a sustainable CHW workforce model in Minnesota.



Community Engagement & Health Equity Outcomes in Evidence-Based Models Workgroup

Objectives

- Review and refine the logic model for building and strengthening the CHW infrastructure in Minnesota.
- Ensure the CHW workforce is sustainable, equitable, and responsive to community needs.
- Focus on evidence-based models of team-based care to improve health equity outcomes.
- Develop actionable next steps and recommendations for implementing a sustainable CHW workforce model in Minnesota.

Workgroup Leads

- MNCHWA Lead: Angela Fields
- MDH Lead: Kristen Godfrey-Walters



Data & Evaluation Workgroup

Laura Turek, Minnesota Department of Health



Data and Evaluation Workgroup

Purpose

To review and refine the logic model strategies, objectives, and activities related to assessment and evaluation metrics for success, including health outcomes, workforce effectiveness, and sustainability indicators. Provide clear next steps for implementation of these components of the logic model (how, who, when) for documentation of a sustainable plan.

Who Should Attend

- CHWs interested in data and evaluation
- CHW Program Managers who use data to improve their own program and/or whose program would benefit from publicly available statewide CHW data
- State agency representatives with experience in data dashboards, evaluation metrics and currently available data sets
- CHW data and evaluation experts from outside Minnesota with experience at a national level or from other states



Training and Workforce Development Workgroup

Vonyee Howard, Minnesota Community Health Worker Alliance



Training and Workforce Development Workgroup

Purpose of Workgroup

Review and refine the logic model strategies, objectives, and activities related to training, continuing education, and career development.

Provide clear next steps for implementation of these components of the logic model (how, who, when) for documentation of a sustainable plan.

Proposed Logic Model Objectives

- Increase the number of CHWs
- Increase number of apprenticeship sites
- Upskilling training opportunities, career growth in field, supervisor skills



Training and Workforce Development Workgroup

Desired Workgroup Members

- CHWs
- Education Committee
- Chronic Disease-specific stakeholders
- Department of Labor & Industry
- Employers

Reference Tools & Discussions

- Environmental Scan
 - Strengths and needs
- Logic Model
 - Continuing education and career development
 - Communication, dissemination and sustainability
- Existing needs and opportunities for career pathways
- Apprenticeship: structured on-the-job-training
- Employer/Organizational Readiness



Sustainable Funding and Policy Workgroup

Anne Ganey, Minnesota Community Health Worker Alliance



Sustainable Funding and Policy Workgroup

Purpose

Review and refine the logic model strategies, objectives, and activities related to financing and payment for funding CHW roles through public and private sector financing systems or structures, including but not limited to public payers (Medicaid, Medicare), private sources (philanthropic contributions, startup/venture funding), and employer self-sustaining models.

Provide clear next steps for implementation of these components of the logic model (how, who, when) for documentation of a sustainable plan.

Objectives

- Increase the number of employers billing for CHW services to MA and Medicare for reimbursement
- Develop strategies to support community-based organizations in partnering with health care providers to receive payment for CHW services provided in non-clinical settings



Brief Q&A



Next Steps & Special Announcement

Ann Nyakundi, Minnesota Community Health Worker Alliance



Special Announcement: Capacity Building Demonstration Grants Awarded

MNCHWA released an RFP for its first round of grants for its CHW Capacity Building Demonstration Grant Program.

The organization received over \$1.4 million in requests and were able to provide \$300,000 in funding.

We are pleased to announce the following organizations will receive awards in the initial round for 2025:

Awardees:

- Wellshare International
- Winona Community Hub
- Red Lake Band of Chippewa Indians
- Essentia

This work will continue to help the Alliance document effective models for CHWs in Minnesota. Additional funding is expected to be available in future years. **Thank you** to everyone involved in this project.

Thank you!



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