

Executive Summary

Examination of Community Health Workers in Rural Pennsylvania

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November 2017

Community health workers (CHWs) play a vital role in the health care delivery system of rural Pennsylvania counties. With current shortages of health care professionals in rural Pennsylvania, CHWs may potentially play a significant role in the delivery of health services.

Currently, however, the role of CHWs is not well defined. This may be due to the lack of standard certification and training for CHWs. Efforts toward certification and training programs are evident throughout Pennsylvania, yet they lack consistency. This research, conducted in 2016 and 2017, was designed to gain an understanding of CHWs in rural Pennsylvania.

The researchers used the Human Resources and Services Administration's Community Health Worker National Workforce Study definition of CHWs as follows: "lay members of communities who work either for pay or as volunteers in association with local physical health and/or mental health care systems in rural environments, and usually share ethnicity, language, socio-economic status, and life experience with the community members they serve" (2007).

The research gathered information on CHWs in rural Pennsylvania through surveys, focus groups, and interviews. The surveys, one for CHWs and another for supervisors and administrators, collected information on: age, gender, educational background, type of employment, tasks and CHW work hours; current job descriptions; populations served; training; health issues of patients; and other pertinent factors. In addition, the researchers conducted 24 leadership phone interviews and seven focus groups in the six health districts of Pennsylvania.

According to the CHW survey, 89 percent of respondents received some type of training to be a CHW. It was evident from the leadership phone interviews and focus groups that there was a variety of training opportunities being offered to CHWs, depending on the work setting and volunteer or work status. On-the-job training, conference training, certificate programs, shadowing, and formal education were the predominant types of training.

There was a wide range of populations in CHW caseloads, and multiple health and mental health issues. The number of monthly caseloads varied, with the highest percentage being 31 or more cases a month for 39 percent of the respondents; the next highest response was for caseloads of 1 to 5 per month for 26 percent of the respondents.

According to the CHW survey results, 91 percent of CHWs are female workers or volunteers, with an average age of about 48. On average, CHWs have worked in the field for 9 years, with 76 percent of the respondents being paid workers. The educational background of CHWs was varied, and ranged from a high school education to a college degree.

Results from the surveys, interviews, and focus groups found that CHWs are used in a variety of agencies and contexts in rural Pennsylvania, with duties ranging from working with the elderly to working with infants and children. Depending on the agency and work status, CHW caseloads can be very different.

Twenty percent of CHWs earn between \$20,000 and \$30,000 per year. It was evident from the focus groups and leadership phone interviews that low pay, high

The Center for

Rural Pennsylvania
A Legislative Agency of the Pennsylvania General Assembly



This project was sponsored by a grant from the Center for Rural Pennsylvania, a legislative agency of the Pennsylvania General Assembly.

The Center for Rural Pennsylvania is a bipartisan, bicameral legislative agency that serves as a resource for rural policy within the Pennsylvania General Assembly. It was created in 1987 under Act 16, the Rural Revitalization Act, to promote and sustain the vitality of Pennsylvania's rural and small communities.

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turnover, and lack of adequate funding were significant issues for many agencies.

In addition, many agencies experienced large caseloads and lacked consistent CHW certification and training. A variety of educational backgrounds and training, as reported by the study participants, further complicates the consistency of CHW roles. In one focus group of CHWs, each worker had different educational and work experiences prior to being hired as a CHW.

Overall, the research provides an overview of CHWs in 37 rural Pennsylvania counties. The research was limited by the lack of a clear definition of CHWs, as perceived by the community of interest, and found that there is currently no official certification process for this job category or standardization of the position. Also, the number of CHWs is limited by a lack of funding sources. In the medical health care field, CHWs do not have a large source of funding, while in the mental health field peer specialists do receive Medicaid money and county/state funds.

In terms of policy considerations, the researchers found that decisions will need to be made on whether CHWs should be certified in Pennsylvania. The decision on certification and training needs to be made by the state legislature and the state Departments of Health and Human Services. The Pennsylvania Community Health Task Force (2016) has identified two paths to certification: a work experience track, and a training and work experience track in which accredited training and work experience would be required (Ferguson, 2016). The certification board would establish work requirements and training standards for accredited CHW training programs. It would consist of a public-private partnership and would be staffed by state agency staff and CHW stakeholders. State legislation would be needed to authorize the certification board.

In 2016, the Pennsylvania Statewide Community Health Worker Training Subcommittee established a Pennsylvania Core Competency List in the following areas: “community and interpersonal skills; cultural competency; health literacy; health education; care coordination; and advocacy and community capacity building.” Core certification would result in the need for legislation to certify CHWs and create standards for a board and standards for CHW certification. If CHWs become certified, a policy decision would need to be made as to whether there will be state-regulated training and certification requirements for CHWs.

The research also identified possible funding sources (which would require approval of the state and federal governments) that include:

1. Using Medical Assistance money to pay for CHWs conducting outreach and Medicaid enrollment.
2. Expanding the Medicaid Fee for Service to allow CHWs to assist people with accessing care and providing follow-up for medication, diet requirements, and other aspects of care.
3. Providing Medicaid and Medicaid Managed Care to community health centers to provide education, follow-up, and coordination of services using CHWs.
4. Providing Medicaid waivers for CHW services. This would involve using the 1115 waiver clause in the Medicaid plan. A Medicaid waiver in the Affordable Health Care Act allows state health systems to use funds for creative and innovative purposes, such as funding CHWs.

Lastly, if Pennsylvania is going to expand the use of CHWs, it should support research that evaluates the health outcomes of CHW patients, looks at gender issues associated with CHWs, and provides more details about the work of CHWs.

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