Abstract

Expanding and diversifying the CHW workforce: evaluation findings and lessons learned from Minnesota's HRSA-funded training program

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Background:
The Community Health Worker Training Program (CHWTP), funded by the Health Resources and Services Administration from September 2022 through March 2026, was implemented by the Minnesota Department of Health in partnership with the Minnesota Community Health Worker Alliance, educational institutions, and employers. The program addressed workforce shortages and advanced health equity by expanding and diversifying Minnesota's CHW workforce. Key strategies included scholarships for CHW Certificate Programs, registered apprenticeship stipends, upskilling opportunities, and curriculum enhancements emphasizing language and cultural relevance. Priority populations included Black, Indigenous, and People of Color (BIPOC), individuals with limited English proficiency (LEP), and residents of areas with high Social Vulnerability Index (SVI). The program also sought to increase awareness of CHW roles and value among employers and systems.

Methods:
A multi-pronged workforce strategy was implemented in collaboration with academic partners and the Minnesota Department of Labor and Industry. Core components included: (1) CHW certificate scholarships; (2) a registered CHW apprenticeship program; (3) employer outreach and technical assistance; and (4) development of free, online upskilling modules focused on chronic disease prevention and management. A mixed-methods evaluation assessed participant demographics, training participation and completion, online module use, employment outcomes, and program impact using administrative data, surveys, and qualitative feedback.

Results:
A total of 267 participants received CHW Certificate Program scholarships, with an attrition rate of 25%. The apprenticeship program enrolled 15 participants across five employer sites. The program effectively reached priority populations: 73.4% of trainees identified as BIPOC or LEP, and approximately 70% lived in areas with high or medium-high SVI. Participants represented 16 cultural groups; 80% identified as women, with ages ranging from 19 to 78. Geographic reach increased over time, including greater rural participation, though gaps persist in Southwest Minnesota.

Five online training modules resulted in over 230 completions, with highest participation in heart health, diabetes, and asthma. Modules attracted CHWs and other health professionals, reflecting broader interest in CHW-informed care. Participants reported increased knowledge and confidence in chronic disease management and patient education. Qualitative findings showed strengthened CHW core competencies, improved employer readiness, and stronger CHW–employer connections.

Conclusions:
Minnesota's CHWTP demonstrates that targeted investment in training, apprenticeships, and employer engagement can expand and diversify the CHW workforce. Findings highlight the importance of sustained funding, employer support, and continued outreach to maintain workforce gains and ensure long-term integration of CHWs into health and public health systems.

Administer health education strategies, interventions and programs Administration, management, leadership
Conduct evaluation related to programs, research, and other areas of practice Program planning