What it Takes:
Characteristics of Sustainable Efforts

Ingredients for Organizational Sustainability

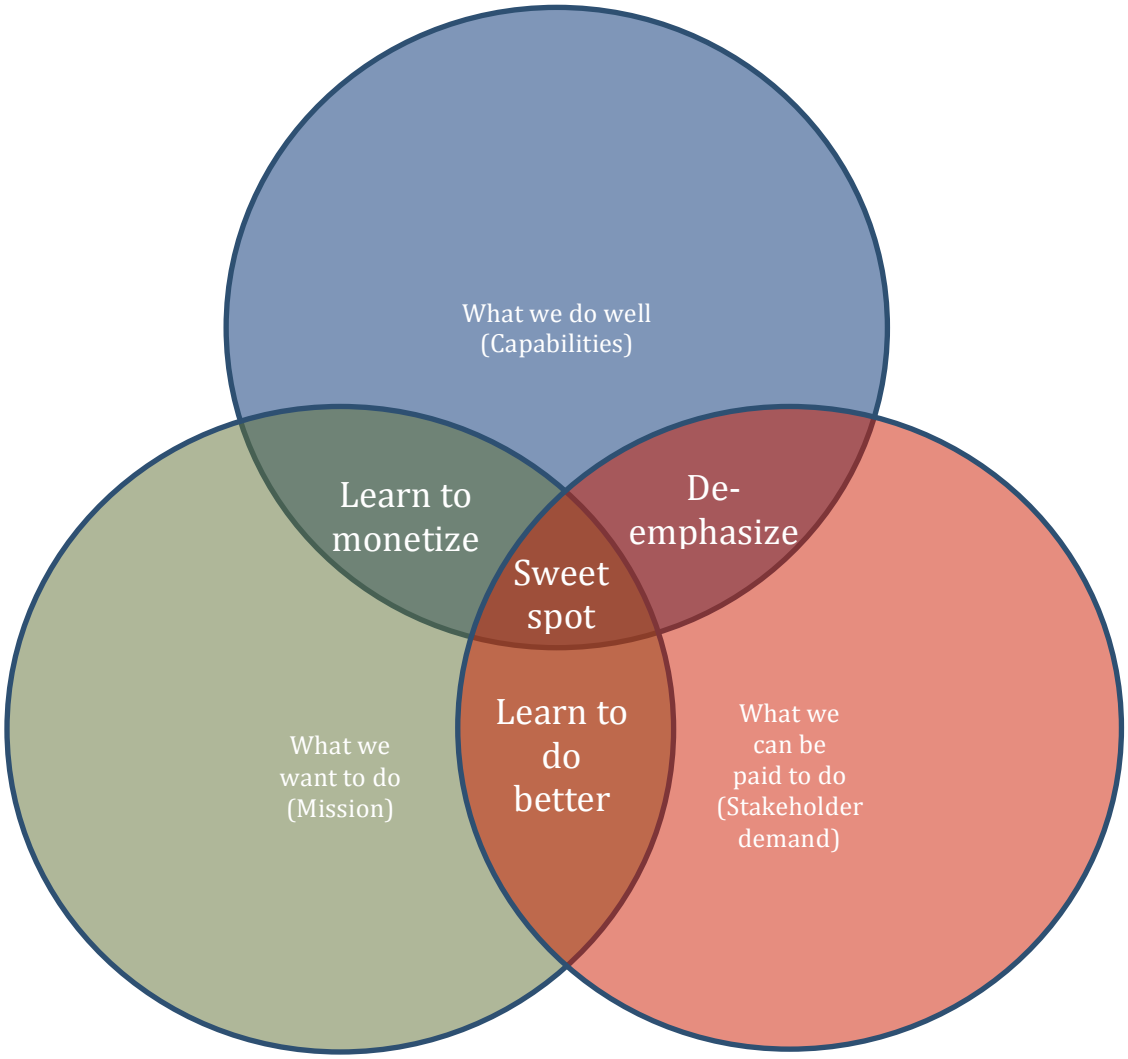
March 12, 2013

1. Understand the Alliance's market
    a. Health care market structure and dynamics
    b. Key stakeholders (including partners and customers) and their priorities and resources
    c. Competing and complementary organizations, including those able to assume responsibility for sustaining previous Alliance activities
2. Determine what the Alliance does especially well
    a. Areas of differentiation that meet market needs
    b. Areas that need to be bolstered
    c. Areas to withdraw from or transition to other organizations
3. Develop a clear point of view on what the Alliance wants to do
    a. Compelling vision to establish aspirational end state
    b. Clear mission to provide guidance on goals and activities
4. Articulate a value proposition by identifying a scope of activities (*see visual representation*)
    a. Identify "sweet spot" based on overlap of items 1, 2, and 3:
        i. What Alliance can be supported to do (demand from stakeholders, partners, customers)
        ii. What Alliance does well (capabilities)
        iii. What Alliance wants to do (its mission)
    b. Learn to monetize overlaps of capabilities and mission, e.g., by broadening stakeholder base
    c. Learn to improve capabilities on overlaps between stakeholder demands and mission, e.g., by hiring or partnering
    d. De-emphasize overlaps between capabilities and stakeholder demand, or use as a "cash cow" to fund mission-driven activities
5. Develop a return on investment (ROI) model to document the value proposition
    a. Make benefits, investments and timeframes explicit for stakeholders
6. Identify an appropriate funding model
    a. Evaluate dues, program funding, fee-for-service, royalties, grants, and donations
    b. Consider the mix of revenue types, fit with stakeholders' budgets, and lifecycle of revenue sources
7. Increase organizational effectiveness
    a. Become a high performance organization through improved planning, execution, adaptability, resilience, people development
    b. Measure success along key dimensions: people centeredness, clarity of vision, leadership, trust/transparency, sense of personal responsibility for the enterprise, culture of innovation
8. Match governance to the Alliance's desired future state
    a. Consider evolution from constituency board to one that focuses on the interests of the Alliance

b. Add councils, committees and task forces to match overall strategy

9. Evolve over time as the environment changes
   a. Develop appropriate mix of strategic commitment and flexibility
   b. Keep close tabs on the environment to recognize when a shift is needed
   c. Stay close to stakeholders

Framework for Value Proposition Development



Executive Summary

Robert Wood Johnson Foundation Local Funding Partnerships

Robert Wood Johnson Foundation Local Funding Partnerships is a national program that provides matching grants for innovative community-based projects aimed at improving the health and health care of underserved and vulnerable populations.

Since 1988, the program has awarded 369 grants in collaboration with 1,488 local funding partners for projects that implemented a range of health services and interventions. In 2009, the program added a special solicitation, *Peaceful Pathways: Reducing Exposure to Violence*, to attract smaller, under-resourced, diversity-focused funders and local programs

The Robert Wood Johnson Foundation (RWJF) Board of Trustees has authorized $146.2 million for *Local Funding Partnerships* from its inception through 2014, when it will end.

Read the full report.
Learn more about the program here.

CONTEXT

Since its launch as a national philanthropy in 1972, RWJF has promoted collaborations with local funders. Staff realized that these collaborations could yield a larger return on investment and identify local initiatives that could advance the Foundation's mission to improve health and health care for all Americans.

Starting with programs to stimulate support for new community health centers, over time the Foundation refined and expanded its efforts with local grantmakers to include issues such as assuring access to health care, improving care for people with chronic conditions, and reducing the harm caused by substance abuse.

In 2003, under the leadership of its new president, Risa Lavizzo-Mourey, MD, MBA, the Foundation restructured its *Local Funding Partnership* investments to target a set of priorities, including attention to issues relevant to vulnerable populations, such as child trauma, violence, and mental health.

THE PROGRAM

Local Funding Partnerships has taken a bottom-up approach—considering only innovative community projects that were nominated by a local grantmaker acting in concert with other local funders. Community funders were required to provide at least one dollar of support for every dollar of RWJF grant money.

The core component of *Local Funding Partnerships* is an annual awards program. From 1988 through 2011, RWJF awarded about 10 to 12 grants annually. The grants ranged from $200,000 to $500,000 and ran for three or four years.

In addition, in 2009, *Local Funding Partnerships* launched a special solicitation—*Peaceful Pathways: Reducing Exposure to Violence*—targeting communities of color and people isolated because of their gender, sexual orientation, race, tribe, ethnic group, or remote location.

National program staff provides assistance to grant recipients via annual meetings, special issue meetings, webinars, and by connecting them with other RWJF programs.

OVERALL PROGRAM RESULTS

From 1988 through September 2011, when grantmaking ended, RWJF awarded 369 program grants in collaboration with 1,488 community foundations, corporate grantmakers, and other local funding partners.

- More than $129 million supported projects in 49 states; Washington, D.C.; and Puerto Rico—$127 million through the annual awards program and $2.76 million through *Peaceful Pathways*.
- Most projects sustained themselves over time. Two evaluations found that four out of five funded projects lasted at least one year after their RWJF grant ended.
- Several projects received further grant support from RWJF or became prototypes for national programs. Several others have been replicated nationally or statewide through other funding sources.

AFTERWARD

The final grants made under *Local Funding Partnerships* were in 2011. National program staff is continuing to support projects that are still active. Staff is also working to develop and disseminate case studies and lessons learned over the 25 years of the program.

Program Management
National Program Office: Health Research and Educational Trust of New Jersey
Program Director: Pauline M. Seitz

Robert Wood Johnson Foundation

Published: December 20, 2012
Program Results
Grant ID: 51437, 53607

Promoting Community Health Workers to Reduce Health Disparities in Minnesota

Coalition creates a statewide standardized competency-based community health worker training program in higher education

SUMMARY

From 2004 to 2009, the Healthcare Education Industry Partnership (a program of Minnesota State Colleges and University's System) worked with a coalition of educational institutions, health care systems, government agencies, foundations, businesses, and nonprofits to promote the role of community health workers in Minnesota. The partnership, called the Minnesota Community Health Worker Alliance, created a statewide standardized training and assisted in developing a sustainable funding stream to support community health worker services in Minnesota.

Community health workers assist diverse and underserved residents of all ages in gaining access to coverage, screenings, care, and related social services; in navigating the complicated health care system; and in expanding their health knowledge and self-care skills through health education and coaching. Because community health workers usually share ethnicity, language, socioeconomic status, and life experiences with the people they serve, they are also effective at teaching cultural competency to health care providers and improving the reach, quality, and outcomes of the services provided by teams in clinical, public health, and community settings.

Key Results

The project team reported these findings through reports to RWJF and in interviews for this report:

- The Minnesota Community Health Worker Alliance created a standardized credit-based curriculum for training community health workers composed of 14 credits and seven courses that blend classroom and field-based learning. It also incorporates a two-credit community internship. More than 300 students completed the curriculum and obtained certification.
- Created a "Scope of Practice" for community health workers in Minnesota.

- The project team provided published research on community health worker (CHW) return on investment and cost-effectiveness research to state legislators that helped inform an analysis that state Medicaid coverage of CHW services would be budget-neutral. The Minnesota Legislature passed MN256B.0625, Subd.49, which states that CHW certificate holders in Minnesota can enroll as Medicaid providers under Minnesota Health Care Programs.

Funding

The Robert Wood Johnson Foundation (RWJF) supported this project with two grants[1] from July 2004 to June 2009 totaling $447,861 as part of the *Robert Wood Johnson Foundation Local Funding Partnerships* program. For more information, go to the program website. Also see Program Results on the program.

CONTEXT

In a 2003 report,[2] the Institute of Medicine called for expanding the use of community health workers among underserved communities and racial and ethnic minorities. Studies have shown that such workers improve the quality of care and reduce health disparities. Such health workers are particularly effective at:

- Facilitating the participation of underserved residents in the health system and coordinating their care
- Educating patients about specific diseases and medical conditions, and ensuring that they attend their appointments and adhere to medication regimens
- Serving as liaisons between patients and providers, educating the latter about the needs and culture of a community

A 2002 statewide survey of health and human service organizations by the Blue Cross and Blue Shield Foundation of Minnesota revealed growing demand for these workers. Yet training of community health workers was inconsistent, and employers often found it difficult to recruit and retain them, relying mostly on grants to support their work.

RWJF's Interest in This Area

RWJF has supported a number of projects with a focus on community health workers over the years. Examples include:

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[1] ID#s 51437 and 53607

[2] Smedley BD, Stith AY and Nelson AR. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington: National Academies Press, 2002. Available online.

- **Training Opportunities and Credentialing for Community Health Workers.** The Community Health Worker Initiative of Boston was implemented by Action for Boston Community Development (ABCD). ABCD staff and collaborative members worked with employers to develop career opportunities; with educational institutions to develop advanced degree and certification programs; and with the Boston Public Health Commission to develop an advanced certification program. A new industry-recognized credential was developed and two community colleges started certificate and degree programs for community health workers. The initiative served some 219 participants, of whom 93 received credentials. Of those already working as community health workers, close to 20 percent received wage gains. Several employers offered new benefits to community health workers such as career ladders. See Program Results for more information.

- **Raising the Flag for Community Health Workers**. From 2006 to 2009, staff members at the Georgetown University Law Center, Washington, worked to raise the profile and influence of community health workers in the health care system and among policy-makers. They created much of the infrastructure for a new, national organization designed to represent community health workers. Staff members and community health workers put together key building blocks for the newly established American Association of Community Health Workers. As of October 2009, the organization had not been incorporated. They also provided technical assistance to state community health worker associations. See Program Results for more information.

- **Locally Recruited Lay Advisers Contribute to Community Health.** In 1998, Freedom from Hunger, a California-based organization that addresses issues of hunger and poor nutrition, began the replication and institutionalization of a program to train lay health advisers in several Southern states. The effort began 10 years earlier with training lay health advisers in three rural Mississippi communities in an effort to increase access to health care services there, an effort known as the Community Health Advisor Network (CHAN). The CHAN program office contracted with state agencies or schools of public health to implement CHAN projects, developed training materials, and provided technical assistance to state and local projects, including six conferences, developed a monitoring system, and conducted evaluations. See Program Results for more information.

- **Native Sisters Help Native American Women Overcome Obstacles to Breast Cancer Screening.** In 1995–96, Linda Burhansstipanov, MSPH, DrPH, at AMC Cancer Research Center in Denver implemented and evaluated the effectiveness of Native American Women's Wellness through Awareness (NAWWA). NAWWA is a culturally competent recruitment model aimed at increasing the number of underserved urban American Indian women participating in an early detection breast cancer screening program. The target population, Native American women 40 years of age and older, lived in the Denver metropolitan area or in the greater Los Angeles/Orange County area. An evaluation of the program found:

- "High-level" recruitment strategies involving steps and elements specific to Native Americans were much more effective than the typical "culturally sensitive" strategies used by most government programs.
- Among the high-level strategies tested, the Native Sisters Program, a "navigator program," was the most effective. Unlike other programs that provide a health care navigator only once breast cancer is discovered, this project used the Native Sisters throughout the recruitment and screening process. See Program Results for more information.

- **Jobs to Careers: Promoting Work-Based Learning for Quality Care.** This $15.8 million national program explored new ways to help frontline health care workers (including community health workers) gain the skills and credentials they need to advance their careers. It resulted in wage increases and a greater sense of confidence for participants, and had benefits for employers and educational institutions.

THE PROJECT

From 2004 to 2009 the Healthcare Education Industry Partnership (a program of Minnesota State Colleges and University's System) worked with a coalition of educational institutions, health care systems, government agencies, foundations, businesses, and nonprofits to promote the role of community health workers in Minnesota. The partnership, called the Minnesota Community Health Worker Alliance, created a statewide standardized competency-based training and assisted in developing a sustainable funding stream to support community health workers in Minnesota.

The initiative aimed to advance the role of these front-line workers in reducing health disparities, especially among underserved populations and Minnesota's growing racial and ethnic communities including Native Americans, Southeast Asians, East Africans, African Americans, and Latinos. The effort also aimed to offer pathways to employment in these communities and diversify the health care workforce.

To advance the initiative, the Minnesota Community Health Worker Alliance created two committees composed of representatives from the partner organizations:

- An Advisory Committee to help develop a curriculum for community health worker training
- A Policy Council to advance the role of community health workers and develop a sustainable way to fund their work

See the Appendix for coalition partners.

Other Funding

The project received additional funding from these sources:

- Delta Dental Foundation of Minnesota
- Minneapolis Foundation
- Minnesota Department of Health
- Otto Bremer Foundation
- Randy Shaver Foundation
- Susan G. Komen Foundation
- American Cancer Society
- Blue Cross and Blue Shield of Minnesota Foundation, which provided seed money and also nominated the project for *RWJF Local Funding Partnerships* support

RESULTS

The project team reported these findings through reports to RWJF and in interviews for this report:

- **Project staff created a state standardized credit-based curriculum for training community health workers composed of seven courses that blend classroom and field-based learning, and that build on their cultural skills.** Four two-year community and technical colleges and the East Metro Opportunities Industrialization Center in St. Paul offered the program. A private four-year college built it as an accredited pathway into a bachelor's of science program in public health.

  Students who complete the training program earn a certificate as community health workers, and can use their credits as an educational pathway to further studies in health care and social services. The statute included a one-year grandfathering option that allowed CHWs with a minimum of five years of supervised experience to receive a certificate of completion by passing an assessment exam administered by the Minnesota Community Health Worker Alliance.

  The Minnesota Community Health Worker Alliance has sold more than 50 copies of the curriculum nationally, and used the revenue to support scholarships for students enrolled in the program and to help support its ongoing community health workers field-building work to address health disparities and foster healthier communities. See the Bibliography for details on the curriculum.

- **More than 300 students completed the curriculum during the project and earned certificates.** Of those, an estimated 77 percent pursued further training in health care

or social services. More than 60 already employed community health workers passed the grandfathering process and also received certificates.

- **The project team compiled and provided community health worker return on investment (ROI) and cost-effectiveness studies to state legislators.** These informed a government fiscal analysis that found that state Medicaid coverage of community health worker services would be budget-neutral. The legislature then authorized the state Medicaid program to cover specific services provided by community health worker certificate holders who are supervised by physicians, nurse practitioners, dentists, and public health nurses working in a unit of government, and mental health providers.

  As of 2009, more than 80 community health workers had enrolled as Medicaid providers or applied to become one, and seven agencies were tapping Medicaid funds to pay for their community health worker health education services.

- **Project staff promoted the curriculum and the role of community health workers among businesses and health care organizations across Minnesota and the nation**. Staff:

  — Held forums for health care providers and payers in Minnesota on training and employing community health workers and applying for Medicaid reimbursement. Alliance member Blue Cross and Blue Shield of Minnesota Foundation created a video[3] to support this work.

  — Presented the business plan on the financing and cost-effectiveness of community health workers at state and national conferences and organizations, including the American Public Health Association, the National Rural Health Association, Community Campus Partnerships for Health, Minnesota Rural Health, and Minnesota tribal health agencies.

- **Project staff laid the groundwork for creating the Minnesota Community Health Worker Alliance composed of coalition partners, and created a website for the alliance**.

- **The project team contributed to national guidelines for educating community health workers, and to additional research on their training and work.**

  — The project team helped develop best-practice guidelines for training community health workers produced by the Community Health Worker National Education Collaborative—research that contributed to their curriculum design in Minnesota. (A report on the guidelines is available online.)

[3] The video, entitled "Critical Links: Community Health Workers," is available online.

— Blue Cross and Blue Shield of Minnesota Foundation commissioned research by the Center for the Health Professions at the University of California, San Francisco, resulting in two reports:

- For *Advancing Community Health Worker Practice and Utilization: The Focus on Financing*,[4] the researchers interviewed 25 people from 14 states and the District of Columbia who employ or train community health workers, to explore mechanisms for funding their work.
- In *Funding CHW Programs and Services in Minnesota: Looking to the Future*,[5] the authors analyzed Minnesota's program for training community health workers, and suggested how to more fully integrate them into the health care system.

LESSONS LEARNED

1. **When developing initiatives on community health workers, seek input from the workers themselves.** The project benefited when staff talked with community health workers about their educational and professional needs, and how to advance the field, according to Project Director Anne Willaert, MS. Those interactions also created ownership and buy-in for the initiative among the workers who became important partners at the table with the Minnesota Community Health Worker Alliance.
2. **When building programs to support community health workers, learn from other states.** The project team talked with colleagues in other states regarding real and potential pitfalls in promoting the profession. "It was helpful to learn where they went wrong, and what they did that was successful," Willaert noted.
3. **Synergies with national programs are valuable to state programs promoting community health workers.** Contributing to the best practice guidelines developed by the Community Health Worker National Education Collaborative helped the project team refine Minnesota's curriculum. (Project Director/Willaert)
4. **Successful CHW field-building to address health disparities requires strong, visionary, multi-sector leadership and the sustained efforts of broad-based partnerships.** Leaders need to bring focus, build consensus, integrate learnings, seize windows of opportunity, and engage an ever-widening circle of support. (Project Director/Willaert)
5. **Strategic communications are key.** While the CHW role has deep community roots and a long history in community-based settings, as an emerging health profession it is

[4] Dower C et al. *Advancing Community Health Worker Practice and Utilization: The Focus on Financing*. San Francisco: National Fund for Medical Education, 2006. Available online.

[5] Dower C et al. *Funding CHW Programs and Services in Minnesota: Looking to the Future*. San Francisco: National Fund for Medical Education, 2006. Available online.

still very new to many health providers, health plans, and policy-makers. The Minnesota Community Health Worker Alliance and its members have developed a set of useful communication tools. According to Joan Cleary, interim executive director of the alliance, the next stage of work needs to include a broad, sustained, multi-prong communications initiative to raise awareness of the community health worker role and its benefits, and to promote more widespread adoption of community health workers, especially under health care reform. In this way, the impact of the community health worker strategy on patients, communities, and the health system can be fully realized.

AFTERWARD

As of September 2012, some 200 more state residents had earned certificates as community health workers, according to Cleary. The network of post-secondary schools that offer the certificate program is expanding with the addition of new Twin Cities metro and Greater Minnesota sites.

South Central College, Mankato, is piloting an online version of the curriculum in fall 2012 with 15 students across the state. This option is intended to grow the community health workers workforce in rural Minnesota to better meet community needs.

Based on feedback from employers and the availability of tested training materials, the alliance revised the curriculum in 2010, adding a three-credit course to build stronger health promotion/disease prevention competencies.

The Minnesota Community Health Work Alliance, now incorporated as a nonprofit and governed by a 16-member board composed of community health workers and stakeholder organization representatives, continues to support and build the field in order to address health disparities and empower communities for better health. For example, the alliance is working to include community health worker strategies in key state and federal health care reform efforts ranging from the implementation of health care homes to Minnesota's Health Insurance Exchange.

In 2012, the Agency for Healthcare Research and Quality (AHRQ) recognized the Minnesota Community Health Worker Alliance as an evidence-based innovation in its Innovations Exchange program. The AHRQ's profile of the alliance is available online.

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Program Officers: Jane Isaacs Lowe and Kristin B. Schubert

Grant ID#s: 51437, 53607

Program area: Vulnerable Populations

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APPENDIX

Coalition Partners

(Current as of the end date of the program; provided by the program's management; not verified by RWJF.)

American Cancer Society

American Dental Association

Blue Cross and Blue Shield of Minnesota Foundation

Blue Earth County

Centro Campesino

Delta Dental of Minnesota

Fairview Health Services

Healthcare Education Industry Partnership

HealthPartners

Hennepin County

Intercultural Mutual Assistance Association

Mayo Health Systems

Medica

Minneapolis Foundation

Minnesota Board of Nursing

Minnesota Department of Health

Minnesota Department of Human Services

Minnesota Hospital Association

Minnesota International Health Volunteers (now Wellshare International)

Minnesota Nurses Association

Minnesota State Colleges and Universities

Multicultural Healthcare Alliance

Neighborhood Health Care Network

NorthPoint Health & Wellness Center, Inc.

Open Cities Healthcare Center

Open Door Health Center

Otto Bremer Foundation

Portico Healthnet

Ramsey County

Region Nine Development Commission

Southern Minnesota Area Health Education Center

Summit Academy Opportunities Industrialization Center

Susan G. Komen Foundation

Twin Cities Healthy Start Program

UCare

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(Current as of date of the report; as provided by the grantee organization; not verified by RWJF; items not available from RWJF.)

Books

Willaert A et al. *Community Health Worker: Standardized Curriculum 2010*. Phoenix: Performance Dimensions Press, 2010.

Communication or Promotion

www.mnchwalliance.org. Website of the Minnesota Community Health Worker Alliance. St. Paul, MN: Minnesota State Colleges and Universities System.

Cleary J, Eastling J and Itzkowitz V. Community Health Workers in Minnesota: Bridging Barriers, Expanding Access, Improving Health, Blue Cross and Blue Shield of Minnesota Foundation, 2010. Downloadable at *www.bcbsmnfoundation.org*.

Toolkits

Components of the curriculum:

- Communication Skills and Cultural Competence. St. Paul, MN: Minnesota State Colleges and Universities System, 2005.
- The Community Health Worker Role: Advocacy and Outreach. St. Paul, MN: Minnesota State Colleges and Universities System, 2005.
- Community Health Worker: Coordination, Documentation and Reporting. St. Paul, MN: Minnesota State Colleges and Universities System, 2005.
- Community Health Worker's Role in Teaching and Capacity Building. St. Paul, MN: Minnesota State Colleges and Universities System, 2005.
- The Community Health Worker: Legal and Ethical Responsibilities. St. Paul, MN: Minnesota State Colleges and Universities System, 2005.
- Organization and Resources: Community and Personal Strategies. St. Paul, MN: Minnesota State Colleges and Universities System, 2005.

Blue Cross and Blue Shield of Minnesota
Foundation

Community health workers in Minnesota: Bridging barriers, expanding access, improving health

A decade of partnership, innovation and field-building to create healthy communities

2010

On the cover:

CHW Abdiqadir Harun of WellShare International regularly visits Somali cafes in Minneapolis as he engages with members of his community.

Inside front cover: *Clockwise from left*

Courtney Lawson and CHW Sophia Warsame of Intercultural Mutual Assistance Association (IMAA) in Rochester; CHW Sheena Loth of IMAA; CHW LaTrisha Vetaw of NorthPoint Health and Wellness, Minneapolis; CHW Maria Elena Escoto of Comunidades Latinas Unidas en Servicio, St. Paul, with clients on a home visit; CHW Abdiqadir Harun.

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Foreword

Our health company and Foundation recognize the critical role of community health workers in connecting Minnesota's diverse communities with the health care system. We're proud to have served as a catalyst for this important work.

— Patrick Geraghty, President and CEO, Blue Cross and Blue Shield of Minnesota

We are pleased to share this report on the development and growing recognition of community health workers as an emerging resource for Minnesota. This remarkable story of partnership, innovation and field-building provides a valuable model as our nation defines a solution to its health care challenges.

While Minnesota consistently ranks as one of the nation's healthiest states, not everyone who lives here shares in that good health. Immigrants, people of color and people living in poverty are particularly at risk. Many factors are responsible for health inequities, such as access to quality care, language barriers, cultural expectations about health and health care, housing and environmental conditions, and social connection.

Community health workers (CHWs) can be a critical part of the solution. They provide outreach, information, referral, advocacy and other support to promote health for underserved communities, and strengthen the cultural competence of health and service organizations. By fostering accessible, affordable and culturally appropriate care, CHWs — and the health and service organizations that employ them — are helping to address persistent health disparities for vulnerable populations and create healthier, more equitable communities.

Much has been accomplished in Minnesota over the last decade to train, support and provide sustainable funding for community health workers. A broad-based group of public and private agencies, and dedicated leaders — including CHWs themselves — is responsible for these accomplishments.

The Blue Cross and Blue Shield of Minnesota Foundation is proud to serve as a catalyst and funder for this work. Ten years ago our long-term commitment launched when we began to look for community-based approaches to close the gap on health inequities. We identified support for CHWs and the sustainable development of the field as one path to healthier communities. Since then we have invested in research, grantmaking and partnerships to build the field through our Critical Links initiative, with 41 grants totaling more than $3.3 million.

We welcome your comments and invite you to join us in helping to create healthier communities for all Minnesotans.

Blue Cross and Blue Shield of Minnesota Foundation

Patrick Geraghty
Board Chair

Marsha Shotley
President

Improving health Empowering communities

More than 121,000 CHWs worked in the United States in 2005, up over 40 percent from the start of the decade.[1]

Community health workers provide a community-centered approach to improving the health of underserved populations. As bicultural and often bilingual members of the communities they serve, community health workers improve access to care, promote healthy behaviors, facilitate effective management of chronic health conditions, increase the cultural competence of health care providers and organizations, bring greater diversity to the health care workforce, lower system costs and ultimately help to reduce health disparities for vulnerable populations. For centuries, communities the world over have relied on trusted and knowledgeable community members to promote health and healing. Building on this tradition, recent efforts in the United States have worked to formalize the role of community health workers by developing training, policy and funding. This report describes the community health worker story in Minnesota over the last decade.

Minnesota is home to the country's largest Somali and second-largest Hmong populations, and has significant numbers of immigrants from Central and South America. On these pages we recognize the important work CHWs are doing in these immigrant and refugee communities to help reduce disparities in Minnesota. We also want to acknowledge that CHWs serve as a critical link in many other communities as well, including Native American, African American, deaf and newcomers from many countries in Asia, Africa and Europe.

Txhim kho txhawb cov zej zog kom noj qab haus huv muaj zog

Cov neeg ua hauj lwm pab zej zog kev noj qab haus huv muaj ib txoj kev txhim kho cov pej xeem uas pab tsis cuag kom muaj kev noj qab haus huv zoo dua ntxiv. Cov neeg ua hauj lwm pab zej zog puav leej paub txog ob hom thiab feem ntau hais tau ob hom lus uas yuav pab tau zej zog neeg mus cuag kev kho mob zoo dua ntxiv, txhawb kev coj yam ntxwv kom noj qab haus huv, yuav nrog tswj xyuas cov kab mob kev nkeeg uas kho tsis tau zoo, txhawb kom cov kws kho mob thiab cov koos haum muaj rab peev xwm paub txog lwm haiv neeg zoo, rub kom muaj ntau haiv neeg los koom ua hauj lwm rau fab kho kab mob kev nkeeg, txo tsoom fwv cov nuj nqi kom tsawg thiab qhov tseem ceeb tshaj yog txo cov kev coj tsis ncaj ncees rau cov zej tsoom neeg muaj feem raug kev tsis zoo. Cov zej zog thoob plaws hauv qab ntuj vam txog kev cov tub koom xeeb zej zog uas ntseeg siab thiab muaj kev paub txaus los pab txhawb kev noj qab nyob zoo thiab kev kho mob. Tsis ntev los no, Teb Chaws Asmeskas tsim muaj kev kawm hauj lwm, muaj kev cai thiab muaj nyiaj txiag txhawb uas yog lawv txoj kev lees paub txog txoj luag num ntawm cov neeg ua hauj lwm pab zej zog kev noj qab haus huv kom coj tau raws li cov kab lis kev cai uas yeej ib txhis muaj no. Tsab ntawv no yuav piav qhia txog tus neeg ua hauj lwm pab zej zog kev noj qab haus huv nyob rau hauv Minnesota ntawm kaum lub xyoo dhau los.

Hagaajinta caafimaadka xoojinta bulshada

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Mejoramos la salud potenciamos a las comunidades

Los promotores de salud proporcionan un enfoque centrado en la comunidad para mejorar la salud de las poblaciones que carecen de servicios. Como miembros biculturales y, en ciertos casos, bilingües de la comunidad a la que sirven, los promotores de salud mejoran el acceso a la atención médica, promueven conductas saludables, facilitan el control efectivo de afecciones crónicas, incrementan la competencia cultural de los proveedores y de las organizaciones de atención médica, brindan una mayor diversidad a los trabajadores de atención médica, disminuyen los costos del sistema y, finalmente, ayudan a reducir las diferencias de salud en la población vulnerable. Por siglos, las comunidades de todo el mundo han dependido de los miembros sabios y confiables de la comunidad para promover la salud y la curación. A partir de esta tradición, los últimos esfuerzos en los Estados Unidos han colaborado para formalizar el rol de los promotores de salud al desarrollar capacitaciones, pólizas y financiación. Este informe describe la historia de los promotores de salud en Minnesota durante la última década.

Community health workers A critical link to health for Minnesota's communities

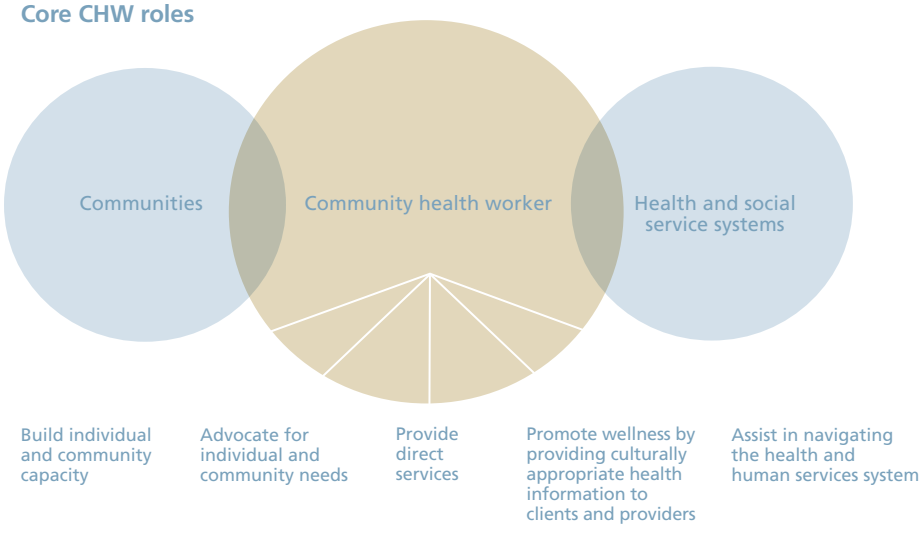
While Minnesota ranks as one of the healthiest states in the nation, people of color and those who are foreign-born typically experience poorer health than the native-born white population. The causes of these disparities are complex and intertwined. Research clearly implicates poverty as one contributing factor, but income alone does not explain why some groups are healthier than others.

Cultural attitudes, beliefs and practices explain some of the health disparities for individuals and communities, because culture can define how we perceive health and illness and how we view treatment and prevention options. Other factors include individual and collective historical experience with the health care system, fear and distrust of mainstream medical services and limited English proficiency.

A role for community health workers

To meet the needs of their culturally and linguistically diverse patients, health and human service organizations have begun to turn to community health workers (CHWs) as powerful allies. Also known as health educators, outreach workers and community health aides, CHWs help people with particular cultural needs navigate our complex health care system. At the same time, they help improve the cultural competence of the organizations that employ them.

Bridging the gap between communities and health/social service systems:
Core CHW roles



As trusted members of their clients' communities, community health workers can help to reduce the demand on overburdened providers by promoting healthy behaviors and guiding people to gain access to and use the health care system appropriately. For example, by facilitating clients' access to preventive services and to care in appropriate settings, CHWs can help them become aware of health conditions early, when treatment is most effective.

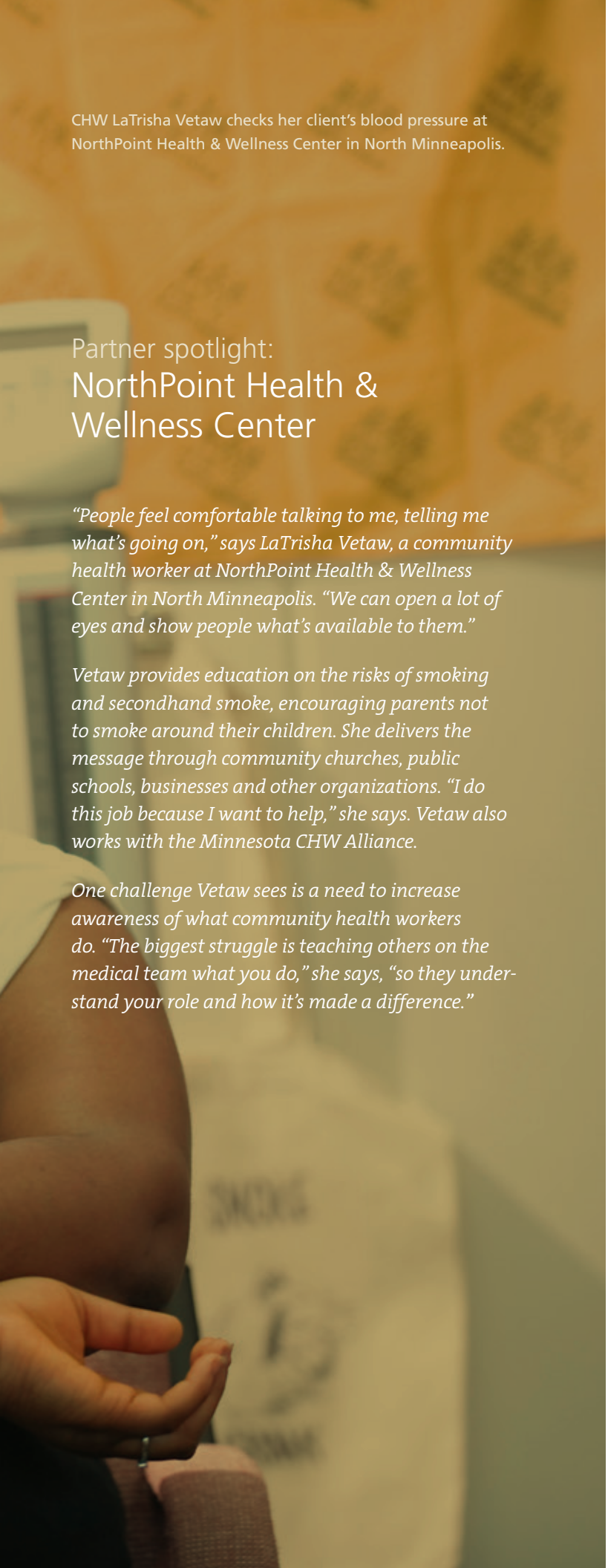
The diversity of roles and functions performed by community health workers is a strength that allows CHWs to meet community needs and build on community assets. Their work includes:

- Health education
- Information and referral to medical care and a range of social services
- Outreach
- Cultural consultation to clinical and administrative staff
- Social support, such as visiting homebound clients
- Informal counseling, goal setting, encouragement, motivation
- Advocacy
- Follow-up to ensure compliance with treatment recommendations

CHWs work in a variety of settings: health clinics, mental health centers, public health departments, mutual assistance associations and other community organizations and agencies that provide counseling, advocacy and health education. Community health workers can be especially effective in rural and other medically underserved settings, where health organizations are challenged by the cultural and linguistic needs of their patients and where physicians and other health care providers are in short supply. In Minnesota, CHWs are now also serving deaf, aged and disabled populations. Indeed, community health workers are a critical link to health for Minnesota's communities.

New immigrants and their U.S.-born descendents will account for 82 percent of the nation's population growth, while the resident population and its descendents will account for 18 percent.

— Pew Research Center



CHW LaTrisha Vetaw checks her client's blood pressure at NorthPoint Health & Wellness Center in North Minneapolis.

Partner spotlight:
NorthPoint Health & Wellness Center

"People feel comfortable talking to me, telling me what's going on," says LaTrisha Vetaw, a community health worker at NorthPoint Health & Wellness Center in North Minneapolis. "We can open a lot of eyes and show people what's available to them."

Vetaw provides education on the risks of smoking and secondhand smoke, encouraging parents not to smoke around their children. She delivers the message through community churches, public schools, businesses and other organizations. "I do this job because I want to help," she says. Vetaw also works with the Minnesota CHW Alliance.

One challenge Vetaw sees is a need to increase awareness of what community health workers do. "The biggest struggle is teaching others on the medical team what you do," she says, "so they understand your role and how it's made a difference."

CHW impact: effective management of chronic conditions

In a pilot study at two community clinics in Minneapolis and St. Paul, patients with diabetes who worked with CHWs significantly improved the management of their chronic condition.[2]

For many, diversity is this nation's demographic headline. It is projected that minorities … will make up the majority of the U.S. population in 2042.

— U.S. Census Bureau 2008

Collaboration The pathway to impact

Many organizations and individuals have contributed to the development of the community health worker field in Minnesota over the last decade. They include educators and academic institutions, the health care sector, health plans, public and private agencies, funders, policymakers, researchers and community health workers themselves. Their contributions have included the creation of partnerships and coalitions as well as individual efforts.

These partners recognize the importance of a number of key elements in the success of their work. They cite the need for strong leadership, a broad-based coalition of supporters, collaboration across sectors, a clear vision, an effective team to translate the vision into day-to-day realities and patience to stay the course.

The impressive concrete outcomes that have been produced over the last decade include:

Training, curriculum, peer learning

- Development of professional standards for community health workers, defining their role in the health care delivery system
- Development of a standardized curriculum and an 11-credit CHW certificate program to educate community health workers in Minnesota. In Fall 2010 the curriculum will be expanded to 14 credits.
- Provision of CHW training to over 350 students who received certificates that make their services eligible for Medical Assistance payment
- Development of specialized training in oral and mental health for community health workers
- Provision of scholarships to support participation in CHW training
- Creation of the Minnesota CHW Peer Network to provide opportunities for peer learning and professional development

CHW impact: return on investment

CHW case management increased use of primary and specialty care for 590 under-served men, reducing use of urgent care as well as inpatient and outpatient behavioral health care. The return on investment was $2.28 for every program dollar.[3]

Workforce development and job creation

- Formation of the Minnesota CHW Alliance, formerly the Minnesota CHW Policy Council, a workforce development partnership
- Creation of new jobs for community health workers
- Growing understanding among health care providers that CHWs are important members of a multidisciplinary team and can enhance services for diverse clients

Research and legislation for sustainable financing

- Research on outcomes, cost effectiveness and sustainability
- Passage of Minnesota legislation authorizing Medical Assistance payment for community health workers

Awareness and public support

- Creation and use of tools and strategies to build awareness and support, including a public television program and DVD, communications, convenings and other activities
- A growing appreciation for the role community health workers play in increasing access to health care coverage, improving the quality and cost effectiveness of care, enhancing health and increasing the diversity of the health care workforce

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"One of the lessons I've learned is the importance of constancy of purpose. We need to hold the context of the vision and the elements and when the time is right, look for ways to champion these things. As conversations continue around clinic homes, CHWs have a role there. As we think about paying for care in different ways, that should include new care models, made up of inter-professional teams, of which CHWs are an integral part. This is an idea whose time has come."

— MaryAnn Stump, chief strategy and innovation officer, Blue Cross and Blue Shield of Minnesota

"Community health workers are a critical link between communities and health care providers. We are proud of the Healthcare Education-Industry Partnership for its engagement with community partners to make the training and education of community health workers possible. This program would not have succeeded without the commitment of many who cared enough to assist the Minnesota State Colleges and Universities system and our determination to improve access and opportunity in all areas of service."

— James H. McCormick, Chancellor, Minnesota State Colleges and Universities

Inset: MnSCU Chancellor James McCormick and Anne Willaert

Partner spotlight:
Minnesota State Colleges and Universities

Partners are critical to Minnesota's community health worker programs, according to Anne Willaert, former director of the Minnesota Community Health Worker Alliance. Under Willaert's leadership, a consortium of partners came together from many sectors: state agencies, associations, postsecondary education, nonprofit organizations and the health care industry, and from the community health workers themselves. Collectively, these stakeholders oversaw the development of a statewide standard curriculum for community health workers, defined a "scope of practice" for these workers, and identified standards and competencies related to protocols for reimbursing providers for community health worker services.

As a result of the Healthcare Education-Industry Partnership's work and compelling advocacy by community health workers, in 2007 the Minnesota Legislature approved an historic policy measure authorizing the direct hourly reimbursement of community health worker services under Medicaid.

"The alliance and its collaborative partnership between stakeholders and community health workers have made this program so successful," Willaert said. "Having community health workers as part of the health care team will provide better service, access and cost savings for all residents of Minnesota."

The Foundation's role Key steps in building a field

The Blue Cross Foundation has worked over the last decade to develop and expand the use of community health workers in Minnesota, create sustainable support and build the field. To advance this work, we have provided 41 grants totaling more than $3.3 million through our Critical Links CHW Program.

Grants have supported projects to improve health services and education, increase access to care, develop capacity and leadership, promote outreach and community engagement, provide advocacy — and more. Those served include Latino, Hmong, Lao, Cambodian, Somali, Sudanese, Bosnian and deaf communities in the Twin Cities and Greater Minnesota. One cluster of grants focused on mental health and social adjustment, while another targeted policy awareness and support. A complete list of grantee organizations is included on the inside back cover.

In addition to grantmaking, we have also conducted research to inform our plans, convened meetings to share learning and developed strategic communications to promote awareness. In all of this work we have relied on many inspiring individuals and organizations without whom the success to date would have been impossible. Their contributions are highlighted throughout this report.

2000 – 2001

- Early grantmaking focuses on the health and social services navigational role of CHWs in different settings, serving diverse populations.

2002

- The Blue Cross Foundation commissions statewide survey on use of community health workers and interpreters. Over 150 health and human service agencies in 44 Minnesota counties participate in a first-ever look at CHWs in the state. The survey underlines the growing demand for community health workers and the need for standardized training to increase the pool of qualified workers.
- Foundation holds forum for policymakers, educators and health care representatives to review survey results, hear from experts and discuss how to promote the use of CHWs and interpreters in Minnesota's health care system.

2003

- Foundation report directs attention to the contributions of community health workers and training challenges faced by their employers. *Critical Links: Study Findings and Forum Highlights on the Use of Community Health Workers and Interpreters in Minnesota.*
- Foundation invites representative from Minnesota State Colleges and Universities (MnSCU) to visit the Community Health Worker Certificate Program at San Francisco State University to consider possibilities for a Minnesota curriculum.
- Foundation commissions Wilder Research Center to conduct CHW focus groups to better understand their training and professional development needs. Participants are enthusiastic about a training program with academic credits that could be applied toward a degree. They also identify peer support as an unmet need.

2004

- Based on Wilder Research Center finding that CHWs consider peer learning and support important to their effectiveness and professional development, the Foundation provides funding to Minnesota International Health Volunteers (now WellShare International) to develop and incubate the Community Health Worker Peer Network. Foundation grants in 2005, 2006 and 2008 support the network's expansion and strategic planning.
- Two-year Foundation grant provides seed funds for the Healthcare Education-Industry Partnership (HEIP), a MnSCU program, to develop and implement a standardized training curriculum for CHWs through the state's community college system. Program credits can be applied to training programs for other health occupations, creating an educational pathway and career ladder for community health workers.

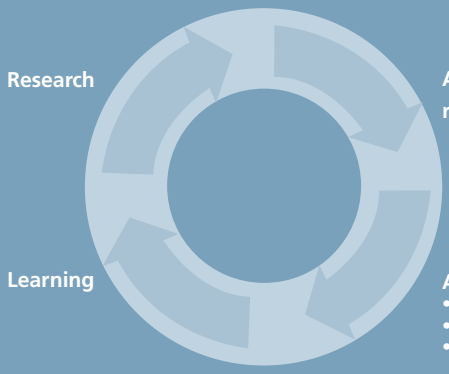
2005

- Foundation's successful nomination of HEIP to the Robert Wood Johnson Foundation Local Funding Partnership program leads to four years of support to advance the collaborative work of the Minnesota Community Health Worker Project and its statewide policy council.
- To explore options for sustainable financing for CHWs, the Foundation commissions the National Fund for Medical Education at the University of California-San Francisco Center for the Health Professions to identify promising CHW payment models.
- The Foundation launches *Healthy Together: Creating Community with New Americans*, incorporating Critical Links into this grant initiative with a focus on the CHW role in the mental health and social adjustment of immigrants and refugees.

"Our field-building approach reflects our partnership values and our focus as a learning organization, successively building on cycles of research, action and results. Our successes in Minnesota reflect the shared vision, leadership and commitment of so many individuals and organizations who have worked together over the past decade — to advance the CHW role with the goal of a healthier state."

— Marsha Shotley, President, Blue Cross and Blue Shield of Minnesota Foundation

Key steps: Building the CHW field in Minnesota



2006

- Foundation convenes representatives from community health worker organizations, government agencies and the health sector to discuss financing strategies to support CHWs. Blue Cross Center for Prevention works with NorthPoint Health & Wellness, Inc. to examine the impact that CHWs have on hypertension. Leads to three-year commitment to support CHWs to provide education and services related to tobacco use, secondhand smoke exposure, healthy eating and physical activity. Additionally, database is created to capture CHW activities and impact.

2007

- Twin Cities Public Television and the Foundation co-produce a 30-minute broadcast and a DVD on community health workers. More than 4,000 DVDs have been distributed and the ***tpt*** program has aired more than 40 times in Minnesota and beyond.
- The Community Health Worker Peer Network hosts its first statewide conference, attracting nearly 200 participants.
- The National Fund for Medical Education research and advocacy by the Minnesota CHW Project partners lead to Minnesota legislation (initially in 2007 and amended in 2008 and 2009) authorizing Medical Assistance payment for specific services provided by trained and supervised community health workers.

2008

- Foundation and ***tpt*** produce a second DVD on community health workers, a shortened version of the first program, in four languages including English, Somali, Spanish and Hmong. Requests come from across the United States.

2009

- With planning grants from the Foundation and other sources, the CHW Policy Council creates the Minnesota Community Health Worker Alliance to advance the role and its impact through education, policy and research, workforce development and a CHW association.

2010

- One-year Foundation grants to select Critical Links projects build organizational capacity and resilience during the Great Recession.
- Evaluation of current CHW grantmaking and assessment of future needs inform next steps for the Foundation's CHW field-building efforts.
- Exploration of CHW as a care model by Blue Cross and Blue Shield of Minnesota advances the Foundation's goals.
- Completion of expanded 14-credit CHW curriculum by HEIP.

Foundation as a catalyst

Goals, accomplishments and lessons

From the beginning, our goals have been to:

- Improve health care access, quality and cultural competence
- Increase the size and diversity of the health care workforce
- Reduce health disparities for racial, ethnic and immigrant groups
- Lower health care costs
- Provide an educational pathway and career ladder for CHWs

We are gratified and encouraged by the accomplishments of the last decade. Highlights, as noted elsewhere in this report, include:

- Support for a broad array of CHW models across the state that provide health education and services to underserved populations
- The development of a statewide standardized CHW training program in the Minnesota State College and University System as well as in the community
- The formation of a statewide CHW peer network for professional development and support
- Creation of a policy council to guide training and workforce development
- Landmark legislation that provides for Medicaid reimbursement of CHW services
- Exploration of ways to incorporate CHWs into clinic teams, health plan programs and new models
- A collaboration with public television on a 30-minute broadcast and national distribution of two DVDs on CHWs, one in English, Somali, Hmong and Spanish
- Growing awareness and support for the health benefits and cost savings of CHW programs

In the process of helping to develop the CHW field in Minnesota, we have learned many things, including:

- Foundations can serve as effective catalysts
- Research undergirds and points the way to effective action
- Complex issues require a formative, long-term approach
- Partnerships, shared leadership and strategic communications build support and impact

CHW Anita Buel and Interpreter Nathan Ellis in dialogue at Hennepin County Medical Center

Partner spotlight:
Deaf Community Health Worker Project

"Our goal is to empower deaf people to become active participants in their own health and wellness," says Anita Buel, director of the Deaf Community Health Worker Project. As deaf people, Buel and her colleague Mary Edwards know the communication barriers experienced by many deaf people who seek medical care. Now as trained community health workers, they provide support for deaf immigrants, senior citizens, cancer survivors and others who would otherwise lack linguistically and culturally appropriate care.

"For the first time, deaf people in Minnesota have someone who will help them get the answers they need," explains Nancy Meyers, program development specialist at the Deaf Community Health Worker Project. The Project's CHWs accompany patients to medical appointments and visit with them in their homes to provide health education, explain medical information and ensure adherence to recommended medical care. They also conduct health forums and support groups and offer cultural competency training for health professionals.

Through their work with the Deaf Community Health Worker Project, Buel and Edwards are helping to change health care for deaf people in Minnesota and to recruit other members of the deaf community to enter the field. At the same time, the example of their work has the potential to change practice and improve health and access to care for deaf people nationwide.

"Our community health workers keep our people going for the medical care needed."

— Tribal organization, Greater Minnesota

The Blue Cross Foundation's interest in helping to create standardized training for community health workers grew out of our statewide research in 2002. We learned that CHWs are highly valued for their role in addressing cultural and language barriers to health care. But we also learned that there was a shortage of qualified workers. Employers said that standardized training would mean a better-prepared workforce and an increased pool of qualified CHWs. Many CHWs saw training as an important means to validate their work and help them gain greater recognition and respect from health care professionals.

We knew that building a sustainable community health worker field would require multiple approaches and the involvement of both public and private partners. As a start, we worked with health care, higher education and CHW partners to develop a community health worker training program. This program not only fills a void in standardized training and ensures consistency in skills and competencies, but also leads to a career ladder enabling CHWs to enter other health-related positions. Ultimately, we intended to help produce a cadre of people with the skills to be effective CHWs, contribute to a more culturally diverse health care workforce that would better meet the needs of Minnesota's diverse population and address shortages in the health care professions.

Partnership and results

The Foundation approached the Healthcare Education-Industry Partnership (HEIP), a program of Minnesota State Colleges and Universities, with our research findings and grant support. HEIP attracted a broad funding base and a dedicated consortium of more than 20 other organizations to develop a curriculum from the ground up. The resulting statewide program, the first of its kind nationally, combines classroom learning, field work and internships in a standardized CHW curriculum.

The 11-credit program includes courses in advocacy and outreach; community and personal strategies; teaching and capacity building; legal and ethical responsibilities; coordination, documentation and reporting; and communication skills and cultural competence. The program is available at five educational sites: four MnSCU campuses including Inver Hills Community College, Minneapolis Community and Technical College, Rochester Community and Technical College, South Central

College (Mankato) and one community-based site at Summit Academy OIC (Minneapolis). By December 2009, over 350 students had received CHW certificates of completion, with another 68 experienced CHWs "grandfathered."

Program credits can be applied to MnSCU training programs for other health occupations, such as nursing, creating a career ladder for CHWs who want to move into other health-related fields. Community health workers who have been practicing at least five years were eligible to take an assessment in 2009 to measure their competencies. After passing the test, a worker received a CHW certificate of completion, required for application as an enrolled provider for Medical Assistance reimbursement for specific CHW services as a CHW in Minnesota. These features allow the training and certificate program to contribute to building and retaining a more diverse health workforce and address the overall shortage of health care workers in Minnesota. Next steps call for distance learning through I-TV as well as online training.

Peer support

In addition to formal training, the Foundation learned that community health workers identified ongoing professional development and peer support as important, unmet needs. Foundation grants enabled Minnesota International Health Volunteers, recently renamed WellShare International, to build the first statewide network for community health workers. The Minnesota Community Health Worker Peer Network provides CHWs with an opportunity to receive ongoing professional development, to support each other and to share resources and exchange information. The network also allows CHWs to serve as a collective voice to raise awareness about their profession and health issues in their communities.

Participants come from Laotian, Somali, Latino, African-American and American Indian communities. All CHWs are welcome. Network activities include monthly meetings for training and networking, regional training opportunities for both CHWs and their employers in urban and rural areas, skill-building workshops, links to resources for CHWs and employers, a statewide conference, a quarterly newsletter and listserv. Future plans include expanded outreach, career development and leadership activities.

"We can reach communities in their own language and culture to connect them with medical services and to identify systemic barriers to health access."

— Gloria Contreras, Health Promoter Coordinator, Centro Campesino and graduate of the CHW training program

CHW Abdiqadir Harun and Wellshare International Executive Director Diana DuBois visit in a Somali mall in Minneapolis

Partner spotlight:
WellShare International

"We have seen the tremendous impact that CHWs can have within a community-based organization," says Diana DuBois, executive director of WellShare International, Minneapolis, formerly Minnesota International Health Volunteers.

Over the last 30 years, WellShare has trained over 4,000 CHWs in seven countries. In Minnesota, WellShare's extensive CHW-related work has included creating and sustaining the CHW Peer Network, the first statewide coalition of CHWs in Minnesota. "The network enables CHWs to share resources, develop leadership skills and advocate on their own behalf," DuBois explains. WellShare continues to facilitate network activities, communication and strategic planning. It also successfully organized the first-ever CHW conference in Minnesota, which included more than 200 CHWs, employers, nonprofits, foundations, health plans, clinics and government agencies.

WellShare employs eight full-time Somali CHWs who collect baseline data on Minnesota's Somali population, create culturally appropriate tools and conduct thousands of home visits. As a next-stage contribution to the CHW field, WellShare will publish articles on its extensive documentation of the impact of CHW activities. "It gives me great satisfaction to be able to raise the profile of CHWs and others who work on the front lines every day to assist Minnesotans in improving their health," DuBois says.

"Research studies show that community health workers improve health outcomes among minority and immigrant populations."

— Jose Gonzalez, Director, Office of Minority and Multicultural Health, Minnesota Department of Health

"We are fortunate in Minnesota to have had such strong legislative leadership. By championing the need for CHW reimbursement policies, legislative leaders helped to establish and sustain the important role of community health workers in promoting the health of underserved populations."

— Anne Willaert, project director, MnSCU

Sustainable funding is necessary to ensure that community health workers move from occupying a temporary position, often dependent on short-term grant support, to part of the mainstream system where they can contribute long term to the health of underserved populations.

The Blue Cross Foundation commissioned the National Fund for Medical Education at the University of California-San Francisco Center for the Health Professions to conduct the first national study of sustainable financing mechanisms for community health workers. The 2006 report, *Advancing Community Health Worker Practice and Utilization: The Focus on Financing,* noted that CHW programs with sustainable funding include these elements:

- A mandate or mission to provide services to an underserved population
- Identification of unmet health care needs that CHWs could help to meet
- Champions who believe in the value of CHWs and work to win support
- Solid outcomes data indicating positive impact on access, costs or health status
- Targeted training for CHWs

A report specific to Minnesota financing for CHWs was developed as a supplement to the national report.

State legislation

In 2007, the Minnesota State Legislature authorized reimbursement for CHW services. This important step forward resulted from the presence in Minnesota of many of the critical elements cited in the National Fund for Medical Education research and advocacy by partners in the Minnesota CHW Project. The Centers for Medicare and Medicaid Services approved amendments to the initial policy in 2008 and 2009 authorizing Medical Assistance payments for trained and supervised CHWs. To date, Minnesota is one of only two states to reimburse community health workers under the Medicaid program.

A study conducted by Anne Willaert of Minnesota State Colleges and Universities and others[4] examined the policy and systems change initiatives of a number of states working to integrate CHWs into service-delivery teams and use CHWs to help eliminate health disparities. Past approaches that focused on single measures have proven insufficient to achieve lasting change, according to the study. The authors believe the comprehensive approaches of Massachusetts and Minnesota can serve as models for other states seeking to eliminate health disparities.

The study recommends that comprehensive state legislation include financing mechanisms for sustainable employment, workforce development, occupational regulation and guidelines for publicly funded CHW research and evaluation. In addition, CHW legislation should:

- Include direct participation of CHWs in the development of any policy or regulation that affects CHW practice
- Minimize barriers (such as language or education level) that may restrict CHW employment or limit training opportunities for members of underserved communities
- Enhance accountability in the community and increase the credibility of services by encouraging providers to contract with community-based organizations to supply CHW services

Minnesota CHW legislation

Community health worker

(a) Medical assistance covers the care coordination and patient education services provided by a community health worker if the community health worker has:

(1) received a certificate from the Minnesota State Colleges and Universities System-approved community health worker curriculum; or
(2) at least five years of supervised experience with an enrolled physician, registered nurse, advanced practice registered nurse, mental health professional as defined in section 245.462, subdivision 18, clauses (1) to (5), and section 245.4871, subdivision 27, clauses (1) to (5), or dentist, or at least five years of supervised experience by a certified public health nurse operating under the direct authority of an enrolled unit of government.

Community health workers eligible for payment under clause (2) must complete the certification program by January 1, 2010, to continue to be eligible for payment.

(b) Community health workers must work under the supervision of a medical assistance-enrolled physician, registered nurse, advanced practice registered nurse, mental health professional as defined in section 245.462, subdivision 18, clauses (1) to (5), and section 245.4871, subdivision 27, clauses (1) to (5), or dentist, or work under the supervision of a certified public health nurse operating under the direct authority of an enrolled unit of government.

(c) Care coordination and patient education services covered under this subdivision include, but are not limited to, services relating to oral health and dental care.

— Minnesota Statutes 2008, section 256B.0625, subdivision 49

Courtney Lawson, Dr. Paul Targonski and CHWs Sophia Warsame and Sheena Loth share updates in the Mayo Clinic's Gonda Building

Partner spotlight:
Intercultural Mutual Assistance Association

"The ultimate impact of using community health workers will be improved health and reduced costs," says Courtney Lawson, program manager at Intercultural Mutual Assistance Association (IMAA) in Rochester. IMAA makes its CHWs available at no charge to any resident of Olmsted County. The agency also promotes the use of CHWs in southeast Minnesota and statewide through partnerships with health care providers. A project with the Mayo Clinic, for example, will provide a rigorous look at the health effects and program costs for patients working with CHWs in a primary care setting.

"The field has made enormous strides in a relatively short period of time," Lawson notes. Providing meaningful data for providers, businesses, payers and community members is critical to keep efforts moving forward. "The process of collecting these data starts with understanding the barriers to utilization and the needs of each stakeholder," Lawson explains. "The data must demonstrate both improved health outcomes and cost savings to illustrate the gap in services that CHWs fill. Our multi-year study in partnership with Mayo will be an important contribution to the literature."

CHW impact: better prevention

Studies of CHW programs have shown significant improvements in patients' use of prevention services, such as mammography and cervical cancer screenings among low-income and immigrant women, whose screening rates are typically lower.[5]

Looking ahead Challenges, promising developments, next steps

For those looking to enhance the credibility of the field and ensure that CHWs contribute to the health of Minnesota's communities to their fullest potential, some challenges lie ahead. These challenges include full integration of CHWs in the health care field, clarifying their roles, responsibilities and competencies, demonstrating the impact of investments in CHWs on patient outcomes, making the case for sustainable funding mechanisms, recruitment, training, ongoing professional development and retention. Based on the developments of the last decade and current trends, many are optimistic that these challenges will be met, creating a future for community health workers that includes:

- Integration of CHWs into the mainstream of health care delivery
- Perception of CHWs as valuable members of the health care team
- Development of sustainable funding, including funding from private as well as public payers
- Wage structures that attract and retain CHWs and reflect the value of their services
- Clear educational and career pathways for CHWs that lead to professional development and diversification of the health care workforce
- Documentation of impact in terms of health benefits and cost savings
- Broad recognition of CHWs as contributors to better health outcomes

CHW impact: improved quality of life

A CHW outreach program serving Medicaid patients with diabetes resulted in a 40 percent decline in emergency room visits, average savings of $2,245 per patient and improved quality of life.[6]

Recent promising developments include:

- A 2007 national conference, supported by Minnesota's Healthcare Education-Industry Partnership and a consortium of researchers, funders, and others, proposed a research agenda and other recommendations to strengthen the evidence base for the health and cost benefits of CHWs
- On the national level, a CHW membership organization known as the American Association for CHWs has been developed
- The United States Department of Labor created a classification code for CHWs in 2009. This will enable better collection of workforce data, including data on the number of existing CHWs.
- The National Center on Minority Health and Health Disparities, a division of the National Institutes of Health, targeted a portion of its American Recovery and Reinvestment Act funds to support research on community health worker training

- The Children's Health Insurance Program (CHIP), reauthorized in 2009, recognizes CHWs as providers of outreach, enrollment and education
- Federal funds support Centers for Medicare and Medicaid CHW demonstrations and pilots and now under the 2010 health care reform legislation, include grants by the Centers for Disease Control and Prevention to promote healthy behaviors among medically underserved populations through the use of CHWs

Minnesota CHW Alliance

The Minnesota CHW Project is in the process of creating a sustainable CHW Alliance to bring together CHWs, higher education, the health care industry, health care payers, foundations and public/private organizations committed to improving health care for all in Minnesota. The Alliance's mission is to reduce cultural and linguistic barriers to health care, improve quality and cost effectiveness of care and increase the number of health care workers who come from diverse backgrounds or underserved communities. The Alliance will concentrate its work in four areas: education, workforce, policy and research, and the CHW Association.

Next steps for the Blue Cross Foundation

The Blue Cross Foundation is encouraged by the success in building the community health worker field in Minnesota. But we know the work is not over. As health care reform efforts move forward, we will continue to collaborate with others to promote awareness, understanding and support of the CHW role and to document outcomes, costs and benefits. Future goals include increasing the number of curriculum sites, enhancing placement services and career counseling, and providing opportunities for distance learning. In particular, the Foundation will explore opportunities to better integrate CHWs into the health care system, sustain CHW models based in social service and community settings, and support next-stage policy work and innovative partnerships that advance the field.

One exciting recent step is our support for the further development of the Minnesota Community Health Worker Alliance, which will house and support training, policy, workforce development and related work to advance the field.

Moving forward

- Advance CHW knowledge, skills, career paths
- Recruit & retain CHWs, especially in underserved areas
- Integrate CHWs into new health care structures
- Ensure sustainable funding mechanisms
- Document impact & cost savings
- Raise awareness among employers and policymakers

Jose William Castellanos visits with Lauren Haun outside CLUES' Minneapolis office

Partner spotlight:
Comunidades Latinas Unidas En Servicio (CLUES)

"CHWs have changed social norms," says Jose William Castellanos, MD, director of the Comunidades Latinas Unidas En Servicio (CLUES) Family Centric Health Promotion Program. CLUES, which provides behavioral health and human services to Minnesota's Latino community, has trained over 100 community health workers on tobacco control, healthy nutrition, HIV/AIDS, CPR, cancer prevention and other health issues. Currently 25 CHWs support CLUES services.

Since 2004, CHWs at CLUES, with support from the Blue Cross and Blue Shield of Minnesota Center for Prevention, have performed more than 18,000 home visits, reached more than 135,000 individuals with information and education and referred more than 2,100 smokers willing to quit to tobacco cessation programs. Their work has been recognized with awards by the Minnesota Cancer Alliance, the National Association of Counties and the National Public Health Information Coalition.

Working with community members active in their own communities has been an important success factor, according to Castellanos. "These CHWs are seasoned professionals who make a difference in their communities," he notes.

CHW impact: increased health care coverage for children

A randomized controlled trial of a CHW intervention to increase health care coverage among Latino children in Boston found that children in the CHW intervention group were significantly more likely to be covered and to be covered continuously, compared to children in the control group.[7]

"Community health workers empower their communities to overcome illness and poverty and help them to achieve their American dream."

— Jose William Castellanos, MD, Comunidades Latinas Unidas En Servicio

What you can do Taking action on lessons learned

Business

- Authorize the addition of CHW services to the health benefits that you offer to your employees and work with your health plan(s) to secure these services in company locations where you employ a diverse workforce.
- Forge partnerships that include business, labor unions, local clinics, health plans and others to develop, implement and evaluate integrated CHW models for outreach, education and coordination in ways that lead to improved self-care and prevention, better understanding and appropriate use of care and benefits, cost-effective management of chronic disease, healthier working and living conditions for better health, productivity and value.
- Explore the addition of CHWs (as employees or contractors) to your occupational health team if your work-force is ethnically and/or racially diverse, including employees with limited or no English language skills.
- Support local community colleges or other appropriate educational sites that offer CHW training in order to build the local CHW workforce in areas in which your business employs an ethnically and racially diverse workforce. Help start a program if none exists. In Minnesota, contact the Minnesota CHW Alliance for information and assistance.

Community health workers

- Engage other CHWs and stakeholders in establishing and promoting CHW standards and competencies.
- Support and participate in CHW networks and associations such as the Minnesota CHW Peer Network and the Minnesota CHW Alliance for mutual support, professional development and advocacy.
- Educate others in your community about the role of CHWs, such as mutual assistance associations, clergy, neighborhood groups, high school students and guidance counselors, Head Start and Early Childhood Family Education, senior centers, social service agencies, community policing, local chambers of commerce, parks and recreation, town/city representatives, and the media.
- Advocate for competitive CHW compensation and benefits.
- Raise awareness of the CHW role as a career track and route into the health care professions within and beyond your own community.
- Mentor those new to the field and provide peer support along with self-care to contribute to a strong, resilient CHW workforce.
- Consider future opportunities to move into related health fields if interested. In Minnesota, apply the Minnesota State College and University credits from your CHW certificate program to training for other occupations to build an educational ladder.

Educational institutions and systems

- Raise awareness of the CHW role at the high school and post-secondary education level as a career track and path into the health professions. Encourage bicultural, bilingual individuals with interests in health and community advocacy to consider becoming CHWs. Outreach should include those just considering future careers as well as individuals with work experience.
- Consider starting a CHW training program at the community college level within diverse communities using a competency-based curriculum, articulated with other health career preparatory training. If none exists in your region, work in consultation with local clinics and hospitals, local public health and human services, health plans, community leaders, business and other stakeholders. In Minnesota, contact the Minnesota CHW Alliance for information and technical assistance.
- Conduct and publish rigorous evaluations at the university level, using participatory research models that demonstrate the impact of CHWs on patient and population health, cost savings, care delivery models, cultural competence, career opportunities and diversification of the health care workforce, and other key dimensions.
- Help establish and promote CHW standards and competencies along with other stakeholders.
- Support training, ongoing education and state and local networks and associations for CHWs for mutual support, professional development and advocacy.



- Educate others associated with your educational institution on the role of CHWs including students, faculty, staff and alumni as well as health professionals, policymakers and business.
- Reach out to practicing CHWs through educational programs with CHW alumni as well as postsecondary educational institutions that offer training in other health roles to encourage them to consider pursuing additional training and education to enter other health professions.
- Expose students in the fields of medicine, nursing, dentistry, public health and allied health professions at academic health centers to practicing CHWs and interpreters as part of their residencies and fieldwork in order to prepare them for work as a team.

Funders

- Provide financial support to help health providers, and social service agencies and other nonprofits serving ethnically and racially diverse populations incorporate community health workers into their programs.
- Provide ongoing opportunities for training and professional development for practicing CHWs, including distance learning options.
- Support coordinated statewide systems of CHW training, including scholarships that reflect lessons from Minnesota and other states.
- Support a variety of models, as the field will benefit from innovation.
- Support the use of CHWs in rural and other underserved communities.
- Understand that funders involved in a variety of issues — early childhood, youth development, seniors, immigrants, environment, community development, healthy and/or supportive housing, workforce development, regional equity, poverty reduction, health and health care, etc. — can support the CHW field.
- Share what you have learned with others and communicate the value of CHWs through multiple vehicles. In particular, inform other funders, policymakers, health organizations and employers of the benefits and cost savings realized with CHWs and the need for funding strategies that keep the field viable.
- Raise awareness of the CHW role as a career track and pathway into the health care professions.
- Support ongoing rigorous research, demonstration and evaluation that identify success factors in clinics and outcomes in clinics and community-based settings to provide evidence of impact and cost reduction that will make the model sustainable.
- Support the development and work of the CHW peer networks and membership associations at the state and national level, building on lessons from Minnesota and other states.
- Focus on policy and systems change for broad impact.
- Stay focused on the long term and understand that change is incremental.

Health plans

- Help establish and promote CHW standards and competencies along with other stakeholders.
- Support training, ongoing education and state and local networks and associations for CHWs for mutual support, professional development and advocacy.
- Educate others in your industry and those it serves about the role of CHWs including health providers, employer groups, policymakers, members and agents.
- Identify and work with interested employer accounts that have a diverse workforce to pilot integrated CHW models and explore inclusion of CHWs as part of their benefit package.
- Educate provider networks about CHWs, encourage those that serve diverse communities to employ CHWs and, in Minnesota, provide information about guidelines for Medical Assistance enrollment and CHW payment under Minnesota Health Care Programs.
- Ensure that CHWs find a place within the medical/health care home model, home visiting programs and strategies that emerge from ongoing health care reform including global payment and performance-based systems.
- Consider the role of CHWs in contracted and carve-out programs, such as chronic disease management and maternal and child health.
- Serve as internship sites for CHW students, consider employing CHWs based on your health plan model and operations. Provide scholarships to interested employees to obtain training to move into CHW positions in your organization.




Health providers and other CHW employers

- Continue to learn about, support and use CHWs, structuring their role so that they are recognized and function as valued team members with voice, expertise and important community ties who help improve access, appropriate use of care, outcomes, cultural competence and community connections.
- Support the participation of your CHW employees in peer networks for ongoing professional development and mentoring such as the Minnesota Peer Network and in-state and national level CHW associations that help build the field such as the Minnesota CHW Alliance. Provide paid time to attend meetings. Subsidize dues or registration that may apply. Offer free meeting space.
- Educate others — including health professionals, policymakers, business — on the role of CHWs and the importance of a diverse health care workforce.
- Demonstrate competitive compensation and benefits for CHWs based on their performance and contributions as well as the need to attract and retain a skilled workforce.
- Ensure that CHWs find a place within the medical/health care home model and strategies that emerge from ongoing health care reform.
- Provide both formal and informal opportunities for CHWs to share their knowledge of their communities in ways that build provider and organizational cultural competence, stronger relationships and programs that more fully reflect the needs and assets of community members they are intended to serve.
- Learn how CHWs can help demonstrate community accountability and community benefit. Improve your system's performance by involving CHWs in efforts to reduce costly preventable, inpatient admissions and readmissions, and unnecessary emergency room use.
- Build CHWs into new and existing oral health models and healthy housing efforts.
- Integrate CHW tools and reporting into patient/client data systems and make changes to billing/financial systems needed for CHW payment, where applicable.
- Serve as internship sites for CHW students and provide scholarships to employees to obtain training to move into CHW roles.
- Encourage and if possible, subsidize, interested CHW employees to complete education and credentialing needed to move into related occupations in your organization to create a career ladder.

Media

- Learn about CHWs and broaden your coverage of health topics to include their contributions to improving health care access and outcomes for those experiencing cultural, language and other barriers to care, lowering costs, reducing health inequities, strengthening health care cultural competence and increasing the size and diversity of the health care workforce.
- Feature local CHWs, their roles, training, clients, communities and employers, from a variety of angles — emerging health career, bridge builder for health systems and cultural communities, new member of the health care team, community advocate.

Policymakers

- Learn about the community health benefits and cost savings produced by CHWs and recognize their value in the broad health field as well as in early childhood development, youth services, aging, refugee resettlement and immigrant integration, housing and the environment.
- Develop policies that will fully integrate CHWs into federal- and state-level health programs and ongoing health reform initiatives, with sustainable funding.
- Engage community health workers, health providers and other key stakeholders in establishing and promoting CHW standards and competencies.
- Expand and refine current legislation on the federal and state levels, as appropriate, to broaden the pool of trained CHWs and reduce barriers to the use of payment streams for CHWs by health providers such as federally qualified health centers and by community-based organizations.
- Approve funding for an integrated CHW research agenda that supports participatory research and rigorous evaluations that demonstrate the impact of CHWs on patient and population health, cost savings, care delivery models and approaches, cultural competence, career opportunities and health care workforce size and diversity.
- Encourage and if possible, subsidize, interested CHW employees to complete education and credentialing needed to move into related occupations in your organization to create a career ladder.
- Recognize the contribution of the CHW role to local economic development through the creation of jobs in underserved communities that value the life experience of local residents as a job qualification.

Partner spotlight:
Robert Wood Johnson Foundation

"As we look at our needs as a nation to be healthier and to reduce health care costs, the on-the-ground community connections of community health workers can make a difference," says Pauline Seitz, director of Local Funding Partnerships at the Robert Wood Johnson Foundation.

Local Funding Partnerships provided four years of support to advance the collaborative work of the Minnesota Community Health Worker Project and its statewide policy council. "The program has touched so many lives and made it possible for talented people in the community to enter the health professions and have a career ahead of them," Seitz says.

Noting the difficulty health care providers have in reimbursing for services that are not standardized, Seitz explains, "The Minnesota program put the policy piece in place to obtain funding and develop core competencies. We are extremely impressed with their ability to accomplish their goals."

Seitz also highlights the "exceptional example" of academic/community partnership provided by this project. "Often, programs that are academically centered are short-term enterprises," she says. "This is not short-term. This is really systems change."

Selected resources

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Our partners and grantees*

American Cancer Society – Midwest Division*

Blue Cross and Blue Shield of Minnesota

Bosnian Women's Network*

CAPI, Centre for Asians and Pacific Islanders*

CentraCare Health Foundation*

Centro Campesino*

Comunidades Latinas Unidas En Servicio (CLUES)*

Community-University Health Care Center (CUHCC)*

Confederation of Somali Community in Minnesota*

Family and Children's Service*

Health Advocates

Intercultural Mutual Assistance Association*

La Familia Guidance Center*

Lao Assistance Center of Minnesota*

Mayo Clinic*

The Minneapolis Foundation*

Minneapolis Medical Research Foundation*

Minnesota CHW Policy Council

Minnesota CHW Peer Network

Minnesota Council of Churches*

Minnesota Deaf CHW Project*

Minnesota Department of Health

Minnesota Department of Human Services

Minnesota International Health Volunteers* (now WellShare International)

Minnesota State College and University System/ Healthcare Education-Industry Partnership (HEIP)*

Multicultural Healthcare Alliance*

National Fund for Medical Education at the University of California San Francisco, Center for the Health Professions*

Neighborhood Healthcare Network*

Neighborhood House*

NorthPoint Health & Wellness Center

Open Cities Health Center*

Open Door Health Center*

Otto Bremer Foundation

Pillsbury United Communities*

Portico Healthnet*

Red Lake Comprehensive Health Services*

Robert Wood Johnson Foundation Local Funding Partnerships

St. David's Child Development and Family Services*

The St. Paul Covenant*

Sioux Valley Tracy Medical Center*

SNG Research

Somali Community Resettlement Services*

Touchstone Center for Collaborative Inquiry

Twin Cities Public Television

Vietnamese Social Services of Minnesota*

WellShare International (formerly Minnesota International Health Volunteers)*

Western Mental Health Center*

Wilder Research Center*

Women's Cancer Resource Center*

Women's Initiative for Self Empowerment (WISE)*

YWCA Mankato*

**Denotes grantee organization*

Blue Cross and Blue Shield of Minnesota
Foundation
An independent licensee of the Blue Cross and Blue Shield Association

The Blue Cross and Blue Shield of Minnesota Foundation is the state's largest grantmaking foundation to exclusively dedicate its assets to improving health in Minnesota, awarding more than $27 million since it was established in 1986. The Foundation's purpose is to look beyond health care today for ideas that create healthier communities tomorrow, through a focus on key social, economic and environmental factors that determine health, to improve community health long-term and close the health gap that affects many Minnesotans.

Fulfilling the vision of healthier communities for all Minnesotans will require the participation of many organizations and individuals. We are dedicated to working collaboratively with others in the community and to sharing the lessons we learn along the way.

Contact us at:
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LFP RUBRIC-STAGE I-BRIEF PROPOSAL				
Vulnerable Populations - How would this project improve health or health care for people made vulnerable by social factors?				
LIMITED - This project employs a proven intervention to provide access to health care services for people made vulnerable by well-known social factors.	**MODEST -** This intervention addresses the health needs of a newly recognized vulnerable population (i.e. a recent immigrant group), combines health services in a new way or adapts services to be more sensitive to the needs of vulnerable clients.	**COMPETITIVE -** This initiative offers an out-of-the-box solution to improve health or health care by causing significant change in one or more social factors such as education, housing or poverty.	**STRONG -** This program operates outside of traditional service systems, demonstrates a high level of client involvement, engages professionals beyond health care, and alters at least one social factor (such as transportation) to reduce barriers to care.	**EXCEPTIONAL -** This project was developed and implemented by health care and other sector professionals working together with clients, creates public/private partnerships, is a catalyst for systems change in more than one social factor.
Funder/Applicant Partnership - How have funders been involved in development of this idea?				
LIMITED - Nominating funder was recently contacted by the applicant agency to write letter of nomination; no prior funder involvement in this project.	**MODEST -** Nominating funder has expressed interest in committing new grant dollars to the project, has been consulted on the proposed program and assisted in preparation of the application.	**COMPETITIVE -** Nominating funder has been engaged with applicant agency in the planning and development of this project, has expressed interest in committing new grant dollars and is actively working with other funders to raise additional support for the program.	**STRONG -** Multiple funders have been engaged in the planning and development of the concept and have expressed interest in providing grant dollars and technical assistance if the proposal advances with RWJF.	**EXCEPTIONAL -** Multiple funders participated in the original collaborative that identified the need for this initiative as a high community priority. Grantmakers continued to participate in the development of the concept, investing resources and technical assistance to facilitate convening, planning and/or piloting the project. Funding partners are committed to supporting implementation of the program with dollars and technical assistance.
Community Collaboration - What are the origins of this coalition and how is the partnership evolving?				
LIMITED - Idea was developed and will be implemented by the applicant institution.	**MODEST -** Project created by applicant agency and endorsed by other groups.	**COMPETITIVE -** One organization created project and convened community groups as active partners.	**STRONG -** Problem identified by community agencies that typically do not work together and have now joined forces to address the issue with a new infrastructure and clearly defined decision-making process.	**EXCEPTIONAL -** Project actively engages a broad-based, non-traditional coalition of community groups whose new working relationship/partnership stimulates breakthrough thinking leading to systems change.
Innovation - How new/creative is this idea?				
LIMITED - This project would replicate a well-tested model that has already been described in the literature, been broadly disseminated and demonstrated in the U.S.	**MODEST -** This grant would bring a new pilot project to scale for the first time or fund an early replication of a successful intervention.	**COMPETITIVE -** This program will be the first adaptation of the model in a very different setting or with a different population (i.e. rural to urban, children to adults, chronic disease to acute condition).	**STRONG -** This intervention adds original program elements or methods that offer ambitious outcomes such as significant systems change.	**EXCEPTIONAL -** This initiative shows highly creative, fresh thinking about old problems to challenge the pervasive wisdom in the field, demonstrate a groundbreaking approach and unveil a potential new national model

LFP RUBRIC-STAGE II-FULL PROPOSAL Evaluation: How will the impact of the intervention be assessed/quantified?				
Limited-No baseline data; vague or absent quantifiable outcomes and no evaluation model or plan in proposal.	**Modest**-Some baseline data available but most extrapolated from state, national data; quantifiable outcomes not fully developed;evaluation minimally discussed in proposal.	**Competitive-**Baseline data specific to region targeted for program; quantifiable measures explained with some datail;model for evaluation described;evaluation conducted internally.	**Strong-**Detailed baseline data specific to region targeted for program;quantifiable measures, process and outcome evaluation elements described; evaluation conducted primarily internally, may have some external consultation/advice.	**Exceptional**-Baseline data specific to region targeted for program; quantifiable measures, process and outcome elements described in detail; evaluation conducted internally as well as externally; may have opportunity to measure impact using controls or proxies.
Sustainability: What measures, opportunities are identified to promote continuation of this work after the RWJF grant? How does this program fit the mission of the larger agency?				
Limited-Single matching funder identified; program has minimal likelihood of attracting funding streams; project is a stretch for the mission of the parent agency.	**Modest**-Several funders identified for year 1 matching funds; long term funding commitments are uncertain;questionable likelihood of attracting funding streams; mission is broadly aligned with mission of the parent agency.	**Competitive**-Multiple funders providing match in year one and some expression of commitment for funding support in subsequent years;possibility of attracting funding streams;new project is a natural outgrowth of current services.	**Strong**-Diversity of funders at the table including some who have never supported the organization or health issues;part of year 2 match secured; likely avenues to pursue funding streams through public, private sources; project well aligned with mission of the parent agency.	**Exceptional**-Full match in place at the start of the grant; diversity of funders engaged including some who have never supported the organization or health issues;project has potential to influence policy to support funding streams and replication to other communities; project is essential to mission of the parent agency.
LFP RUBRIC STAGE III-SITE VISIT **Organizational Capacity: Does the agency have the infrastructure, management and Board to support the new initiative?**				
LIMITED - Small or start-up organization; initiative would mark the inception of a new organization; Board is small, purely advisory or non-existent; financial instability.	**MODEST -** Agency is young, original Board in place; limited internal management structure. OR Project resides in a large organization such as a hospital or university and has limited independence.	**COMPETITIVE -** Stable, established agency; diversified sources of income/funding; Board is established; Executive Director is supportive of the new initiative.	**STRONG -** Locally well-known agency; stable income/funding; Board is strong, engaged; Executive Director promotes new initiative.	**EXCEPTIONAL -** Prominent organization; stable income/funding; Board and full management team in place; Executive Director active on policy level.
Leadership: Is there a recognized "parent" for the program? Does the project have strong leadership?				
LIMITED - Project developed by committee, grant writer coordinating; no agency person appearing to own project OR competition for ownership of project.	**MODEST -** Project developed collaboratively with plan to hire director once funded OR project director in place but appears inexperienced; competing agendas among collaborative partners.	**COMPETITIVE -** Project developed by collaboration with project director identified; individual appears qualified.	**STRONG -** Project collaboration in place for several years; project director emerged during this process and appears to have leadership potential; dedicated staff in place.	**EXCEPTIONAL -** Long standing collaboration with strong leader and staff with strong credentials; potential succession to leadership roles in evidence.
Fiscal Controls and Budget: Can the program manage the money?				
LIMITED - Agency has never had an audit or filed a federal form 990; not yet established as a 501©3; budget reflects unrealistic salaries and other expenses; overall financial status appears problematic.	**MODEST -** Agency has had an unfavorable audit or management letter indicating need for stronger internal controls; federal form 990 incomplete; budget is reasonable for program but may be the largest agency has managed.	**COMPETITIVE -** Agency has routine audits and completes federal form 990; budget is reasonable and proportionate with other projects within the organization.	**STRONG -** Agency has routine satisfactory audits and completes federal form 990; Guidestar reviews organization; Board has strong role in financial management.	**EXCEPTIONAL -** Agency has impressive internal controls; long standing history of strong fiscal management; Guidestar reviews.