

# **DRAFT Minnesota Community Health Worker Roadmap**

## **Charting a Sustainable Future for the CHW Workforce in Minnesota**

Prepared by: Minnesota Community Health Worker Alliance (MNCHWA), Minnesota Department of Health (MDH), Community Health Worker Initiative, Stakeholders and Partners

**Date: June 11, 2025**

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### **Introduction and Purpose**

Community Health Workers (CHWs) are pivotal in bridging communities and health systems, addressing health disparities, reducing health care costs and promoting equity. Recognizing their invaluable role, Minnesota has embarked on a journey to strengthen and sustain the CHW workforce that supports the varied needs of diverse and under-resourced communities across Minnesota. This roadmap outlines a strategic plan to integrate and sustain CHWs more fully into the state's health infrastructure.

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### **Defining Community Health Workers**

According to the American Public Health Association (APHA):

“A community health worker 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. A community health worker also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy.”

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### **Organizational Missions**

#### **Minnesota Community Health Worker Alliance (MNCHWA)**

**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.

**Who We Are:** MNCHWA serves as a convener, catalyst, expert, and resource to advance and integrate better health through community health worker strategies. CHW

approaches are an integral part of the solution to the challenges facing our communities, health care, public health, and social services systems. MNCHWA builds awareness, promotes education, partners to integrate and expand access to CHW models, shares research, and takes action for greater impact. We provide information, networking, consulting, and technical assistance services.

## **Minnesota Department of Health (MDH) CHW Initiatives**

The Minnesota Department of Health (MDH) is committed to strengthening and expanding the CHW workforce in Minnesota with the goal to reduce health disparities and improve health outcomes in Minnesota.

[MDH CHW Initiatives](#) supports collaboration and coordination between state and community partners to: develop, refine, and expand the community health worker profession in Minnesota; equip community health workers to address health needs and conditions that impact community health and wellbeing; and improve health outcomes.

Key strategies include training and workforce development, infrastructure and sustainability planning and evaluation and measurement.

## **Community Health Worker Infrastructure in Minnesota**

The CHW infrastructure in Minnesota includes The MDH CHW Initiative, The Minnesota Community Health Worker Alliance (MNCHWA) and a variety of stakeholders and partners.

The MDH CHW Initiative provides leadership in the state in CHW awareness, policy and infrastructure to strengthen the CHW workforce; data collection and evaluation to inform best practices for the best fitting CHW models in MN; promotes integration of CHWs into public health initiatives across the state and within the MDH; and provides CHWs access to no-cost learning modules on health promotion and chronic disease topics in their online Learning Center.

MNCHWA has worked to establish:

- a CHW Scope of Practice,
- a 16 credit CHW Certificate Training Program offered in partnership with the MinnState College and University System at community colleges,
- The CHW Certificate as the recognized credential,
- Reimbursement for CHW services,
- a CHW Leadership Institute,
- a monthly CHW Learning Circle,

- A quarterly CHW Supervisor Roundtable,
  - Various training and conference opportunities
  - and a fledgling CHW Registry.
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## Environmental Scan: Minnesota's CHW Landscape

An environmental scan conducted in 2024 revealed:

- **CHW Certificate Holders:** 1,631 (64% from Greater Minnesota)
  - **Employed CHWs:** Approximately 880
  - **CHW Employers:** 77 employers billing Medicaid; 209 CHWs enrolled with DHS
  - **Geographic Coverage:** CHWs active in 54% of Minnesota counties
  - **Settings:** CHWs embedded across 11 sectors, including healthcare, public health, and community organizations
  - **Key Barriers:** Low salaries, lack of full-time positions, inconsistent supervision, and documentation challenges
  - **Facilitators:** Organizational readiness, employer champions, reflective supervision, and CHW leadership development
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## Workgroup Formation and Discussions

To develop this roadmap, four workgroups were established, each focusing on a strategic area:

1. Training & Workforce Development
2. Evidence-Based Models and CHW Services
3. Sustainable Funding and Policy
4. Data and Evaluation

Each workgroup was comprised of CHWs, employers, educators, payers, policymakers, and other stakeholders. Through a series of meetings and discussions, they identified challenges, opportunities, and recommendations for strengthening the CHW workforce in Minnesota.

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## Guiding Principles and Values

The workgroups identified the following core principles to guide the roadmap:

- **Equity:** Ensuring fair access to resources and opportunities for all communities.
  - **Inclusion:** Valuing diverse perspectives and experiences in decision-making processes.
  - **Collaboration:** Fostering partnerships across sectors to achieve common goals.
  - **Sustainability:** Building long-term systems and structures to support the CHW workforce.
  - **Empowerment:** Promoting CHW leadership and professional growth.
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## **GOALS, STRATEGIES AND ACTIVITIES**

### **Goal One: Expand CHW Training & Workforce Development**

#### **Strategies, Justifications and Activities**

##### **1.A Expand options for gaining the CHW Certificate, especially in rural and underserved areas.**

- *Justification:* CHWs from these areas are often best positioned to serve their communities. Local access to training reduces geographic and financial barriers.

##### **Activities**

- **Increase availability to the CHW Certificate program** by expanding the number of schools offering the program
- **Foster diversity in recruitment** by reducing financial and logistical barriers to CHW certification- continue MNCHWA scholarships
- **Explore alternative methods** to gain the certificate without compromising the education and training CHWS receive.

##### **1.B Develop tiered career pathways for CHWs, including specialization opportunities.**

- *Justification:* This improves retention and offers professional growth opportunities, making CHW roles more sustainable and appealing.

##### **Activities**

- **Create tiered CHW roles** (e.g., CHW1, CHW2, CHW3) that support pay equity based on years of experience, leadership roles, specialized training, etc.
- **Strengthen the state's CHW apprenticeship program** that enables those with lived experience to receive stipends and or livable wages while they attend school and work.

- **Build collaborative training programs for CHWs** interested in specializing in healthcare tracks (e.g. behavioral health, cancer, geriatric, SUD) impacted by workforce shortages
- **Promote Career Pathways:** Develop clear CHW career ladders that include advancement into supervisory or specialized roles (e.g., chronic disease management, behavioral health).
- **Create Targeted Pipelines:** Partner with rural schools, community colleges, and immigrant/refugee-serving organizations to train culturally and linguistically diverse CHWs.

### **1.C Provide ongoing continuing education, professional development, and leadership programs.**

- *Justification:* Continuous learning and connection enhances CHW effectiveness and strengthens the workforce.

#### **Activities**

- **Standardize Medical Terminology Support:** Offer ongoing training for CHWs in medical language, dialect variations, and system navigation
- **Continue and expand access** to the CHW Leadership Institute
- **Identify professional** and leadership development opportunities for CHWs
- **Embed leadership skills into all levels** of training, including conflict resolution, advocacy, public speaking and peer mentoring.
- **Provide professional development opportunities to CHWs-** community and professionally based leadership positions, conferences and training.

### **1.D Integrate cultural competency and health equity into training curricula.**

- *Justification:* These competencies ensure CHWs can deliver inclusive, respectful, and effective care.

#### **Activities**

- **Create avenues for CHWs to co-design trainings and programs** they are a part of, following the principle of “Nothing About Us Without Us.”
- **Develop Cultural Competency Modules:** Include training for CHWs and employers in culturally responsive care, especially for emerging immigrant communities (e.g., Sudanese, Afghan).

## **Goal Two: Promote Evidence-Based Models and CHW Services**

### **Strategies, Justifications and Activities**

## 2.A Expand Community Awareness of CHWs and Results

- *Justification: Builds awareness and integration of CHW services and results.*

### Activities

- **Statewide Public Education Campaigns:** Use media (billboards, social media, local TV/radio) to raise awareness of the CHW role. Consider a “CHW Month” with community events.
- **Train-the-Trainer for CHW Advocacy:** Empower CHWs and allies to tell their stories and advocate for sustainable roles in their own words.
- **Highlight ROI in Advocacy:** Capture cost savings (e.g., 3:1 ROI) and translate them into advocacy materials for funders and policymakers.

## 2.B Implement and evaluate evidence based and community driven CHW models across health care, public health, and community-based organizations to meet the varied needs of communities across Minnesota.

*Justification:* Proven models can guide effective CHW program design and demonstrate return on investment.

### Strategies

- **Implement and expand the used of evidence-based models** such as Pathways Community Hubs, IMPACT, and team-based care modeA
- **Encourage Ecosystem-Based Models:** Promote models that braid funding (e.g., grants + billing) and adapt to local context (e.g., rural vs. urban needs).
- **Document and Share Community-Driven Models:** Collect and publish success stories from programs that focus on whole-person care, cross-sector referrals, and cultural bridging.

## 2.C Promote CHW integration into healthcare teams and community-based organizations.

- *Justification:* Enhances care coordination, trust, and health outcomes.

### Activities

- **Incentivize clearer CHW job titles to track employment accurately** through funding and grant preferences to employers hiring for CHW positions
- **Launch Organizational Readiness tools and Stakeholder Orientation:** to support optimal job alignment and integration on teams and educate organizations on appropriate CHW roles to prevent misutilization (e.g., transporters vs. trusted health advisors).

- **Promote Interdisciplinary Team Integration:** Provide guidance and training to supervisors and clinical teams on CHW roles to foster respect and reduce professional role conflict (e.g., with social workers, nurses).
- **Develop Rural CHW Placement Incentives:** Implement incentive programs (e.g., stipends, housing support, mileage reimbursement) to recruit and retain CHWs in rural and underserved areas.
- **Structure CHW schedules and documentation to recognize CHW Contributions:** Advocate for provider schedules to include CHW visit time, and develop EHR-compatible templates and training that reflects relationship-building needs that reflects relational and holistic work.
- **Develop Local CHW Coalitions by County:** Support county-level CHW groups to facilitate networking, resource sharing, and joint problem-solving.
- **Facilitate peer learning opportunities** where employers/organizations can learn from organizations in other states or within Minnesota that have successfully built billing partnerships.
- **Create Model Contracts:** Develop standard templates that define roles, metrics, payment rates (e.g., \$120/hour), and data sharing protocols between CBOs and payers.
- **Align CHW funding with value-based payment models,** tying reimbursement to outcomes such as improved chronic disease management or reduced ER use
- **Implement Shared-Risk Agreements:** Use shared-gain/loss models to align incentives between CBOs and health systems while mitigating financial risks.

## 2.D Document and disseminate best practices and success stories.

- *Justification:* Informs policy and practice, and builds momentum for system-wide change.

### Activities

- **Publish a compendium of CHW best practices**
- **Host annual CHW model innovation summit**

## Goal Three: Develop Sustainable Funding and Policy

### Strategies, Justifications and Activities

## 3.A Advocate for full implementation of reimbursement for a broad range of CHW services.

- *Justification:* Enables long-term funding mechanisms tied to service delivery.

## Activities

- **Tie CHW Services to Medicaid Core Benefits:** Explicitly link CHW services to Medicaid-covered care coordination and disease management to secure prioritization in funding models.
- **Expand billable services** by advocating for policy changes that reflect the full scope of CHW contributions (e.g., outreach, health education, resource navigation) under Medicaid and new billing codes (e.g., G0019, G0022).
- **Remove Initiating Provider Visit Requirement:** Advocate for policy changes at the federal and state levels to eliminate the requirement for a physician visit before CHWs can bill Medicare/Medicaid services.
- **Support Medicaid enrollment** for CBOs or establish umbrella organizations to bill on behalf of smaller CBOs.
- **Maximize Medicaid and MCO Reimbursement:** Align CHW services with reimbursable Medicaid benefits and incentivize MCOs to contract directly with CBOs.

### 3.B Establish/streamline use of standardized billing, including use of codes and reimbursement rates.

- *Justification:* Supports transparency and consistency across providers.

## Activities

- **Simplify Billing Infrastructure:** Support technical assistance and reduce administrative complexity—particularly for small, rural, and low-volume organizations—through centralized billing support or shared service models.
- **Streamline Payment Timelines:** Work with DHS and payers to reduce claim return rates and expedite reimbursements, minimizing cash flow gaps for community-based organizations.
- **Designate CHW billing champions** within payer and provider systems to co-develop streamlined billing pathways.
- **Provide training and technical assistance to employers** on billing and reimbursement processes, gaining NPIs for CHWs, CHW role and scope of practice, and with organizational readiness
- **Promote the development of community care hubs (CCHs)** that can centralize billing, data collection, and reporting infrastructure. Provide funding for hub development.
- **Host cross-sector training sessions** to align interpretation of CHW billing codes, improve implementation consistency, and reduce errors in claim submission



- **Work with DHS and Certificate schools** to speed up the process of enrolling CHWs as providers and to create a fast-track system for enrolling CHWs for organizations with urgent staffing needs.

### **3.C Secure funding for CHW positions through state, private, and federal grants.**

- *Justification:* Provides stability during early program development and scaling.

#### **Activities**

- **Provide grant funding and technical assistance** for CBOs to train staff in CHW program development, billing, data collection, and healthcare navigation.
- **Use Grants for Infrastructure Development:** Apply public health and philanthropic grants to build administrative and programmatic capacity.
- **Pilot Pay-for-Performance Initiatives:** Launch demonstration projects that tie private or public investments to CHW-related health outcomes.
- **Coordinate with County and State Resources:** Integrate CHW funding with local levies, state innovation grants, and DHS pilots to expand reach and sustainability.

### **3.D Develop policies that support CHW integration and sustainability.**

- *Justification:* Anchors CHWs in institutional structures, creating job security and legitimacy.

#### **Activities**

- **Ensure CHW voice and leadership in development of profession** such as certification – *“Nothing about us, without us”*
- **Explore CHW Certificate Internship Billing:** Create mechanism for reimbursement of services delivered by CHWs providing eligible billing services during their required internship.
- **Set minimum reimbursement standards** at \$60 per unit or \$120 per hour for CHW services to ensure a livable wage and job retention.
- **Engage Policymakers:** Advocate for policy changes that support flexible, value-based payment models for CHW services.
- **Formalize Stakeholder Feedback:** Establish a workgroup and/or Interagency Council to track implementation barriers with new billing codes and regularly report findings to DHS and legislative stakeholders.

- **Advance Legislative Advocacy:** Promote legislation that enhances CHW funding, recognizes CHW contributions to high-need populations, and addresses systemic billing and workforce barriers.
- **Improve Communication and Relationships with State Agencies – MDH, DHS, DEED, DOL, etc.**
- **Create CHW Liaison role within DHS** for CHW billing and policy support and leverage MDH's supportive role to advocate for DHS engagement with CHW programs

## **Goal Four: Engage in Data Collection and Sharing and Evaluation**

### **Strategies, Justification and Activities**

#### **4.A Develop a centralized CHW workforce registry.**

- *Justification:* Enables better workforce planning, communication, and impact tracking.

#### **Activities**

- **Build up a robust CHW Registry platform** that increases statewide connectivity for CHWs and Allied CHW professionals
- **Strengthen the Statewide CHW Registry-** Use the registry to track employment, cultural/language data, billing success, and geographic distribution of CHWs.

#### **4.B Establish metrics to evaluate CHW impact on health outcomes.**

- *Justification:* Provides data to justify funding and expand evidence-based practices.

#### **Activities**

- **Develop a comprehensive evaluation** plan with standardized metrics and frameworks.
  - Define standardized metrics.
  - Implement evaluation framework.
  - Monitor outcomes regularly. Return on Investment (ROI) documentation.
- **Strengthen data infrastructure** for monitoring and evaluating CHW programs.
  - Invest in IT and data systems.

- Train staff in data management.
- Develop data-sharing protocols.

#### **4.C Conduct regular surveys and studies to inform policy and practice.**

- *Justification:* Keeps decision-makers and practitioners informed with current trends and needs.

##### **Activities**

- **Create an ongoing data collection** system on CHW distribution, services, and community needs.
  - Establish baseline data.
  - Create systems for regular updates.
  - Analyze trends for planning.
  - Report findings and results.

#### **4.D Promote CHW-led research and evaluation initiatives.**

- *Justification:* Ensures CHW voices and experiences are reflected in data and innovation.

##### **Activities**

- **Engage CHWs and communities** in creating and interpreting evaluation metrics.
  - Form advisory groups.
  - Co-create tools with CHWs.
  - Host feedback sessions on data findings.

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#### **Conclusion**

This roadmap represents a collective effort to recognize, support, and sustain the vital work of Community Health Workers in Minnesota. By implementing these strategic recommendations and adhering to our guiding principles, we aim to build a more equitable and effective health system for all Minnesotans.

#### **Who Should Use This Road Map?**

This roadmap is meant to be used by all CHW stakeholders. MDH and MNCHWA can support and develop the field. It is stakeholders who must implement many of the strategies identified through the planning process and in the road map.

**The role of MDH** is to strengthen and expand the CHW workforce in Minnesota through collaboration and coordination between state and community partners.

**The role of the Minnesota CHW Alliance** is to serve as a clearinghouse, catalyst, expert, resource, educator, service provider and field builder to advance and integrate community health worker strategies across Minnesota. MNCHWA is the first contact point when starting CHW services and programs.

**The role of stakeholders** is to use the strategies in the road map to guide and expand CHW programs and services across Minnesota.

### **How to Use this Road Map**

Stakeholders may use this roadmap to guide their CHW and health equity work. It can be a primary planning tool, driving strategies and data collection. It can be helpful in engaging CHWs and communities, creating grant applications and evaluation plans, designing CHW programs and data collection systems, expanding CHW training and education, finding and implementing the right CHW model, gaining payment for CHW services, and more. Most importantly, wide use of the road map will contribute to the development and expansion of CHW services across Minnesota and the resulting improvement in individual and community health.

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### **Acknowledgments**

We extend our deepest gratitude to the CHWs, stakeholders, organizations, and community members who contributed their time, expertise, and passion to the development of this roadmap. Your commitment to health equity and community well-being is the foundation of this work.

**Together, we are building a healthier Minnesota.**

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*Note: This roadmap is a living document and will be updated regularly to reflect progress, new insights, and evolving community needs.*

**This work was funded** by the Minnesota Department of Health Community Health Worker Grant, made available through the Minnesota Legislature.

**Appendix A:** Stakeholders and Partners Contributing to this Road Map (to be added.)