

Opportunities for Public Health Agencies to Advance Sustainable Financing of Community Health Worker Programs

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Report Summary: Many states are facing upcoming funding gaps for community health worker (CHW) positions as COVID-19-related grant funding streams expire. At the same time, the number of states covering CHW services under Medicaid is expanding rapidly, and in January 2024 Medicare launched a new reimbursement opportunity for CHWs. This combination of factors creates an opportunity for state and territorial health agencies to develop or contribute to equitable reimbursement policy and robust implementation. This report explores how state, territorial, and freely associated state health agencies (S/THAs) can play key roles as funders, administrators, and policy design champions for CHW programs and ultimately advance sustainable financing of CHW services.

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CHW Programs in Public Health and Healthcare

Community health workers (CHWs) develop trusting relationships with the people they serve based on their community knowledge and shared life experiences. CHWs work directly with individuals and communities to provide services such as coaching, navigation of health and social services, and social support.⁹ CHWs' tend to have shared lived experiences with the people they are supporting and to understand of the impacts of structural racism and health inequities. Together, these qualities support CHWs in addressing social and behavioral determinants of health for people who are medically and economically underserved. There is robust evidence that CHW programs can lead to improved health outcomes such as better managed chronic diseases and improved mental health, increased engagement in primary care, and cost savings from decrease in use of acute care services.¹ CHW programs have also been shown to reduce health inequities that affect communities of color, according to recent studies.² The COVID-19 pandemic further highlighted the crucial role of CHWs as frontline public health workers.³

As of May 2023, the Bureau of Labor Statistics estimates that approximately 60,000 individuals are employed as CHWs.⁴ CHW employers include community-based organizations (CBOs), public health and other government agencies, health care providers, and managed care organizations. While CHW responsibilities can vary widely across these settings, the CHW Core Consensus (C3) Project identified ten core CHW roles.⁵ Additionally, the nature of CHW work to build bridges across systems often means that individual CHWs work across different settings with funding from multiple sources.⁶

Historically, federal and state public health grants and, health care organization pilot programs have funded most CHW programs in the United States.⁷ Given the evidence supporting CHW program outcomes and the increasing focus on addressing health-related social needs, policymakers and CHW champions have sought to establish more sustainable financing mechanisms for CHW programs. The National Association of Community Health Workers published a report on sustainable financing considerations for CHW programs, which summarizes the range of financing options and their relative implementation challenges.⁸ These financing options include:

- **Public health grant funds.** Public health funds from federal agencies have long supported CHW hiring and training, but these funds are usually time-limited and focus on specific goals. For example, the CDC *Community Health Workers for COVID Response and Resilient Communities* initiative distributed funds to states, localities, territories, tribes, and other entities to train, deploy, and engage CHWs.⁹ However, this program ran for a specific span of time with funding from the Coronavirus Aid, Relief, and Economic Security (CARES) Act and does not have ongoing funding.
- **Medicaid funding streams.** Medicaid authorities that can finance CHW services include state plan amendments (SPAs), Section 1115 demonstrations, and managed care contractual requirements or flexibilities.¹⁰ A 2024 50-state environmental scan of Medicaid reimbursement for CHWs reported that more than half of states reimburse for CHW services in Medicaid or are implementing new Medicaid reimbursement structures.¹¹ Reimbursement rates for CHW services in Medicaid vary widely, and many states have reported relatively low uptake of Medicaid reimbursement and volume of claims when launching new CHW financing streams.¹²

⁹ The American Public Health Association defines a CHW as “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.” CHWs may also be known by a range of other diverse titles such as *promotores* in Spanish-speaking communities and community health representatives in American Indian/Alaska Native communities.

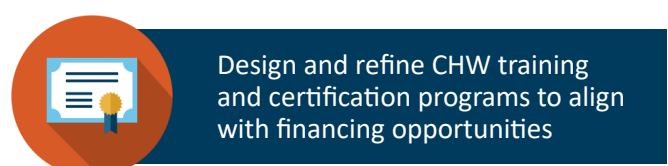
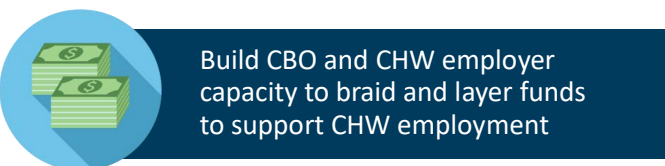
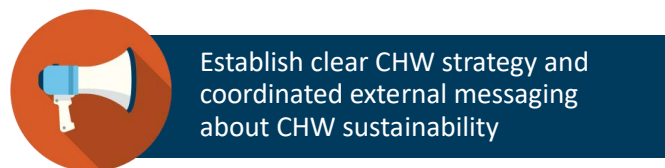
- Medicare funding streams.** The 2024 Medicare Physician Fee Schedule Final Rule went into effect on January 1, 2024, and includes a new set of services called community health integration (CHI).¹³ CHI services address unmet social determinant of health (SDOH) needs that affect medical outcomes and healthcare utilization. While only Medicare-billing providers can bill for these services, CHWs employed by CBOs can deliver these services if the respective CBOs contract with Medicare-billing providers. The introduction of CHI services represents the first time that Medicare services were designed to incorporate CHW roles.

Across these funding streams, the financing landscape is quickly changing to create new opportunities for CHW program growth. However, many CHW programs face funding gaps for CHW positions as public health COVID-related grants expire. State, territorial, and freely associated state health agencies (S/THAs) face pressure to identify opportunities to address this “funding cliff” in public health funds and to identify new opportunities for CHW financing in Medicaid and Medicare. Truly sustainable CHW financing will require that employers and policymakers account for a range of funding sources and utilize multiple funding streams, such as through a braided model. S/THAs need to lead the way to ensure that CHWs are positioned as central partners and that financing strategies reflect the unique strengths of this workforce.

Key S/THA Actions to Advance Sustainable Financing for CHW Services

Public health leadership and staff can serve as important advocates and partners for the CHW workforce due to their shared goals around equity and access to care for an entire jurisdiction. As many new financing options emerge for CHWs in the healthcare and health insurance sectors, S/THAs can play a role to influence the design and implementation of those payment structures in a way that centers CHW voice and appropriately finances CHWs for their deep expertise in the communities they represent. In addition, S/THAs often have direct authority or involvement in administering CHW certification or training and have expertise in building community engagement processes, which can also be an asset to healthcare, CHW employers, and payors. As public health works to ensure long term sustainability of the CHW workforce, it is equally paramount to advocate for and maintain evidence-based integration of CHWs into care delivery.

The following recommendations describe action steps S/THAs can take to become involved in sustainable financing policy design and implementation and set themselves up for organizational effectiveness.^b



^b Many of the state examples in this report were shared by S/THA staff who participated in a call series on CHW sustainability, convened by ASTHO and the Center for Health Care Strategies (see *Acknowledgments*).

Establish clear CHW strategy and coordinated external messaging about CHW sustainability.

S/THAs can create internal organizational structures to support alignment around CHW policies and programs across the entire agency, and present a consistent, unified relationship with CHWs and partners. ASTHO members have implemented the following strategies to define a public health CHW workforce support strategy, coordinate CHW activities across agencies, and maintain external relationships with parties interested in CHW workforce growth and sustainability.



- **Establish a centralized Office of CHWs and/or identify dedicated staff to help the S/THA effectively implement policies and cultivate relationships with CHW leaders.** A minority of states (3) have a designated, staffed Office of CHWs located within the S/THA structure. *(See Appendix A.)* An Office of CHWs can become a natural “home” for CHW policy work and support ongoing priority-setting and cross-agency collaboration. For example, having a centralized office and dedicated staff can help S/THAs learn from policy implementation, build longer-term relationships with CHWs, and look at policy decisions related to CHWs from an agency-wide perspective, rather than a case-by case or program-by-program basis. **Kentucky** Department for Public Health (KDPH) established a full-time CHW administrator based in an Office of CHWs, and this structure propelled the state’s CHW strategy forward. KDPH leaders report that this structure helped bring together CHW perspectives, analyzed of requirements across the full array of CHW funding sources, and developed knowledge of national policy landscape to support sustainability. This structure can also be used to avoid duplication of efforts across multiple programs, agencies, and partners. In states without a specific Office of CHWs, CHW strategy may instead sit within an Office of Health Equity or be embedded in another program. For example, **Maryland** Department of Health located a CHW program within the Office of Population Health Improvement, which has allowed for centralized management of an upcoming CHW workforce assessment.
- **Utilize State Health Improvement Plans (SHIPs) as a way for S/THAs to hold themselves accountable for CHW policy change.** Accredited public health departments must conduct SHIPs, which are designed to reflect the health priorities shared by the health agency and the community. The SHIP process can help identify where there are opportunities for CHWs and the S/THA to collaborate on shared community health needs. The SHIP process can also be an impetus for policy and strategic planning with state CHW association(s) and for cross-agency partnership development. S/THAs that have engaged CHW association or S/THA CHW coordinators in SHIP planning include **Arizona, New Jersey, North Carolina, Pennsylvania, and South Carolina.** *(See Appendix C.)*
- **Consider funding state-level CHW associations to support their program operations and involvement in state policy initiatives.** CHW leadership in policy design is critical to preserve strengths of the workforce; however, the state or local CHW associations that support CHW voice and engagement often have very limited funding.¹⁴ A number of S/THAs have subsequently directed public health grant funding to support CHW association infrastructure, including **Utah** Department of Health and Human Services.¹⁵ In addition to direct funding, S/THAs can engage CHW associations in CHW policymaking or program design. The current CHW Administrator in **Kentucky** emphasized the importance of S/THAs building and maintaining trust with the state’s CHW association or CHW groups: “Think of the association(s) as your board. They should be informing and guiding your work,” she shared.

Support effective design and implementation of Medicaid and Medicare CHW policy, including through engagement with CHWs and community partners.

S/THAs can be key partners in supporting policy development and implementation of new Medicaid funding as well as Medicare CHI implementation. Relevant policies that will require state action include CHW certification or organizational accreditation, payment and rate policies, and oversight policies. Public health entities play a particularly important role in prioritizing the needs of CHWs employed at CBOs and supporting the integration of CBOs into new CHW program financing mechanisms.



S/THAs can partner with payers to bring a broader perspective on the CHW workforce, establish processes to incorporate CHW perspectives into policy design, support effective implementation, and provide analysis of trends over time and the impact of policies on the CHW workforce to inform future policy refinements.

- **Incorporate perspectives of CHW collaborators, community organizations, and multiple agencies in program design decisions.** The **Kansas** Department of Health and Environment convened a workgroup inclusive of CHWs to establish CHW policies, which informed the framework for CHW credentialing and oversight. Other states may create advisory bodies of CHWs to advise health care entities on implementation. As part of a robust community engagement plan, the **Michigan** Department of Health and Human Services established a CHW subcommittee that provided insights on potential reimbursement and certification policies. The CHWs involved in this process also collected broad feedback from their employers and peers to share with the state. In **New Jersey**, an advisory body of CHWs worked with Medicaid managed care organizations to develop CHW pilot programs under the state's 1115 waiver. Engaging CHWs in this way supported greater awareness of the programs and more effective implementation of new CHW financing opportunities.
- **Partner with state Medicaid agencies and other organizations to support development of payment policies and adequate reimbursement rates.** Medicaid rates for CHW services, as well as overall CHW average wages, vary widely across states.^{16,17} Low Medicaid rates frequently decrease the likelihood that providers will seek out Medicaid reimbursement for CHW services. In **South Dakota**, state agency staff engaged CHW leaders to provide feedback on development of an increased Medicaid rate for CHW services to help ensure that the rate promoted greater access to these services.¹⁸ **Kansas** public health leadership worked with key CHW partners informed development of the initial Medicaid CHW state plan amendment and are continuing to advance a policy to increase reimbursement rates for CHW services, which recently went into effect. Notably, **New Mexico** recently became the first state to create a standing order that eliminates the requirement for CHWs to obtain an order from a physician or clinician before providing reimbursable services to a new Medicaid member.¹⁹ This policy may further support the sustainability of CHW services delivered to members who are not regularly accessing health care services.

- **Provide education and support infrastructure development for CHW employers to access the full range of financing opportunities.** CHW employers and CBOs may be unaware of how to use different mechanisms to receive reimbursement from public payers for CHW services, and S/THAs may be positioned to provide technical assistance and support. In **Nevada**, S/THA leaders observed that health care providers may lack the expertise to hire and integrate CHWs to address SDOH in clinical settings, and that these providers are seeking “proof of concept” for developing cross-sector partnerships. Nevada is exploring development of a Medicaid CHW pilot program to help to create a roadmap for these partnerships including Medicaid reimbursement for CHWs integrated in a clinical setting. Other effective strategies for increasing awareness and uptake of Medicaid CHW benefits could include hosting webinars for local health districts and developing billing guide resources, as **Kentucky** has done, or supporting infrastructure development for CBO claims and billing.
- **Support development and analysis of periodic CHW services reports to understand uptake and support effective implementation.** S/THAs can be a valuable partner in measuring and tracking uptake of Medicaid reimbursement options and understanding the overall landscape of data on which communities and payers utilize CHW services. This can be critical data to support scaling up CHW services. **Kentucky** developed a report to track billing details including the frequency of use of different billing codes. KDPH plans to refine these reports to share with advisory groups and will further strengthen their analytic capabilities by launching a CHW data workgroup. **Kansas** reviews a report that includes paid and denied claims to better understand how to support organizations billing for CHW services. The state is planning to launch a monthly workgroup with CHW services providers to track billing and claims issues that may emerge as policies shift.

Support CBO and CHW employers’ capacity to develop braided and blended funding models.

As new health care financing opportunities for CHW services are established, S/THAs can work with CHW employers to create sustainable funding models that braid or blend funding from different sources, including from public health, health care, and social services, to support CHW employment in a way that is not reliant on a single funder.^{c 20,21}



- **Incorporate CHWs into broader state initiatives to address SDOH.** In 2022 **Michigan** Department of Health and Human Services completed a SDOH Strategy, which spurred the creation of SDOH hubs, with CHW initiatives as a core focus. The state health department funded the SDOH hubs through a braided-funding pilot that supported local health departments to address SDOH, with strategies tailored to local priorities and infrastructure.²² The state braided multiple funding sources to support the sustainability of these initiatives, including Medicaid, state general fund, Public Health Infrastructure Grants, and other federal grants.²³ The **Rhode Island** Department of Health established the Health Equity Zone initiative in 2015 to address social and environmental determinants of health and reduce health disparities.²⁴ Each Health Equity Zone incorporates funding from federal public health sources, state general revenue, and Medicaid to implement place-based strategies that including hiring and supporting CHWs.

^c Braiding refers to a financing approach that combines different funding sources for a program or initiative but tracks funds individually for reporting purposes; blending refers to an approach that combines funds into a single pool with shared reporting requirements.

- **Encourage coding alignment between Medicaid and Medicare.** States may explore creating a Medicaid reimbursement for the CHW services reimbursed by Medicare. For example, **Minnesota** and **Colorado** have both “turned on” Medicaid codes for CHI services. Minnesota has reported that CHWs may now bill for CHI services provided to Medicaid and Medicare members.²⁵ Colorado has released information noting that while these CHI codes will not work immediately for Medicaid-only members, the state is exploring how to align Medicaid and Medicare codes and plans to offer additional billing guidance in the coming months.²⁶
- **Identify non-traditional funding sources to support CHW activities.** There are a range of federal grants that have directly addressed CHW training and hiring, as well as other funding opportunities that can potentially incorporate CHW services. (See Appendix B.) S/THA leadership can encourage other agencies to incorporate CHWs into these funding opportunities. For example, the U.S. Department of Labor awarded **New Mexico** a grant related to unemployment benefit navigation, through which participating CHWs are compensated for connecting community members to employment resources.²⁷
- **Support development of Community Care Hub infrastructure.** CBOs often lack infrastructure to support billing for work with health care entities. S/THAs can create hub structures to contract with healthcare entities on behalf of multiple CBOs. Community Care Hubs coordinate administrative functions and manage funding streams for a network of CBOs, and may also be called “backbone organizations.”²⁸ These hubs are particularly important for scaling up Medicare CHI services to support CBO-health care partnerships in which CBO-employed CHWs can deliver CHI services.²⁹ **Alaska** is plans to use short-term grant funding to explore establishing a Community Care Hub, and will also be exploring CHW certification and workforce support. Through these strategies, the state aims to support community-based organizations and CHW workforce development.

Design and refine CHW training and certification programs to align with financing opportunities.

S/THAs frequently play key roles as funders, administrators, and policy design champions for certification and training programs.^d Training and certification for CHWs is relevant to payers – including Medicaid and Medicare – and health systems because different financing policies (as described in previous sections) may require CHWs to have completed a standardized CHW training or certification prior to being eligible for reimbursement.



Eleven state health agencies directly administer CHW certification.³⁰ Such programs could be designed to allow for individual CHWs to be certified, typically on the basis of training and documented experience in the field; however, some states also accredit CHW training providers or accredit CHW programs (e.g., TennCare CHW Program Accreditation Initiative underway in collaboration with the state CHW association and Department of Health).³¹ CHW certification, managed or informed by the S/THA, presents a clear opportunity for the S/THA to come together as an equal partner with the Medicaid agency to ensure alignment and reimbursement. Notably, the Utilization Review Accreditation Commission launched a national accreditation of CHW programs in June 2024, citing the value for CHW programs to explicitly note their alignment with Medicare and Medicaid reimbursement requirements.³²

^d State governments, independent credentialing boards, or state CHW associations most commonly serve as the administrator for CHW certification programs.

As new financing policies come into play, S/THAs can refine and align CHW training and certification program design and requirements with those new policies, as well as explore strategies with CHWs to make sure that certification remains accessible to practicing CHWs:

- **Ensure that CHW training program requirements, including the core competencies that these programs address, align with the knowledge, skills, and abilities that CHWs need to deliver services reimbursable by health care payers.** Although the Centers for Medicare & Medicaid Services does not require CHWs to be certified to be reimbursed, states may set up their own Medicaid reimbursement requirements to include a certification component.³³ Requirements for Medicare CHI services reimbursement defer to relevant state rules on training and certification.^e In states without CHW training or certification programs, S/THAs and CHW partners can consider establishing such programs, which can also assure CHW standards in the field and ensure standardized measures to assess and evaluate CHW practice.^{34, 35} **Michigan's** Department of Health and Human Services sought to explore CHW certification after passage of the CHW Medicaid state plan amendment and convened a majority-CHW advisory council on potential certification policy development. In states with certification or training programs, S/THAs can develop a crosswalk of existing curriculum requirements against CHI and Medicaid competencies to identify any gaps.
- **Offer dual certification or specialized certification/training pathways to maximize opportunities for CHW employment and reimbursement.** For example, **New Mexico** Office of CHWs offers both a state generalist CHW certification and three levels of specialist certifications reflecting completion of specialized training, including a community health representative specialization and a behavioral/mental health specialty track for CHWs and peer support workers that was co-designed with the Department of Human Services. The New Mexico Office reports that increasing the pathways for CHW certification and specialization has allowed more CHWs and community health representatives to bill Medicaid. In addition, **North Carolina** Department of Health and Human Services recently launched a new managed care entity for people with serious behavioral health conditions (Tailored Plans), and CHWs may participate in care management teams for beneficiaries.³⁶ NC Medicaid has funded the development of specialty CHW trainings on behavioral health, developed in collaboration with CHWs, to ensure that CHWs are trained to perform these team-based roles and are well-positioned to be integrated into these managed care financing streams.
- **Allow certification reciprocity between states to ease the pathway to certification, especially among CHWs who work along or across state borders or serve tribal populations.** **Arizona** Department of Health Services manages the state CHW certification program and allows reciprocity for CHWs who demonstrate at least a year of experience in another state.³⁷ **New Mexico's** Office of CHWs is working with the Office of General Counsel to revise the state administrative code to include certification reciprocity between border states and towns.³⁸

^e In states with training/certification requirements, CHWs must meet those requirements to deliver CHI services. States without requirements would need to establish training programs, based on identified core competencies closely tied to the C3 project, for CHWs to deliver CHI services.

Looking Ahead

The strategies in this report, based on state examples and experience, can inform S/THA approaches to increasing access to effective CHW programs. The growing momentum for CHW services has led to new financing pathways in Medicare and Medicaid, and these changes create new opportunities to support CHW sustainability. As funders, administrators, and champions for CHW programs, S/THAs can inform policy development that meaningfully engages CHWs and CHW organizations and affirms the full range of unique strengths and capabilities that the CHW workforce brings.

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Appendix A: Examples of Staffing and Governance of CHW Strategy within State Public Health Agencies

Department	Approach	Description	Structure
Kentucky Department for Public Health	Office of CHWs	Strengthens, supports, and promotes CHW sustainability. Issues CHW certification and approves CHW training organizations.	Division of Prevention & Quality Improvement, Chronic Disease Prevention Branch
Massachusetts Department of Public Health	Office of CHWs	Conducts capacity-building initiatives to strengthen and promote the CHW workforce. Leads and participates in strategic partnerships. Provides technical assistance to CHWs and supervisors.	Bureau of Community Health & Prevention, Division of Community Based Prevention & Care
New Mexico Department of Health	Office of CHWs	Supports CHW workforce and career development through strategic partnerships and capacity-building. Developed a standardized CHW training program and certification process.	Division of Public Health, Population & Community Health Bureau
Kansas Department of Health and Environment	CHW Program	Focuses on training CHWs, approving training programs, deploying CHWs into the public health response, and engaging CHWs to build community resilience.	Division of Public Health, Bureau of Health Promotion
Maryland Department of Health	CHW Program	Manages voluntary CHW certification and CHW training program accreditation processes. Supports a state CHW Advisory Committee.	Public Health Services Division, Office of Population Health Improvement
North Carolina Department of Health & Human Services	CHW Section	Provides dedicated area for information on core competency and specialty CHW trainings and certification. Serves as the home for the state CHW Alliance.	Office of Rural Health
Washington State Department of Health	CHW Program	Supports a CHW Leadership Committee and liaises with CHW networks. Offers a no-cost core competency training program for CHWs and free continuing education with health-specific modules.	Prevention & Community Health Division, Office of Family & Community Health Improvement, Community Healthcare Improvement & Linkages Section
Colorado Department of Public Health & Environment	Within Chronic Disease Prevention	Leads a CHW workforce initiative to define competencies and standardized training for CHWs, introduce voluntary credentialing and registry, and engage partners to promote CHW sustainability.	Preventive Services Division, Chronic Disease Prevention Program
Louisiana Department of Health	Within Bureau of Regional & Clinical Operations	Works with a study committee to explore how to support and expand the state's CHW program. Leads a Community HealthWays program with CHWs.	Office of Public Health, Bureau of Regional & Clinical Operations
Wisconsin Department of Health Services	Within Chronic Disease Prevention Program	Collaborates to advance sustainability and integration of CHWs. Offers resources for education, awareness, and promotion of the CHW workforce to policymakers and CHW leadership.	Division of Public Health, Bureau of Community Health Promotion, Chronic Disease Prevention Program

* colors meant to differentiate between "approach"

Appendix B: Select Examples of Federal Grants Relevant to CHW Sustainability

Federal agencies are investing in the CHW workforce by issuing grants to state governments focused on CHW training, infrastructure, or hiring. Federal notices of funding opportunities may require applicants to detail health equity strategies or encourage applicants to collaborate with CHWs, sometimes framed as care coordination or patient navigation.

Program	Funder	Dates	Relevance to CHWs
Colorectal Cancer Control Program	CDC	2020-2025	Funding can be used to pay for CHW or patient navigator salaries.
Community Health Workers for COVID Response and Resilient Communities	CDC	2021-2024* <i>*extension option</i>	Central aims of the program are to train, deploy, and engage CHWs to strengthen community resilience.
Community Health Worker Training Program	HRSA	2022-2025	Goal is to train CHWs to provide public health emergency response and address the public health needs of underserved communities.
Improving the Health of Americans through Prevention and Management of Diabetes, Heart Disease, and Stroke	CDC	2018-2023	Strategy to develop statewide infrastructure for CHW sustainability and reimbursement.
Innovative Cardiovascular Health Program	CDC	2023-2028	Strategy includes increased engagement of CHWs to provide a continuum of care by extending clinical interventions and addressing social services.
National Breast and Cervical Cancer Early Detection Program	CDC	2022-2027	Grantees are encouraged to pursue health equity strategies , including partnership with community organizations that have trusting relationships with the communities of focus. Funding can be used to pay for CHW or patient navigator salaries.
National Cardiovascular Health Program	CDC	2023-2028	Strategies 2-3 focus on team-based care and community/clinical services. Grantees can use funds to deploy dedicated CHWs to provide a continuum of care and services or improve CHW infrastructure.
National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved	CDC	2021-2023* <i>*extension option</i>	Funding could be utilized to directly hire CHWs or support CHW associations as part of a strategy to address COVID-19 health disparities
Paul Coverdell National Acute Stroke Program	CDC	2024-2025	Program strategies focus on CHW engagement and community and clinical service navigation.
Public Health Infrastructure Grant	CDC	2022 - 2027	Strategies to recruit, retain, support, and train the public health workforce, which could include CHWs.
Rural Northern Border Region Outreach Program	HRSA	2024-2027	CHWs are listed in the Notice of Funding Opportunity as an example of a relevant focus area.
Ryan White HIV/AIDS Program (RWHAP) - Part B	HRSA	Annual	Community engagement activities are an allowable cost and could engage CHWs.

Appendix C: CHW-Related Strategies Appearing in State Health Improvement Plans

Accredited public health departments are required to conduct a [state health improvement plan](#) (SHIP), reflecting agreed upon health priorities shared by the health agency and the community. SHIPs are cross-sectoral by design and typically developed and monitored by a Steering Committee. SHIPs are valuable because they can help break down siloes between state agencies and can serve as a forum to prioritize limited state resources in a thoughtful way. ASTHO conducted a scan of 32 member agencies’ SHIPs, ultimately identifying 15 states with CHW-related strategies or which have a named CHW organization as a SHIP Steering Committee member.

State & Partners	Strategy/Objective	Actions
Alaska SHIP 2020-30	Increase use of patient navigation, CHWs, and other community-based navigators for improving access to cancer screening, timely diagnosis and treatment, and palliative care.	Promote policy changes to increase patient navigation: <ul style="list-style-type: none"> • Improve reimbursement for patient navigators • Establish Alaska quality standards for patient navigators • Promote incorporation of patient navigators into health systems
Arizona Health Improvement Plan (2024-2025 Update) <i>Steering Committee member: Arizona Community Health Worker Association</i>	Create increased sense of community and belonging: Enhance resilience in Arizona communities with more vulnerable populations.	Expand approaches to improving mental health and addressing trauma: <ul style="list-style-type: none"> • Continue to train professionals and CHWs to increase health literacy regarding mental health and resilience
	Address Health Professional Shortage by building a diverse healthcare workforce	Build and grow healthcare workforce which is representative of the communities served: <ul style="list-style-type: none"> • Convene and partner with academic institutions to develop professional pathways for career advancement (e.g., CHWs/CHRs)
Connecticut SHIP 2025	Increase utilization of available housing and food programs by eligible residents by 2025	Enhance partnerships among CBOs, state agencies, health departments, healthcare providers, and CHWs to improve communication, coordinate work, provide navigation support, and share available resources/knowledge regarding food and housing.
Idaho SHIP 2020-2024	Advancing health equity and reducing disparities.	Recommend Medicaid reimbursement for CHW services to advance equity health equity and reduce disparities among priority populations.
	Increase access to care.	Partner with CHWs to pilot a Community Health-EMS program to advance care for residents with behavioral health needs or diabetes, improve cultural competency, and increase active transportation options.

Kansas SHIP 2030	Ensure all Kansans can access health information.	Identify potential partners, including the Kansas CHW Coalition, that could support this work.
	Collaborate with healthcare partners to provide training, workgroups, peer learning, and coaching to improve cultural competency and communication skills.	Partner with CHWs, communities, and advocates to deliver cultural competency trainings and address: <ul style="list-style-type: none"> • Availability of health information in multiple languages. • Written and oral communication that is “understandable.” • Communications that meet the needs of patients with limitations in vision or hearing.
	Expand care navigation via CHWs, <i>Promotoras de Salud</i> , lay health advisors, peer coaches, doulas/midwives	<ul style="list-style-type: none"> • Advocate for funding to expand access to care navigation resources for all Kansas. • Support community events with CHWs, where patients can access health resources. • Create an evidence-based model for community engagement.
Missouri SHIP 2024	Increase the % of 12-month-olds who are up to date on all vaccination.	Engage CHWs, doulas, home visitors, and other community-based providers to conduct outreach to populations who may not have received their vaccines.
	Increase the % of women of childbearing age who have received preventive services.	Engage CHWs, doulas, and other community based maternal health care providers to deliver prenatal care and patient outreach .
	Strengthen the healthcare workforce and enhance healthcare delivery to meet the evolving needs of the population.	Explore and support innovative person-centered care delivery, including telehealth, mobile clinics, and programs that build trust (e.g., partnering with CHWs, doulas, and peer support specialists) to increase access to health services in underserved areas.
	Increase equitable access to medical, dental, maternal, and mental health services.	Encourage cross-training and skill-sharing among health professionals to establish systems of integrated care – e.g., cross-training pharmacy technicians and CHWs.
	Ensure individuals have access to affordable and timely healthcare services.	Collaborate with CHWs and community organizations to deliver assistance and education on health insurance enrollment options.

<p>New Jersey SHIP 2020 Key Informants: CHWs</p>	<p>Strengthen community support and improve coordination between community providers and health systems</p>	<p>Perinatal Risk Assessment Expansion</p> <ul style="list-style-type: none"> Utilize the CHW workforce to redesign the Community Health Screen Tool for community-based providers to complement the Perinatal Risk Assessment. <p>Supportive Case Management</p> <ul style="list-style-type: none"> Increase case management using dually trained doulas and CHWs. Incorporate referrals from CHWs into the Case Management Data Collection System. Develop training to cross train CHWs and doulas to promote continuity of care.
	<p>Improve case management to support individuals with chronic disease.</p>	<p>Chronic Illness Care Coordination</p> <ul style="list-style-type: none"> Utilize CHWs to bridge gaps between health care and social needs including transportation, medication adherence, coordination across health care services.
<p>New York SHIP 2019-2024</p>	<p>Promote evidence-based care to manage chronic diseases</p>	<p>Promote a team-based approach (which may include pharmacist, CHW, registered dietitian, podiatrist, and other health workers) to chronic disease care.</p>
	<p>Reduce maternal mortality and morbidity.</p>	<p>Enhance consumer outreach and pregnancy prevention education by CHWs.</p>
	<p>Reduce infant mortality and morbidity.</p>	<p>Increase capacity and competencies of local maternal and infant home visiting programs, enhancing existing programs that employ CHWs and doulas.</p>
	<p>Increase breastfeeding.</p>	<p>Increase access to community-based interventions that provide home visits in the prenatal and postpartum period, including partnering with CHWs to deliver prenatal breastfeeding education, assistance, support, and facilitate coordination to community resources.</p>
<p>North Carolina SHIP 2022 Workgroup members: NC CHW Association, NC DHHS CHW Coordinator</p>	<p>Ensure access to care among the uninsured population.</p>	<p>CHWs to empower communities to ensure all individuals can access healthcare.</p>
	<p>Ensure access to adequate early prenatal care.</p>	<p>CHWs to provide outreach and education to women of childbearing age in underserved communities</p>

<p>Oklahoma SHIP 2023-2028</p>	<p>Obesity, Diabetes, Cardiovascular Disease</p>	<p>Bridge between and across communities, health systems and health departments; increase access to health care services: <i>Oklahoma State Department of Health CHWs listed as an asset/resource</i></p>
<p><u>Oregon SHIP 2020-2024</u></p>	<p>Develop a workforce that provides culturally and linguistically responsive services.</p>	<p>Pursue policies, standards, and trainings that create a workforce better equipped to meet the needs of the community, including traditional health workers:</p> <ul style="list-style-type: none"> • Expand human resources practices that promote equity. • Support alternative healthcare delivery models in rural areas. • Create a behavioral health workforce that is culturally and linguistically reflective of the communities served. • Ensure cultural responsiveness of healthcare providers through increased use of traditional health workers and trainings
<p><u>Pennsylvania SHIP 2023-2028</u> <i>Workgroup members: Community health organizers</i></p>	<p>Increase access to medical and oral healthcare.</p>	<ul style="list-style-type: none"> • Integrate behavioral health and oral health into primary care practice (integrating patient navigators and CHWs). • Increase the percentage of certified CHWs who offer oral health information and dental referrals to their clients.
	<p>Improve maternal and infant health outcomes by improving prenatal, perinatal, and postnatal care.</p>	<p><i>CHWs listed as an asset for improving prenatal, perinatal, and postnatal care.</i></p>
<p><u>South Carolina 2018-2023</u> <i>Asset: Partnership with the SC CHW Association</i></p>	<p>Decrease delayed care through changes to policy and systems</p>	<p>Improve healthcare coverage enrollment through CHWs and partners.</p>
<p><u>Texas 2023-2028 State Health Plan</u></p>	<p>Support the expansion of the Loan Repayment Program for Mental Health Professionals.</p>	<p>Expand the eligibility criteria for loan repayment programs to include additional practice specialties (including CHWs or <i>promotores</i>).</p>
	<p>Support new and innovative ways to get teleservices to rural communities.</p>	<p>Leverage CHWs to connect patients to needed teleservices, especially for the elderly population.</p>

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