

STATEWIDE MEASUREMENT PLAN OUTLINE

Purpose:

To support and strengthen the CHW infrastructure across Minnesota by using data, evaluation, and measurement to track workforce growth, assess implementation models, and demonstrate CHW impact on health outcomes as foundational tool for workforce planning, system integration, and policy advancement.

Audience:

CHWs, CHW employers, state agencies, policy makers, funders (including Medicaid/Medicare, health systems, managed care organizations, foundations/grant makers, county boards, etc.), CHW educators (higher education institutions)

Draft Timeline:

Milestone	Target Date
2024 Environmental Scan Webpage	June 2025
Statewide CHW Survey	September 2025
Statewide Employer Survey	October 2025
Draft Toolkits by Setting	November 2025
Data Dashboard Proposal	January 2026

Statewide Measurement Report

Location:

MNCHWA Website:

- Landing page: Background information (as outlined below)
- Data Dashboard:
- Registry data: Demographics, work settings etc.
- Statewide Survey results (CHW and Employer)

MDH webpage:

- State agency data?

Content:

Background information:

- Who are CHWs?
 - Titles
- What do CHWs do?

- Scope of Practice
- Settings
- roles

What do we measure:

Content to make up a system for measuring, tracking, and reporting on CHW common indicators in MN with CHWs and CHW employers. **Action step:** fill in what we have under each area, discuss how a statewide employer survey, CHW survey could meet common indicator need and inform decisions.

What outcomes can CHWS achieve?

Measures:	Methods	Frequency	Common Indicator	Contact
Increased empowerment	CHW encounter forms CHW intake forms Pre-post questionnaires		Indicator #9	
Increased social support	CHW encounter forms CHW intake forms Pre-post questionnaires		Indicator #8	
Improved self-reported health status	CHW encounter forms CHW intake forms Pre-post questionnaires		Indicator #6	
<u>Improved individual and community health status</u>	DHS and all payor claims data base			
Which outcomes do CHW have on impact of <u>PH foundational services</u> (list them....)	WIC/USDA example – chw connection (Data sources that could estimate CHW in WIC: PHwins, NACHO profile)			
Treatment plan completion	Audits of medical records			
<u>Improved healthcare utilization</u> (e.g., reduced ER visits, increased primary care visits)	Audits of medical records Statewide health and community indicator systems? <ul style="list-style-type: none"> • HEDIS and STAR payor measures • MN Community Measures 			

Increased primary care visits, specialty visits, decrease no-shows	<ul style="list-style-type: none"> • MN E.H.R. Consortium • County Public Health Departments have – PH Docs 			
<u>Reduced cost</u> (MN specific in real time frames or estimate?)	Return on investment studies			

Are CHWs working under the conditions required for their work to be effective?

Measures:	Methods	Frequency	Common Indicator	Contact
Supportive and reflective supervision	Employer survey (pushed out through MNCHWA site- every other year) CHW survey (pushed out through MNCHWA site –every other year	Every other year Consider legislative schedule	Indicators #1 adaptation of Indicator #2 (roles) #4 #5 #12	
Living wage with benefits	Employer survey CHW survey			
Opportunities for advancement	Employer survey CHW survey			
Genuine integration into teams	Employer survey CHW survey			
	PHWINS (for triangulation –is on the individual level and collects environmental data from employee, retention (intent to leave).			

Action Step: Question: current or ever been a CHW? We want to know how it is going for current moment? Are there different questions for full 1631 certificate holding CHW compared to currently employed CHW (880 estimate)? Add registry to have CHW ally information included?

What policies can the state enact to strengthen the workforce?

Measures:	Methods	Frequency	Common Indicator	Contact
Program level	Employer Surveys		Indicator 10	
State level	Indicator #11 is completed by officials at state health departments	Annual?	Indicator 11	
CHW definition in statute (yes or no)				
10 core roles included in scopes of practice, job descriptions (yes or no)	Employer Survey			
Sustainable funding sources- (funding, financing, payor pieces)	Employer Survey (?)			
Meaningful integration into public health and healthcare system (statute)				

What did it take to achieve these efforts?

Measures:	Methods (include frequency)	Data Sources	Contact
# of CHWs Descriptive and geographic	Data dashboard that auto-updates with CHW demographics when CHWs update their profile on the registry	CHW Registry Hosted by MNCHWA	
# CHWs enrolled & completed certificate program, disaggregated by demographics (e.g. race, ethnicity, cultural community as defined by MN COMPASS,		CHW Certificate Schools/ Department of Higher Education. <i>Currently have certificate holder data by county.</i>	

(religion/faith included?), gender, language (include ASL), disability)			
#of CHWs working in the field with and without CHW certificates, disaggregated by demographics (race, ethnicity, cultural community (religion/faith included?), gender, language (include ASL?), disability)		DEED estimates	
Currently employed? Employed as CHW?			
# of people served Descriptive and geographic populations served			
# vulnerable communities reached by and geographic reach of CHWs using the CDC social vulnerability index (SVI) . (define reach: county based on variable threads)			
# of CHW employers/system number and type of employers offering CHW positions; demographics of populations served; CHW pay and reimbursement.		DHS data on CHW reimbursement claims (map by Massca)	

Action Step: Reason for questions- identify gaps? Policy map of SDOH (down to zip code)
Overlay map of CHW and what they are doing and policy map

Methods:

- Existing data process measures
 - certificate holder data (map by county)
 - DEED estimate of CHW labor (map by economic development region)
 - DHS data on CHW reimbursement claims (map by Massca)
 - 🕒 NPI/MPI home address? Work address?
 - 🕒 Actual filed claims
 - Local Public Health Act- annual survey (71% response rate)
 - Add question to MHA

Tool kits:

Recommendations for stakeholder to measure by setting:

- *Managed Care Organizations*
- *State agencies*
- *Local Public Health*
- *Community Based Organization*
- *Health Care Organizations*
- *Health Insurance Companies*

Resources:

- By setting, would measure these things in this way? And share ?
- Resources do supervisors/employers need to calculate ROI, utilization rates, care team (Relative Value Units – how healthcare measure productivity and relates to cost and expenses)
- Data Use agreements – templates
- Disaggregation Talking Points – geography, race/ethnicity/culture, setting type

Need to identify:

- Who is not on this workgroup?
- What is the plan for updating this plan?
- Who will do that the analysis?