



Allied Health Workforce Projections, 2016-2030: Community Health Workers

This factsheet presents national-level demand projections for community health workers from 2016 through 2030 using HRSA's Health Workforce Simulation Model (HWSM).¹

Community health workers (CHWs) primarily work in underserved communities and are a resource to help advance goals of improved care coordination, health equity, and population health.² They assist individuals and communities by working in a broad range of capacities that include care coordination, case management, health coaching, health education, health assessment and screening, resource linking, medication management, remote care, patient follow-up, and social and literacy support.^{3,4,5,6,7} Other names for CHWs include health advocates, lay health educators, community outreach workers, health coaches, and patient navigators.⁸ CHW training and educational requirements vary across states, cities, employers, and employment sectors, but CHWs typically have a high school diploma with on-the-job training. The field lacks unified training standards, so training tends to be community- or employer-driven.

About the National Center for Health Workforce Analysis

The National Center for Health Workforce Analysis informs public and private sector decision-makers on health workforce issues by expanding and improving health workforce data, disseminating workforce data to the public, and improving and updating projections of the supply and demand for health workers. Visit the website: <https://bhw.hrsa.gov/national-center-health-workforce-analysis>

METHODS

While the nuances of modeling workforce supply and demand differ for individual health occupations, the basic HWSM framework remains the same across all occupations. For supply modeling, the HWSM's major components include common labor-market factors like unemployment and new entrants to the workforce (e.g., newly trained CHWs), demographic and geographic characteristics of the existing workforce, and workforce participation decisions (e.g., patterns in retirement and hours worked). Current data on CHWs is limited due, in part, to the diverse role of CHWs, the lack of standardized training, highly varied certification and licensure

¹ This model uses a micro-simulation approach where supply is projected based on the simulation of career choices of individual health workers. Demand for health care services is simulated for a representative sample of the current and future U.S. population based on each person's demographic and socioeconomic characteristics, health behavior, and health risk factors that affect their health care utilization patterns. For more information on data and methods, please see: <https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/hwsm-technical-report-to-dea.pdf>

² National Center for Chronic Disease Prevention and Health Promotion, Division of Community Health. Collaborating with Community Health Workers to Enhance the Coordination of Care and Advance Health Equity [online]. Centers for Disease Control and Prevention; 2014. Accessed at: <https://www.cdc.gov/nccdphp/dch/pdfs/DCH-CHW-Issue-Brief.pdf>.

³ Hartzler AL, Tuzzio L, Hsu C, Wagner EH. Roles and Functions of Community Health Workers in Primary Care. *The Annals of Family Medicine*. 2018;16:240–245.

⁴ Ku L, Frogner BK, Steinmetz E, Pittman P. Community Health Centers Employ Diverse Staffing Patterns, Which Can Provide Productivity Lessons For Medical Practices. *Health Affairs*. 2015;34:95–103.

⁵ Malcarney M-B, Pittman P, Quigley L, Horton K, Seiler N. The changing roles of community health workers. *Health Services Research*. 2017;52:360–382.

⁶ Kim K, Choi JS, Choi E, et al. Effects of Community-Based Health Worker Interventions to Improve Chronic Disease Management and Care Among Vulnerable Populations: A Systematic Review. *American Journal of Public Health*. 2016;106:e3–e28.

⁷ Malcarney, Mary-Beth, Pittman, Patricia, Quigley, Leo, Seiler, Naomi, Horton, Katie. Community Health Workers: Health System Integration, Financing Opportunities, and the Evolving Role of the Community Health Worker in a Post-Health Reform Landscape [online]. Washington, DC: The George Washington University; 2015 Oct. Accessed at: https://hsrc.himmelfarb.gwu.edu/cgi/viewcontent.cgi?article=1004&context=sphhs_policy_workforce_facpubs.

⁸ Whatley M, Erikson C, Sandberg S, Jones K. Community Health Workers: An Underused Resource, Rediscovered. *Academic Medicine*. 2017;92:565.

requirements, the low barriers to entry to and exit from the workforce, and the high proportion of volunteers. Therefore, this factsheet does not include future supply projections for CHWs. Improvements in data sources and modeling methodologies may support CHW supply projections in the future. However, it has been argued that the flexible roles, educational pathways, credentialing standards, and scopes of practice for CHWs that limit availability of reliable data sources for health workforce projection work may also be a key strength for this occupation.⁹

The current and projected demand for CHWs to support care coordination, referral management, and community linkage for adult patients is estimated under three scenarios: index, high social need (behavioral health), and rural health.¹⁰ CHW demand in 2016 is based on CHW-to-population ratios and the estimated size of different segments of the U.S. population in 2016. CHW demand in 2030 is then projected according to geographic location and demographic shifts in the U.S. population.

A separate analysis examines the current need of CHWs to care for children who are covered under Medicaid or uninsured due to a special health need such as prematurity, asthma, diabetes, and sickle-cell disease, and who are also enrolled in a care coordination team program.¹¹

All demand estimates are reported as full-time equivalents (FTEs). FTE estimates may differ from actual counts of persons who are employed or providing care. Detailed information on CHWs workforce projections can be found in our technical documentation.¹²

⁹Snyder, J. Community Health Workers: Roles and Opportunities in Health Care Delivery System Reform. 2016. Available from: <https://aspe.hhs.gov/system/files/pdf/168956/CHWPolicy.pdf>

¹⁰ Meyers D, LeRoy L, Bailit M, Schaefer J, Wagner E, Zhan C. Workforce Configurations to Provide High-Quality, Comprehensive Primary Care: a Mixed-Method Exploration of Staffing for Four Types of Primary Care Practices. *Journal of General Internal Medicine*. 2018;33(10):1774-1779.

¹¹ Martin MA, Perry-Bell K, Minier M, Glasgow AE, Van Voorhees BW. A Real-World Community Health Worker Care Coordination Model for High-Risk Children. *Health Promotion Practice*. Epub 2018 Apr 3.:152483991876489.

¹² U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. Technical Documentation for HRSA's Health Workforce Simulation Model. Rockville, MD: U.S. Department of Health and Human Services, 2018. Available from: <https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/hwsm-technical-report-to-dea.pdf>.

FINDINGS

The **index scenario** uses an estimated staffing ratio of 1 CHW per 10,000 adults and 186.8 million adults living in metro areas with household income greater than \$25,000 to determine the current demand of 18,680 FTE CHWs. With shifts in population demographics, the CHW demand in 2030 is expected to increase 12 percent to 20,980 FTEs.

The **high social need scenario** utilizes staffing ratio of 3 CHWs per 10,000 adults and an estimated 38.0 million adults living in metro area with household income less than \$25,000, yielding a current demand of 11,390 FTE CHWs. This number will increase 18 percent to 13,410 FTEs by 2030.

The **rural health scenario** reflects a higher staffing ratio of 4 CHWs per 10,000 adults and an estimated 23.5 million adults living in non-metro area, resulting in a current demand of 9,140 FTE CHWs. This number is projected to grow 13 percent to 10,680 FTEs by 2030.

The **Children with special health needs scenario** assumes 1 CHW per child for care coordination within the state-run health system. The population of 3.7 million children is calculated based on a reported 50% participation rate in care coordination team programs among U.S. children with special health care needs who are covered by Medicaid or uninsured. Under this model, the current demand of 21,150 CHWs is expected to increase 6 percent to 22,490 in 2030.

Exhibit 1: Projected CHW Demand from National Implementation of Possible Care Coordination Scenarios

Care Coordination Scenario	CHW Staffing	Population, 2016 (millions)	CHW Demand		Growth, 2016 to 2030	
			2016	2030	FTE	%
PCMH index scenario	1 per 10,000 adults	186.8 ^a	18,680	20,980	2,300	12%
PCMH high social need scenario	3 per 10,000 adults	38.0 ^b	11,390	13,410	2,020	18%
PCMH rural scenario	4 per 10,000 adults	23.5 ^c	9,410	10,680	1,270	13%
Adult Total	---	248.2 ^d	39,480	45,070	5,590	14%
Children with special health care needs	1 per 176 children	3.7 ^e	21,150	22,490	1,340	6%

Notes: All numbers reflect full time equivalents (FTEs).

^a Non-institutionalized U.S. adults living in metro areas and with household income > \$25,000.

^b Non-institutionalized U.S. adults living in metro areas, with household income below \$25,000.

^c Non-institutionalized U.S. adults living in non-metro areas.

^d Non-institutionalized U.S. adults.

^e Children in Medicaid or uninsured, with special health needs (52% of 14.2 million children with special health care needs in Medicaid or uninsured, modeling 50% participation rate of care coordination team program)