



National Rural Health Association Position Paper

Community Health Workers

Policy Recommendations

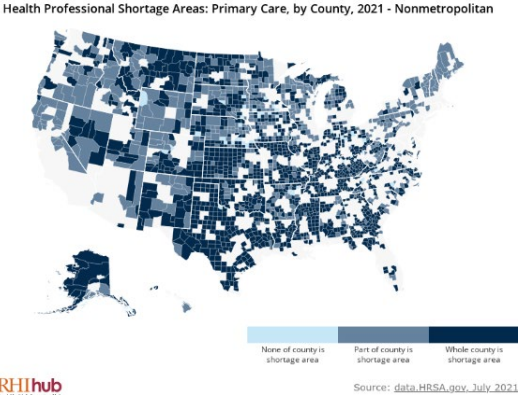
Enlisting CHWs in rural areas will assist in broadening the reach of healthcare services and providers, which is essential to improving the health of rural residents.ⁱ Policy efforts to expand CHW presence include:

- Support CHW state certification efforts to establish the role of CHWs at the state level.
- Implement CHW certification programs that train CHWs in established professional standards.
- Support, participate, and advocate for a national scope of practice for CHWs.
- Authorize payment for health insurer coverage of CHW services to create sustainable funding mechanisms, including covering services provided under Medicaid.
- Identify and implement strategies to promote CHW involvement and engagement on multidisciplinary teams
- Support and advocate for comprehensive evaluation of CHW programs—including cost saving, client outcomes, and CHW scope of practice.

Recommended Action

- Support [S.2210/HR4131](#) Better Care Better Jobs Act to fund state Medicaid programs to improve home- and community- based services (HCBS).
- Support and advocate for the training and recruitment of more CHW in emergency preparedness, surveillance, and public health in efforts to provide service more thoroughly to their communities.

Rural Americans face a higher risk of poor health outcomes when compared to their urban counterparts.ⁱⁱ These disparities exist due to geographical isolation, poverty, environmental factors, and difficulty in accessing care.ⁱⁱⁱ To ameliorate the health outcomes of communities in rural areas, the implementation of Community Health Workers (CHWs) is crucial. CHWs are defined as frontline public health workers who have an intimate knowledge of the community that they serve.^{iv} A distinctive aspect of CHWs compared to other health professionals is their shared life experience with the community that they are serving, such as a shared socio-economic status, ethnicity, or language.^v CHW programs implemented in rural areas help to facilitate access to health services, educate members of the community, and provide outreach to individuals in need.^{vi} Not only do CHWs provide outreach and assist community members in obtaining care, but they can provide translation services, deliver direct services including first aid and blood pressure screening, and advocate for individual and community health needs.^{vii}



Filling the Health Care Gap

Only 9% of US physicians practice in rural communities, even though 20% of the US population lives in rural areas.^{viii} As rural populations experience higher rates of chronic disease, the demand placed upon rural providers is substantial.^{ix} In these circumstances, CHWs can relieve some of the burden placed upon rural healthcare providers.

Due to a lack of national standardized training, certification, and licensure, the available data on CHWs remains limited.^x Additionally, the diversity of services provided, the sizeable number of volunteers, and



low barriers to enter and exit the workforce also generate difficulties in obtaining and standardizing data due to the high amount of fluctuation in the workforce.^x

Despite challenges in collecting national data, there are examples of successful CHW programs in rural communities. For example, a program in rural Texas assisted rural children improve their asthma self-management by employing CHWs.^{xi} The results found that the group receiving treatment from CHWs exhibited greater improvement in asthma knowledge, asthma self-management, and inhaler technique compared to the attention-control group.^x These advancement of knowledge among children in the treatment group equaled 10%, while the attention-control group was raised by 5%.^x These results reveal the efficacy of CHWs in educating communities. In other situations, individuals living in rural communities in Alabama received cognitive behavioral training interventions for their diabetes and chronic pain.^{xii} CHWs delivered health information to the target population using educational videos created by health experts and recommended ways that these educational materials could be modified to resonate with the population.^{xi} Once implemented, 80% of program participants completed the intervention, and 95% of participants were satisfied with the CHW program.^{xi} These studies highlight how CHWs are a vital resource for improving health outcomes and the satisfaction of care received.

Since the start of the COVID-19 pandemic, CHWs have alleviated the burden on health care systems by providing home-based care and engaging in community education surrounding COVID-19.^{xiii} Some examples of education that CHWs can engage in includes: promoting COVID-19 prevention measures through the usage of masks, hand washing, and vaccination; distributing education materials on COVID-19 and how it is transmitted; and using education to reduce the stigma surrounding community members diagnosed with COVID-19.^{xii} CHWs have also proved beneficial in emergency preparedness planning and disaster recovery, further bolstering their importance within their communities.^{xiv}

ⁱ Rural Health Information Hub. "Community Health Workers in Rural Settings." <https://www.ruralhealthinfo.org/topics/community-health-workers>. Accessed November 2021

ⁱⁱ Centers for Disease Control and Prevention. "About Rural Health." <https://www.cdc.gov/ruralhealth/about.html>. Accessed November 2021

ⁱⁱⁱ Association of American Medical Colleges. "Health Disparities Affect Millions in Rural U.S. Communities." <https://www.aamc.org/news-insights/health-disparities-affect-millions-rural-us-communities>. Accessed November 2021

^{iv} American Public Health Association. "Community Health Workers." <https://www.apha.org/apha-communities/member-sections/community-health-workers>. Accessed November 2021

^v Rural Health Information Hub. "Community Health Workers in Rural Settings." <https://www.ruralhealthinfo.org/topics/community-health-workers>. Accessed November 2021

^{vi} Infante, A, Knudson, A, and Brown, A. Promising Practices for Rural Community Health Worker Programs. *Physical Activity*. 2011: 1-6

^{vii} U.S. Department of Health and Human Services. "Community Health National Workforce Study." <https://bhwh.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/community-health-workforce.pdf>. March 2007.

^{viii} Rosenblatt, R.A and Hart, L.G. Physicians, and rural America. *The Western journal of medicine*. 2000; 173(5):348-351

^{ix} Rural Health Information Hub. "Rural Healthcare Workforce." <https://www.ruralhealthinfo.org/topics/health-care-workforce>. November 2020

^x Health Resources and Services Administration. "Allied Health Workforce Projections, 2016-2030: Community Health Workers". <https://bhwh.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/community-health-workers-2016-2030.pdf>. Accessed November 2021

^{xi} Horner, S.D and Fouladi, R. Improvement of Rural Children's Asthma Self-Management by Lay Health Educators. *The Journal of school health*. 2008; 78(9):506-513

^{xii} Andrae, S. et al. Development of a community health worker delivered cognitive behavioral training intervention for individuals with diabetes and chronic pain. *Fam Community Health*. 2018; 41(3): 178-184.

^{xiii} Centers for Disease Control and Prevention. "Community Health Workers Support of Home-based Care." <https://www.cdc.gov/coronavirus/2019-ncov/global-covid-19/home-based-care.html>. Accessed December 2021

^{xiv} Nicholls, K., Picou, J.S., and Lowman, J. Enhancing the Utility of Community Health Workers in Disaster Preparedness, Resiliency, and Recovery. *International Oil Spill Conference Proceedings*. 2014(1): 170-183. doi: [10.7901/2169-3358-2014.1.170](https://doi.org/10.7901/2169-3358-2014.1.170)