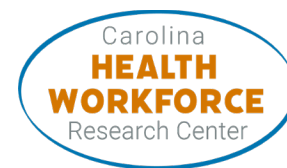


Understanding Available Data Sources to Estimate the Size and Distribution of Community Health Workers in the United States



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Community health workers (CHWs) are an important, growing, and effective workforce, delivering in interventions to reduce health disparities in vulnerable populations.¹⁻² However, because CHWs are a non-licensed workforce who work across system settings with various job titles, it is difficult to estimate and characterize the workforce, as well as accurately identify policies to support CHWs.^{1,2,3} This study used three national data sources to estimate the size and state distribution of CHWs in the U.S and examine the influence of state reimbursement and certification on the number of CHWs per the population. CHWs were identified in the National Plan and Provider Enumeration System (NPPES), the Bureau of Labor Statistics (BLS), and American Community Survey (ACS). The rate of CHWs per 100,000 people were calculated and compared in states with and without certification and reimbursement through a series of one-way ANOVAs. Nationally, the rate of CHWs per 100k in NPPES is 7.44, BLS is 18.37, and ACS is 36.4. No significant differences in the mean number of CHWs per 100,000 in states with or without certification and/or reimbursement was found. Given the variability in the data sources and the wide range of classifying CHWs, understanding which data source is being used, and for what purpose, will be important when attempting to understand how policy related changes, like certification and reimbursement, impact CHW growth. Further exploration of available data sources is needed to provide new insights and potential solutions to employ, fund, and sustain the CHW workforce.

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