

# SUSTAINING KANSAS COMMUNITY HEALTH WORKERS: A Blueprint for Action

FEBRUARY 2026



# OVERVIEW

## Purpose of community health workers

Community health workers (CHWs), also known as health navigators, promoters or advocates, are trusted community members trained to help bridge the gap between local health care and social service systems and the communities they serve. They provide culturally responsive care, improve access to services and address social drivers of health, such as food insecurity, housing instability and transportation barriers. In Kansas, CHWs are especially critical in rural areas, where geographic isolation, provider shortages and chronic disease burdens are more pronounced. CHWs extend the reach of health care teams by offering follow-up, education and support beyond clinical settings. Though considerable progress has been made, continued efforts are necessary to support, sustain and scale the CHW workforce in Kansas. This report provides an overview of our progress, strengths, challenges and opportunities, as well as a Blueprint for Action for moving forward.

## Convening Kansas partners and developing a blueprint for action

As part of its commitment to ensuring access to care and improving health for all Kansans, the United Methodist Health Ministry Fund (Health Fund), in partnership with the Kansas Department of Health and Environment's (KDHE) CHW Section, convened partners from across the state to engage in action planning for community health worker sustainability in Kansas. This included community health workers, community-based organizations, state organizations including KDHE, insurers, foundations and university partners. Together, these partners reviewed our progress to date and engaged in a facilitated SWOT analysis for three areas critical to CHW efforts in Kansas: financial sustainability, CHW education pathways and coalition infrastructure. From this, partners met again, reviewed the SWOT findings and developed actionable recommendations. These recommendations are represented in this Blueprint for Action report.



# OVERVIEW

## Kansas CHW workforce: Strengths and progress

Kansas has made significant strides in building a strong, sustainable CHW workforce:

### CERTIFICATION AND TRAINING INFRASTRUCTURE:

Since 2022, Kansas has implemented a formal CHW certification process managed by the Kansas CHW Coalition (KCHWC), with over 400 CHWs trained through 29 courses delivered in virtual, in-person and hybrid formats. The curriculum is competency based and aligned with national standards. Additionally, certification is available via educational and workforce pathways.

### POLICY AND FUNDING EFFORTS:

Kansas Medicaid began reimbursing CHW services in 2023, and in 2024, reimbursement rates were increased by over 100%. CHWs are now integrated into Managed Care Organization (MCO) contracts, and Kansas is among the early adopters of Medicare's Community Health Integration (CHI) model.

### COALITION LEADERSHIP AND COLLABORATION:

The Kansas CHW Coalition (KCHWC) has played a central role in defining CHW competencies, supporting training and advocating for policy change. KCHWC has convened partners across sectors and maintained a statewide registry and data system.

### CROSS-SECTOR PARTNERSHIPS:

Kansas has leveraged philanthropic, nonprofit, academic and governmental partnerships to advance CHW workforce development, infrastructure, sustainability and research.

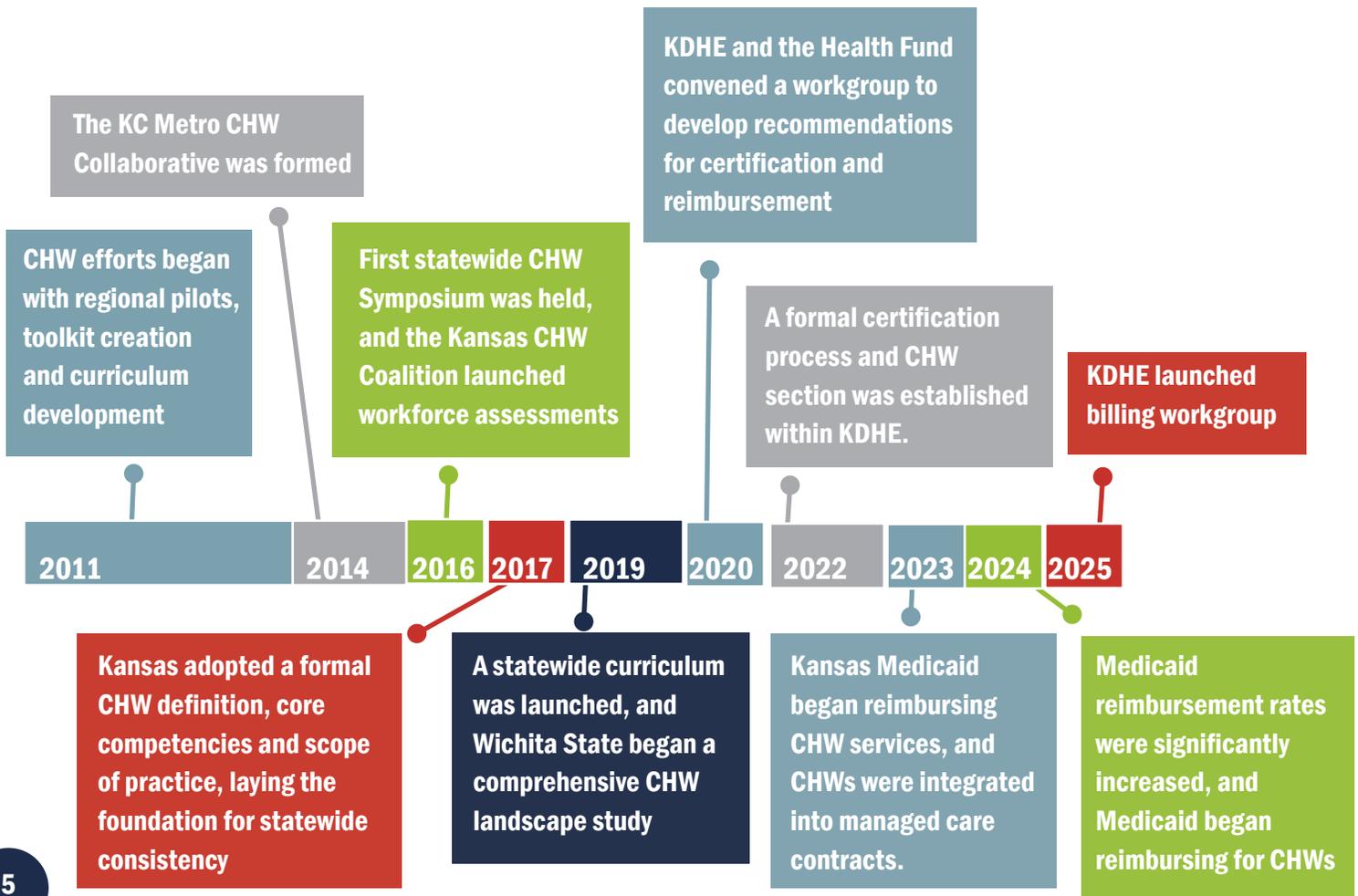
### WORKFORCE DIVERSITY AND REACH:

CHWs in Kansas serve both urban and rural communities, with training sites and programs designed to ensure accessibility across the state. The workforce reflects the communities it serves, enhancing trust and cultural responsiveness.

# OVERVIEW

## Kansas timeline of key milestones for CHW workforce

Since 2011, Kansas has made steady progress in building a strong community health worker (CHW) system. Early efforts began with regional pilots and curriculum development in the Kansas City area, followed by the formation of the KC Metro CHW Collaborative in 2014. In 2016, the first statewide CHW Symposium was held, and the Kansas CHW Coalition (KCHWC) launched workforce assessments. By 2017, Kansas had adopted a formal CHW definition, core competencies, and scope of practice, laying the foundation for statewide consistency. A statewide curriculum was launched in 2019, and Wichita State University began a comprehensive CHW landscape study. In 2020, KDHE and the United Methodist Health Ministry Fund convened a workgroup to develop recommendations for certification and reimbursement. These efforts led to the launch of a formal certification process and the establishment of a CHW section within KDHE in 2022. The following year, Kansas Medicaid began reimbursing CHW services, and CHWs were integrated into managed care contracts. In 2024, Medicaid reimbursement rates were increased significantly, and in 2025, KDHE launched a billing workgroup to address implementation challenges and support continued integration of CHWs into the health care system.



# KEY TAKEAWAYS & FINDINGS

Kansas stakeholders who attended the two partner convenings informed the recommendations and, ultimately, the Blueprint for Action that follows. Before detailing the specific actionable recommendations in the Blueprint, we provide here a high-level overview highlighting key takeaways and recommendations.

Throughout the convenings, stakeholders emphasized the importance of continued collaboration and open, transparent dialogue about both challenges and successes in order to best support the CHW workforce. Indeed, the strength of the collaborative efforts was evident during these convenings; overall, the partnerships were valued and several organizations expressed willingness to pilot new approaches and support education efforts around CHW policy and reimbursement. Partners were interested in further exploring Medicaid and Medicare reimbursement strategies and expanding education for providers and community-based organizations on how to effectively incorporate CHWs. Partners also highlighted the importance of sharing existing CHW data metrics to inform future planning and demonstrate impact of the field on health.

## 1. Financial sustainability

Partners emphasized the need to strengthen financial sustainability for CHWs by improving reimbursement mechanisms, expanding billing capacity across sectors, and diversifying funding sources. They also highlighted the importance of demonstrating the value of CHWs through data, securing support for coalition infrastructure, and monitoring policy shifts to identify new funding opportunities.

## 2. CHW education pathways and certification

Partner recommendations included expanding access to CHW training by offering flexible, streamlined and multilingual curriculum options, along with ongoing support through mentorship, technical assistance and learning opportunities. Kansas would benefit from a unified, scalable infrastructure to support CHW training, certification and ongoing professional development.

## 3. Coalition infrastructure

Recommendations focused on strengthening the Kansas CHW Coalition by fostering regular collaboration among partners, exploring sustainable organizational models, and expanding partnerships at the local, regional and national levels. They also suggested evaluating the Coalition's structure and role, including the potential to serve as a technical assistance provider to other states.

# BLUEPRINT FOR ACTION

Key stakeholders identified three main goals: creating financial sustainability for the CHW profession, supporting equitable and sustainable education pathways, and developing a robust coalition and provider infrastructure. Below are the specific and actionable recommendations around these three goals that emerged from partner and SWOT analysis discussions. These recommended strategies comprise the Kansas CHW Blueprint for Action.

## 1. Financial sustainability

CHWs play a vital role in helping patients navigate the fragmented health system and demonstrate a systems wide return on investment. Kansas is a leader in establishing Medicaid reimbursement for CHWs. However, the group recognized weaknesses in existing policies and integration into practice. To address gaps in existing policies and opportunities to work towards long-term sustainability for the profession, the group recommended both short- and long-term action.

### SHORT-TERM STRATEGIES

- Work with KDHE and Medicaid to address gaps in existing payment policy, including but not limited to:
  - Allow hospitals and emergency departments to bill for services
  - Allow additional providers to supervise CHWs
  - Reimburse for care provided in community settings
  - Establish reimbursement pathways for community-based organizations employing CHWs
- Create a financial sustainability work group to develop long-term reimbursement strategies and to collaborate with state agencies as well as CHW employers to improve integration and billing practices
- Monitor Rural Transformation Fund opportunities and recommend state use of these funds to support CHW sustainability and reimbursement
- Grow MCO relationships and CHW participation
- Grow MCO and commercial insurance collaboration
- Establish CHW point person within Medicaid who is dedicated to CHW work
- Support efforts to provide trainings for clinics on how to integrate CHWs into practice and how to bills for services under Medicare and Medicaid
- Explore how CHWs can be incorporated into KanCare 3.0's community care coordination models

### LONG-TERM STRATEGIES

- Continue to work with KDHE and Medicaid to address gaps in existing payment policy, including but not limited to:
  - Providers to bill Medicaid for time coordinating resources, documenting, & training
  - Universalized billing across provider types
  - More sustainable reimbursement rates

# BLUEPRINT FOR ACTION

- Engage commercial insurers about the benefits of CHWs and return on investment for deploying CHWs and reimbursement for their services
- Continue to support research about CHW return on investment and progress in Kansas, and disseminate results to payers and employers
- Continue to partner with philanthropy to advance the profession through project, research, practice integration and infrastructure support

## 2. CHW education pathways and certification

Kansas has been a leader in developing and maintaining a CHW educational infrastructure, which has been led by the Kansas Community Health Worker Coalition (KCHWC), which was supported by the Wichita State University Center for Community Engagement (WSU CEI). In 2022, Kansas recognized the CHW training and established a certification process for CHWs, as well as an accreditation process for CHW training programs. Since 2022, CHW training programs have been established across the state, including at Mid-America Regional Council (MARC), Garden City Community College and K-State, and accredited by KCHWC in accordance with the accreditation process established by KDHE.

Additionally, WSU CEI and MARC, with support from philanthropy and KDHE, have developed 17 CE credits to support ongoing professional development.

Supporting training and continuing education is critical to growing the profession to meet community needs and to maintaining a well-trained workforce. Given an uncertain federal funding environment, it is critical to strengthen our educational and training infrastructure and diversify funding streams.

Recognizing that CHWs play a key role in providing culturally competent care, it is critical to have training and tools to enable CHWs to reach underserved, multilingual communities.

### SHORT-TERM STRATEGIES

- Secure funding for CHW competency, Train-the-Trainer and supervisory trainings potential sources of funding could include grants from government entities and philanthropy or financial support from employers, payers and students
- Ensure CHW training curriculum is accessible to learners in various languages and is regularly reviewed for quality, consistency and alignment with the Community Health Worker Core Consensus (C3) Project.
- Support development of online registry and tools to track CHW certification, education and continuing education

# BLUEPRINT FOR ACTION

- Develop technical assistance, learning community supports, and continuing education aimed at addressing burnout and self-care for CHWs
- Continue to develop continuing education models on emerging and innovative topics, like Food is Medicine, and using data to support CHWs, and develop materials to promote all existing continuing education modules

## LONG-TERM STRATEGIES

- Explore tiered CHW specialization or levels and assess how these align with employment opportunities and KS reimbursement models
- Establish regular curriculum review to ensure quality and alignment with national standards.
- Utilize an apprenticeship model (simultaneously work, earn, & learn)
- Support mentor/mentee opportunities
- Provide additional, continual learning and engagement opportunities (paid by employers) to grow the workforce
- Pilot trainings with high school sophomores and juniors (e.g., in alternative high schools)
- Identify educational components to integrate into the training curriculum to meet evolving CHW needs and employer demands

## 3. Coalition infrastructure

The Kansas Community Health Worker Coalition (KCHWC) has been operating since 2016 and has a long history of advocating on behalf of CHWs in Kansas and nationally. The coalition leadership is led by CHWs and has a long history of working with state agencies, foundations and national partners. Long supported by Wichita State University Center for Community Engagement Initiatives, the coalition is now a 501(c)(3), which create new opportunities and challenges.

Building the long-term sustainability of the coalition and the capacity of the coalition to support the profession in the near and long-term are priorities. COVID and geography have created challenges in building cohesion across the state, there is potential to build a more robust organization should funding be secured for professional staff.

## SHORT-TERM STRATEGIES

- Research how other coalitions/associations operate and are sustained in other states (e.g., membership fees, continuing education fees, certification fees, curriculum provider fees)
- Develop value statement and seek funding for sustainability of Coalition, including hiring staff



# BLUEPRINT FOR ACTION

- Implement a fee-based organizational membership model
- Explore organizational credentialing
- Obtain funding to support the coalition
- Explore a credentialing body that supports several disciplines (e.g., CHWs, parent peer support and doulas) to build alignment and stackable credentials and help with backbone support
- Hold regular conversations among careholders to advance priority strategies
- Grow partnerships locally (including with legislators), regionally (Region VII Collab), and nationally
- Explore partnerships to help secure space for the coalition
- Build cohesion across the state
- Secure funding to establish a paid staff for the CHW coalition
- Develop vision for supporting robust data tracking and strategic use of data to support profession and to improve care delivery
- Develop resources to address challenges with CHW burnout and promote self care

## LONG-TERM STRATEGIES

- Explore transitioning from a “Coalition” to an “Association” as a more formal, long-term model
- Consider model where Kansas Coalition provides national TA to other states
- Consider organizing the state Coalition by regions (and seeking sponsors)
- Consider creating membership fees beyond individuals, such as organization-level memberships or sponsorships

# LOOKING AHEAD

CHWs have established the profession as an important part of the Kansas health care delivery system, improving access to care and the delivery of care. Over the last decade in Kansas, CHWs have become recognized as members of the team and successfully advocated for reimbursement. The CHW coalition and training infrastructure has a solid foundation to build on, but there are challenges ahead.

This document was created to help form a guide moving forward, but additional work will be needed to set specific milestones with each goal and recommendation. Collaboration will be necessary amongst key partners to ensure the various goals and recommendations are addressed.

In the short term, however, CHWs and partners, such as foundations and the state government, must work together to strengthen payment and reimbursement models, as well as identify resources to support training, data systems and the coalition. Partnerships and effectively telling the story of CHWs' impact will be central to the success of the profession and achieving these goals.

CHWs and partners have also developed a long-term blueprint for success that will be dependent on continued investment in the profession and coalition. However, given the success over the last 10 years, CHWs and partners are committed to realizing that vision.

# APPENDIX I

## SWOT Analysis



# SWOT ANALYSIS

The following are results from the SWOT analyses conducted by Kansas partners during a retreat held at the Kansas Health Institute on September 5, 2025.

1. Financial sustainability
2. CHW education pathways
3. Coalition infrastructure

## 1. Financial sustainability

### STRENGTHS

- Codes are in place for reimbursement for CHW work
- Open channel of communication with Medicaid
- Collaboration with KDHE CHW team
- United Methodist Health Ministry Fund support
- Large, trained workforce
- Employers pay for certification
- CHW outcomes show cost benefit
- Deep knowledge in the region
- Organizations are successfully billing Medicaid and Medicare and helping others do so
- Community Care Network of Kansas
- Some organizations are incorporating CHWs as part of their internal operating costs
- Foundations/ grants

### WEAKNESSES

- CBOs, which do a lot of CHW work, are currently excluded from reimbursement
- Reimbursement rates are not sustainable
- CHW wages are too low
- Don't have realistic idea of costs
- Providers can't bill Medicaid for CHW time for coordinating/ finding resources, administration, documentation, training, etc.
- Asking FQHCs to bill under a different billing code is confusing
- Hospitals and Emergency Departments' inability to bill for services
- Reimbursement from insurers
- Cost savings are not always reinvested in CHW efforts
- Lack of clarity on community care coordination 2.0
- Need more providers who bill for CHWs
- Lack of robust, universal, accessible, timely data set
- No common definitions/codebook
- Federal grants ended and are not likely to come back any time soon

# SWOT ANALYSIS

- Funding is short-term, but long-term investment is needed for long-term improvement
- Providers are not always using CHWs appropriately
- There are cultural barriers to people receiving support
- We often don't have the right leadership at the table – we need careholders, including CHWs, in all discussions at every level (including billing).
- Provide better training for how to bill in compliance with Medicaid
- Collateral time
- Obtain more flexibility on provider supervisor type
- Clinical data do not show improvements in social determinants of health right away

## OPPORTUNITIES

- Medicaid/ Medicare billing training for CHWs
- Reach more providers
- Trust CHWs to lead conversations with (potential) funders
- Codify the reimbursement process through legislation
- Leverage CHWs as a unique workforce development opportunity
- With “Make America Healthy Again” focus and cuts to Medicaid, there is new funding for rural hospitals – may be an opportunity to deploy CHWs, and may provide new prevention opportunities.
- Medicaid changes may provide an opportunity for funding of motivational coaching
- Expand work with potential partners: EMS, Area Agencies on Aging, schools, libraries, prisons (i.e., Crawford)
- Link CHWs with other reimbursable services (e.g., Food As Medicine)
- Continue formal, regular meetings of these careholders to continue the conversation
- Develop a mobile training/ consultation group to provide TA support to CHWs and their organizations
- Keep an eye on how KanCare implements community care coordination
- Leverage nonprofits and CBOs – find more ways to reimburse for CHW work
- Communicate CHW value (e.g., 30K United Way investment led to \$1M savings in ED visits)
- Communicate CBOs and their access to/ relationships with populations as an asset to health organizations
- Speak the language of payers: metrics and how CHWs can drive down costs
- Consider an integrative model for services/ funding under a larger umbrella that braids funding together
- Deploy CHWs to help people stay enrolled in Medicaid (new requirements)
- Standardize CHW data collection; use data to show return on investment
- Utilize CHWs broadly in community development (schools, foster care, food security, housing, employment)
- Learn from KHF funding pilot of a shared data system in Wichita: the Kansas Data Trust

# SWOT ANALYSIS

## THREATS

- Loss of federal funding
- Keep an eye on how KanCare implements community care coordination
- Kansas legislators must approve public health waivers or state plan amendments
- Educational requirements in KanCare 3.0 would create a barrier (“care coordinators” are required to have a bachelor’s degree); those looking at this may not understand the value of CHW work
- Thrive lost 90% of federal funding supporting navigators and benefits specialists
- Short-term grants do not create a stable workforce (1-year contracts are common). This causes a loss of connection, trust, and capacity.
- CBO/non-profit infrastructure is at risk due to federal funding cuts
- Medicaid eligible individuals will need to recertify and meet work requirements
- CHWs are leaving the field for more stability
- Not all CHWs are utilized as they should be, which can damage payers’ future investments

## 2. CHW education pathways

### STRENGTHS

- Shortened version of CHW Curriculum is taught in the Topeka Correctional Facility
- The Community Health Council of Wyandotte County began offering CHW certification to lower barriers to this work (because care coordinators required GED/bachelor’s degree/US citizenship); CHC offers the course free to community members without an employer sponsor
- Training is provided by academic and non-academic organizations, lowering barriers to participation
- CHW Curriculum is translated into Spanish
- Virtual training is available for those who live in rural areas or can’t get to in-person training opportunities
- CHW training is beneficial for anyone, not just the workforce
- CHWs often have lived experience and are a “heart workforce”
- Garden City received KBOR approval for high school students to receive dual credit for CHW training
- The Coalition provides professional development training in addition to the core CHW workforce curriculum training
- A shortened curriculum has been piloted; KDHE’s epidemiologist is analyzing the data
- CHW Toolkit

# SWOT ANALYSIS

## WEAKNESSES

- The length of the Curriculum is problematic – it is too much and too lengthy for someone with a job/ experience. The current Curriculum training is based on a semester model.
- CHWs don't get paid a livable wage
- Trainings currently differ (e.g., in length)
- Providers can't bill for CHWs in training (prior to certification)

## OPPORTUNITIES

- Explore an option for shortening a version of the curriculum from the current 100 hours to possibly 60 hours, with credit for work experience. Could perhaps provide two options: one longer curriculum and one shorter, depending on CHW needs.
- Utilize an apprenticeship model (work, earn, and learn at the same time)
- Revise provider application process to obtain more specific information about the organization and the proposed course(s)
- Offer training in other languages (or minimally, the possibility of translation for those taking English curriculum class)
- Provide additional, continual learning and engagement opportunities (paid by employers) to grow the workforce
- Support mentor/ mentee opportunities
- Policy change to allow billing for CHWs in training
- Pilot high school trainings with sophomores and juniors (e.g., in alternative high schools)
- Organizational training and training for supervisors
- Create competency-based pathways (analogous to tribes' six levels of community health aides)
- Develop consistent, updated training
- Work with Medicaid to enable nonprofits (e.g., health departments, K-State Research and Extension, United Ways) to access reimbursement for this work (there IS such a mechanism for Medicare)
- Seek reimbursement mechanism for individual CHWs to start businesses
- Write more education into contracts
- Over-professionalization, over-regulation
- CHW burnout
- CHWs utilize services they connect clients to due to low wages; must pay CHWs a thriving wage

## THREATS

- Lack of funding for ongoing training and certification
- Limitations on who can be served by federally-funded programs, which limit reach to some communities
- Pigeon-holing of profession
- Watered-down training; training needs standards

# SWOT ANALYSIS

## 2. CHW education pathways

### STRENGTHS

- CHW coalition leadership
- Strong CHW coalition, led by CHWs
- History and timeline
- State and local support (e.g., KDHE, Health Fund) and national recognition
- Network of CHWs across Kansas
- Packed room of supporters
- Angela and her network

### WEAKNESSES

- Coalition was started with a lot of outside support – CHWs were brought alongside. Now, CHWs need to lead the work.
- Lack of stable funding
- No paid Director position; it is a lot of work for people who have other full-time jobs
- Not adopting a paid membership model (organizational membership)
- Lack of regular meeting spaces for CHWs outside of the Symposium
- Hard to build cohesion in large geographic region
- The pandemic was a challenging time to get established and grow
- Not organized by region

### OPPORTUNITIES

- Organize by regions. Perhaps a corporate or organizational sponsor could sponsor regions or regional events.
- Hold regular virtual meetings
- Collect key indicators from those doing the work, housed with the Coalition
- Adopt an organizational membership model
- State-level legislative advocacy
- Provide CHW apprenticeships
- Offer coalition member trainings
- Create a clearly defined value proposition
- Develop a partnership with a fiscal agent for funding
- Implement something concrete/ tangible to show the Coalition's worth
- Develop a list of organizations that support mentor/ mentee opportunities
- Serve as a national model/ TA provider to help other states
- (Further) develop relationships with legislators
- Support existing work that could use additional support (e.g., KDHE's TA efforts)

# SWOT ANALYSIS

- Grow corporate partnerships for financial sustainability
- With an executive director position, grow national partnerships
- Recruit experts who can help write grants
- Research how other Coalitions are sustained
- Develop a Region VII collaboration as Nebraska/Iowa trying to get established
- Consider reframing as an Association or Collaborative since “Coalition” may imply a more temporary effort
- Contract directly with funders
- Offer specialized trainings to build the workforce

## THREATS

- Lack of funding
- Insufficient volunteers to do the work
- Dissolving of the Coalition without enough support (need at least one staff member)
- The term “Coalition” seems temporary
- Lack of a clear value proposition
- Those who do this work in our current context are facing challenges (e.g., “equity” and “anti-racism” are under attack); necessity of adapting language
- Transition away from WSU as backbone; the Coalition is new as an organization – this could pose a challenge for funders
- Limiting new ED position exclusively to current/former community health workers could create too narrow a pool

## Reflections on overall synergies/opportunities

- Strengthened collaboration
- Transparency; continuing to talk about challenges in the work as well as successes
- Explore additional “rocks to turn over” regarding Medicaid and Medicare reimbursement strategies
- Education for providers and community-based organizations (CBOs) on how to successfully integrate CHWs
- Explore who else to bring into this conversation
- CHC of WC and Thrive willing to serve as pilots
- Thrive is willing to provide education on CBOs’ use of CHWs and policy for reimbursement
- Blue Cross Blue Shield of Kansas is funding an initiative to build capacity; will help prepare for reimbursement
- Share the CHW data metrics that are currently gathered

# APPENDIX II

## Resources

# RESOURCES

## About the Kansas CHW Coalition

The Kansas Community Health Worker Coalition (KCHWC) convenes those working to further the profession across the state. Their work includes, but is not limited to, activities such as meeting scheduling and facilitation, support for the executive committee and four subcommittees, basic research and evaluation, and assistance in planning and executing the annual Community Health Worker Symposium.

[To learn more about the Kansas CHW Coalition, and for an interactive map showing current CHW availability across Kansas, click here.](#)

## Research and policy reports

Community health workers: A Kansas Workforce Report. (2021). Retrieved from <https://healthfund.org/a/wp-content/uploads/CHW-Report-21.pdf>

Jordan, D., Schoenhoff, K., Bryant Macklin, M., & Madden, N. (2024, August 19). A marathon, not a sprint: Our five-year campaign to evaluate impact and ensure sustainability of CHWs in Kansas. Grantmakers in Health. <https://www.gih.org/views-from-the-field/a-marathon-not-a-sprint/>

Kansas Community Health Workers: Policy Maker Brief.(2022). <https://healthfund.org/a/wp-content/uploads/2022-CHW-Policymaker-One-Page-Final.pdf>

# APPENDIX III

## Collaborators



# COLLABORATORS

Blue Cross Blue Shield of Kansas  
Community Cares Kansas  
Community Health Council of Wyandotte County  
ES Advisors LLC  
Health Forward Foundation  
Kansas Department of Health and Environment  
Kansas Healthcare Collaborative  
Kansas Hospital Association  
KU Center for Community Health and Development  
KU Medical Center  
LiveWell Finney County Health Coalition  
Mid-America Regional Council (MARC)  
SENT Topeka  
Sunflower Foundation  
Sunflower Health Plan  
Thrive Allen County  
UnitedHealthcare  
United Way of Kaw Valley  
Wichita State University's Community Engagement Institute  
Wyandotte Health Foundation



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