



Equitable Health Care Task Force Recommendation Development Exercise

Description: During the January 22 meeting, the Equitable Health Care Task Force will engage in a recommendation development exercise. The MDH Project Team is providing this document to the task force in advance of the meeting. Following the exercise, task force members will reflect on this approach and provide feedback on preferences for developing recommendations going forward. **Please read this handout in advance of the meeting.**

Recommendation drafting bucket: Bolster primary and whole-person care

Subtopic: Community health workers (CHW)

Expand, finance, and sustain the Community Health Worker (CHW) workforce in Minnesota to increase statewide access to appropriate and effective CHW services to improve cultural, language and community responsive health care access, patient experience, quality and cost of care, and equitable care and health outcomes.

Rationale/Background/Evidence: According to the American Public Health Association, Community Health Workers (CHWs) are trained frontline public health professionals that often come from the communities that they serve and act as a liaison and link between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. [Evidence shows](#) CHWs improve access to care and health outcomes, and reduce disparities through cultural, language, and community specific navigation, education, advocacy, and linkage to services. CHWs play a crucial role in addressing health related social needs (HRSNs), which are key drivers of health disparities and health care costs. Access to CHWs lower health care costs and improve quality and satisfaction, including through fewer ER visits and hospitalizations. [A recent study](#) found a \$2.47 return on investment for every Medicaid dollar spent on CHW interventions.

Draft recommendations, first pass¹:

- 1) Working with schools and health care providers to increase a pipeline of diverse health care workers by sponsoring CHW training. *OM*
- 2) CHWs provide follow-up wraparound services to ensure patients are getting to the next appointment and referrals are scheduled in a timely manner. *OM*

¹OM = Opportunity Matrix, SME = Subject Matter Experts

- 3) CHWs provide transportation needs. *OM*
- 4) Establishing a state office to implement CHW policies and coordinate stakeholders. *(SME)*
- 5) Incorporating CHWs and CHW stakeholders in state advisory boards/work groups. *(SME)*
- 6) Partnering with State Medicaid on payment policies and rates, CHW services claims tracking and reports. *(SME)*
- 7) Incorporating funding for CHWs into state initiatives to address social determinants of health/health related social needs, community care hub infrastructure. *(SME)*
- 8) Financial aid and funding for CHW training and apprenticeship programs, offering specialization pathways, and expanding the CHW workforce. *(SME)*
- 9) Education, training, and support for CHW Supervisors and employer organizational readiness and sustainability. *(SME)*
- 10) The legislature should support the Minnesota Department of Health and Department of Human Services to develop opportunities to advance and sustain the CHW workforce in Minnesota. *(SME)*

References

Evidence shows [Evidence-Based Community Health Worker Program Addresses Unmet Social Needs And Generates Positive Return On Investment | Health Affairs](https://www.healthaffairs.org/doi/10.1377/hlthaff.2019.00981)
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A recent study [Evidence-Based Community Health Worker Program Addresses Unmet Social Needs And Generates Positive Return On Investment | Health Affairs](https://www.healthaffairs.org/doi/10.1377/hlthaff.2019.00981)
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