

STATEWIDE CHW LOGIC MODEL SUMMARY

BUILDING AND STRENGTHENING THE COMMUNITY HEALTH WORKER INFRASTRUCTURE IN MINNESOTA 2024-2028

This is a summary of the logic model developed in partnership with the Minnesota CHW Alliance, MDH, CHWs, and CHW stakeholder workgroups across the state. Review the full Logic Model at [MDH – About Community Health Worker Initiatives \(https://www.health.mn.gov/communities/commhealthworkers/about.html\)](https://www.health.mn.gov/communities/commhealthworkers/about.html).

GOAL: *By 2028, develop, refine, and expand the CHW profession in Minnesota; equip CHWs to address health needs; and improve health outcomes.*

OBJECTIVES

1

CHWs have agency in the profession

Advance the CHW profession and workforce with direct input and voice of CHWs themselves.

2

Increase awareness of benefits of the CHW role

Expand community awareness of CHWs and results.

3

Increase certificate holders from diverse locations and communities

Increase the number of rural and diverse students completing the CHW certificate program from baseline of 142 rural students (52% in 2024) and 68 students from diverse communities (55% in 2024) to 80% combined students from rural or diverse communities.

4

Increase number of CHWs employed as CHWs

Increase the number of CHW (certificate or not) in the workforce from 880 (2024 DEED estimate) by 10% (968).

5

Increase CHW training opportunities

Increase the number of unique CHWs (certificate holders or not) from 37 in 2024, to 50 annually that complete trainings (MDH training online for baseline) beyond core curriculum.

LONG-TERM OUTCOMES

Professional standards are shaped, monitored, and advanced by CHWs.

CHWs are widely recognized as trusted, effective, and essential members of care and service teams.

Increased health care access and improved health outcomes for community members with rural and diverse backgrounds.

Increased percent of rural and diverse populations with access to a CHW.

Increased number of CHWs able to confidently and effectively address current health challenges such as chronic disease, mental health and social determinants of health.

OBJECTIVES

6

Increase use of evidence-based program models and documentation of promising practices

Increase the number of employers that are supporting the use of evidence based models (baseline of 37) by 20% and documenting promising practice models.

7

Start measuring the field and share that information

Establish a functional measurement system for annual indicators of CHW infrastructure in Minnesota.

8

Increase number of employers billing (sustainability)

Increase the number of actionable ways to pay for positions from grants and billing to a wider set of options.

9

Increase employers ability to get funds to pay CHW

Increase the number of actionable ways to pay for positions from grants and billing to a wider set of options.

LONG-TERM OUTCOMES

Reduced disparities in chronic diseases, injury, violence, and substance use disorder.

Increased ability to track and evaluate impact of CHW models.

Statewide access to appropriate and effective CHW services.

Sustainable “braided” funding (grants + billing + local/state funding) supports CHW positions.

Partners

Many stakeholders and partners contributed to creating this model and all have a place in its implementation:

- CHWs and Minnesota CHW Alliance
- Community-based organizations
- Correctional facilities
- Health systems, clinics, and Federally Qualified Health Centers
- Local public health and Tribal health
- Payors and health plans
- Schools and higher education
- Minnesota Department of Health and other state agencies

Get involved!

Where do you see your work or organization in this logic model?

Reach out to health.chw.mdh@state.mn.us to align with partners.