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Growing and Sustaining Community Health Workers in Missouri

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AUGUST 2023

Growing and Sustaining Community Health Workers in Missouri

Milken Institute School
of Public Health

THE GEORGE WASHINGTON UNIVERSITY



Missouri Foundation
for *Health*

a catalyst for change

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Acknowledgments

The George Washington University Milken Institute School of Public Health study team thanks Missouri Foundation for Health for their vision and commitment to a stronger public health system for Missouri. We would like to acknowledge their support and partnership, which enabled the development of this report. We are immensely grateful to the many community health workers and advocates supporting the field of community health work from across the state of Missouri who spoke with us about their experiences. Their candid accounts about the field made this report possible.

Milken Institute School of Public Health

THE GEORGE WASHINGTON UNIVERSITY

About the George Washington University Milken Institute School of Public Health

The George Washington University Milken Institute School of Public Health advances population health, wellbeing, and social justice locally, nationally, and globally by applying public health knowledge to enhance policy, practice, and management; conducting rigorous, basic, applied, and translational research; and educating the next generation of public health leaders, policy makers, practitioners, scientists, advocates, and managers.



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I. Executive Summary:

Growing and Sustaining Community Health Workers in Missouri

August 2023

Milken Institute School
of Public Health

THE GEORGE WASHINGTON UNIVERSITY



In the past decade or so the community health worker (CHW) has been the recipient of renewed policy focus and emerged as a recognized profession in the U.S. and a critical part of Missouri's workforce. An estimated 1,830 CHWs were working in Missouri in 2022 across several sectors and at a variety of organizations. CHWs operate as a trusted resource and critical bridge at the intersection of systems, working to support the health and well-being of under-resourced and historically marginalized communities and individuals. A mounting body of literature demonstrates how CHWs improve outcomes by effectively navigating difficult health, social, and economic challenges, including access to stable housing, health care, food, transportation, education, safety, and many other basic issues.

This report provides a landscape of the CHW workforce activity in Missouri.

Missouri is among a group of leading states working to advance the profession. Recent milestones and accomplishments include:

- Adoption of the APHA's CHW definition, as well as a scope of practice, core competencies, and code of ethics.
- Development of a state-approved CHW curriculum and a training provider certification process, and establishment of training grants to support trainees throughout the state.
- Creation of a voluntary CHW credential (CHW-C).
- Establishment of a CHW-led Statewide CHW Advisory Committee to advise on key decisions related to the profession, in addition to a statewide and several local/regional associations and networks that support CHWs.
- Formation of statewide and regional professional networks, including the Community Health Workers Association of Missouri.
- By the numbers:
 - > 600 CHWs have completed the voluntary, state-approved training program supported by CDC grant funding.
 - > There are currently 15 state-certified curriculum providers throughout the state, several of which are community or technical colleges.
 - > 402 CHWs have received a CHW-C credential.

Missouri is home to diverse CHW training and practice models which may hold potential for scalability and spread nationally, including but not limited to:

- The Missouri Primary Care Association supports the integration of CHWs in health centers across the state to meet the health and social needs of health center patients.
- The CHW curriculum has been adapted to cross-train pharmacy technicians in local pharmacies and community paramedics working in EMS as CHWs, allowing them to improve community access to primary care.
- A school district in Southwest Missouri integrates CHWs into its schools through a partnership with a local health center and as a part of the district's staff to improve access to care and address social needs for students and their families.

We conducted interviews with 40 individuals from the field, including CHWs and others who supervise or work alongside CHWs, to get their perspectives about community health work and their ideas for ensuring a strong future workforce. Takeaways included:

- Many of Missouri's CHWs have relevant experience before coming to the job, like having a career path that involved working in the community or in a caregiving or support capacity.
- CHWs in Missouri are entering the field through word of mouth and face few initial barriers. The CHW training is largely free and accessible to individuals, and CHWs often learned about the role through their peers or the training's on-site placement.
- CHWs are employed by a variety of organizations and there is a lot of variability in terms of the resources and supports that they receive on the job.
 1. The work of a CHW is challenging and requires an emotionally supportive job environment.
 2. Ability to network on the job is crucial for problem solving and meeting client needs.
 3. Adequate pay and the ability to advance professionally is important for job satisfaction and preventing turnover.
 4. Many organizations are enthusiastic about hiring CHWs, but not all are prepared to integrate CHWs into their care teams and organizational processes.
 5. CHWs need to be in the community in order to do their work.
 6. Employers should implement the CHW role in the context of a larger SDOH strategy, as opposed to an ad hoc solution.

Practical recommendations and strategies to address workforce needs that emerged from our interviews and review of the field included:

1. Increased understanding of CHW workforce capacity, characteristics, and needs through systematic data collection, in order to determine how best to support and deploy CHWs to maximize their impact (i.e., through a statewide CHW survey or registry).
2. Greater awareness of the value of CHWs and resources for employers on how to operationalize their skills, establish organizational capacity and readiness for integrating CHWs into workforce teams (i.e., CHW supervisor training, profiling successful CHW models, employer awareness campaigns, etc.).
3. Exploration of sustainable funding strategies for CHWs by revitalizing conversations with potential payers (e.g., MO HealthNet and Managed Care Organizations), looking to other states that have adopted financing strategies, and providing tools for employers to understand and implement potential financing or reimbursement strategies.

11. Introduction

Outreach workers, community health educators, community health aides, community health representatives, promotoras/es de salud, and peer educators.

Though they have served under the banner of many different titles over the years, community health workers (CHWs) have been working to lift the health of U.S. communities since at least the 1960s. Used by countries all over the world to support health care access and community needs, the CHW model was first adopted in the U.S. as an antipoverty strategy by community organizations, faith-based organizations, and health care providers.¹ Over time the role was adapted to support initiatives related to health promotion and access. It has primarily been in the past decade or so, however, that the community health worker has been the target of renewed policy focus and emerged as a recognized profession in the U.S. and a critical part of Missouri's workforce. The Missouri Department of Health and Senior Services (DHSS) defines a community health worker, in accordance with the American Public Health Association (APHA), as:

“a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access

to services and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.”²





A mounting body of literature demonstrates how CHWs improve a variety of outcomes for the individuals and communities they support by effectively navigating difficult health, social, and economic challenges, including access to stable housing, health care, food, transportation, education, safety, and many other basic issues (see Box 1). Their close relationships with the community, understanding of cultural norms, identity, and shared experiences allow CHWs to connect with the individuals they serve in a meaningful way, and identify and address barriers to health. CHWs operate as a critical bridge at the intersection of systems, working to improve the health and well-being of under-resourced and historically marginalized communities and individuals. In many ways, CHWs are uniquely suited to address the most pressing health-related social needs facing the country, and the profession is

- 1 One of the first examples of a CHW program was the use of Barefoot Doctors in Ding Xian, China in the 1920s. They were trusted community members (non-physicians) from rural farming communities that provided healthcare services (e.g., health literacy, vaccinations, and basic health education) and agricultural support. To learn more about the history of CHWs, visit: <https://pubmed.ncbi.nlm.nih.gov/24387091/>.
- 2 American Public Health Association. Community health workers. APHA.org. <https://www.apha.org/apha-communities/member-sections/community-health-workers>.

gaining prominence among policy makers and various partners from the field as a result.

This report provides a landscape of the CHW workforce activity in Missouri. We review recent milestones in the development of the profession, and explore growth and diversification of the field by highlighting training and practice models being employed in Missouri—which may hold potential for scalability and spread nationally. We also share perspectives about the current state of the profession from conversations with 40 individuals from the field, including CHWs and others who supervise or work alongside CHWs, and feature their ideas for ensuring a strong future workforce. Finally, we offer some practical recommendations that emerged from our interviews and our review of CHW-related policy and advocacy approaches in other states. For detailed information about our study approach, please refer to Appendix 1.

Box I. Examples of the Positive Impacts of CHWs

-  A randomized control trial of a CHW engagement model found that CHWs providing personalized care for multi-chronic patients in high-poverty neighborhoods, who were uninsured or receiving public health insurance, resulted in fewer hospitalizations with shorter average length of stay, and an improvement in reported quality of care.³
-  CHWs improved diabetes self-management among African Americans with low-incomes by helping them meet their exercise and diet goals through an interactive web application.⁴
-  For Latino and African American diabetes patients with low-incomes, CHW intervention resulted in 94% of participants attending follow-up visits, greater satisfaction in understanding medication information, and reduced stress related to their illness.⁵
-  CHWs have been identified as key agents in mitigating the effects of incarceration, providing justice-involved individuals with social support, facilitating their success in their communities.⁶

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- 3 Kangovi S, Mitra N, Norton L, et al. Effect of community health worker support on clinical outcomes of low-income patients across primary care facilities: a randomized clinical trial. *JAMA internal medicine*. 2018;178(12):1635-1643. doi:10.1001/jamainternmed.2018.4630.
 - 4 Cherrington AL, Agne AA, Lampkin Y, et al. Diabetes connect: developing a mobile health intervention to link diabetes community health workers with primary care. *The journal of ambulatory care management*. 2015;38(4):333-345. doi:10.1097/JAC.000000000000110.
 - 5 Heisler M, Choi H, Palmisano G, et al. Comparison of community health worker-led diabetes medication decision-making support for low-income Latino and African American adults with diabetes using e-health tools versus print materials: a randomized, controlled trial. *Annals of internal medicine*. 2014;161(10 Suppl): S13-S22. doi:10.7326/M13-3012.
 - 6 Wilmont D, van Olphen J. Challenging the health impacts of incarceration: the role for CHWs. *California journal of health promotion*. 2007;3(2), 38-48. <https://doi.org/10.32398/cjhp.v3i2.1762>.

III. Growth of the CHW Field in Missouri

The passage of the Affordable Care Act (ACA) in 2010 raised the visibility of the CHW workforce and its potential for improving the health of communities. The ACA acknowledged CHWs as crucial members of the health care workforce and provided new opportunities to leverage and understand their impact.^{7,8} In the same year, the U.S. Department of Labor designated an occupational code for CHWs in order to systematically capture information about the workforce.⁹ Since then, Missouri has been among a group of states leading the charge to professionalize its CHW workforce and adapt the model for various sectors and communities.

In 2011, the Mid-America Regional Council (MARC), and partners from health care, social service, government, and other sectors, formed one of the first regional efforts to support the work of CHWs.¹⁰ The Kansas City Regional CHW Collaborative (referred to as “the Collaborative”) offered educational opportunities

to a growing number of CHWs in the area, promoting and tracking the adoption of the model among local organizations, and exploring avenues to sustain the workforce.¹¹ In 2012, with the support of a Missouri workforce development grant, the Collaborative and MARC partnered with KC CARE Health Center and Metropolitan Community College to develop the first CHW training curriculum for Kansas and Missouri.¹² This curriculum would serve as the basis for the state-approved CHW curriculum in Missouri.

From 2014 to 2015, DHSS worked with the Collaborative to establish a Statewide CHW Advisory Committee of CHWs and other advocates to advise the state on practice standards and strategies to develop the profession. Among its early achievements, the Advisory Committee recommended a set of core competencies and a definition for CHWs adopted by Missouri DHSS in 2016 (see page 11).^{13,14}

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- 7 Katzen A, Morgan M. Affordable Care Act opportunities for community health workers. CLPI.org. (2014). <https://chlpi.org/wp-content/uploads/2013/12/ACA-Opportunities-for-CHWsFINAL-8-12.pdf>.
 - 8 Shah MK, Heisler M, Davis MM. Community health workers and the Patient Protection and Affordable Care Act: an opportunity for a research, advocacy, and policy agenda. *J health care poor underserved*. 2014;25(1):17-24. doi: 10.1353/hpu.2014.0019. PMID: 24509008; PMCID: PMC4117401.
 - 9 Bureau of Labor Statistics. Occupational employment and wage statistics, May 2022. BLS.gov. (2022). <https://www.bls.gov/oes/current/oes211094.htm>.
 - 10 Kansas City Regional CHW Collaborative (KCRCHWC). A study of the community health worker in the Kansas City region and beyond. MARC.org. (2016). <https://www.marc.org/sites/default/files/2022-06/Community-Health-Worker-White-Paper.pdf>.
 - 11 KCRCHWC. A study of the community health worker in the Kansas City region and beyond.
 - 12 KCRCHWC. A study of the community health worker in the Kansas City region and beyond.
 - 13 Missouri Department of Health and Senior Services (DHSS). Community health workers. Health.mo.gov. <https://health.mo.gov/professionals/community-health-workers/>.
 - 14 Kansas-Missouri CHW Partnership. Kcheartlandconference.com. (2017). http://www.kcheartlandconference.com/uploads/1/0/7/0/107062959/ks-mo_chw_partnership.pdf.

In 2016, Missouri's Medicaid program, MO HealthNet, launched a pilot program to test the integration of CHWs into its Primary Care Health Home (PCHH) teams.^{15,16,17} Funded by the Missouri Foundation for Health and a portion of Medicaid payments,¹⁸ CHWs supported Medicaid enrollees with complex needs by conducting needs assessments, facilitating their appointments, providing follow-up after emergency room visits or hospitalization, and coordinating access to social services and community resources.¹⁹ The pilot saw a reduction in emergency room visits and hospitalizations among patients receiving CHW services, and served as one of the first efforts supported by the State of Missouri to demonstrate the impact that CHWs can have in improving health outcomes.²⁰ The pilot has since ended, but its success with placing CHWs on PCHH teams, including working with health center patients, helped jumpstart the use of CHWs in a majority of Missouri's health centers today.

For several years, Missouri DHSS supported tuition reimbursement for CHW training through a small group

of training providers. In 2018, the agency received a 5-year cooperative agreement from the Centers for Disease Control and Prevention (CDC) to support state and local health department efforts in chronic disease management and community health improvement.^{21,22} Because CHWs were seen as an effective approach for reaching individuals with chronic disease, DHSS directed funds to support CHW training and deploy CHWs into communities to advance grant goals. CDC funding became instrumental to scaling CHW training efforts in Missouri by providing scholarships that enable training providers to offer courses free of charge and by growing the workforce through new CHW positions.²³

As CHW numbers grew in Missouri, the Statewide CHW Advisory Committee guided efforts to standardize the process for becoming a CHW. The results were substantial: the state approved a CHW curriculum in 2019 and a voluntary certification process implemented in December of that year (see page 11).²⁴ DHSS also adopted a curriculum provider certification process to

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- 15 Missouri was one of the first states to apply for a State Plan Amendment in 2012 to establish a PCHH model to improve care coordination for its MO HealthNet enrollees with complex needs related to chronic disease and behavioral health.
 - 16 Missouri Department of Health and Senior Services (DHSS). Missouri foundation for health grant award agreement 14-0885-Cf-15 final report January 1, 2017–December 31, 2017. Health.mo.gov. (2017). <https://dss.mo.gov/mhd/cs/health-homes/pdf/CHWPilotReport.pdf>.
 - 17 Ortiz TS, Barker A. Expanding the primary care health home model to improve health outcomes and contain costs within Missouri Medicaid. WUSTL.edu. (2021). https://bpb-us-w2.wpmucdn.com/sites.wustl.edu/dist/1/2391/files/2021/05/HealthHome_WhitePaper_CHEP_WUSTL.pdf.
 - 18 A portion of a per member per month payment supported CHW activities. States typically pay managed care organizations for risk-based managed care services through fixed periodic payments for a defined package of benefits, often on a per member per month basis. MACPAC. Medicare managed care payment. MACPAC.org. <https://www.macpac.gov/subtopic/medicaid-managed-care-payment/>.
 - 19 DHSS. Missouri foundation for health grant award agreement final report.
 - 20 Brown K, Heaps-Woodruff J. MO healthnet primary care health home initiative community health worker (CHW) pilot project – southwest Missouri. (2018). <https://musomcme.files.wordpress.com/2018/04/brown-mo-healthnet-chw-pilot-04192018-final.pdf>.
 - 21 CDC Division of Diabetes DP18-1815 and DP18-1817 grants, which funded the cooperative agreement, encourage state and local health agency recipients to develop innovative approaches to increase the reach and effectiveness of evidence-based public health strategies in populations and communities with a high burden of diabetes, heart disease, and stroke. To learn more, visit: <https://www.cdc.gov/diabetes/programs/stateandlocal/index.html>.
 - 22 As of the writing of this report, Missouri DHSS was awaiting notification about the renewal of the cooperative agreement and whether grant funds would continue to be used to support CHW training in the state.
 - 23 Missouri Department of Health and Senior Services. (2023).
 - 24 Saleski E, Holmes J. Using state plan amendments (SPAs) to support community health workers. FamiliesUSA.org. (2018). <https://familiesusa.org/wp-content/uploads/2019/09/SPA-Webinar.pdf>.

standardize and expand the availability of quality training programs. In the same year, the Community Health Workers Association of Missouri (CHWAM) was created to bring CHWs across the state together to network and advocate for the profession (see page 11, 12, and Appendix 2).²⁵

Around this time, Advisory Committee members and other collaborators formed a Statewide Payer Engagement Workgroup to explore Medicaid as a payment source for CHW services. The Workgroup identified two potential options: a State Plan Amendment (SPA), which is a tool states use to make policy or operational changes to their Medicaid program, oftentimes to provide reimbursement for services not originally covered by Medicaid; and adding contract language that requires Managed Care Organizations (MCOs) to offer their enrollees access to CHW services.²⁶ Unfortunately, efforts to secure approval for an SPA were unsuccessful and conversations with MCOs stalled with the arrival of the COVID-19 pandemic, which shifted focus away from CHW reimbursement. Advocates are hoping to revisit these discussions in the near future.

The COVID-19 pandemic highlighted the importance of CHWs as a bridge between community members and sectors involved in the pandemic response. CHWs were tapped for outreach efforts, especially for the most at-risk individuals. In Missouri, CHWs connected patients to testing, vaccination, and treatment services. Federal investments in CHW initiatives related to COVID-19 helped to grow the field statewide and further elevate the profession nationally. The American Rescue Plan Act committed \$225 million to the Health Resources and Services Administration (HRSA) to distribute to communities for training CHWs—the

largest one time federal investment in the workforce to date—including \$2.26 million for Missouri’s Junior College District of St. Louis to support CHW training and apprenticeship.^{27,28} Additionally, in another signal for federal interest and support of the CHW profession, the Consolidated Appropriations Act of 2023 commits \$50 million annually through 2027 to build CHW workforce capacity.²⁹

While Missouri’s CHW workforce continues to evolve, much has been accomplished for the profession in short order, offering valuable lessons for other states looking to support their CHW workforce. Missouri has established and advanced highly accessible training and credentialing programs for CHWs, invested in innovative models of practice, and supported regional and statewide networks. Lessons and resources disseminated by CHW-led groups like CHWAM, the St. Louis CHW Coalition, the Kansas City Regional CHW Collaborative, and other local and regional efforts have promoted cross-learning among Missouri communities and informed statewide CHW efforts (see Appendix 2). CHWs in Missouri are working to advance their profession and advocate for on-the-job supports, systems, and policies that enable them to meet the needs of their communities for the long term.

25 Community Health Workers Association of Missouri (CHWAM). About CHWAM. CHWAM.org. <https://chwam.org/>.

26 Saleski E, Holmes J. Using state plan amendments (SPAs) to support community health workers.

27 U.S. Department of Health and Senior Services. With new American Rescue Plan funding, HHS expands and strengthens the community and public health workforce. HHS.gov. (2022). <https://www.hhs.gov/about/news/2022/09/30/new-american-rescue-plan-funding-hhs-expands-and-strengthens-community-and-public-health-workforce.html>.

28 Health Resources and Services Administration. FY 2022 community health worker training awards. HRSA.gov. (2022). <https://bhwh.hrsa.gov/funding/community-health-worker-training-fy2022-awards>.

29 Lawson, N. Funding for community health workers authorized in Consolidated Appropriations Act – how could this help children and families?. CCF.Georgetown.edu. (2023). <https://ccf.georgetown.edu/2023/01/13/funding-for-community-health-workers-authorized-in-consolidated-appropriations-act-how-could-this-help-children-and-families/>.

Missouri's CHW Workforce at-a-Glance

CHWs in Missouri

- In 2016, Missouri DHSS adopted the APHA's CHW definition, as well as a scope of practice, core competencies, and code of ethics.^{30,31}
- Missouri DHSS manages the state-approved CHW curriculum, training grants, and training provider certification process, and uses a CHW-led Statewide CHW Advisory Committee to advise on key decisions related to the profession.
- While it is difficult to provide an exact estimate of CHWs in Missouri given the various titles under which they operate and the lack of a way to systematically track CHWs in the state, an estimated 1,830 CHWs were working in Missouri in 2022.³²
- CHWs work across several sectors and at a variety of organizations including: community-based organizations, health centers, hospitals, local public health agencies or health departments, pharmacies, and schools.
- Many specialize in working with specific populations, like people in recovery from addiction, gun violence survivors, justice involved people, or children in the foster care system. Others have

expertise navigating particular systems or issues like housing, food access, and employment.

- Some professions cross-train as CHWs to better meet client/patient needs, including: doulas, pharmacy technicians, community paramedics, social workers, therapists, and behavioral health workers.

Missouri's CHW Training Program Features^{33,34}

- 600 CHWs have completed the state-approved training program supported by grant funding.³⁵
- Training is voluntary, but many employers require completion of the program as a condition of hiring.
- CHW training costs about \$2,000 per individual, but CDC DP18-1815 and DP18-1817 grants have supported the Missouri CHW training program since 2018, allowing many individuals to complete the program free of charge.
- There are currently 15 state-certified curriculum providers, several of which are community or technical colleges. The CHW training curriculum is generally standardized across providers, but can vary slightly in terms of how the program is administered (e.g., virtual, in-person, or hybrid

30 Missouri Department of Health and Senior Services (DHSS). Community health workers. Health.mo.gov. <https://health.mo.gov/professionals/community-health-workers/>.

31 DHSS. Community health workers.

32 Bureau of Labor Statistics. Missouri - State occupational employment and wage statistics, May 2022. BLS.gov. (2022). https://www.bls.gov/oes/current/oes_mo.htm#top.

33 Missouri Department of Health and Senior Services (DHSS). Community health workers - curriculum overview. Health.mo.gov. <https://health.mo.gov/professionals/community-health-workers/curriculum.php>.

34 Missouri Department of Health and Senior Services (DHSS). Community health workers - curriculum provider certification. Health.mo.gov. <https://health.mo.gov/professionals/community-health-workers/curriculum-provider-certification.php>.

35 Missouri Department of Health and Senior Services. (2023).

instruction) and specialty courses offered (e.g., offering violence prevention, pandemic preparedness, or behavioral health modules).

- At least 100 hours of classroom instruction and 60 hours of service learning, or 40 hours of service learning for students currently working as a CHW, is required.
- The curriculum has been adapted to cross-train CHWs and other specialties like doulas, community pharmacists, and community paramedics.

Missouri's CHW Credentialing Process³⁶

- The CHW credential (CHW-C) was established in Missouri in 2019 and the process is managed by the Missouri Credentialing Board.
- Obtaining the CHW credential is voluntary in Missouri, though many CHWs in leadership positions appear to support the value of credentialing. Since the CHW credential was implemented in 2019, about 402 CHWs have completed the process as of June 2023.³⁷
- The applicant must be at least 18 years old, have completed at least high school (or equivalent), a recent background check, and the state-approved CHW training program.
- A \$75 credential application fee is required. CHWs must apply to renew their credential every two years by submitting the renewal application, demonstrating proof of 20 hours of continuing education credits (CEUs) (6 hours in ethics CEUs); and paying a \$70 renewal fee.

³⁶ Missouri Credentialing Board (MCB). Criteria for community health worker (CHW). Missouriicb.com. <https://missouricb.com/wp-content/uploads/2019/11/CHW-December-2019112919.pdf>.

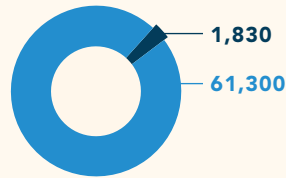
³⁷ Missouri Credentialing Board. (2023).

CHW Workforce Employment and Wages: United States and Missouri

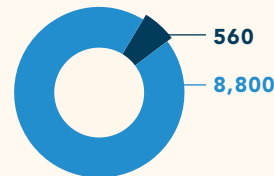
● U.S. ● Missouri

CHW EMPLOYMENT

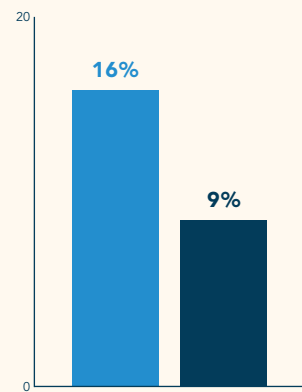
May 2022 Estimate



Projected Annual Job Openings, 2020–2030

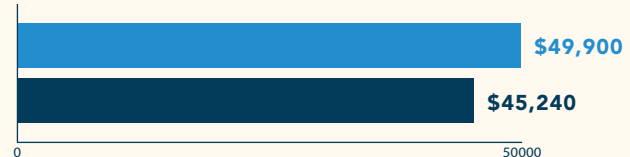


Projected Workforce Growth, 2021–2023 (US) | 2020–2030 (MO)



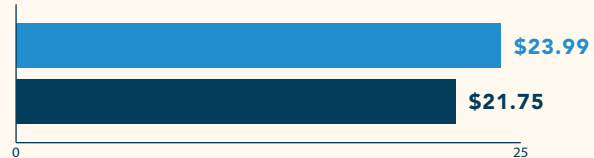
CHW AVERAGE ANNUAL WAGE

May 2022 Estimate



CHW AVERAGE HOURLY WAGE

May 2022 Estimate



Sources: Bureau of Labor Statistics. Occupational employment and wage statistics, May 2022. BLS.gov. (2022). <https://www.bls.gov/oes/current/oes211094.htm#nat.>; Bureau of Labor Statistics. Missouri - State occupational employment and wage statistics, May 2022. BLS.gov. (2022). https://www.bls.gov/oes/current/oes_mo.htm#top.; Missouri employment trends. onetonline.org. (2022). <https://www.onetonline.org/link/local-trends/21-1094.00?st=MO.>

IV. Innovative Models of CHW Practice in Missouri

In Missouri, several innovative models of CHW training and practice are being developed and implemented across the state; in some cases, these models are garnering national attention and adoption by other states. The CHW curriculum, training, and core competencies, which have provided an important springboard for the CHW profession, have also become a foundation for other professions to adapt for the purposes of cross-training in the CHW approach.



A. Missouri Primary Care Association's Support of CHWs in Health Centers

The Missouri Primary Care Association (MPCA) has been a vital partner and advocate for integrating CHWs into health centers. MPCA is a statewide organization that provides technical assistance to safety net providers, including Federally Qualified Health Centers (FQHCs) and look-alikes.³⁸ Health centers are community-based

organizations that offer comprehensive primary care and non-clinical services (often referred to as enabling services) to underserved communities to support patient health.³⁹ Given the populations that CHWs serve, their emphasis on addressing the social determinants of health (SDOH) and meeting unmet patient needs, the CHW model is a natural fit for the health center mission. The success of a 2016 Medicaid pilot to add CHWs to PCHH teams propelled the growth of CHWs in Missouri's health centers and launched many of MPCA's current efforts to support the profession.⁴⁰

Currently, 28 out of 29 health centers in Missouri have CHWs on staff—among the highest proportion of health centers with CHWs in the country.⁴¹ The Missouri Department of Social Services contracts with MPCA to manage a variety of CHW programs in health

38 Missouri Primary Care Association. About. MO-PCA.org. <https://www.mo-pca.org/about>.

39 Health Resources and Services Administration. What is a health center?. <https://bphc.hrsa.gov/about-health-centers/what-health-center>.

40 Health centers in Springfield, Branson, and Joplin, Missouri served as PCHH sites during the Medicaid pilot program for CHWs. Several health centers across the state currently serve as PCHH providers. To learn more visit, <https://dss.mo.gov/mhd/cs/health-homes/resources.htm>.

41 Health Resources and Services Administration. 2021 uniform data system. HRSA.gov. (2022). <https://data.hrsa.gov/tools/data-reporting/program-data>.

centers related to chronic disease education and management, foster care support, reducing overutilization of emergency and inpatient services, assisting with health plan enrollment, and other initiatives. The MPCA also receives HRSA grant dollars through DHSS for CHWs to deliver COVID-19 education to high-risk patients. Some health centers participate in one or more of these CHW programs. MPCA uses these resources to fund CHW positions in health centers, training and technical assistance opportunities, offers networking opportunities, and manages a data infrastructure to track CHW activities and outcomes. MPCA also supports an FQHC CHW Peer Learning Network and FQHC CHW Supervisor Peer Learning Network to enhance training and technical assistance provided, provide CEU opportunities for the CHW credential, and networking opportunities. These Peer Learning Networks meet virtually, regionally, and statewide with an offering at least quarterly. CHWs supported by MPCA grant funds must complete the state-approved training curriculum within one year of being hired by the health center, with training costs typically covered by the grant.

Documentation of patients' SDOH-related needs are part of the charge of CHWs in Missouri health centers. MPCA provides training and technical assistance to enable CHWs to routinely screen patients using the PRAPARE assessment.⁴² MPCA also collects high level information on data points like CHW-patient interactions to demonstrate the impact of CHW programs in health centers such as the number of assessments

completed, how many Medicaid patients were screened, and the types of patient service referrals. MPCA also works with health center leadership, clinical staff, and CHW supervisors to devise a work plan strategy for setting CHW goals and tracking outcomes.



B. Cross-Training Pharmacy Technicians as CHWs to Meet Patient Needs

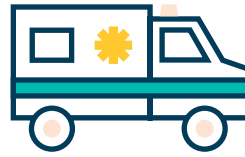
In Missouri, some community pharmacies are cross-training pharmacy technicians as CHWs.^{43,44} In a 2019–2020 pilot program, CHWs were embedded in a rural pharmacy in Southeast Missouri to improve chronic disease management.⁴⁵ CHWs screened patients for needs related to food, health insurance, housing, and physical and mental health among other issues. CHWs and pharmacy staff met with patients in the pharmacy and conducted home-visits to coordinate health care services, link patients to medication programs, and refer them to a variety of social services.

HRSA provided pilot funds for a self-measured blood pressure program at L&S pharmacy in rural Southeast Missouri in 2020.⁴⁶ Pharmacists and pharmacy

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- 42 PRAPARE is the Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences. A nationally recognized and standardized patient social risk assessment tool that is evidence-based and stakeholder-driven. PRAPARE contains measures on 21 social drivers of health that align with national initiatives, including the standardized codification sets under ICD-10, LOINC and the Uniform Data System (UDS). To learn more, visit: <https://prapare.org/>.
- 43 Community pharmacies can be critical points of intervention to address patient needs beyond their medication regimen, especially in under-resourced areas where health care providers are scarce. These pharmacies are well-established and trusted by the community, accessible, and more frequently visited by patients compared to their primary care provider.
- 44 Pharmacy Times. Pharmacy staff, community health care workers can team up to address social determinants of health. Pharmacytimes.com. (2022). <https://www.pharmacytimes.com/view/pharmacy-staff-community-health-care-workers-can-team-up-to-address-social-determinants-of-health>.
- 45 Barnidge E, Louix T, Silva R. Community health workers in a rural community pharmacy: a pilot project. SEMORX.com. (2020). https://semorx.com/wp-content/uploads/2020/12/CHW-report_7.21.2020-2-1.pdf.
- 46 Jarvis H, Oprinovich S, Guthrie K. Implementation of a self-measured blood pressure program in a community pharmacy: a pilot study. *Journal of the American pharmacists association*. 2022;62(4):S41-S46.e1. doi:10.1016/j.japh.2021.10.032.

technicians cross-trained as CHWs helped patients manage their blood pressure through patient education and behavior counseling. The pilot demonstrated improved hypertension control and patient confidence in managing blood pressure.

In 2021, the success of these pilot programs led to the development of a CHW training curriculum tailored to pharmacy technicians. This curriculum was made possible through a grant from Missouri DHSS and developed by the Missouri Pharmacy Association, L&S Pharmacy, a pharmacy education and CHW training provider known as CE Impact, and other pharmacy experts. Endorsed by Missouri DHSS, the training curriculum launched in 2022 to allow pharmacy technicians to be trained and credentialed as CHWs.⁴⁷ Nearly 100 pharmacy technician CHWs have been credentialed through this training program as of February 2023, and over 200 individuals were enrolled in the program as of June 2023.⁴⁸ Virginia, and potentially other states, have recently adopted the state's pharmacy technician/CHW training for their own communities.⁴⁹ Iowa offers pharmacy technician apprenticeship programs for CHWs, and is exploring the use of Missouri's pharmacy technician/CHW training.⁵⁰



C. Cross-Training Community Paramedics as CHWs to Improve Access to Primary Care

Community paramedics in Missouri are also being cross-trained as CHWs to improve access to primary care in medically underserved communities.⁵¹ Similar to CHWs, community paramedics are members of the communities they serve, have longstanding and trusted relationships with the community, and are familiar with the needs and barriers facing local residents that limit their access to health and social services.

The Washington County Ambulance District's Mobile Integrated Healthcare Network (MIHN) has its genesis in the COVID-19 pandemic. The official partnership is between Washington County Ambulance District and Great Mines Health center, the local FQHC. The program first started when there was an increase in downtime for emergency medical services (EMS) Paramedics and health center clinic staff in the community.^{52,53} They pooled resources to distribute COVID-19 tests and vaccines, host large-scale vaccination events, and conduct wellness checks and COVID-19 assessments, and

47 Missouri Pharmacy Association. Community health worker (CHW) course for pharmacy technicians. Morx.com. https://www.morx.com/Web/Web/Resources/CHW_Resources.aspx.

48 Missouri Pharmacy Association. (2023).

49 CE Impact pharmacy education. Community health worker training. CEimpact.org. <https://www.ceimpact.com/chw>.

50 Iowa's registered apprenticeship program. Community health worker. Earnandlearniowa.gov. <https://www.earnandlearniowa.gov/taxonomy/term/64>.

51 According to Shannon, Baldry, O'Meara, et al, "A community paramedic provides person-centred care in a diverse range of settings that address the needs of the community. Their practice may include the provision of primary health care, health promotion, disease management, clinical assessment and needs-based interventions. They should be integrated with interdisciplinary healthcare teams which aim to improve patient outcomes through education, advocacy and health system navigation." Shannon B, Baldry S, O'Meara P, et al. The definition of a community paramedic: an international consensus. *Paramedicine*. 2023;20(1):4-22. doi:10.1177/27536386221148993.

52 Kuffman, G. Breaking the cycle: Missouri community paramedicine program brings primary care to high-risk patients. Ruralhealthinfo.org. (2022). <https://www.ruralhealthinfo.org/rural-monitor/missouri-community-paramedicine/>.

53 Mobile Integrated Healthcare is defined as the provision of healthcare using patient-centered, mobile resources in an out-of-hospital environment. To learn more, visit: <https://www.naemt.org/resources/mih-cp>.

other community outreach to homebound individuals and families.⁵⁴

MIHN, which grew out of the partnership's COVID work, now works to meet the needs of chronically ill, underserved patients in Washington County and several surrounding counties. The program was first piloted as an intervention for people with diabetes, where community paramedics and CHWs would work together to provide disease management and patient education to reduce the high use of EMS.⁵⁵ For many residents, geographic distance to primary care providers and lack of transportation can make access to care extremely difficult. Oftentimes, these communities rely on EMS as a source of primary care. Many patients have unmet basic needs like access to food and housing, or medical supplies, that can contribute to unnecessary hospitalizations or EMS use.

CHW training enhances paramedics' knowledge of available resources and improves their ability to navigate complex health care and social service systems that impede access to care. Using non-emergency vehicles, community paramedics travel to patients' homes, conduct home assessments, and screen for social needs. In addition to providing preventive and basic medical care, paramedics can connect patients to resources for insurance navigation, food, stable housing, and other assistance. MIHN also partners with CHWs at Great Mines Health Center who schedule and coordinate home-visits, refer patients to medical and non-medical services and resources, and assist with insurance enrollment.

Mineral Area Community College partnered with MIHN to tailor the CHW curriculum to community paramedics.⁵⁶ While the CHW training is optional for paramedics, MIHN's goal is to have all of its community paramedics trained as CHWs. Senior leadership at MIHN is also

encouraged to take CHW training to better understand the work their paramedic-CHW staff is doing in the community. In 2021, Washington County's MIHN received a \$1 million CDC Community Health Workers for COVID Response and Resilient Communities grant to expand MIHN's reach in Washington and St. Francois counties, and foster the placement of dually credentialed community paramedics and CHWs in EMS agencies across the state.⁵⁷



D. Integrating CHWs in Schools to Meet Students' and Families' Health and Social Needs

School-based CHWs can build relationships between the school, health, social service, and community organizations to maintain a network of resources accessible to students and families. Many families face challenges that can prevent children from fully participating and thriving at school, such as high rates of poverty, poor housing conditions, lack of access to health care, and basic resources like food, clothing, and toiletries. CHWs can serve as trusted adults to support children and families and navigate access to needed supports.

A school district in Southwest Missouri integrates CHWs into its schools through a partnership with a local FQHC and as a part of the district's staff. In 2017, the FQHC established a school-based health center within the school district, equipped with a CHW, full dental clinic, behavioral health therapists, nurse practitioner, and licensed practical nurse. The success of the

54 Mobile integrated healthcare network (MIHN) EM & FQHC partnership. Health.mo.gov. <https://health.mo.gov/living/families/ruralhealth/pdf/presentations/Mobile%20Integrated%20Healthcare%20Network%20%28MHN%29.pdf>.

55 MIHN. EM & FQHC partnership.

56 Mineral Area College. Community health worker program. Mineralarea.edu. <https://mineralarea.edu/majors-and-careers/certificates/community-health-worker-program/>.

57 Centers for Disease Prevention and Control (CDC). Community health workers for covid response and resilient communities (CCR) cd-cfa-dp21-2109. CDC.gov. (2021). <https://www.cdc.gov/covid-community-health-workers/index.html>.

school-based health center CHW recently prompted the district to hire an additional CHW to expand children and families' access to CHW services.

CHWs maintain a presence throughout the district's schools and work together to address student needs. CHWs can refer students and their families to the school-based health center or other health center sites to access services and coordinate appointments. They help high school students obtain important government documents, like their birth certificate or driver's license, that will be necessary when applying for jobs or pursuing additional education and training. If a student needs a coat, pair of shoes, or a place to shower, CHWs are able to get the student clothes, and open the school gym showers for those that need it. They create food kits for students to take home over the weekend. CHWs also refer families to organizations or resources to help with food access and utility and rental assistance.

While there are few known school-based CHWs operating in the state and the model is still growing nationally, there is some research to demonstrate the promise of the model for students' health outcomes.⁵⁸

58 Harries MD, Xu N, Bertenthal MS, Luna V, Akel MJ, Volerman A. Community health workers in schools: a systematic review. *Academic pediatrics*. 2023;23(1):14-23. doi:10.1016/j.acap.2022.08.015.

V. In Their Own Words: Missouri CHWs Describe the State of the Field

Our study drew heavily upon our conversations with CHWs, and individuals who collaborate with them, in order to gain an understanding of the issues and opportunities facing the workforce. We asked CHWs across the state about their job satisfaction, scope of work, the communities they serve, and the resources needed to do their job successfully. Individuals who supervised or worked with CHWs shared their perspectives on collaborating with CHWs, the value that they bring to communities and employers, and practical challenges of integrating CHWs into organizations. We also probed about challenges for sustaining the field, opportunities for growth or improvement, and how employers and policymakers can better support the profession.

Several key findings emerged:

Many of Missouri’s CHWs have relevant experience before coming to the job.

Several of the CHWs that we spoke to described a career path that involved work in the community and/or with individuals in a caregiving or support capacity before they came to apply for a CHW role. In many ways, they were doing elements of CHW work before becoming a CHW, and some acknowledged that they had essentially been doing CHW work under another title.

This is consistent with the notion that CHW work has been happening in communities for many years, although it may have been less visible as a profession. It also reflects what we heard from individuals who hire or supervise CHWs — that chief among their requirements for a CHW hire is someone who knows the community well or is themselves a member of the community they are serving, and has lived experience similar to that of the individuals that the organization serves.

“Honestly, people who sign up to be a CHW, nine times out of 10, they’re already doing this work. This is their nature.”

—CHW Educator



CHWs in Missouri are entering the field through word of mouth and face few initial barriers.

Nearly all of the CHWs that we spoke with had completed the state-approved CHW training program, even though it is voluntary for CHWs in Missouri. However, only some of the CHWs that we spoke with had obtained the CHW credential. The majority were either hired for their first official CHW role contingent upon their completion of the training program, or they had come into their role because they had recently undergone training and found the job through their on-site placement or a referral from their curriculum provider. Many had heard of CHW training or jobs through a friend or colleague, and some had not heard the term “community health worker” prior to that.

Although Missouri’s CHW training requirements are fairly rigorous in terms of required credit hours and experience, most CHWs spoke positively about the training process and its lack of barriers. For example, despite the fee associated with state-approved CHW training programs, none of the CHWs who we interviewed had paid for training. Instead, their employer, scholarship through the training site, or DHSS had covered the costs. The CHWs we interviewed completed their training through a variety of state-approved curriculum providers, many of which offered virtual or hybrid teaching which was perceived to be convenient because travel to and from class was minimized, especially for those living in rural areas or a long distance from training sites. Some employers allowed staff to complete the CHW training during work hours, while others completed it on their own time.

Several CHWs found elements of the training program and the courses that are available to them for continuing education to be of value in their work. The training program provides a knowledge base for CHW work in Missouri, teaching CHWs how to identify and connect with community resources, offers exposure to potential employers, and facilitates CHW networking. However, many shared that on-the-job training and prior experience working in the community was essential to their learning and success. This was particularly true for CHWs that specialized in working with specific populations or issues (e.g., housing problems). For some, the clinical aspects of training were less useful for the type of work that they were doing (e.g., CHWs working in social service organizations and non-clinical settings).

“[A client’s parent] messaged me and was just like, ‘Hey, I think that you would be a great community health worker and the courses are going to be coming up soon, and I think you would excel at it.’... I was already kind of working in that field of helping people...”

—CHW at a Community Organization

“I think right now what the state is doing for community health worker classes is going great so far. And so I wouldn’t change a whole lot with what we’ve got going on.”

—Health Center CHW



Beyond completing training, only some of the CHWs interviewed had applied for the voluntary CHW credential because they felt that it added to their professional status. The cost of the credential application (\$75) was perceived to be reasonable. CHW certification may become increasingly the norm in Missouri if training continues to be subsidized and is required by employers. Given that credentialing only started in 2019, many CHWs who have already received training or have been working in the field for years may not currently feel the need to pursue the credential.⁵⁹

CHWs are employed by a variety of organizations and there is a lot of variability in terms of the resources and supports that they receive on the job.

The CHWs that we interviewed worked for a range of organizations, including community-based organizations, health centers, hospitals, schools, public health departments, and pharmacies. In some cases, they were among the first CHWs that their organization had hired and as such, the knowledge and awareness of the CHW scope of work, necessary resources, and support varied across organizations. Employers, and in many cases the CHWs themselves, relied on examples of CHW models from other organizations, and trial and error to develop the CHW role for their organization.

CHWs shared candid information about the elements of their job that were either beneficial or harmful to their ability to conduct and be satisfied with their jobs:

I. The work of a CHW is challenging and requires an emotionally supportive job environment.

Regardless of where a CHW is employed or what their particular focus is, all CHWs assist individuals who are facing serious issues, often at their most vulnerable moments. In many cases, CHWs themselves have experienced similar issues that they revisit when working with clients. The work is taxing in nature and it can be difficult for CHWs to refrain from becoming emotionally invested in their clients and maintain healthy work boundaries.

"I've had to go back and set boundaries that I didn't set in the beginning and I tell every new CHW that I talk to... I don't answer phone calls anymore after eight o'clock."

—School-based CHW

"Why sugar coat it? This is a hard job."

—CHW at a Community Organization

59 During the first few years of the CHW credential, a grandfathering process allowed CHWs with 800 hours or at least three years of CHW experience to be grandfathered into the credential. The grandfather clause has since expired. For more information about the credentialing process, see page 12.

Having fellow CHWs to connect with as well as a supervisor who can be a supportive resource for when the work becomes overwhelming was said to be imperative to CHWs maintaining their mental wellbeing on the job. Individuals who were the sole CHW working at an organization, or had a supervisor who was not familiar with the demands of CHW work, felt that it could be isolating and difficult. Some interviewees who managed CHWs found the CHW supervisor training offered by MARC to be helpful. The training helped them understand how best to structure the work environment for CHWs to be successful and meet their needs, particularly if they were not trained as CHWs themselves.

2. Ability to network on the job is crucial for problem solving and meeting client needs.

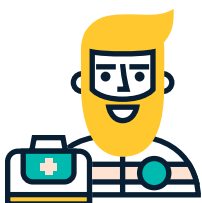
In addition to needing support for emotionally taxing aspects of the job, CHWs underscored the importance of having access to and regular communication with other CHWs to identify additional resources, problem solve for clients, and to stay up-to-date on issues that may impact the communities they serve. Some CHWs were fortunate to be part of a larger CHW team which not only afforded them camaraderie, but also the ability to rely on each other's expertise in certain issues (e.g., serving as the food security expert on the team). Others looked to formal and informal CHW networks to connect and share. For example, some CHWs were a part of local Facebook groups where they could quickly exchange helpful contacts and suggestions, or pose questions. Professional networks like CHWAM or the St. Louis Community Health Worker Coalition were commonly tapped for their opportunities to connect (see Appendix 2). The CHW ECHO was also said to be helpful for the case examples that it incorporates in its programming.

"Our turnover rate in community health workers is very, very low. Very low. That is because we had an amazing supervisor who went out of their way to check in on us, do mental health checks with us. We had weekly meetings of the whole community health team and we would come together."

—Health Center CHW

"They have peers within their organization. That has made a significant difference...because they feel like they have a true team versus being a lone person trying to figure [it] out."

—CHW Advocate



3. Adequate pay and the ability to advance professionally is important for job satisfaction and preventing turnover.

As community health work is maturing as a profession in Missouri, industry standards for hiring, payment, and promotion are still emerging. Professional CHW organizations in the state are working to develop and advance these standards so that CHWs are adequately compensated and can sustain a career in the field. Overall, CHWs report a range of pay that is on the lower end for health professions. Some CHWs felt that their rate of pay was not reasonable or viable for the long term, particularly given the demands of the job and their employer's expectations. Burnout and turnover were concerns among some interviewees for this reason. Furthermore, duration of employment can be time-limited since most CHWs are grant funded, making job security a challenge.

When advancement opportunities were available to CHWs, they tended to be somewhat limited. Potential roles for advancement included CHW supervisor, lead CHW, and program or project manager of the project that the CHW was hired to help staff. At least one organization offered a CHW apprenticeship role so that individuals could determine whether they wanted to pursue a CHW career before going through the training program. If advancement was not an option or grant funding ran out, CHWs sometimes moved into other roles in the organization like front desk administrator or health educator. Others left the field.

"I think there would be less burnout if most of them weren't making \$15 an hour. I mean, they're expecting social work and case management outcomes, but they're paying McDonald's rate and it's not acceptable."

—Hospital CHW

"From my perspective, I just think there needs to be [an] upward ladder. In some spaces, there's not that upward movement for community health workers."

—CHW and Doula



4. Many organizations are enthusiastic about hiring CHWs, but not all are prepared to integrate CHWs into their care teams and organizational processes.

A recent spate of public and private funding opportunities for organizations to invest in initiatives and programs that utilize CHWs to support their health equity goals has built awareness for the CHW profession. While the vast majority of CHWs interviewed were grant funded and therefore held funding-dependent and potentially time-limited positions, all interviewees expressed hope that more sustainable funding could be identified in the future to support CHWs becoming permanent and essential team members.

The CHW role is designed to be responsive to the needs of the community, so autonomy in the role is needed. That said, CHWs also valued some degree of orientation to a new organization and colleagues, and clear expectations for their role. They experienced varying levels of support and resources to do their job, and in some cases—particularly in cases where the supervisor was unfamiliar with CHW work—they were left to build their position from the ground up.

When we spoke with interviewees about the level of awareness among staff in their organization pertaining to what a CHW does, many described a steep learning curve. Once hired, CHWs sometimes lacked advocates or champions within their organization that could help educate others on the role of CHWs and how they fit into the organization. Several CHWs described personally undertaking efforts to educate their colleagues about their role, and for some that meant delineating their role from other related professions in order to mitigate any fears about duplication of efforts or overlap. For example, needing to explain the difference between a CHW and a social worker was a frequent occurrence. Additionally, the onus was sometimes on CHWs to explain that their role and skillsets extend beyond clinical tasks, or that they need to be able to have regular interaction with the community in order to successfully identify needs and resources.



“Many providers are starting to say, ‘I don’t want to do my work without a CHW.’”

—CHW Advocate

“Our CEO believes in CHWs, and she believes in the effort of population health and how it drives the outcomes of patients.”

—CHW Supervisor at a Health Center

“We had nothing. When I was first hired, everything was pretty much like, what do we do? How do we do it? ...It was a lot of hands-on shadowing and training and in-person learning while trying to meet our goals. That was my unofficial training. No real guide, no real anything, learn as we go.”

—CHW Partner

“CHW is a big buzzword now. A lot of people are getting funding to hire CHWs. And what I’m finding is that they are hiring CHWs, but they’re not doing a lot of the legwork beforehand to build out the program.”

—CHW at a Community Organization

5. CHWs need to be in the community in order to do their work.

One of the challenges that some of our CHW interviewees faced was a lack of understanding on the part of their employer that community health workers need to have regular engagement with the community in order to successfully do their work. CHWs are a cross-sector workforce. By crafting a position that requires a CHW to stay within the 4-walls of the organization, their scope of work is not fully realized. If they cannot regularly move about the community, they are not able to form relationships with other community-based organizations, agencies, and other potential partners with which to refer individuals for services and resources. Their visibility and awareness of the needs of the community becomes diminished.

Many of the CHWs that we spoke with routinely spent time at organizations outside of the one that they were employed by. For example, they spent certain days of the week at the local food bank, public health department, or the emergency department at a nearby hospital. They also often participated in community events to make their services known and to try to connect with individuals who might benefit from their help.

6. Employers should implement the CHW role in the context of a larger SDOH strategy, as opposed to an ad hoc solution.

Some CHWs described feeling pressure to achieve a great deal in their positions, either in lieu of an organizational strategy for addressing SDOH or without being fully integrated into that strategy. Several CHWs described being onboarded before their employer laid the groundwork for their position. Often CHWs were hired to work on time-limited projects related to SDOH goals instead of being hired to do work to support core functions of the organization. For some employers new to the CHW model, there was a hope or expectation that just by virtue of having a CHW on board that there would be an impact on their ability to address social determinants of health. Some CHWs and other advocates felt that even though the field had grown significantly and gained visibility, there needed to be more intentional awareness building among employers about the CHW role and how best to leverage the model for supporting their SDOH goals.

“That’s one of the tragedies that happens. Sometimes people will hire CHWs, and that’s all they want them to do is work with the patient... But if they’re not able to actually interact with the community, then they lose contact with the resources, any new resources, any gap in services.”

—CHW Supervisor at a Health Center

“They’re trained to really move in and out of the environment. They’re most comfortable in the community. They understand the community.”

—CHW Advocate

“I hear it every day. ‘We can’t wait to see how you [CHWs] are going to change the culture.’ I’m like, ‘Okay, that starts with you. We all have to work together here.’”

—Hospital CHW

VI. Recommendations for Growing and Sustaining Missouri's CHW Workforce

Several recommendations for growing and sustaining the field of community health workers in Missouri emerged from our interviews with CHWs and partners from the field, as well as from our review of strategies in other states that have invested in strengthening the profession.

Workforce needs and potential strategies for addressing them included:

I. Increased understanding of the CHW workforce capacity, characteristics, and needs

In conducting this study, we sought out CHW workforce data in order to learn more about key characteristics of the field and its recent evolution in Missouri. Publicly available data was limited as was the information provided by many of the interviewees with whom we spoke. Given recent growth of the field and efforts to develop the profession through training, credentialing, and professional networking, it would be timely to take a systematic look at the CHW workforce in order to think about how best to support and deploy CHWs to maximize their impact.

A database or registry of CHWs could be established to achieve this and, if updated regularly, could potentially also serve as a tool for connecting CHWs working in specific regions or with certain populations or issues. Several states have launched a registry of CHWs for this purpose.⁶⁰ Implementation of a statewide survey of CHWs could also provide a snapshot in time of the workforce. To our knowledge, a survey of CHWs has not been conducted in Missouri since the training program and credential were established in 2019.^{61,62} Data collection could:

- Paint a more precise picture of the workforce size and growth trends;
- Understand the geographic distribution of CHWs and where they might be needed;
- Obtain basic demographic information about CHWs to determine who is most likely to enter the profession (e.g., educational and professional background,

60 Examples of states with CHW registries include Kansas (available at: kschw.org/chw-registry/), Minnesota (available at: mnchwalliance.org/minnesota-chw-registry/), Oregon (available at: traditionalhealthworkerregistry.oregon.gov/Search), and Virginia (available at: vachwregistry.org/).

61 Visker J, Rhodes D, Cox C. Community health workers in health-related Missouri agencies: role, professional development and health information needs. *The health educator*. 2017;49(1). <https://files.eric.ed.gov/fulltext/EJ1156074.pdf>.

62 Rhodes D, Visker J, Cox C, Banez JC, Wang A. Level of integration of community health workers in Missouri health systems. *Journal of community health*. 2017;42(3):598-604. doi:10.1007/s10900-016-0294-3. <https://www.jstor.org/stable/48716365>.

age, etc.) and whether the workforce adequately represents the populations being served;

- Learn about the scope of CHW work, the populations served, and key trends among the various sectors employing CHWs;
- Gauge uptake of training and credentialing among CHWs to identify potential barriers or opportunities for improving curriculum or processes; and
- Gather details about professional supports, average pay, types of CHW positions offered, including opportunities for advancement and cross-trained CHW professions, and likelihood of turnover.

Given recent investment to grow and sustain the CHW workforce, a mechanism for collecting CHW data may enable a more strategic approach and targeted investments by the state and employers, as well as greater ability to keep pace with the needs of the profession and the populations served.

2. Greater awareness of the value of CHWs and how to operationalize them

One of the major findings of this study was the wide variation in organizational capacity and readiness for employing CHWs, in spite of enthusiasm for adding the CHW role to teams. Gaps included:

- Lack of knowledge among supervisors and staff about the exact role of a CHW and how it differs from other related professions like social work;
- Scope limitations that impede the CHW from being successful in their role, including working in-house rather than interacting with the community, limiting opportunities for networking, and not providing mechanisms for social support and preventing burnout;

- Limited awareness about “the basics” of hiring CHWs, including industry standards for pay range and benefits or how to recruit for CHW candidates that best fit the needs of the employer and community; and
- Absence of resources that describe sector or employer-specific best practices and models of CHW practice so that organizations can understand how to successfully integrate CHWs and set reasonable expectations for their impact on social determinant goals of the organization.

Development and promotion of a number of resources could help bridge these knowledge gaps. Examples of potentially helpful resources and strategies include:

- Increasing the reach of the MARC CHW Supervisor Training;⁶³
- Development of a guide for employers for hiring and integrating CHWs, with sector-specific guidance;
- Issuing a case study series of successful CHW models and training innovations in Missouri; and
- Launching a statewide CHW awareness campaign broadly aimed at employers, policymakers, and other partners to educate about the role, scope, and value of a CHW and promote practical resources such as the examples listed above.⁶⁴

3. Sustainable funding strategies for CHWs

The vast majority of the CHWs that we spoke with said that grant funding supported their salary. CHW supervisors also described this being the most common arrangement. Projects to advance clinical outcomes or for social determinant-related efforts were frequently the impetus for hiring CHWs, as opposed to an organization bringing a CHW on board to be part of the permanent fabric of their staffing model.

63 MARC. Community health workers.

64 Examples of CHW campaigns include: NACHW's communications toolkit on the pillars of CHWs, available at: <https://nachw.org/the-six-pillars-of-community-health-workers/>; and Minnesota's CHW Alliance CHW toolkit and resources available at: <https://mnchwalliance.org/tools-resources/>.

While the availability of grant funding for CHWs has resulted in many employers hiring CHWs for the first time, time-limited and project-specific funding creates a dynamic in which CHWs are often siloed, operating on a 'pilot basis', and are sometimes limited in terms of the scope of what their funding allows them to do. Additionally, applying for grants and diversifying funding so that CHWs can operate under a broad scope and with job security is cumbersome for organizations and requires a level of sophistication and resources.

Supervisors and other CHW advocates interviewed all recognized sustainable funding as a key challenge, but few were confident about a path forward for supporting the workforce in the long term. Many were hopeful that the State of Missouri would revisit its past attempt at a SPA, while a handful of organizations were in the process of looking into options for their own organization to obtain reimbursement for CHW services. Recommendations include:

- Revitalize the Statewide Payer Engagement Workgroup and conversations with MO HealthNet and MCOs that began pre-COVID.
 - > There may be interest in reattempting a State Plan Amendment or pursuing CHW-related managed care arrangements given the increased growth and visibility of the CHW workforce over the past few years. These are the most common pathways for states exploring Medicaid reimbursement for CHWs, and were previously proposed by the Workgroup as feasible options for Missouri.⁶⁵ Additionally MO HealthNet could

build upon its pilot efforts to encourage the use of CHWs in its Primary Care Health Homes program—for example by requiring CHWs to be on PCHH teams under a revised Health Homes SPA.^{66,67}

- Look to examples from other states that have adopted new CHW financing strategies in the last few years, including through legislative and administrative approaches. These states span the political spectrum, and some are new to or have not yet implemented Medicaid expansion.
 - > More than half of states now allow Medicaid payment for CHW services, with 10 states providing coverage under an SPA and a few more in the proposal stages.⁶⁸ The National Academy for State Health Policy and the California Health Care Foundation recently profiled the details of each of these SPAs, including payment and authorizing approaches, covered services and limits, and the processes used for stakeholder engagement and policy change.^{69,70}
 - > Several states have also pursued Medicaid managed care arrangements to support CHW services, such as by adding language to encourage or require the use of CHWs in MCO contracts.⁷¹ We could not identify any instances of this being done in Missouri. In one of the latest examples, Texas recently passed legislation that allows Medicaid managed care to cover CHWs as a quality improvement cost.⁷² Pre-COVID, the Payer Engagement Workgroup had been successful in

65 Saleski E, Holmes J. Using state plan amendments (SPAs) to support community health workers.

66 Haldar S, Hinton E. State policies for expanding Medicaid coverage of community health worker (CHW) services. KFF.org. (2023). <https://www.kff.org/medicaid/issue-brief/state-policies-for-expanding-medicaid-coverage-of-community-health-worker-chw-services/>.

67 Brown K, Heaps-Woodruff J. MO healthnet primary care health home initiative CHW pilot project – southwest Missouri.

68 Haldar S, Hinton E. State policies for expanding Medicaid coverage of CHW services.

69 Rush C, Higgins E, Wilkniss S. State approaches to community health worker financing through Medicaid state plan amendments. NASHP.org. (2022). <https://nashp.org/state-approaches-to-community-health-worker-financing-through-medicaid-state-plan-amendments/>.

70 Saleski E. Summary of Medicaid State Plan Amendments for Community Health Workers. CHCF.org. (2022). <https://www.chcf.org/wp-content/uploads/2022/08/SummaryMedicaidStatePlanAmendmentsCHWs.pdf>.

71 Haldar S, Hinton E. State policies for expanding Medicaid coverage of CHW services.

72 Relating to the use of community health workers in Medicaid managed care, Ortega, Klick, Allison, King, Blanco, Johnson (HR), HB 113, 88R, (2023). <https://capitol.texas.gov/BillLookup/History.aspx?LegSess=88R&Bill=HB113>.

attracting payers to the table and may have additional momentum now given increased strength and visibility of the profession in Missouri.

- As Missouri considers potential financing mechanisms, policymakers and advocates should be mindful of limiting the scope of CHWs. Latitude to be able to help patients with a variety of SDOH-related needs, not just clinical assistance for example, was cited as a priority among CHWs.
- More support for employers, particularly for community-based organizations that are not reimbursable providers of health care services or lack the infrastructure to blend and braid grant funds.
 - Recently, MARC released a toolkit on Reimbursement Strategies for Employers of Community Health Workers that provides employers across different industries with a step-by-step guide to reimbursement for CHW services.⁷³ The toolkit is the first of its kind and is being disseminated nationally.
 - Technical assistance and training aimed at CHW employers may be helpful for organizations looking for more sustainable CHW funding in the absence of Medicaid reimbursement, including pathways for Medicare reimbursement.
 - Innovative arrangements for financing CHWs are also being explored at the organizational level, and may serve as helpful case studies for maximizing or sharing infrastructure. For example, the St. Louis CHW Coalition contracts CHWs out to other organizations, eliminating the need for employers to train and hire their own CHWs.⁷⁴ The MARC toolkit suggests that CBOs employing CHWs align with health care providers, or collaborate with each other to pool resources and infrastructure (see the Community Care Hub model) to take advantage of reimbursement options for CHW services.⁷⁵

73 Saleski E, McNeil T. Reimbursement strategies for community health workers: a toolkit.

74 St. Louis Community Health Worker Coalition. About us.

75 Saleski E, McNeil T. Reimbursement strategies for community health workers: a toolkit.



VII. Conclusion

Missouri is a champion for its CHW workforce and offers lessons for states seeking to support and bolster the profession. The state's investments in an accessible CHW curriculum and voluntary credential, support for innovative CHW practice models, partnership with regional and statewide networks, and continued advocacy has allowed Missourians to benefit from CHW services. While significant progress has been made in the last decade, this study highlights opportunities to better support CHWs, equip them with the necessary resources, and foster environments where they can successfully serve communities. Improving the state's understanding of its CHW workforce capacity, characteristics, and needs; raising awareness about CHW integration and the valuable role that they can play; and pursuing strategies for sustainability and stable funding can help ensure that CHWs are able to continue improving the health and wellbeing of Missouri's communities.

Appendix I: Study Approach

Findings in this report are based on a 12-month study to profile the CHW workforce in Missouri. We conducted virtual, hour-long qualitative interviews with 40 key partners from Missouri’s CHW field, including CHWs as well as others that supervise or work with CHWs (Table A). We reviewed numerous public documents about the CHW field in Missouri and literature about the field nationally (i.e., gray literature and peer-reviewed articles). Our sample represented a variety of sectors (Table B). The sample included CHWs and partners working statewide and others working in specific communities or regions (Table C). CHWs and other participants that were interviewed varied in terms of experience in the field, workplace, specialization, and employer.

This report draws on interview findings to feature common perspectives and insights to inform recommendations for sustaining and continuing to grow Missouri’s CHW workforce. Interview participants were asked a series of questions about their experience with the CHW field, how they work as CHWs or collaborate with CHWs, as well as their perspectives on challenges for sustaining the field, opportunities for growth or improvement, and how institutions, like employers and policymakers, can support the profession. CHWs were also asked questions about their job satisfaction, scope of work, the communities they serve, and the resources needed to do their job successfully. We asked CHW supervisors about how they/their organization supports CHWs and prioritizes their work.

Participants were recruited using a combination of snowball sampling, perusing gray literature, media reports, articles, as well as conducting purposeful online searches to identify CHWs and people working alongside CHWs. Participation in the interview was voluntary and confidential, and participants were offered an Amazon e-gift card upon completion of the interview.

TABLE A. INTERVIEW PARTICIPANTS

Interview Participants	Number of Interviews
CHWs	21
CHW Supervisors and Advocates	19
Total	40

TABLE B. INTERVIEW PARTICIPANTS BY SECTOR

Sector	Who is Included?	Number of Interviews
Community Organization	Non-profits, for-profits, health networks, community partnerships, social services, CHW professional organizations and networks	12
Educational Institutions	CHW training and curriculum providers, education-focused entities	3
Public Health	Emergency management, local and state public health agencies, research, and other public health-focused organizations	9
Health Care	Hospitals, health centers, health care associations	16
Total		40

Note: In many cases, individual interviewees worked in more than one sector (e.g., a CHW works at a health center and is a leader in a professional organization). This table reflects the primary sector the individual represented.

TABLE C. INTERVIEW PARTICIPANTS BY MISSOURI REGION

Region in Missouri	What Does This Include?*	Number of Interviews
Statewide	Individuals or organizations working across Missouri, DHSS, statewide coalitions or associations	7
Central	Counties in Highway Regions B, F, and I	8
Eastern	Counties in Highway Region C	10
Southeast	Counties in Highway Regions G and E	2
Southwest	Counties in Highway Region D	7
Northwest	Counties in Highway Regions A and H	6
Total		40

*Missouri's Department of Health and Senior Services divides its health reporting regions according to the Missouri State Highway Patrol map. To view the map, visit: <https://www.mshp.dps.missouri.gov/MSHPWeb/DevelopersPages/TroopHeadquarters/troopIndex.html>.

Note: In many cases, organizations or individuals worked in more than one region (e.g., a community organization that works with people in Central Missouri and Northeast Missouri). This table reflects the primary region/location of the individual or organization.

Appendix 2: CHW Networks and Collaboration

Statewide and regional partnerships have been integral to the evolution of Missouri's CHW field. In many cases, partnerships or collaboratives that began working with CHWs almost a decade ago continue to work with the CHWs to advance and sustain the field. Examples of CHW partnerships include:

Missouri Department of Health and Senior Services (DHSS):

DHSS manages the CHW training program, training grants, and curriculum provider certification process.⁷⁶ They regularly convene CHWs and partners across the state via the Statewide CHW Advisory Committee and other workgroups. DHSS supports CHWAM and other CHW organizations and networks, offering technical assistance, training, and grant funding.

Community Health Workers Association of Missouri (CHWAM):

CHWAM is a professional network of CHWs founded in 2019 that supports and advocates for CHWs in Missouri.⁷⁷ It offers training and educational opportunities for its 390 members, including an annual CHW conference that in 2023 was attended by over 200 CHWs and other partners. CHWAM's leaders and members are engaged in statewide conversations to advance the profession, such as serving on the Statewide CHW Advisory Committee, the CHW curriculum board, and the credentialing board.⁷⁸

The St. Louis Community Health Worker Coalition and St. Louis Integrated Health Network (IHN):

The St. Louis CHW Coalition is a CHW-led nonprofit organization seeking to scale and advance the CHW profession, including by identifying innovative ways to finance CHWs (e.g., coalition-owned vending machines; providing consulting services to hospital community benefit teams; and other private-public partnerships). Its unique model prepares CHWs for the field by providing professional development opportunities like leadership training, and linking them with employers who contract with the Coalition for CHW services.⁷⁹ With backbone support from IHN,⁸⁰ the Coalition has built a multisector table for employers and other community partners to strategize meeting critical needs in the St. Louis region. In 2021, the CDC awarded the Coalition

76 DHSS. Community health workers.

77 CHWAM. About CHWAM.

78 CHWAM. About CHWAM.

79 St. Louis Community Health Worker Coalition. About us. [Stlchwcoalition.org](https://www.stlchwcoalition.org/). <https://www.stlchwcoalition.org/>.

80 St. Louis Integrated Health Network. CHW workforce partnership. [Stlouisihn.org](https://stlouisihn.org/chw-workforce-partnership/). <https://stlouisihn.org/chw-workforce-partnership/>.

a 3-year, \$4.7 million, Community Health Workers for COVID Response and Resilient Communities (CCR) grant that will substantially build on their current efforts to strengthen the CHW workforce in St. Louis and will offer lessons for the rest of the state.⁸¹

Kansas City Regional CHW Collaborative: The Collaborative was formally established in 2016 with support from MARC to build CHW capacity in the Kansas City area.⁸² They played a key role in the development of the CHW curriculum and certification process used in both Missouri and Kansas, and continue to regularly convene CHWs and partners in the region.⁸³ MARC and the Collaborative have developed several resources including a CHW reimbursement toolkit for employers,⁸⁴ and training for CHWs and CHW supervisors.

Show-Me ECHO (Extension for Community Healthcare Outcomes) for CHWs: The University of Missouri's Telehealth Network facilitates the CHW ECHO, a virtual learning network that brings together CHWs, supervisors, employers, and subject matter experts from across the state to learn about best practices and evidence-based care, and to encourage CHW networking.⁸⁵ The program helps CHWs to meet some of their CEU requirements free of charge.

81 CDC. CCR.

82 Kansas City Regional CHW Collaborative. Accomplishments of the kc regional community health worker collaborative 2016-2021. MARC.org. (2022). <https://www.marc.org/document/kc-regional-chw-collaborative-accomplishments>.

83 Mid-America Regional Council (MARC). Community health workers. MARC.org. <https://www.marc.org/aging-health/community-health-workers>.

84 Saleski E, McNeil T. Reimbursement strategies for community health workers: a toolkit. MARC.org. (2022). <https://www.marc.org/aging-health/community-health-workers/chw-toolkit>.

85 Missouri Telehealth Network. Community health worker. Showmeecho.org. <https://showmeecho.org/clinics/community-health-worker/>.

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