



Minnesota
**Community
Health Worker**
Alliance

Minnesota Community Health Worker Sustainable Plan

2026 Annual Update

FY26: Building Minnesota's CHW Field

A year of connection, workforce development, evidence-building, and statewide systems change



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A year of connection, workforce development, evidence-building, and statewide systems change



Statewide Sustainability

Statewide Collaboration

- 4 Statewide Workgroups
- 140 Stakeholders Engaged
- 51 CHWs Participating
- Cross-Sector Partnership

Systems & Policy Change

- DHS Policy Recommendations
- Billing Code Expansion
- Reimbursement Barriers

Evidence & Implementation

- 4 Demonstration Grants
 - 718 People Served
 - Measurable Health Impact
- 9 Model Snapshots

Statewide Infrastructure

- First Statewide Surveys
- Registry Growth
- Workforce Data
- Digital Roadmap

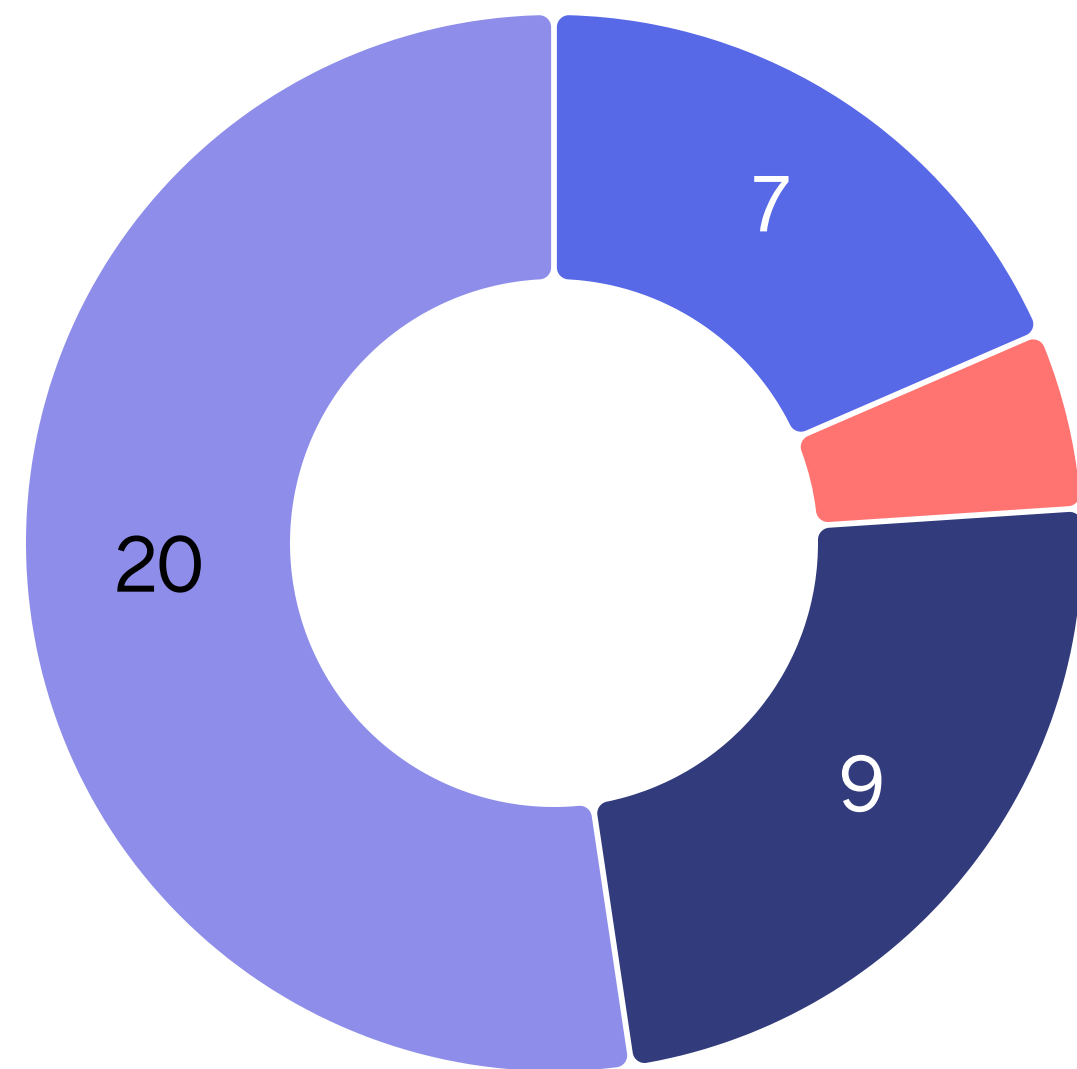
Advocacy & Celebration!

MN Community Health Worker Day

St. Paul & Minneapolis City Resolutions



What is your role?



- 7 CHW- currently working as a CHW
- 2 CHW- not currently working as a CHW
- 9 CHW Supervisor or Program Administrator
- 20 Other CHW Ally

About The Alliance

Catalyst, convener, go-to resource, partner, consultant

We're a broad-based statewide partnership of CHWs and stakeholder organizations, governed by a voluntary nonprofit board.

Our Vision

Equitable and optimal health outcomes for all communities

Our Mission

Build community and systems' capacity for better health through the integration of community health worker strategies



www.mnCHWalliance.org

About Us: MDH CHW Initiatives

Purpose: MDH CHW Initiatives (CHWI) is committed to strengthening and expanding Minnesota's CHW workforce. CHWI aims to reduce health disparities, improve health outcomes, and advance health equity across the state.

Goals

- **Expand** a community and culturally responsive **CHW workforce** statewide
- **Increase access** to effective **CHW services**
- Build sustainable, evidence-based **CHW workforce models**
- Strengthen **data, evaluation, and impact** measurement of CHW services

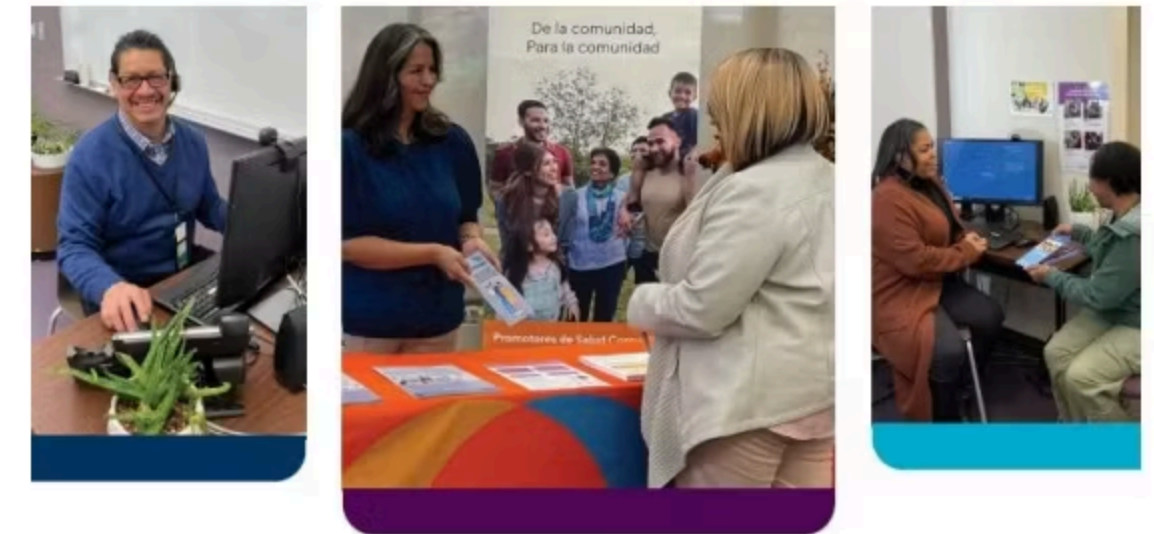
Key Strategies

- **Partnerships & Collaboration:** Align state and community efforts to improve health outcomes
- **Training & Workforce Development:** CHW certificate programs, apprenticeships, scholarships, and upskilling opportunities
- **Infrastructure & Sustainability:** Implement the Minnesota CHW Roadmap for Sustainable Infrastructure and address reimbursement challenges
- **Evaluation & Measurement:** Track workforce growth, geographic reach, and CHW impact on health outcomes and equity

Visit: health.mn.gov/CHW

9/10/2026

health.state.mn.us



COMMUNITY HEALTH WORKER INITIATIVES

Partnering to sustain and expand Minnesota's CHW workforce



Community Health Workers (CHWs) are trusted health professionals that share life experiences, cultural backgrounds, and languages with the communities they serve. CHWs connect people to health care, health information, community resources, and basic needs.

CHWs reduce health care costs and improve health outcomes and quality of care.

MDH Community Health Worker Initiatives supports collaboration and coordination between state and community partners to:

- Sustain and expand the CHW workforce
- Equip CHWs to address health needs that impact community health and wellbeing
- Improve health outcomes



Connect with us

Visit: www.health.mn.gov/chw

Contact: health.chw@state.mn.us

mn DEPARTMENT OF HEALTH

MINNESOTA CHW SUSTAINABLE PLAN & LOGIC MODEL SUMMARY

GOAL: By 2028, develop, refine, and expand the CHW profession in Minnesota; equip CHWs to address health needs; and improve health outcomes.

Objectives

1. CHWs have agency in the profession
2. Increase awareness of benefits of the CHW role
3. Increase certificate holders from diverse locations and communities
4. Increase number of CHWs employed as CHWs
5. Increase CHW training opportunities

Long Term Outcomes

- Professional standards are shaped, monitored, and advanced by CHWs.
- CHWs are widely recognized as trusted, effective, and essential members of care and service teams.
- Increased health care access and improved health outcomes for community members with rural and diverse backgrounds.
- Increase percent of rural and diverse populations with access to a CHW.
- Increased number of CHWs able to confidently and effectively address current health challenges



MINNESOTA CHW SUSTAINABLE PLAN & LOGIC MODEL SUMMARY

Objectives

6. Increase use of evidence-based program models and documentation of promising practices
7. Start measuring the field and share that information
8. Increase number of employers billing (sustainability)
9. Increase employers ability to get funds to pay CHWs

Long Term Outcomes

- Reduced disparities in chronic diseases, injury, violence, and substance use disorder.
- Increased ability to track and evaluate impact of CHW models.
- Statewide access to appropriate and effective CHW services.
- Sustainable “braided” funding (grants + billing + local/state funding) supports CHW positions.

What are the top 3 sustainable plan objectives are you or your organization working toward?



7% Center CHW Leadership/Voice



20% Expand community awareness of CHWs and results



6% Increase number of rural and diverse students in the CHW certificate program



14% Increase number of CHWs in the workforce



10% Increase CHW participation in training beyond certificate



7% Increase number of employers use of evidence based or promising practice models



10% Establish functional measurement system



16% Increase number of CHW employers billing



12% Increase number of actionable ways for employers to pay for CHW positions

Training and Workforce Development

Accomplishments:

CHW clearinghouse library for CHWs/Employers/Allies

- ✓ To collect, store, and share resources that are beneficial to the field
- ✓ The utility of the resources varies broadly: job descriptions, billing toolkit, CHW impact & awareness videos, available trainings, etc.
- ✓ Ongoing initiative; next steps include transferring information into an accessible online format.

List of specialized trainings - current and desired

- ✓ Held ongoing dialogue on training needs & wants from both CHWs and employers; examples include, specialty focus on pharmacy, mental health, cancer, dental, etc.)
- ✓ Collaborations with partners to make trainings known and available to the community, e.g., CHWs in Research 101; Billing & Reimbursement toolkit, Cancer prevention series, etc.

Training and Workforce Development

Priorities:

- Create onboarding tools and survey employers about professional development recommendations
- Develop a training repository for CHWs, supervisors, and employers that is accessible in an online library
- Develop a tool to help guide employers in creation of tiered CHW roles (e.g., CHW1, CHW2, CHW3) that support pay equity based on years of experience, leadership roles, specialized training, etc., CHW as supervisors of CHW programs (creating tiered roles internal to organizations, MNCHWA providing tech assistance to do that).
- Increase percentage of CHWs on the workgroup and adding a lead CHW facilitator

CHW Model Implementation

Accomplishments:

- ✓ Developed Value Stream Map
- ✓ Provided definitions of EB and PP CHW models with examples
- ✓ Draft CHW Service Delivery Snapshot and CHW Program Infrastructure Snapshot
- ✓ Digital User-friendly CHW Service Delivery Worksheet
- ✓ Documented information about models being used
 - ✓ Continuing to collect model documentation

Completed Tools from partners

- May 2026
 - Health Care Homes Learning Days
 - MNCHWA CHW Learning Circle, May 20th
- MDH and MNCHWA follow-up for missing, accuracy of model

30 Total Implementation Models Documented

Program Name	Model Type/Name	Program Focus	Program Goal	Population Served	Care Setting & Location	CHWs	CHW Roles/Services
CHW Program - Preventative Health/Prenatal	 Pathways Community HUB Model	 Prenatal care; diabetes; preventive health	 Tackle barriers to care; optimize overall health outcomes; resource navigation; care transitions	 Individuals with chronic conditions; underserved and high-risk patients; diverse cultural and linguistic populations; maternal and child health clients	 Office, community, and home-based visits	 3 CHWs; English and Spanish spoken	 Confirm referrals; help schedule; identify resources; assist with applications; care coordination; screen and address SDOH

CHW Service Delivery Model - Snapshot #1

Program Name	CHW Case Load/Panel Size	Visit Frequency, Length	Referral and Intake Strategy	Case Closure or Graduation	Team Integration & Structure	Community Outreach & Resources
CHW Program - Preventative Health/Prenatal	 Around 5 clients; expected to increase	 About every two weeks by phone or in person; varies by client need	 CHW initiates services during exam with provider; provider/clinical staff identify SDOH, place orders, and connect patient to MNSURE Navigator	 No longer requires services; self-sufficient in managing care; care plan items addressed	 Nurses; social workers; care coordinators; pharmacies; MNSURE Navigator	 Resource identification; application assistance; care coordination; SDOH screening; community resources

CHW Service Delivery Model - Snapshot #2

Program Name & Contact	Hiring & Employment Model	CHW Training	Workforce Development	Documentation, Data Systems, Tools	Supervision & Support Structure	Financing & Sustainability	Program Measures & Outcomes
Southwestern Minnesota Opportunity Council	Not documented	Pathways Community HUB Model	English and Spanish-speaking CHW team	Not documented	- Works with nurses, social workers, care coordinators, pharmacies, and MNSURE Navigator	- Not documented	Optimize health outcomes; address barriers to care; support care transitions

CHW Program Infrastructure - Snapshot #3

CHW Model Implementation

Priorities

Shorter-mid-term

- Continual gathering and synthesis of models across the state
- Develop and publish MN CHW Model Compendium (inventory)

Longer-term

- Analysis of models to answer key questions that support CHWs and employers to design and implement the most effective CHW service model
 - Program model documentation will be analyzed across employers to identify the factors that drive CHW program design and implementation. Comparative analysis will examine how organizational characteristics, funding mechanisms, populations served, care settings, workforce capacity, and desired outcomes influence implementation decisions and contribute to successful or challenging CHW models.
- Development of toolkit/resource guide/play book
- Technical assistance for model implementation

Minnesota Statewide CHW Measurement

Accomplishments:

CHW and Employer Surveys

- Responses collected September-November 2025
 - 101 CHWs
 - 36 CHW Employers
 - Findings published on MNCHWA website

Visual Data Sharing

- MNCHWA and MDH Webpages published

Draft CHW Measurement Toolkit for LPH setting

Priorities:

Increase and Center CHW Voice

- Quarterly CHW engagement events

Document Statewide CHW Measurement System

- Sources and schedules of updated data

Explore updating the Minnesota CHW Scope of Practice to include participating in evaluation and research

Participate in upcoming measurement events!

MNCHWA Events Page:



Must be a CHW with a profile in the MN CHW Registry to register!

CHW Voices in Data Series | Sept. 24 at Noon

- Share your perspective on how CHW Certificate data is interpreted and used to understand Minnesota's CHW workforce.
- Explore what enrollment, graduation, and demographic data can and cannot tell us about the field.
- Provide feedback to help make CHW data and the CHW Certificate process more meaningful and reflective of community realities.

Funding and Policy

Accomplishments

- ✓ Developed and implemented a tool for prioritizing sustainable plan strategies
- ✓ Gathered feedback from CHW provider organizations on CHW Medicaid benefit and billing experiences (Local Public Health/Tribal Health, Community Based Orgs, FQHCS, Dental)
- ✓ Provided summary feedback and recommendations from provider organizations to DHS for proposed MHCP updates/clarifications
- ✓ CHW Billing tools created and technical assistance provided

Funding and Policy

Priorities

Priority 1 - Obj. 8 Strategy 28:

- Create consulting/technical assistance to get started [billing].

Priority 2 - Obj. 8 Strategy 29:

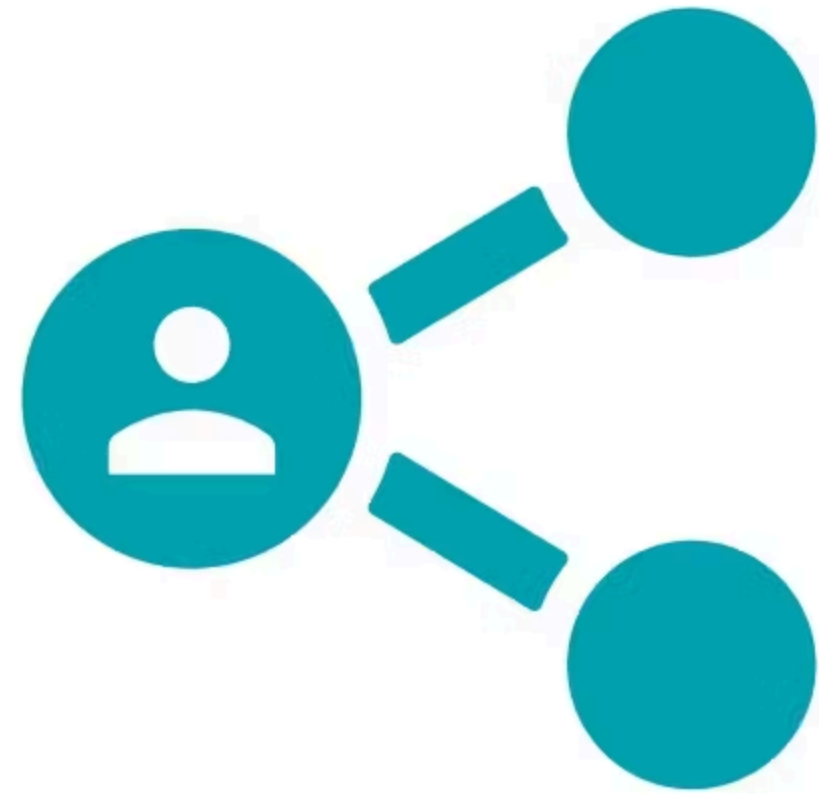
- Increase the CHW reimbursement rate for CHW services to ensure a livable wage and job retention.

Priority 3 - Obj. 8 Strategy 30:

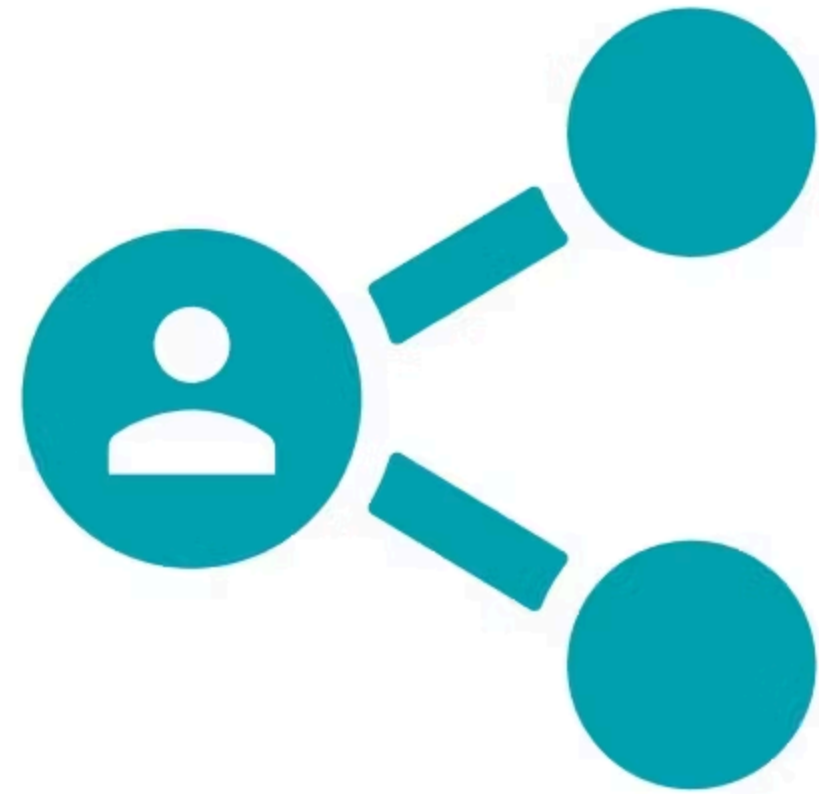
- Advocate for full implementation of reimbursement for a broad range of CHW Services.

Activities

- Further define "billable" CHW activities and those that are not "billable"
 - Update the list provided by the *Healthy Communities Taskforce of reimbursable health education services*
 - Create a list for CHI eligible services
- Develop CHW reimbursement rate scenarios
 - Run 2-3 scenarios of the Education codes and the CHI codes via modelling tool to show rate change justification



Questions



Breakout Rooms

Next Steps

Tell us what you think

Get involved

Stay tuned

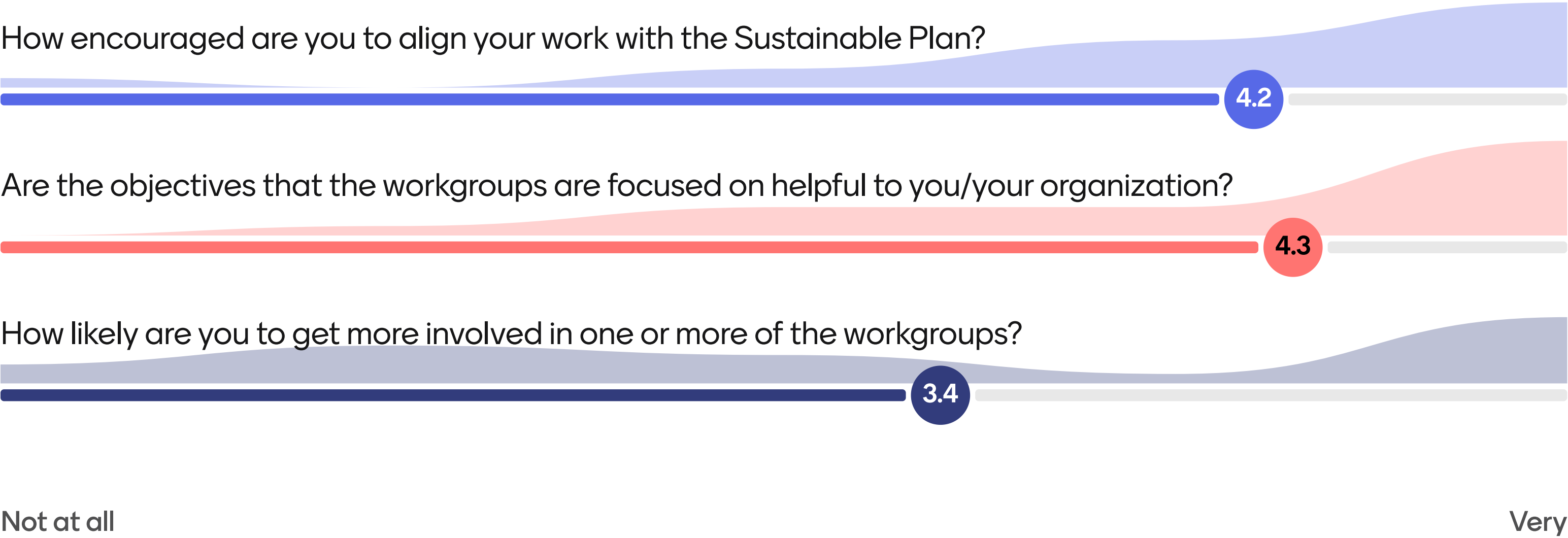
Complete the survey

Join a workgroup

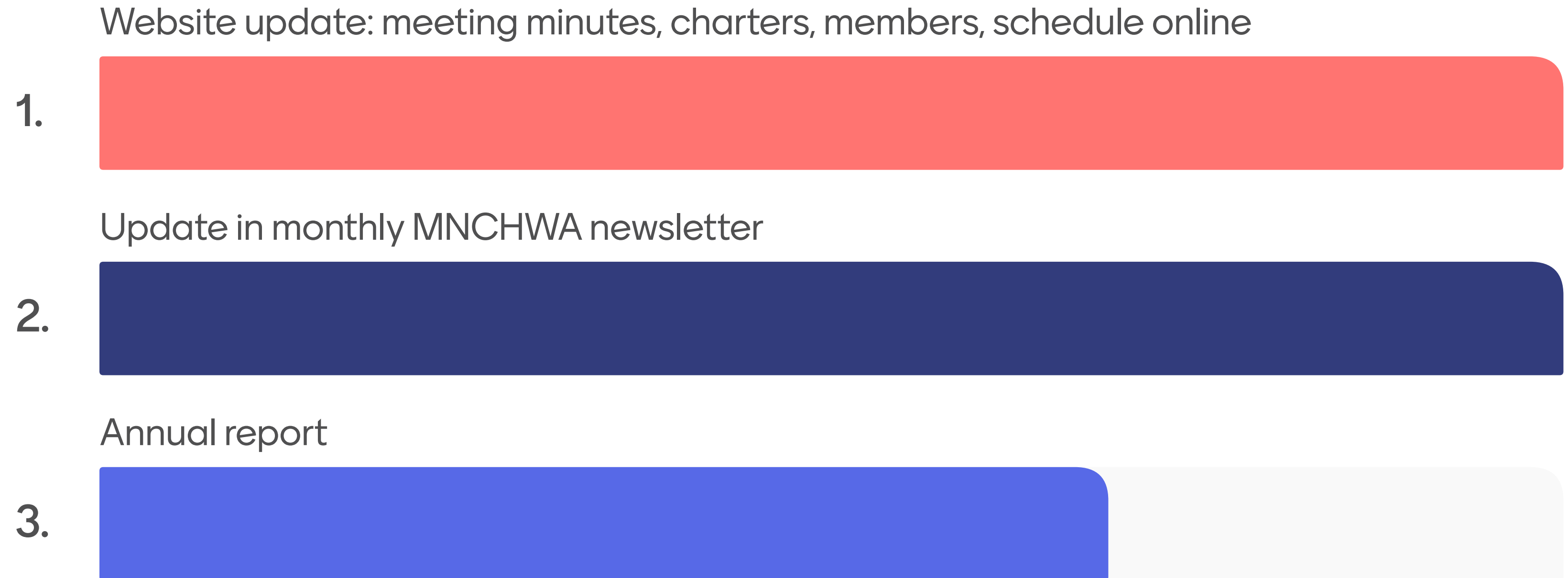
Statewide Council



After this meeting....



How would you like to stay informed about the Sustainable Plan?



Thank You!

Statewide Sustainability Meeting
Post-Survey



For more information, please contact:

The Minnesota Community Health Worker Alliance:

info@mnchwalliance.org

www.mnchwalliance.org

The Minnesota Department of Health

health.chw.mdh@state.mn.us

health.mn.gov/CHW