

Logic Model: Building and Strengthening the CHW Infrastructure in Minnesota (2022)

	Activities	Intended Outputs	Short-term Outcomes (Year 1-2)	Intermediate Outcomes (Year 3-5)	Long-term Outcomes (Year 5+)
Networking, Collaboration, Strategic Planning	Join National Association of CHWs	Membership and participation with National Association of CHWs			
	Convene a state-level council on CHW profession using an equity lens/ensure representation of communities experiencing disparities	Members of state-level council	S1. Increased understanding of national efforts to support CHWs	I1. Improved CHW infrastructure: - within the health system - within high-risk communities	
	Form work groups focused on particular topics of interest such as CHW continuing education, job placement/prospects of employment/non-traditional setting employment, culturally responsive trainings, reimbursements, promotion of CHWs profession, pathways to advancing CHW career	Work groups by topic of interest and priority	S2. Increased opportunities for networking and collaboration among partners	I2. CHWs integrated into the health care delivery system (to address access, costs, and disparities).	
	Engage with payers (including Integrated Health Partnerships?) to explore reimbursement rates, rate determination processes; create relationships to discuss CHW roles in different payer systems	New reimbursement procedures and rates	S3. Increased participation in work groups		
Continuing Education and Career Development	Develop a robust training infrastructure (in addition to the certificate curriculum) for the CHWs including necessary opportunities for FREE training; leadership opportunities; mentorships. Includes enhancing accessibility (examples could be availability of web-based, in-person and on-job trainings and professional development opportunities)	Newly developed CHW trainings and methods of attendance		I3. Increased number of CHWs participating in trainings/curriculum/toolkit	
	Develop priorities and guidelines for continuing ed	Agreed upon guidelines	S4. Increased number of free training opportunities available for CHWs through variety of channels	I4. Increased number of CHWs with a certificate	L1. Increased % of high-risk populations with access to a CHW
	Update core curriculum; ensure it reflects or offers tracks to reflect varied cultures and languages; explore current pros/cons to changing from a certificate to a certification	Updated curriculum with cultural input	S5. Increased schools offering updated curriculum	I5. Increased number of trained CHW supervisors	L2. Reduced disparities in chronic diseases, injury, violence, and substance use disorder
	Support CHW supervisor training and support system	CHW supervisor trainings and support opportunities	S6. Increased number of available and accessible CHW supervisor training	I6. Increased number of academic programs offering CHW certificate in conjunction with other programs. - CHW certificate is seen as viable 1st step in other professions	L3. Increased number of CHWs able to confidently and effectively address current health challenges
	Engage in dialogue with academic institutions that offer CHW certificate to create a pathway for CHWs to receive a certificate and advance their career. Encourage interprofessional collaboration.	Rationale for CHW certificate to be offered with other academic programs	S7. Increased number of academic programs willing to offer CHW certificate in conjunction with other programs		
	Engage in strategic CHW recruitment efforts in focused communities. Encourage individuals from diverse communities to become CHWs	Recruitment plans and partners	S8. Increased number of individuals from diverse communities interested in CHW pathway	I7. Increased number of CHWs serving the communities with which they relate and/or in which they reside	
Support Evidence-Based Models	Identify existing promising practices in MN	Case studies	S9. Increased understanding of CHW presence in MN	I8. Increased ability to advice on pros/cons of CHW models	L4. Increased number of CHWs from high risk populations
	Broaden implementation of CHW strategies across state with focus on disparities and evidence-based models	Established CHW programs		I9. Increased number of established CHW models in MN	
	Provide organizational support and develop a system to support CHW hiring and sustaining process	Guiding documents	S10. Increased spaces receiving support for CHW models/services	I10. Increased impact of CHW models	L5. Statewide access to appropriate and effective CHW services
Assessment and Evaluation	Common Indicators (CI) project	CI project assessment report	S11. Increased stakeholder knowledge of CIs	I11. Increased data available on CHW experience (salary, benefits, satisfaction, etc.) and CHW employers	
	Assess types of CHW models - pros/cons for different communities/geographies; reimbursement strategies	Reports and assessments; lit reviews	S12. Increased understanding among stakeholders about available data on CHWs and CHW models		L6 Increased ability to track and evaluate impact of CHW models
	Develop a shared/standardized measurement system with stakeholders of CHW collective impact. Include EHR for documentation and monitoring	Shared/standardized measurement system	S13. Increased participation of stakeholders in conceptualizing and developing a shared/standardized measurement system	I12. Shared/standardized measurement system agreed upon, developed and tested	
	Explore traditional and non-traditional spaces that could benefit from CHWs (e.g., senior care facilities, factories, schools, law enforcement, health hubs, construction, food processing, etc.)	Network of potential employers	S14. Increased awareness of traditional and non-traditional spaces that can benefit from CHWs	I13. Increased range of CHW employers	
		Cost study report			
Communication, Dissemination and Sustainability	Conduct cost study to present correlation between positive health outcomes (including reduced disparities) and higher reimbursement for CHW services				
	Build public awareness campaign of CHW role; Tailored messaging for legislature, CHW employers/potential employers, community leaders throughout the state, and peer agencies (ex. state agency staff who are responsible for health care reform efforts)	Multi-media awareness campaign	S15. Increased understanding of role and value of CHWs	I14. Increased awareness of CHW value	
	Support the CHW Registry development, awareness, and use, including communication efforts, data collection, satisfaction and impact assessment	One-stop-shop website for the profession with resources including training materials for CHWs, employers, academic and professional institutions, legislature	S16. Increased availability of resources through website on CHW profession	I15 Increased number of CHWs, CHW employers, communities and legislature using the website	
	Develop a one-stop-shop website for the profession with resources including training materials for CHWs, employers, academic and professional institutions, legislature etc.	Robust CHW Registry	S17. Improved understanding of cost benefit of higher reimbursement rates for CHWs. Potential employers understand the importance of CHWs and the reimbursement process	I16. CHW presence in MDH	
	Develop Career growth options for CHWs through consistent training and growth opportunities	Available trainings and career ladders	S17. Increased availability of continuous education opportunities. Increased number of employers offering career ladder for CHWs		
				Resources: MDH/HPCD; CHW Alliance (CHW network group; CHW supervisors group); CHW Solutions; Volunteers of America; Local Public Health; Pillsbury United and other orgs employing CHWs; Blue Cross Blue Shield; DHS/Dr. Chomilo; Dr. Call with Legislative Action Group; NACDD	

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Networking, Collaboration, Strategic Planning

Activities

- Join National Association of CHWs
- Convene a state-level council on CHW profession using an equity lens/ensure representation of communities experiencing disparities
- Form work groups focused on particular topics of interest such as CHW continuing education, job placement/prospects of employment/non-traditional setting employment, culturally responsive trainings, reimbursements, promotion of CHWs profession, pathways to advancing CHW career
- Engage with payers (including Integrated Health Partnerships?) to explore reimbursement rates, rate determination processes; create relationships to discuss CHW roles in different payer systems

Intended Outputs

- Membership and participation with National Association of CHWs
- Members of state-level council
- Work groups by topic of interest and priority
- New reimbursement procedures and rates

Short-term Outcomes (Year 1-2)

- S1. Increased understanding of national efforts to support CHWs
- S2. Increased opportunities for networking and collaboration among partners
- S3. Increased participation in work groups

Intermediate Outcomes (Year 3-5)

- I1. Improved CHW infrastructure: - within the health system - within high-risk communities
- I2. CHWs integrated into the health care delivery system (to address access, costs, and disparities).

Long-term Outcomes (Year 5+)

- L1. Increased % of high-risk populations with access to a CHW
- L2. Reduced disparities in chronic diseases, injury, violence, and substance use disorder

Continuing Education and Career Development

Activities

- Develop a robust training infrastructure (in addition to the certificate curriculum) for the CHWs including necessary opportunities for FREE training; leadership opportunities; mentorships. Includes enhancing accessibility (examples could be availability of web-based, in-person and on-job trainings and professional development opportunities)
- Develop priorities and guidelines for continuing ed
- Update core curriculum; ensure it reflects or offers tracks to reflect varied cultures and languages; explore current pros/cons to changing from a certificate to a certification
- Support CHW supervisor training and support system

- Engage in dialogue with academic institutions that offer CHW certificate to create a pathway for CHWs to receive a certificate and advance their career. Encourage interprofessional collaboration.
- Engage in strategic CHW recruitment efforts in focused communities. Encourage individuals from diverse communities to become CHWs

Intended Outputs

- Newly developed CHW trainings and methods of attendance
- Agreed upon guidelines
- Updated curriculum with cultural input
- CHW supervisor trainings and support opportunities
- Rationale for CHW certificate to be offered with other academic programs
- Recruitment plans and partners

Short-term Outcomes (Year 1-2)

- S4. Increased number of free training opportunities available for CHWs through variety of channels
- S5. Increased schools offering updated curriculum
- S6. Increased number of available and accessible CHW Supervisor Training
- S7. Increased number of academic programs willing to offer CHW certificate in conjunction with other programs
- S8. Increased number of individuals from diverse communities interested in CHW pathway

Intermediate Outcomes (Year 3-5)

- I3. Increased number of CHWs participating in trainings/curriculum/toolkit
- I4. Increased number of CHWs with a certificate
- I5. Increased number of trained CHW supervisors
- I6. Increased number of academic programs offering CHW certificate in conjunction with other programs. - CHW certificate is seen as viable 1st step in other professions
- I7. Increased number of CHWs serving the communities with which they relate and/or in which they reside

Long-term Outcomes (Year 5+)

- L3. Increased number of CHWs able to confidently and effectively address current health challenges
- L4. Increased number of CHWs from high risk populations

Support Evidence-Based Models

Activities

- Identify existing promising practices in MN
- Broaden implementation of CHW strategies across state with focus on disparities and evidence-based models
- Provide organizational support and develop a system to support CHW hiring and sustaining process

Intended Outputs

- Case studies
- Established CHW programs
- Guiding documents

Short-term Outcomes (Year 1-2)

- S9. Increased understanding of CHW presence in MN

- S10. Increased spaces receiving support for CHW models/services

Intermediate Outcomes (Year 3-5)

- I8. Increased ability to advice on pros/cons of CHW models
- I9. Increased number of established CHW models in MN
- I10. Increased impact of CHW models

Long-term Outcomes (Year 5+)

- L5. Statewide access to appropriate and effective CHW services

Assessment and Evaluation

Activities

- Common Indicators (CI) project
- Assess types of CHW models - pros/cons for different communities/geographies; reimbursement strategies
- Develop a shared/standardized measurement system with stakeholders of CHW collective impact. Include EHR for documentation and monitoring
- Explore traditional and non-traditional spaces that could benefit from CHWs (e.g., senior care facilities, factories, schools, law enforcement, health hubs, construction, food processing, etc.)
- Conduct cost study to present correlation between positive health outcomes (including reduced disparities) and higher reimbursement for CHW services

Intended Outputs

- CI project assessment report
- Reports and assessments; lit reviews
- Shared/standardized measurement system
- Network of potential employers
- Cost study report

Short-term Outcomes (Year 1-2)

- S11. Increased stakeholder knowledge of CIs
- S12. Increased understanding among stakeholders about available data on CHWs and CHW models
- S13. Increased participation of stakeholders in conceptualizing and developing a shared/standardized measurement system
- S14. Increased awareness of traditional and non-traditional spaces that can benefit from CHWs

Intermediate Outcomes (Year 3-5)

- I11. Increased data available on CHW experience (salary, benefits, satisfaction, etc.) and CHW employers
- I12. Shared/standardized measurement system agreed upon, developed and tested
- I13. Increased range of CHW employers

Long-term Outcomes (Year 5+)

- L6 Increased ability to track and evaluate impact of CHW models

Communication, Dissemination and Sustainability

Activities

- Build public awareness campaign of CHW role; Tailored messaging for legislature, CHW employers/potential employers, community leaders throughout the state, and peer agencies (ex. state agency staff who are responsible for health care reform efforts)
- Support the CHW Registry development, awareness, and use, including communication efforts, data collection, satisfaction and impact assessment
- Develop a one-stop-shop website for the profession with resources including training materials for CHWs, employers, academic and professional institutions, legislature etc.
- Develop Career growth options for CHWs through consistent training and growth opportunities

Intended Outputs

- Multi-media awareness campaign
- One-stop-shop website for the profession with resources including training materials for CHWs, employers, academic and professional institutions, legislature
- Robust CHW Registry
- Available trainings and career ladders

Available trainings and career ladders

- S15. Increased understanding of role and value of CHWs
- S16. Increased availability of resources through website on CHW profession
- S17. Improved understanding of cost benefit of higher reimbursement rates for CHWs. Potential employers understand the importance of CHWs and the reimbursement process
- S17. Increased availability of continuous education opportunities. Increased number of employers offering career ladder for CHWs

Intermediate Outcomes (Year 3-5)

- I14. Increased awareness of CHW value
- I15 Increased number of CHWs, CHW employers, communities and legislature using the website
- I16. CHW presence in MDH

Long-term Outcomes (Year 5+)

- Sustained CHW presence through supportive systems and policies

Resources

- MDH/HPCD; CHW Alliance (CHW network group; CHW supervisors group); CHW Solutions; Volunteers of America; Local Public Health; Pillsbury United and other orgs employing CHWs; Blue Cross Blue Shield; DHS/Dr. Chomilo; Dr. Call with Legislative Action Group; NACDD