Logic Model: Building and strengthening the CHW infrastructure in Minnesota 2024-2028

GOAL: BY 2028, DEVELOP, REFINE, AND EXPAND THE CHW PROFESSION IN MINNESOTA; EQUIP CHWS TO ADDRESS HEALTH NEEDS; AND TO IMPROVE HEALTH OUTCOMES.

This draft is based on findings from the MDH 2024 MN Environmental Scan of the Community Health Worker (CHW) Field (www.health.mn.gov/communities/commhealthworkers/index.html), consultation with the CHW Center for Research and Evaluation, CHW and stakeholder work group recommendations, and conversations with Minnesota Community Health Worker Alliance (MNCHWA) and MDH staff. Measures in the Logic Model are aligned with the Measurement Plan found at www.mnchwalliance.org and the CHW Common Indicators found at www.chwcre.org.

Partners and stakeholders contributed to creating strategies and activities and all have a place in its implementation.

Get involved! Where do you see your work or organization in this logic model? Reach out to health.chw.mdh@state.mn.us to align with partners.

Partners and stakeholders:

- CHWs and MNCHWA
- State Agencies: MN Department of Employment and Economic Development, MN Department of Labor and Industry, MN Department of Human Services, MN Department of Health, MN Office of Higher Education, MN Department of Transportation, MN Department of Education, interagency or community collaborations (housing, substance use disorder, etc.)
- Local public health and Tribal health
- Community based organizations
- Jails
- Schools
- Health systems, clinics, and Federally Qualified Health Centers
- Payors and health plans

CHW Agency in Profession

Objective 1: By June 2028, advance the CHW profession and workforce with direct input and voices of CHW themselves

- Outcomes (Short term) 1-2 years: Increased number of opportunities for CHWs to participate in advisory councils, work groups, and decision-making bodies.
- Outcomes (Medium term) 3-5 years: Increased CHW participation in leadership, advisory roles, and decision-making bodies.
- Outcomes (Long term) 6-10 years: Professional standards are shaped, monitored, and advanced by CHWs.

Strategies	Activities	Outputs	Responsible parties
Strategy 1: CHWs have voice included in any structural changes (changes to scope, certificate, continuing education, data (nothing about us without us), and research/evaluation on CHWs in MN	**Build profession infrastructure** in variety of ways, TBD by CHWs.	TBD by CHWs	MNCHWA
	Create avenues for CHWs to co-design trainings and programs they are a part of, following the principle of "Nothing About Us Without Us."	CHW participation	Certificate schools
	CHW research training course (U of MN, U of Michigan)	CHW participation in training course	U of MN, MNCHWA, MDH
	CHWs at the table - CHW Circle, work groups, etc.	CHW participation	MNCHWA, all stakeholders

Strategies	Activities	Outputs	Responsible parties
Strategy 2: Develop CHW led work group or professional organization to advance the field	**Focus on wellbeing of CHWs**	Workgroup established and functioning	MNCHWA, employers
	Explore alternative methods to gain the certificate without compromising the education and training CHWs receive.	Alternative methods identified	MNCHWA, certificate schools, MDH, DHS
	Develop local CHW Coalitions by geography: Support CHW groups to facilitate networking, resource sharing, and joint problem-solving.	Coalition meetings held, CHW participation	MNCHWA, MDH
Strategy 3: Supporting emerging CHW leaders in the CHW profession (includes professional development and leadership programs)	**Continue and expand access** to the CHW Leadership Institute.	CHW Leadership Institute held with wider access to CHW from rural locations and diverse cultural groups	MNCHWA
	Identify professional and leadership development opportunities for CHWs.	Opportunities named and made available on MNCHWA website	MNCHWA
	Embed leadership skills into all levels of training, including conflict resolution, advocacy, public speaking and peer mentoring.	List of leadership skills and where they are embedded in training	certificate schools, employers
	Provide professional development opportunities to CHWs- community and professionally based leadership positions, conferences and training.	List of CHW professional development opportunities on MNCHWA website	employers, MNCHWA
	Ensure CHW voice and leadership in development of profession such as certification – “Nothing about us, without us.”	List of efforts to include CHWs voice include during various development efforts	all stakeholders
Strategy 4: Raise awareness with community and state agency stakeholders	**Focus on health in all policies:** CHW leaders integrated into community and state agencies.	List of CHW integrated into community or state agencies	Community and state agencies

Increase awareness of benefits of the CHW role across all patients, providers, and payors

Objective 2: By June 2028, expand community awareness of CHWs and results

- Outcomes (Short term) 1-2 years: Increased awareness of CHW roles, value and effectiveness by various leaders across settings
- Outcomes (Medium term) 3-5 years: Increased awareness of CHW value and effectiveness and more CHWs are integrated as a member of a care team across settings.
- Outcomes (Long term) 6-10 years: CHWs are widely recognized as trusted, effective, and essential members of care and service teams.

Strategies	Activities	Outputs	Responsible Parties
Strategy 5: Statewide public education campaign	**Educate CHW employers/potential employers, community leaders** throughout the state, and state agencies by holding informational sessions about the value of CHWs in providing culturally acceptable and appropriate care to communities, and the role and impact of CHWs on disparities and health outcomes.	Methods/opportunities to educate legislature, CHW employers, and communities	MNCHWA, MDH
	Educate Legislature about CHW role and impact and report on existing efforts within the state for CHW infrastructure and sustainability.	Materials created and distributed; presentations given	Employers, MNCHWA, MDH, all stakeholders
	Awareness Campaign: Build public awareness campaign of CHW role; Use media (billboards, social media, local TV/radio) to raise awareness of the CHW role. Consider a “CHW Month” with community events. Tailored messaging for CHW employers/potential employers, community leaders throughout the state, and state agencies.	Multi-media awareness campaign - Education campaigns focusing on legislature, CHW employers, and communities	MNCHWA, MDH, Certificate Schools

Strategies	Activities	Outputs	Responsible Parties
	Highlight ROI in Awareness: Capture cost savings (e.g., 3:1 ROI) and translate them into education materials for funders and policymakers. Conduct cost study to present correlation between positive health outcomes (including reduced disparities) and higher reimbursement for CHW services.	Cost study report	all stakeholders, MDH
	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	MNCHWA
Strategy 6: Train the trainer for CHW advocacy	**Train-the-Trainer for CHW Advocacy**: Empower CHWs and allies to tell their stories and advocate for sustainable roles in their own words.	CHW training resources developed, stories captured	MNCHWA, employers, MN Public Health Association

Increase certificate holders from diverse locations and communities

Objective 3: By June 2028, increase the number of rural and diverse students completing the CHW certificate program from baseline of 142 rural students (52% in 2024) and 68 students from diverse communities (55% in 2024) to 80% combined students from rural or diverse communities.

- Outcomes (Short term) 1-2 years: Increased awareness of CHW certificate program and funding options by employers in rural communities and diverse populations.
- Outcomes (Medium term) 3-5 years: Increased enrollment and graduates in the CHW certificate program by students from rural and diverse backgrounds
- Outcomes (Long term) 6-10 years: Increased healthcare access and improved health outcomes for community members in rural and diverse backgrounds

Strategies	Activities	Outputs	Responsible Parties
Strategy 7: Raise awareness with employers- CHW roles (or CHW-like roles), certificate program and scholarship options, program models available	**Employer Outreach:** Create videos, outreach in rural locations, tabling at conferences (see state grant workplan).	Created videos created, outreach completed	MNCHWA, MDH, Certificate Schools
Strategy 8: Seek out funding sources to pay for CHW certificate completion (focus on rural and diverse cultures), HRSA Scholarship program through 2025	**Identify funding for student support** at MNCHWA or Higher Education Institutions, recruiting cultural groups and rural locations.	Amount of funding identified, communicated options	Employers, certificate schools, MNCHWA
	Foster diversity in recruitment by reducing financial and logistical barriers to CHW certificate- continue MNCHWA scholarships.	Number of scholarships used	Certificate schools, MNCHWA, employers
Strategy 9: Higher Education partners sustaining and grow certificate	**Recruitment efforts** for staff and students and internships, increase	Number of expanded sites for CHW certificate, number offered to Tribal	Certificate schools, MNCHWA, employers, Dept Labor and Industry

Strategies	Activities	Outputs	Responsible Parties
program sites (rural/underserved areas) (1.A Expand options for gaining the CHW Certificate, especially in rural and underserved areas.)	offerings to Tribal Nations or other schools, expand options for CHW certificate site.	Nations, number of recruitment efforts tracked	
	Increase availability and access to the CHW Certificate program.	Number of students in programs	Certificate schools, Minn State, Tribal Colleges, MNCHWA
	Create Targeted Pipelines: Partner with rural schools, community colleges, and immigrant/refugee-serving organizations to train culturally and linguistically diverse CHWs.	Number of students in rural or immigrant/refugee serving organizations trained.	all stakeholders, Dept of Labor and Industry

Increase number of CHWs employed as CHWs

Objective 4: By June 2028, increase the number of CHW (certificate or not) in the workforce from 880 (DEED estimate in 2024) by 10% (968).

- Outcomes (Short term) 1-2 years: CHWs integrated into the health care delivery system (to address access, costs, and disparities).
- Outcomes (Medium term) 3-5 years: CHW are working under conditions for their work to be effective (Common Indicators)
- Outcomes (Long term) 6-10 years: Increased % of rural and diverse community members with access to a CHW

Strategies	Activities	Outputs	Responsible Parties
Strategy 10: Outreach to expand diversity and location of employers hiring CHW	**Outreach activities:** Presentations, videos, case studies about diverse locations, tech assistance with org readiness (see below).	Increased awareness by employers	MNCHWA, MDH
Strategy 11: Raise awareness with employers - retention, wages, support, value add, inclusion with colleagues in other professions.	**Provide technical assistance** for retention practices, provide value add information, compensation appropriate (general promotion-tabling, conference presentations).	Track tech assistance content and number served	MNCHWA, MDH
Strategy 12: Technical assistance on organization readiness (retention, growth) and technical assistance for employers	**Tools and training**: Provide job title/class template, technical asst to set up job class/pay scale/scope of work, MNCHWA employer readiness training, job descriptions include participation on community leaders/boards/internal decision-making groups.	Materials created for employers to access from MNCHWA website	MNCHWA

Strategies	Activities	Outputs	Responsible Parties
Strategy 13: Support CHW supervisors	**Supervisor support**: roundtables, reflective practice.	Materials created and supervisor roundtable events held	MNCHWA
Strategy 14: Increase utilization of apprenticeship -On the job training/mentorship for new CHW (certificate holder/or in process), increasing apprenticeship	**Apprenticeship sites**, recruitment, on the job training and mentorship.	Apprentice sites established, materials for supervisors available on MNCHWA site	MNCHWA, employers, Dept of Labor and Industry
Strategy 15: Develop tiered career pathways for CHWs, including specialty roles and training opportunities.	**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.	Funding identified for stipends	MNCHWA, employers, Dept of Labor and Industry
	Create 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).	Materials created, available on MNCHWA website	employers, MNCHWA
	Promote Career Pathways: Develop clear CHW career ladders that include advancement into supervisory or specialized roles	Materials created for employers to access from MNCHWA website	certificate schools, employers, MNCHWA

Strategies	Activities	Outputs	Responsible Parties
	(e.g., chronic disease management, behavioral health). Specialization-tied to pay increase or role shift (MNCHWA and schools (Higher Education), voluntary organizations (i.e. American Heart or Lung Association).		
	Incentivize clearer CHW job titles to track employment accurately through funding and grant preferences to employers hiring for CHW positions	Communications about titles sent, embedded in grant preferences	MDH, state agencies, funders

Increase CHW training opportunities

Objective 5: By June 2028, increase the number of unique CHWs (CHW certificate or not) that complete annual trainings beyond core curriculum from 37, in 2024, to 50.

- Outcomes (Short term) 1-2 years: Increased number of free training opportunities available for CHWs through variety of channels
- Outcomes (Medium term) 3-5 years: Increased number of CHWs participating in trainings
- Outcomes (Long term) 6-10 years: Increased number of CHWs able to confidently and effectively address current health challenges such as chronic disease, mental health and social determinants of health

Strategies	Activities	Outputs	Responsible Parties
Strategy 16: Centralizing where to find/complete trainings (clearinghouse)	**Technical training** pieces identified: how this site/works, how training offered (offer in person, online, asynchronous trainings, multiple languages), assemble training offerings.	Awareness increased, training content available	MNCHWA
Strategy 17: Develop ongoing CHW training opportunities and specialty training for all CHW in the state (employed or not, certificate holder or not)	**Awareness efforts:** one pagers, tabling, presentations.	Awareness activities completed	employer, MNCHWA, MDH
	Expand online CHW training modules on public health, chronic disease, and health promotion topics (certificate not required).	Training modules created	MDH
	Explore creating an infrastructure for Continuing Education credits.	Options identified, comparisons noted with stakeholders	MNCHWA

Strategies	Activities	Outputs	Responsible Parties
	Create trainings offered through MNCHWA registry.	Trainings available in registry	MNCHWA
	Create avenues for CHWs to co-design trainings and programs they are a part of, following the principle of "Nothing About Us Without Us."	CHWs involved in design process	all stakeholders
	Build collaborative training programs for CHWs interested in specializing in healthcare tracks (e.g. behavioral health, cancer, geriatric, SUD) impacted by workforce shortages.	Trainings available	Certificate schools, voluntary orgs (disease specific org, culturally specific org)
	Standardize Medical Terminology Support: Offer ongoing training for CHWs in medical language, dialect variations, and system navigation.	Training available	Certificate schools
	Create specialty training (research and evaluation for CHW) and collaborative training programs by health topics (Sud, cancer, geriatric).	Trainings available	Certificate schools, voluntary orgs (disease specific org, culturally specific org)
Strategy 18: Integrate cultural competency and health equity into trainings opportunities *apprenticeship aligns with this objective	**Develop Cultural Competency Modules**: Include training for CHWs and employers in culturally responsive care, especially for emerging immigrant communities (e.g., Sudanese, Afghan).	Modules created	Certificate schools, employers

Increase use of evidence-based program models and documentation of promising practices

Objective 6: By June 2028, increase the number of employers that are supporting the use of evidence-based models by 20% from a baseline of 37, in 2024, to 44 and documenting promising practices.

- Outcomes (Short term) 1-2 years: Describe and define the existing CHW models in MN (evidence-based and promising practice)
- Outcomes (Medium term) 3-5 years: CHW address the social conditions that impact health - Improved social conditions that impact health
- Outcomes (Long term) 6-10 years: Reduced disparities in chronic diseases, injury, violence, and substance use disorder

Strategies	Activities	Outputs	Responsible Parties
Strategy 19: Create technical assistance to start implementation models by type	**Build capacity through** cohorts in MN to build out models, provide technical assistance to get started, document promising practices, measuring/ensuring fidelity (what is done, how well is it done, what happened?), research national resources, funding for employer to pilot models or measurement of a model, employer readiness via MNCHWA.	Resources available, technical assistance provided	national organization, MNCHWA and partners (CBO or other already implementing)
	Demonstration projects, tool kit / templates, facilitated cohort, problem solving teams.	Projects completed, learnings documented, materials created	MNCHWA, MDH
	Community of practice for those using same models.	Communities of practice established	MDH, MNCHWA
Strategy 20: Define, implement and evaluate evidence-based and	**Implement and expand the use of evidence-based models** such as	Increased number of employers using models documented	employers, state agencies, funders

Strategies	Activities	Outputs	Responsible Parties
community-driven CHW models across health care, public health, and community organizations to meet the varied needs of communities across MN	Pathways Community Hubs, IMPACT, and team-based care models.		
	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. (CHW led research could be lifted here).	Models documented	employers, state agencies, MDH, MNCHWA, funders
	Awareness efforts: summary documents, case studies, conference presentations.	Materials created; presentations given	MNCHWA, MDH, MPHA, certificate schools
Strategy 21: Promote CHW integration into healthcare teams and community-based organizations.	**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).	Tools available, orientation held	MNCHWA
	Promote Interdisciplinary Team Integration: Provide guidance and training to supervisors and clinical teams on CHW roles to foster respect	Training provided	MNCHWA, MDH

Strategies	Activities	Outputs	Responsible Parties
	and reduce professional role conflict (e.g., with social workers, nurses).		
	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.	Documented examples of schedules, templates, training	employers
Strategy 22: Document and disseminate best practices and success stories.	**Publish a compendium of CHW best practices.**	Best practices documented	MNCHWA, MDH
	Host annual CHW model innovation summit.	Summit held	employers, MDH, MNCHWA, CHW Rural Health Conference

Start measuring the field and share that information

Objective 7: By June 2028, establish a functional measurement system for annual indicators of CHW infrastructure in MN.

- Outcomes (Short term) 1-2 years: Established statewide baseline data and increased use of data tracking tools in consultation with CHWs
- Outcomes (Medium term) 3-5 years: Increased learnings about the CHW field based on consistent data and regular CHW input and review
- Outcomes (Long term) 6-10 years: Increased ability to track and evaluate impact of CHW models

Strategies	Activities	Outputs	Responsible Parties
Strategy 23: Build data communication tools (registry, landing page (website) and dashboards)	**Invest in technical support** for dashboard function, determine personnel needed to maintain, CHW research workgroups (expansion of the CHW role to include research and evaluation), finalize landing page location.	Investments made in technology and staff, workgroups, landing page created	MNCHWA, MDH
	Build up a robust CHW Registry platform that increases statewide connectivity for CHWs and Allied CHW professionals.	Registry platform	MNCHWA
	Strengthen the Statewide CHW Registry- Use the registry to track employment, cultural/language data, billing success, and geographic distribution of CHWs.	Increased fields captured in registry	MNCHWA
	CHW input: host feedback sessions on data findings, create CHW advisory where we can co-create CHW advisory opportunities.	Sessions were held and feedback documented	MNCHWA
Strategy 24: Build relationships with data partners (include Data Use agreements if necessary)	**Engage CHWs** in measurement and evaluation conversations with state agencies and statewide partners.	CHW participated in workgroups or meetings between state agencies	MDH, MNCHWA, all stakeholders

Strategies	Activities	Outputs	Responsible Parties
Strategy 25: Establish metrics to evaluate CHW impact on health outcomes.	**Develop a comprehensive evaluation plan** with standardized metrics and frameworks.	Evaluation plan established	MDH
	Strengthen data infrastructure for monitoring and evaluating CHW programs.	Data infrastructure enhanced	MDH
	Conduct studies to inform policy and practice.	Surveys and studies conducted	MNCHWA, MDH
	Create an ongoing data collection system on CHW distribution (geography, setting), services, and community needs.	Data collection tools created and used	MDH, MNCHWA
Strategy 26: Promote CHW-led research and evaluation initiatives.	**Engage CHWs and communities** in creating and interpreting evaluation metrics.	CHWs and community members included in metric development and interpretation	MDH, MNCHWA

Increase number of employers billing (sustainability)

Objective 8: By June 2028, increase the number of employers billing for CHW time to MA and Medicare for reimbursement by 15% from 37, in 2024, to 42.

- Outcomes (Short term) 1-2 years: Improved systems of support for employers to successfully bill for reimbursement of CHW services.
- Outcomes (Medium term) 3-5 years: Improved coverage of CHW services, higher reimbursement rates and aligned policies to support billing success.
- Outcomes (Long term) 6-10 years: Statewide access to appropriate and effective CHW services

Strategies	Activities	Outputs	Responsible Parties
Strategy 27: Raise awareness to decision makers	**Awareness Efforts:** Relationship building, one on one meetings, advocacy, reports of barriers in billing process.	Awareness raised with decision makers	all stakeholders
Strategy 28: Create technical assistance to get started	**Technical assistance support:** CHW Solutions tools, cohorts to support one another, registry platform (via MNCHWA) for training, DHS training and technical assistance.	Tools created and available	CHW Solutions, DHS, MDH, payors
	Facilitate peer learning opportunities where employers/organizations can learn from organizations in other states or within Minnesota that have successfully built billing partnerships.	Offered opportunities, employers attended	MNCHWA, LPHA, MDH
Strategy 29: Increase reimbursement rate	**Policy and payment group:** work for alignment between DHS, policy makers, payors on rate.	Group formed and connections made between organizations	MNCHWA, employers, MDH, DHS, payors, advocacy organizations (MPHA, ACS, etc.)

Strategies	Activities	Outputs	Responsible Parties
	Set minimum reimbursement standards at $60 per unit or $120 per hour for CHW services to ensure a livable wage and job retention.	Minimum standard rate set.	MNCHWA, DHS, advocacy organizations (MPHA, ACS, etc.)
Strategy 30: Advocate for full implementation of reimbursement for a broad range of CHW services.	**Tie Services to Medicaid Core Benefits:** Explicitly link CHW services to Medicaid-covered care coordination and disease management to secure prioritization in funding models.	Advocacy efforts completed, care coordination and disease management services would be covered when provided by CHWs	MNCHWA, MDH, DHS, advocacy organizations (MPHA, ACS, etc.)
	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). care coordination and outreach can be reimbursed.	Advocacy efforts completed	MNCHWA, DHS
	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.	Advocacy efforts completed	MNCHWA, DHS, advocacy organizations (MPHA, ACS, etc.)
	Support Medicaid enrollment for CBOs or establish umbrella organizations to bill on behalf of smaller CBOs.	Technical assistance delivered to CBOs, or umbrella organizations established	MNCHWA, MDH, DHS
	Maximize Medicaid and MCO Reimbursement: Align CHW services with reimbursable Medicaid benefits and	Technical assistance delivered to employers	MNCHWA, MDH, DHS, advocacy organizations (MPHA, ACS, etc.)

Strategies	Activities	Outputs	Responsible Parties
	incentivize MCOs to contract directly with CBOs.		
	Explore CHW Certificate Internship Billing: Create mechanism for reimbursement of services delivered by CHWs providing eligible billing services during their required internship.	Completed advocacy efforts, reimbursement language drafted	MNCHWA, DHS, certificate schools
	Encourage Ecosystem-Based Models: Promote models that braid funding (e.g., grants + billing) and adapt to local context (e.g., rural vs. urban needs).	Technical assistance provided to employers, awareness efforts with employers completed	MNCHWA, MDH
Strategy 31: Establish/streamline use of standardized billing, including use of codes and reimbursement rates.	**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.	Technical assistance delivered	MNCHWA, DHS, payors
	Streamline Payment Timelines: Work with DHS and payers to reduce claim return rates and expedite reimbursements, minimizing cash flow gaps for community-based organizations.	Partnership formed, claim return issues identified	MNCHWA, DHS, payors
	Designate CHW billing champions within payer and provider systems to co-develop streamlined billing pathways.	Champions identified, co-developed pathways	MNCHWA, DHS, payors

Strategies	Activities	Outputs	Responsible Parties
	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.	Training and technical assistance given to employers	MNCHWA, DHS, MDH, payors
	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. (include CHWs).	Group established, barriers tracked, report shared	MDH, DHS, payors
	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.	Role created	DHS

Increase employer's ability to get funds to pay CHW

Objective 9: By June 2028, increase the number of actionable ways to pay for positions from grants and billing to a wider set of options.

- Outcomes (Short term) 1-2 years: Increased awareness current state funding options and policies
- Outcomes (Medium term) 3-5 years: Increased alignment of funding methods across settings, research and traction with policy development and implementation
- Outcomes (Long term) 6-10 years: Sustainable "braided" funding (grants + billing + local/state levies) supports CHW positions

Strategies	Activities	Outputs	Responsible Parties
Strategy 32: Raise awareness of impact and outcomes, braided funding as a narrative	**Awareness efforts:** presentations/tabling, supervisor roundtable at MNCHWA, CHW research work groups.	Increased awareness with decision makers	MNCHWA, MDH, all stakeholders
Strategy 33: identify other funding sources (mechanisms- bill payors outside of Medicaid (via invoices/contract with payors))	**Create a workgroup**, research nationally and with CHW involved from the beginning.	Workgroup created, CHWs included	MNCHWA, MDH
	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.	Funding identified, incentive programs implemented	MDH, state agencies
Strategy 34: Secure funding for CHW positions through state, private, and federal grants.	**Use Grants for Infrastructure Development:** Apply public health and philanthropic grants to build administrative and programmatic capacity.	Funding identified, grants implemented	employers, MDH, state agencies

Strategies	Activities	Outputs	Responsible Parties
	Pilot Pay-for-Performance Initiatives: Launch demonstration projects that tie private or public investments to CHW-related health outcomes.	Funding identified, pilot initiatives implemented	MNCHWA, DHS, payors, private orgs
Strategy 35: Develop policies that support CHW integration and sustainability (organizational budgets, county, state)	**Coordinate with County and State Resources:** Integrate CHW funding with local levies, state innovation grants, and DHS pilots to expand reach and sustainability.	Funding identified, pilot initiatives implemented.	MDH, DHS, state agencies
	Engage Policymakers: Advocate for policy changes that support flexible, value-based payment models for CHW services.	Advocacy efforts completed	MNCHWA LAC, MDH, DHS, advocacy orgs (MPHA)
	Advance Legislative Advocacy: Promote legislation that enhances CHW funding, recognizes CHW contributions to high-need populations, and addresses systemic billing and workforce barriers.	Advocacy efforts completed	MNCHWA LAC
	Improve Communication and Relationships with State Agencies – MDH, DHS, DEED, DOL, etc.	Consistent communication structure established.	MNCHWA, MDH, state agencies
	Create Model Contracts: Develop standard templates that define roles, metrics, payment rates (e.g., $120/hour), and data sharing protocols between CBOs and payers.	Templates created and made available.	Payers, CBOs
	Align CHW funding with value-based payment models, tying	Report created describing outcomes tied to reimbursement.	DHS, payors

Strategies	Activities	Outputs	Responsible Parties
	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.	Model implemented	CBO, Health Systems

Minnesota Department of Health
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