

Logic Model – Michigan Community Health Worker Alliance – 2014

| Individual and System Conditions | MiCHWA Components | Planned Activities | Outputs | Year Three Outcomes | Long Term Outcomes |
|--|---|---|--|--|---|
| <p>1.1 Mission To promote and sustain the integration of community health workers(CHWs) into Michigan’s health and human service systems through coordinated changes in policy and workforce development</p> <p>1.2 Need Statement Currently, CHWs that are housed within health systems and communities are usually grant supported, which results in gaps in service, changes and distortions in services provided and uncertainty for both CHWs and the patients they serve. Fortunately, several states and health systems have developed sustainable systems and/or models of care and reimbursement.</p> <p>1.3 Funding (2014) Grant to University of Michigan School of Social Work from The Nokomis Foundation of Grand Rapids, MI</p> <p>1.4 Staffing Project Coordinator, Management Team, Students, Volunteer members from stakeholder groups or those interested in CHW sustainability</p> | <p>2.1 Governance Structure</p> | <p>3.1a Membership includes CHWs, professionals, and other CHW supporters 3.1b Steering Committee establishes and maintains governing structures, approves goals, objectives, and working group activities, and procures funds 3.1c Work Groups plan and implement activities and report to the Steering Committee</p> | <ul style="list-style-type: none"> ▪ Quarterly face-to-face meetings ▪ Monthly conference call meetings ▪ Annual Conference/Meeting | <ul style="list-style-type: none"> ▪ Strengthen and support CHW workforce development and education in Michigan ▪ Identify and develop sustainable policies and financing mechanisms for CHWs in Michigan ▪ Develop and sustain effective communication mechanisms for MiCHWA and CHWs in Michigan ▪ Grow and strengthen a vibrant network of diverse CHWs and CHW supporters ▪ Develop and implement a process, context, and outcome evaluation of MiCHWA and support CHW evaluation in Michigan | <ul style="list-style-type: none"> ▪ The CHW profession will be established, and stakeholders statewide will be aware of the CHW role and its importance as an essential, unique profession within Michigan’s health and human service systems ▪ CHW education in Michigan will be standardized, including the development, implementation, and maintenance of an oversight mechanism to regulate CHW education standards in Michigan, and the development, implementation, and maintenance of an education delivery system in alignment with Michigan’s CHW core competencies ▪ CHWs and MiCHWA member will have established, strengthened, and maintained formal relationships with policymakers and advocates in pursuit of a sustainable reimbursement mechanism for CHW services ▪ CHWs will be united through the MiCHWA CHW network, a group the provides access to continuing education, resources on CHW practice, and support from other CHWs in the field ▪ MiCHWA will be a sustainable coalition in pursuit of promoting and sustaining the integration of CHWs into Michigan’s health and human services systems, driven by its members and partnerships and supported by multiple funding mechanisms. |
| | <p>2.2 Education & Workforce Workgroup</p> | <p>3.2a Engage and collaborate with CHW employers in order to develop a workforce development plan for the utilization and sustainability of CHWs in Michigan 3.2b Determine a recommendation for incumbent worker certification (grandparenting) of CHWs in Michigan 3.2c Present a recommendation for governance of CHW professional recognition and/or certification in Michigan to the Steering Committee 3.2d Increase working group membership by 25%</p> | <ul style="list-style-type: none"> ▪ Employer outreach plan ▪ Workforce development plan ▪ CHW incumbent worker (grandparenting) model ▪ Governance recommendation | | |
| | <p>2.3 Policy & Finance Workgroup</p> | <p>3.3a Develop summary detailing return on investment evidence using data compiled by the MiCHWA Evaluation Board 3.3b Identify processes, mechanisms, and outreach strategies needed to include CHWs as paid or reimbursed providers or health care team members within government and other insurance products and disseminate a policy statement to relevant stakeholders 3.3c Advocate for state action supporting the creation of a Medicaid State Plan Amendment implementing the Federal Register ruling relating to payment of non-credentialed providers 3.3d Monitor and seek opportunities to collaborate with partners and keep up to date on State-level projects that could impact CHW sustainability 3.3e Create and maintain additional products to be used in communications with decision makers (state legislators, health systems, etc.)</p> | <ul style="list-style-type: none"> ▪ Summary of ROI evidence ▪ Strategies to include CHWs as reimbursed providers within insurance products ▪ Identification of billing codes, roles, and payment systems appropriate for CHWs ▪ Policy statement about reimbursement ▪ Facts sheet about Federal Register ▪ Summary of qualifications for CHWs as unlicensed practitioners ▪ New policy briefs on targeted issues ▪ Strategies for presenting information to Michigan health systems and health plans | | |
| | <p>2.4 Communication Workgroup</p> | <p>3.4a Assist MiCHWA working groups with communications needs on an ongoing basis 3.4b Launch and implement a statewide campaign to increase awareness of MiCHWA and CHWs in Michigan through the Web, social media, e-mail, and product dissemination 3.4c Update existing MiCHWA communications mechanisms</p> | <ul style="list-style-type: none"> ▪ MiCHWA brochure ▪ CHW business cards ▪ MiCommunity CHW Awareness Campaign video ▪ UPDATE Newsletters every other month ▪ Outreach packets ▪ CHW resource page and communication mechanism | | |
| | <p>2.5 Michigan CHW Network Workgroup</p> | <p>3.5a Increase CHW Network membership by 10% 3.5b Increase awareness of MiCHWA and the CHW profession by creating a speaker’s bureau of CHWs willing to conduct outreach, present about CHWs, and recruit other CHWs 3.5c Increase CHW awareness of MiCHWA activities through monthly working group reports at each monthly CHW Network meeting 3.5d Plan, promote, and participate in CHW Month 3.5e Gather CHWs in person at the regional or state level for peer support at least 4 times 3.5f Engage MiCHWA CHWs in national advocacy efforts, such as the American Public Health Association (APHA) CHW section 3.5g Collaborate with MiCHWA Communications Working Group to establish a reciprocal connection with other CHW networks nationwide, by sending Network updates on a quarterly basis and by working with at least two invited guests from at least two different states during CHW Network meetings 3.5h Train 10 CHWs to be ambassadors to create a local information session about CHWs</p> | <ul style="list-style-type: none"> ▪ Collaboration with other working groups ▪ Speaker’s bureau of CHWs ▪ 4 CHW 101 presentations statewide ▪ CHW liaison for each working group ▪ Regional CHW dinners and potlucks ▪ 2 CHWs participating in APHA CHW Section ▪ Updates in APHA CHW Section newsletter ▪ 10 CHW ambassadors | | |
| | <p>2.6 Evaluation Advisory Board</p> | <p>3.6a Identify and provide initial report of measures and results from ROI studies 3.6b Study, review, and finalize recommendation of standard common indicators 3.6c Design, launch, and analyze a statewide CHW Program Survey 3.6d Complete MiCHWA’s process, context, and outcome evaluation 3.6e Develop process to implement evaluation consultancies to assist CHW programs 3.6f Collaborate with CC-PEG to determine evaluation needs and participate in activities related to MiCHWA proposed and funded grants</p> | <ul style="list-style-type: none"> ▪ ROI report ▪ Common indicators and collection tool(s) for CHW programs ▪ CHW Program Survey and results report ▪ End-of-year Evaluation Report ▪ Process and protocols for implementing evaluation consultancies | | |