

MN Health Plans Collaborative



Today's Presenters

- **Evan Curtin** is the Executive Director of WellShare International, having previously served as the director of WellShare's Community Health Worker Hub in Mankato, assisting refugee and immigrant communities with medical and social navigation and community-based programs. Evan has a professional background in international development, nonprofit startups, and leading nonprofit emergency response organizations.

Community Health Workers

Scope, billable pathways, maternal-child applications, diabetes and depression support, team value, and outcomes

A WellShare framing for how CHWs fit into modern care delivery

This briefing is designed to help leaders quickly understand what CHWs uniquely do, what can be billed now, how they support maternal-child care and coexisting diabetes and depression, and why CHWs strengthen—not duplicate—existing care teams.

Scope of practice National C3 roles show CHWs bridge culture, systems, education, navigation, outreach, and coaching.

Priority populations Maternal-child health and coexisting diabetes + depression show where CHWs reduce friction and improve follow-through.

Why it matters CHWs extend care-team reach into the spaces where trust, follow-through, and barriers are actually decided.

What this briefing covers

Topics and learning objectives for the discussion.

Topics

- CHW scope of practice and core functions
- Billable services and current pathways
- Maternal and Child Health applications
- Coexisting diabetes and depression support
- CHW force multiplication for care teams
- Examples of measurable CHW outcomes
- How the CHI and MHCP benefits differ

Presentation objectives

- Understand the CHW scope of practice and core functions
- Recognize how CHWs support Maternal and Child Health, as well as coexisting diabetes and depression
- Distinguish the CHW role within interdisciplinary care teams

The goal is practical understanding: what CHWs do, what is billable now, and where CHWs add a unique and unduplicated layer of value.

CHW Scope of Practice

The national C3 standards describe a broad, community-rooted role—not a narrow support task.

Core CHW Roles (C3 Coalition)

- Cultural mediation across communities and systems
- Culturally appropriate health education
- Care coordination and system navigation
- Coaching and social support
- Advocacy and community capacity-building
- Outreach, follow-up, and basic screenings as appropriate

What makes CHWs unique

1. Deep connection to the community served
2. Ability to translate between daily life and formal systems
3. A role built around activation, trust, and follow-through
4. Ability to assess and overcome nonmedical barriers and knowledge

High-level CHW activity crosswalk

Often billable when payer rules are met

- Structured health education
- Care coordination / navigation
- Resource connection tied to treatment
- Follow-up under covered standing orders

Generally non-billable but operationally critical

- Trust-building and outreach
- Motivation / activation work
- Warm handoffs and relationship repair
- Community visibility and stigma reduction

Billable CHW Services Today

Minnesota and Medicare offer different billing pathways that matter for program design.

Minnesota MHCP pathway

Covers CHW health education and care coordination services when Minnesota-specific requirements are met

Toolkit examples emphasize self-management teaching, culturally tailored education, group education, home/community settings, and telehealth where appropriate

Design implication: MHCP supports structured education and care-coordination work

Medicare CHI pathway

Monthly care-integration benefit tied to active medical treatment

Addresses unmet social needs affecting diagnosis and treatment through navigation and connection to resources

Design implication: CHI rewards longitudinal navigation and resource-connection work

IMPORTANT: Initiating Provider visit required, critical for efficient program design.

Quick crosswalk: education/self-management teaching is more naturally aligned with MHCP; longitudinal navigation and resource-connection tied to treatment is more naturally aligned with CHI.

Maternal and Child Health: where CHWs can matter most

Public programs already point toward a care model that combines trust, coordination, education, and practical support.

Pregnancy and postpartum

Education and appointment follow-through
Blood pressure / diabetes support
Benefit navigation and culturally aligned communication

Infancy and early childhood

Well-child engagement and immunization support
Parenting education and developmental follow-up
Barrier reduction for families

Community connection

Home visiting, outreach, warm handoffs to WIC / Medicaid / housing / behavioral health

Community based education and norming of pre and post natal healthcare.

HRSA Healthy Start

Education, mental health and substance use screening, service linkage, transportation, and housing support

HRSA MIECHV

Trusted relationships, goal-setting with families, resource connection, school readiness, and economic well-being

CMS TMaH

Explicitly includes CHWs on maternal health care teams

Allows states to pursue optional coverage of perinatal CHWs

Signals CHWs as part of the emerging maternal health infrastructure

Bottom line: maternal-child CHW work is not an “extra.” It is a practical way to improve access, reduce friction, and make prenatal, postpartum, and pediatric care actually reachable for families.

Cutting the Gordian Knot: Interrupting self reinforcing cycles in patients with Diabetes and depression.

Why this matters

Depression and diabetes often reinforce each other through stress, fatigue, low motivation.

The CHW role is to meet patients where they are, address practical barriers first, and break behavior change into realistic next steps

Typical supports: SDOH problem-solving, skill-building, medication access, navigation, and basic reinforced health education

Work on SDOH first

Stabilize transportation, food, phone access, insurance, housing stress, and other barriers that block follow-through.

Support medication access

Help patients refill prescriptions, resolve pharmacy issues, understand what each medication is for, and raise concerns back to the care team.

Focus on Executive Functioning!

PATIENTS ARE STRESSED! NOT INCAPABLE!
Use tools, (checklists, teach-back, action plans) to support executive functioning and support healthy habit creation.

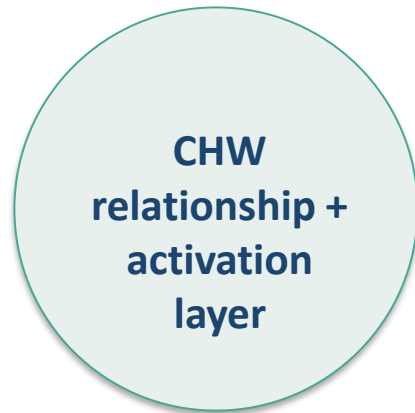
Navigate patients to care

Reinforce referrals and warm handoffs to PCPs, diabetes education, behavioral health, psychiatry, and community resources.

Bottom line: CHWs strengthen diabetes and depression care by activating patients, reducing barriers, and helping care plans actually happen between visits.

CHWs as a force multiplier for care teams

CHWs do not replace licensed clinicians; they make the whole team more effective.



Providers

Clearer follow-through, better visit readiness, fewer missed context clues

Nurses / care managers

More bandwidth when outreach, reminders, and barriers are handled upstream

Social work / BH

Better warm handoffs when practical barriers and trust needs are addressed early

Front desk / operations

Fewer dropped loops around scheduling, transportation, paperwork, and referrals

CHWs are strongest where care plans fail: trust, understanding, practical barriers, activation, and follow-up in real life. That is why WellShare describes the role as unique and unduplicated.

What results are independently verifiable?

The evidence base is strongest when CHWs are integrated into team-based, longitudinal care models.

Strong evidence base

Team-based CHW models improve chronic disease outcomes and care quality
Recurring benefits in the literature include improved compliance, better patient experience, and reduced costs

Pediatric / child-health relevance

CHWs improve attendance at well-child visits and parental experience when embedded into pediatric care
CHWs are a strong fit when families face barriers outside the clinic

WellShare-reported examples

~11 fewer unnecessary ED visits per year per 100 people served
~40% higher PCP visits
~80% higher well-child visits in different evaluated programs

Recommendation: show both levels of proof—public evidence for the field and clear organization-level evaluation summaries for WellShare-specific claims.

CHW Quality Matters

High-quality CHW design determines whether utilization rises randomly or whether support reaches the right patients at the right time.

Billable CHW activity alone can increase utilization among low-utilization or untargeted patients.

Why quality matters

When activity is not guided by strong criteria, programs can generate more CHW visits without improving focus, quality, or outcomes.

Patients with low baseline utilization may use more services simply because of CHW visits—this is not the same as targeted impact.

Quality means matching the right CHW intervention to the right patient need, then monitoring whether it improves follow-through and care outcomes.

Evidence-based standing orders are essential for timely, effective, and targeted patient support.

They help CHWs know who should be engaged, what intervention is appropriate, and when escalation back to the care team is needed.

What Standing Orders Add

Clear triggers, defined workflows, and consistent response pathways for common needs like medication access, diabetes follow-up, depression screening follow-through, and SDOH barriers.

What Quality Monitoring Adds

Ongoing review of utilization, fidelity, patient mix, and outcomes so programs can refine who is served, what is billable, and what truly drives value.

Targeting Persistent Outcomes

Good CHW program design will drive persistent outcomes, not a revolving door of “band aid” fixes. CHWs are empowering educators not “helpers”

Bottom line: CHW quality is not just about “Helping”— it is about delivering the right activity, to the right patients, with the right workflows behind it.

How SDoH work fits into high-quality CHW care

SDoH interventions must ladder to something: barrier reduction is the foundation, not the finish line.

Maslow as a Guide:

Patients usually cannot engage fully in evidence-based care when basic needs and life barriers are still unstable.

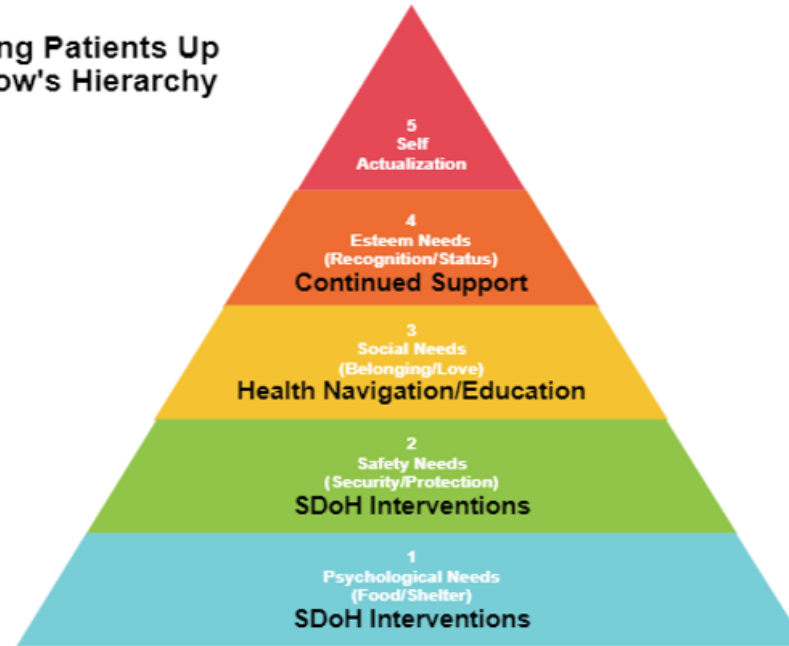
SDoH alone is incomplete

Barrier clearing interventions can help patient's health improve-but indirectly.

But maximum impact requires laddering

The strongest model pairs SDoH work with direct, evidence-based standing orders and targeted follow-up.

Moving Patients Up Maslow's Hierarchy



Bottom line: Clearing SDoH barriers is essential, but CHW quality comes from marrying that work to timely, evidence-based interventions.

WellShare CHW Philosophy

An empowering model inspired by Paulo Freire.

We do not “fix” people.

We walk alongside them, listen well, and help uncover their own reasons, strengths, and power for change.

“People are not empty vessels to be filled, but fires to be kindled.”

- Paulo Freire



Our job is to spark confidence, not to take over the work of living someone else's life.

Executive Functioning and External Barriers

Stress changes what people can do in the moment. Our role is to make action more manageable.

Executive functioning planning

- People are often stressed, overwhelmed, or juggling crises.
- Break big tasks into smaller next steps.
- Help organize reminders, appointments, transportation, and follow-up.
- Planning support is often as important as education.



External barriers

Language

Structural racism

Housing / food / money

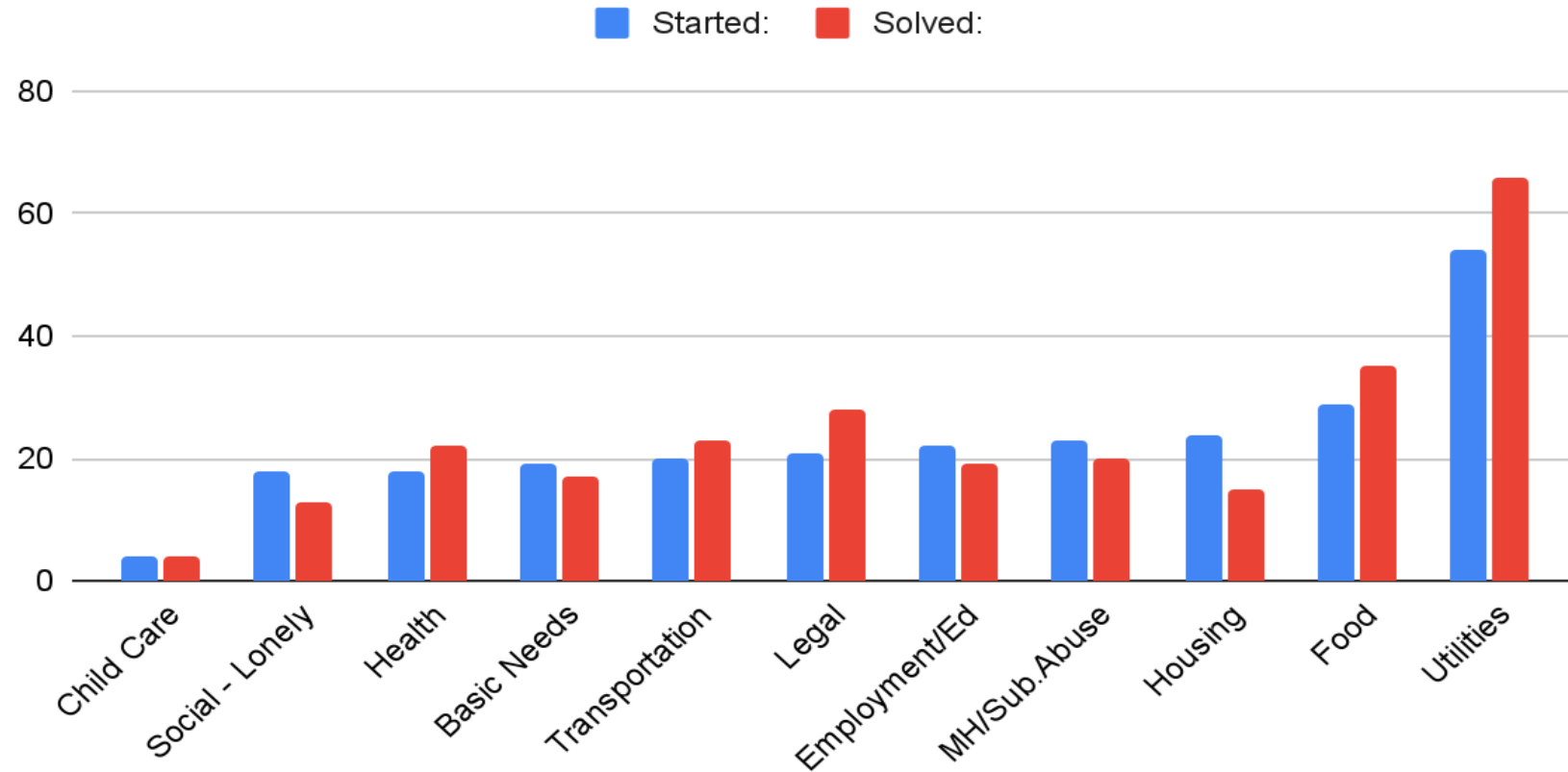
Transportation

Systems complexity

These are not excuses. They are real-world conditions that shape readiness, follow-through, and access.

Part 3: Outcomes

Chart 5: SDoH Started and Solved by Type



*Solved may be higher than started as these are gross numbers during the study period

Workflows Matter to Quality CHW Program Design

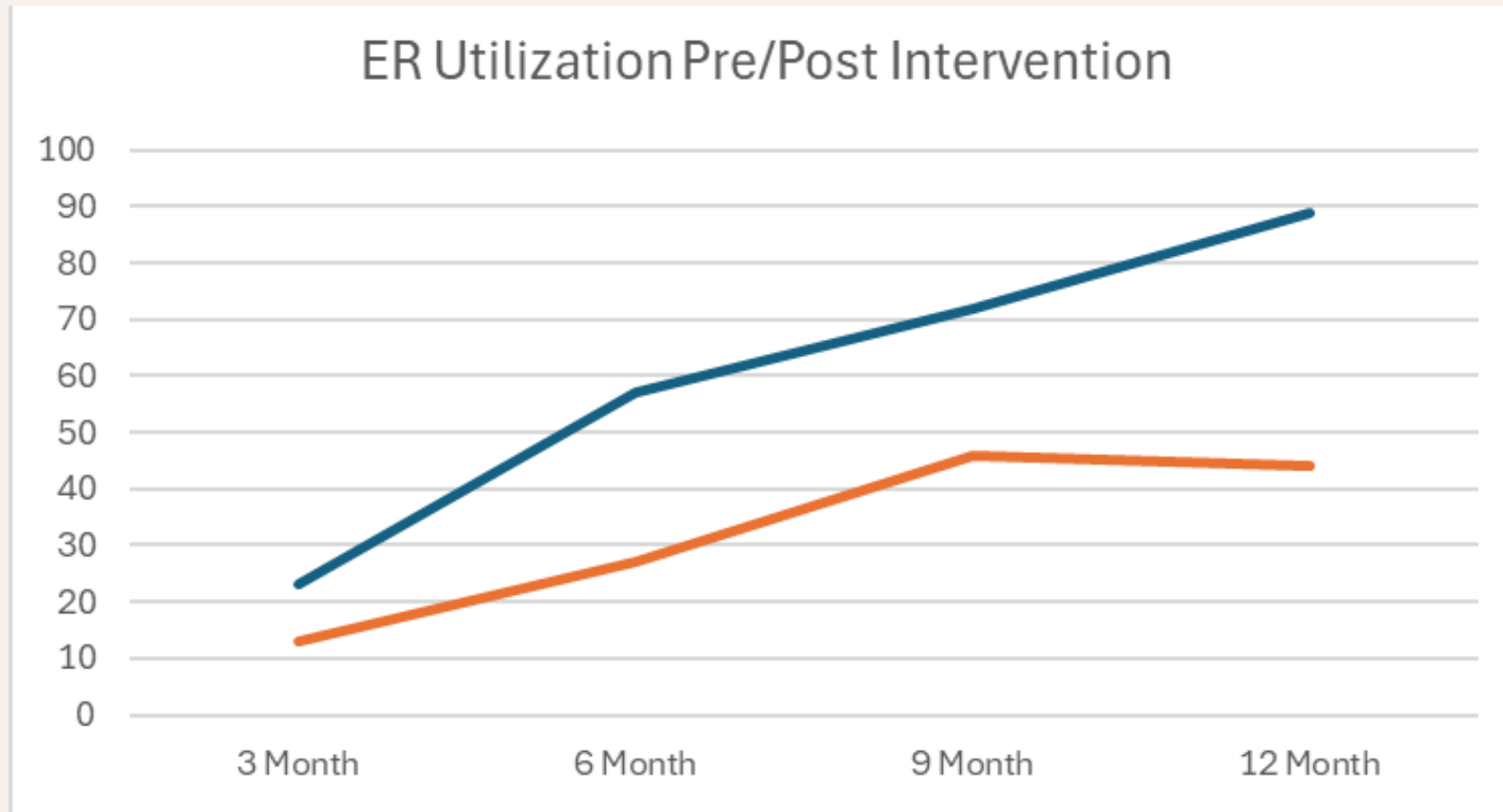
Comparing Summer '22 to Spring '23:

Program Cost Reimbursable:	SDOH Issues Addressed:	Meetings Per Patient*:	Patient No Call/No Show:
500% Increase	340% Increase	240% Increase	47% Decrease

Independently Verified ED Utilization Data

Cumulative Pre Intervention ED visits

Cumulative Post Intervention ED Visits



Ideally, CHW interventions should be persistent.

Not “bandaids”.

Questions and Open Discussion

Thank You!

Evaluation –
<https://survey.alchemer.com/s3/8850738/CHWs-in-Practice-Learning-from-a-CHW-Service-Provider>



Certificate of Participation –upon completion of
Evaluation



Recording - Collaborative Health Plan Performance
Improvement Projects (PIPs) - Stratis Health