



Actionable Strategies for Expanding and Diversifying the Health Care Workforce

Goal: Diversify the Workforce to Build Improved Trust and Better Connections Between Patients & Providers

Recommendation: Begin work to develop health care apprenticeship opportunities that focus on training underrepresented populations to expand the number of BIPOC midwives, doulas, community health workers, and home visitors to make maternal health care professions and paid training opportunities accessible.

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About the Perinatal Action Collaborative:

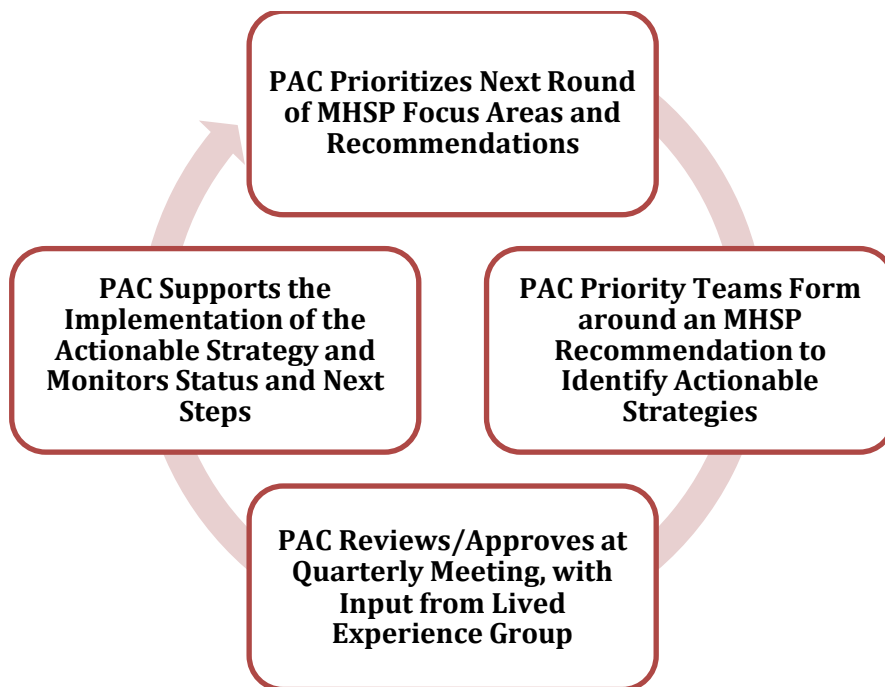
Over the past year, the PA Departments of Health, Human Services, Drug and Alcohol Programs and Insurance have been developing the PA Maternal Health Strategic Plan (MHSP).

The MHSP includes goals and recommendations for the following focus areas: Increasing Access to High-Quality Care, Supporting Behavioral Health and Substance Use Disorder Needs, Improving Rural Health and Maternity Care Deserts, Addressing Health Related Social Needs (HRSN), and Expanding and Diversifying the Health Care Workforce.

The MHSP was informed by a statewide survey completed by over 700 Pennsylvanians and a series of listening sessions with stakeholders, including healthcare professionals, CBOs, people with lived experience, and health plans among others.

The Pennsylvania Department of Health also received a HRSA grant for the Maternal Health Innovation Program (MHIP) Program, which supports states in creating maternal health strategic plans, establishing task forces like the Perinatal Action Collaborative (PAC), and implementing interventions from the strategic plans.

Figure 1: PAC's Process to Create and Implement Actionable Strategies for MHSP Recommendations



A. Background

Workforce diversity and racial concordance improve communication, trust, and recognition of symptoms, which translates to improved outcomes. As of [2021](#), 11% of obstetrician gynecologists, 9.4% of doulas, and 7.3% of midwives in the United States identified as Black or African American. However, in the United State 14% of live births are to as Black or African American birthing individuals.

At the current rate of people entering the field, the need for professionals providing care to birthing individuals is going to increase. In 2037, the supply of OBGYN physicians in metro areas is projected to meet 85% of demand. For nonmetro areas, that figure is 51%. “Given the projected shortages in maternal health physicians and the maldistribution of the maternal health workforce across states and counties, it is important to focus on workforce issues, such as recruitment, placement, and retention, as well as ways to encourage maternal health care providers to locate to under-resourced areas.” - [State of the U.S. Maternal Health Workforce, 2024](#).

Understanding where there is a lack of access, along with where there is higher birth rates will help identify areas of the state to prioritize strategies to expand the workforce. A 2023 report from the March of Dimes shows that 5 counties in Pennsylvania are considered maternity care deserts. A maternity care desert is a county that does not have a hospital with labor and delivery services, it does not have any OBGYN's or midwives or providers for obstetric care including family docs and it has at least some women who do not have health insurance since this report additional counties have become maternity care deserts in Pennsylvania. Since the publication of the March of Dimes report additional hospitals have closed altogether or just their labor and delivery services, including Penn Highlands Elk in Elk County in 2024, UPMC Cole in Potter County in 2025 and Crozer Hospital in Delaware County in 2025. More than half of the counties with the highest birth rates in Pennsylvania are rural counties: Jefferson, Clinton, Mifflin, Juniata, Perry, Franklin, and Montour counties. The urban counties with the highest birth rates include Dauphin, Lebanon, Lancaster, Delaware and Philadelphia. See Appendix A for additional county data related to access and need.

Additionally, understanding where there are low diversity and representation in the workforce is crucial to understanding where in the commonwealth diversifying the workforce needs to be prioritized

Apprenticeship Programs in Pennsylvania

The Apprenticeship and Training Act of 1961 created a State Apprenticeship and Training Council within the [PA Dept. of Labor and Industry](#). The Council works to improve the Pennsylvania economy by assisting in the development and maintenance of a skilled labor force to meet the needs of Pennsylvania’s industries and employers. One of the ways the Council implements this aim is by supporting [registered apprenticeships](#) in Pennsylvania.

These apprenticeships are part of the workforce strategies within the four-year state plan required under the federal [Workforce Innovation and Opportunity Act \(WIOA\)](#). Currently,

[Pennsylvania's 2024 -2027 state plan](#) has prioritized six broad goals for the workforce development system. Goal 6 of the plan is to Address Worker Shortages in Critical Industries by “promoting employer engagement, enhancing access to career-focused education and training programs, and establishing robust partnerships between employers, educational institutions, and community organizations” to provide a path to meaningful careers within critical industries. Healthcare is one of those critical industries and the Dept. of Labor and Industry has prioritized an increase in direct care and community health sectors within healthcare and long-term care (e.g., nurse aides, home health aides, home care, and community health workers).

The following are the requirements for a [registered apprenticeship](#) with the Dept. Of Labor and Industry:

- **Paid Job** – Apprentices are full-time, progressively paid employees who work while they learn skills through an employer-driven structured education and training model customized to a specific occupation.
- **On-the-Job Learning** – Hands-on structured training consisting of 2000 hours per year. Program lengths vary from 1- 6 years.
- **Classroom Learning/Job Related Technical Instruction** – Education designed to improve job-related skills. 144 hours per year.
- **Mentorship** – Provides apprentices with the support of a skilled worker to assist and enhance critical hands-on learning.
- **Credentials** – Offers a portable, nationally-recognized certificate.

Every Registered Apprenticeship program has a “[sponsor](#)” that is responsible for the overall operation of the program. The sponsor is responsible for developing a training plan for the apprenticeship program, identifying and engaging a training provider to instruct the classroom/technical training component, engaging employers that manage the apprentices on the job training, registering the program with the state, establishing an apprenticeship and training committee to manage the program, and monitoring the apprentices’ progress.

Registered apprenticeships benefit employers, training organizations and apprentices / job seekers in the following ways:

[Employers:](#)

- Workforce to fill vacancies or to staff a new service
- Consistency and gold-standard of training
- Attracting a broader range of candidates
- Diversifying the workforce through an equity-based curriculum

[Training Organizations:](#)

- Only registered apprenticeship programs are eligible for support services and grant funding through the Department of Labor & Industry and certain funding programs

- Access to resources at the Dept. of Labor and Industry to establish a registered apprenticeship, including quick guides, technical assistance, funding opportunities, ensuring compliance with all PA regulations, standards, and legislation, and resources for strategic planning and ecosystem building.

[Apprentices](#) / job seekers:

- Paid employment while training and promise of a job post-apprenticeship
- Ensures on-the-job training with mentors and portable credentials upon completion
- Broader range of candidates can train for these jobs when there is a guaranteed salary while training
- For certain WIOA funded registered apprenticeships, additional services can be accessed to help them participate in an apprenticeship, including fees, books, supplies, child care, transportation, tools, and uniforms.

[Doulas](#)

To address the need for dedicated mental, physical and emotional support, many mothers have engaged doulas to help them throughout their pregnancy and postpartum. Doula assisted individuals are less likely to have a baby with low birth weight or to experience a birth complication, and more likely to initiate breastfeeding. Doulas “traditionally occupied a prominent position in African American communities, serving as healers and spiritual leaders, and maintaining extensive social networks.” Learn more about the historical significance of doulas from the [National Museum of African American History and Culture](#).

The Pennsylvania Certification Board defines [doulas](#) as “non-medical; trained professionals who provide emotional, physical, and informational support and guidance in various aspects not limited to reproductive health and family services.” This definition was created with input from many stakeholders and doulas in Pennsylvania.

There were 127,330 [live births in Pennsylvania](#) in 2024. A doula provides care on average for [three to six clients per month](#). At the higher end, that is approximately 72 births annually. Given that capacity, there would need to be 1,768 doulas to be able to offer doula care to all birthing people in Pennsylvania. As of October 2025, there are [245 certified doulas](#) in Pennsylvania. Of those certified doulas, 240 are female, 3 non-binary, and 2 did not respond. Additionally, when asked about race/ ethnicity the doulas 127 identified as Black, 64 as white, 23 as Hispanic, 5 as Asian/Pacific Islander, 11 as multi-cultural, 11 did not note anything and 4 noted "not specified."

In January 2025, Pennsylvania Medicaid began to cover doula services. Among the Certified Perinatal Doulas, 105 have become a PA Medicaid enrolled provider (19 in Allegheny, 1 in Chester, 1 in Columbia, 1 in Crawford, 12 in Dauphin, 7 in Delaware, 6 in Erie, 2 in Lackawanna, 9 in Lancaster, 4 in Luzerne, 5 in Mercer, 2 in Montgomery, 6 in Northampton, 27 in Philadelphia, 1 in Schuylkill, 1 in Washington, and 1 in Wayne).

In 2025, the first registered apprenticeship program for [doula](#) was established in Pennsylvania. [PatientsRWaiting](#) in Lancaster, PA serves as the sponsor and training provider, along with two additional training providers, [Doula Right Thing LLC](#) and The Natural Way. The one-year doula apprenticeship is designed to be highly comprehensive and embeds equity into every aspect of the program. The doula apprenticeship training includes a standardized method incorporating birth, postpartum, and lactation training, as well as CPR, HIPPA, OSHA, NICU Equity, UPSTANDER, and [mental health first aid](#) instruction. The classroom training accompanies the on-the-job training with patients, as well as attending births. For the on-the-job training, the doula apprentices stand side by side with a journey worker. The journey worker ensures that the apprentice is carrying on with the training program as planned and learns from their experiences.

[Home Visitors](#)

[Home visiting programs](#) produce short term and long-term impacts for families and communities. These programs improve the health of mothers and babies, create safe homes and nurturing relationships, improve child development, and support families in accessing services such as job training, food and housing assistance, mental health services, domestic violence resources, and others. Home visiting programs have been shown to have a [return on investment](#) up to \$5.70 for every dollar spent on home visiting.

Home visiting programs in Pennsylvania are funded by [PA Dept of Health \(DOH\)](#) Bureau of Family Health and [PA Dept of Human Services](#) (DHS) Office of Child Development and Early Learning through Title V and Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program funds. These programs are provided by a range of [workers](#) including nurses, mental health clinicians, parent educators, and other trained professionals.

While there are registered apprenticeships for healthcare services provided in the home, including apprenticeships for home health aides and registered nurses, these are focused on serving seniors and people with disabilities. There are no registered apprenticeships in Pennsylvania for maternal home visitors.

Some states have developed apprenticeships for maternal and child home visiting, including California and Colorado. In California, the [Early Care and Education \(ECE\) Home Visiting Apprenticeship](#) is sponsored [by Early Care and Education Pathways to Success \(ECEPTS\)](#). The apprenticeship provides classroom and on the job training that upon completion of the apprenticeship qualify them for positions as home visitors, early educators, and/or licensed family childcare providers. The first [graduates](#) of the program were women who they themselves received home visiting services and were inspired to pursue a career as a home visitor. In Colorado, [Maternal, Infant, and Early Childhood Home Visiting \(MIECHV\) Program](#) created a [Childcare Development Specialist Apprenticeship](#) in partnership with [Red Rocks Community College](#). This apprenticeship for developing child care and early learning specialists is funded by the largest single source of funding for home visiting in the United States.

Community Health Workers

The Pennsylvania Certification Board defines a [community health worker](#) (CHW) as “a trusted individual who contributes to improved health outcomes in the community. CHWs serve the communities in which they reside or communities with which they may share ethnicity, language, socioeconomic status, or life experiences. The term “community health worker,” includes but is not limited to other titles such as outreach worker, patient navigator and promotores de salud.”

There are 5 [registered apprenticeships](#) for CHWs in Pennsylvania. The apprenticeships are located across the state with three in Philadelphia, one in Hershey, and one in Pittsburgh.

While apprenticeship programs exist in Pennsylvania, they do not currently have the desired outcome of retaining CHWs in the workforce. In October 2023 the PA CHW collaborative [surveyed](#) its members related to retention with the goal of identifying factors likely to cause CHWs to leave their current positions. One hundred and seventy-three CHWs from across the commonwealth responded and indicated the top four reasons for leaving their current position: higher salary, lack of upward mobility, stress and/or burnout related to their positions, and unstable funding. Additionally, over 50% of funding for CHW positions in Pennsylvania derives from short-term grants. Sustainable funding for CHW services is needed in order to make it a desirable field for apprentices to train and be retained.

Midwives

Midwifery was first recognized under Pennsylvania law in 1929. However, midwifery in the United States and Pennsylvania was founded in communities of color, indigenous midwives and immigrant midwives. The state’s midwifery landscape combines home birth, birth center and hospital-based practices, with community midwives often maintaining strong, long-term relationships within diverse local populations. Apprenticeship-based learning—where aspiring midwives are taught one-on-one by experienced practitioners—has long been the foundation of community midwifery education in Pennsylvania and across the country. Community midwifery has a deep legacy among Pennsylvania’s Amish, where home births and generational midwife mentorship remain integral. There is a flourishing of Black midwives in Pennsylvania and nationally, who center reproductive justice, agency, and social change in their birth work. Organizations like the National Black Midwives Association and Birthing Black Futures elevate Black midwives’ voices, revive traditional care frameworks, and work to address stark disparities in Black maternal health outcomes. This movement is reclaiming ancestral knowledge and rebuilding community trust, ensuring that Black families have culturally affirming, safer, more equitable birth experiences.

Currently only Certified Nurse Midwives (CNMs) are [licensed](#) by the State Boards of Medicine and Osteopathic Medicine Board to practice in Pennsylvania. While there are Certified Midwives (CMs) being educated in Pennsylvania, they are not able to practice within the commonwealth once they graduate. Legislation has been introduced, [SB 507](#), to allow for CMs to practice in Pennsylvania.

According to the Pennsylvania Affiliate of the American College of Nurse Midwives, there are 588 licensed midwives in Pennsylvania. Within PA there are three academic midwifery programs: University of Pennsylvania, University of Pittsburgh, and Thomas Jefferson University. In 2024, licensed midwives attended 18% of the births in the commonwealth. They work in multiple settings, including large academic institutions, rural community hospitals, community clinics, private GYN practices, and patient's homes.

There are not registered apprenticeship programs for midwives within Pennsylvania. However, continued training while working as a CNM does exist through fellowship programs. For example, the one-year fellowship program at the [Midwife Center](#) in Pittsburgh, PA provides training following licensure as a CNM. The fellowship was established in 2010 to develop a workforce to address the growing demand for the center's services. This fellowship provides training opportunities to CNMs who want to practice in a birth center and provides them with additional support during their first year of practice. They receive mentorship from a support midwife who is with them throughout their fellowship training and practice. The fellowship also provides financial support including options to defer student loans and more affordable medical malpractice insurance. This fellowship is almost exclusively funded by grant funding.

B. Description of the Actionable Strategy

Guidance and Recommendation

Establishing and expanding certified apprenticeship programs could help to recruit and retain people into the doula and home visitor professions. Currently CHWs have certified apprenticeship programs but addressing sustainable funding and wages for CHWs are leading contributing factors resulting in CHWs leaving their positions. These issues need to be addressed for CHW apprenticeships to be successful at recruiting and retaining CHWs. Additionally, certified nurse midwives noted that the profession is less conducive to the apprenticeship model, and a fellowship model is preferred.

1. Understanding the Professions

The Improving Rural Health and Maternity Care Deserts priority team previously recommended that a document be created explaining "The Village," all the professionals in a birthing person's care team. A similar document is needed to convey the roles of these professions to providers and policy makers, including the similarities and differences of the services provided, and the training and certifications needed. Some of this information is provided in the background earlier in this document, but a more comprehensive document would help to distinguish the roles of doulas, CHWs and home visitors.

2. Doulas

There are many pathways to becoming a doula. Pennsylvania is home to many exceptional doula training programs (see [Asset Map](#)) that offer pathways to the doula profession.

One barrier to training is the time and money that is needed, which typically requires someone to work while also training to become a doula. This can be burdensome and create

hurdles that discourage people from pursuing the profession. Through an apprenticeship program, as outlined in the background section, apprentices are provided a salary while training. This helps reduce financial barriers and create opportunities.

Enrolling Doulas in the Existing Apprenticeship Program

The first and only registered doula apprenticeship program in Pennsylvania was established by PatientsRWaiting’s Diversifying Doulas Initiative. For the doula apprenticeship to be successful, the program must enroll at least one doula by June 2026. Engagement of doula employers, including health systems, is essential to the success of apprenticeship programs. Employers must understand the benefits of participating in an apprenticeship program and see it as a pipeline for hiring needed staff.

The [PA Doula Advisory Board](#) was established under Act 115 of 2024. The board “advises the secretary regarding the following: (1) Doula best practices. (2) Doula participation in the medical assistance program. (3) Racial and geographic disparities in the provision of maternal health services. (4) Best practices to promote uniform access to care.” As the board is invested in expanding access to doula services, they should take an active role in educating employers of the benefits of doula apprenticeship programs.

Scaling the Doula Apprenticeship Program

To scale the current program, the following pieces are needed:

- Toolkit: Create a toolkit for doula training organizations to establish a registered apprenticeship program.
- [Technical Assistance](#): Dept of Labor and Industry’s Apprenticeship and Training Representatives assist sponsor organizations with the steps to establish a registered apprenticeship.
- Doula training organizations interested in sponsoring a registered apprenticeship. See the [Asset Map](#) for a list of doula training programs.
- Buy-in from doula employers to employ doula apprentices.
- Funding assistance from the state via existing grant programs for registered apprenticeships (ex. [PAsmart](#), [WIOA funds](#)).

3. Home Visitors

Before creating a registered apprenticeship program, home visiting program funders (PA DHS and PA DOH) should convene home visiting programs / home visitor employers to assess gaps in the workforce and identify which of the home visiting professions (nurses, parent educators, and other trained professionals) would benefit most from an apprenticeship program. The [Pennsylvania Family Support Programs Needs Assessment](#) should be referenced while assessing where in the commonwealth to establish the apprenticeship to address areas with high need.

To create a registered apprenticeship program for home visitors, the following pieces are needed:

- A home visitor training organization that is willing to take on the creation of an apprenticeship program for maternal home visitors.
 - That organization then creates a toolkit for other training organizations to establish a registered apprenticeship program and scale the work across the state
- [Technical Assistance](#): Dept of Labor and Industry's Apprenticeship and Training Representatives assist sponsor organizations with the steps to establish a registered apprenticeship.
- Buy-in from home visiting program employers to employ home visitor apprentices
- Funding assistance from the state via existing grant programs for registered apprenticeships (ex. [PAsmart](#), [WIOA funds](#))

4. Community Health Workers

CHW apprenticeship programs have already been established in Pennsylvania, as outlined in the background information. However, the retention of CHWs has been difficult given the current financing for their services. Without a clear pathway for Medicaid reimbursement rates there is a risk of training more CHWs that employers cannot retain. Policy changes are needed to finalize sustainable rates for Medicaid reimbursement of CHWs. First the financing is needed, then the pipeline, so growth translates into stable jobs and better maternal health outcomes.

The PACHW Collaborative is pursuing multiple avenues for [sustainable funding](#) for CHWs providing maternal health services. The following steps would need to be taken in order to is provided by the PA CHW Collaborative:

- **Medicaid Reimbursement:** The PACHW Collaborative began working with PA Department of Human Services Office of Medical Assistance in April 2023 to develop the draft language for the State Plan Amendment (SPA) that would authorize payment for CHW services under PA Medicaid. In the spring of 2024, DHS delayed their submission of the SPA to CMS and as of September 2024 and does not anticipate submitting the SPA to the Centers for Medicare and Medicaid Services until at least 2026. To submit a SPA PA DHS must go through the following steps, 1) decide what CHW services are most important to cover (from Medicaid's perspective) 2) decide on a payment method, 3) estimate costs and budget requirements, 4) establish funding source, and 5) receive state and federal approvals (SPA/waiver).
- **PA Health Choices:** As of January 1, 2024, Medicaid Managed Care Organizations (MCOs) are now required to include CHWs as part of their Community Based Care Management Program (CBCM) in the 2024 PA HealthChoices contract. In the past, CHWs were considered optional members of the CBCM care team.

To optimize CHW services and reimbursement, coverage should be provided for pregnant and postpartum individuals through either of the above methods and cover a sufficient

number of CHW visits annually at a sustainable rate for the employer. Barriers may need to be addressed to make the reimbursement process viable for CHW employers that are not health systems or community health centers, especially [CBOs which employ 39% of CHWs](#) in Pennsylvania. In order to achieve this, continued collaborations between PA DHS and the PACHW Collaborative and CHW employers is needed.

5. Midwives

Support policy changes that expand and diversify licensed midwives in Pennsylvania, such as SB 507 that would allow CMs to practice in the commonwealth after completing their training. This would help to retain the midwives trained in Pennsylvania. Currently the Midwifery Forward Coalition is leading the advocacy efforts to pass SB 507.

Additionally, support for fellowship programs for licensed midwives could help recruit and retain people into the profession, as well as expand services to lower resourced areas if additional birth centers or midwifery practices are established. Many fellowship spots are currently funded via grants, and additional funding would be needed to support fellowships.

C. Equity

While working towards the goal of diversifying the workforce, the issue of pay can not be ignored. Too often, “diversification” is focused on increasing headcounts without addressing the economic structures underneath. For Black women—who are more likely to lead households on a single income—entry-level wages aren’t just about getting a foot in the door, they are about putting food on the table, paying rent, and supporting families. If we recruit Black women into fields that remain underpaid, equity will not be advanced but rather reinforce the very inequities aiming to be addressed. True workforce diversification must pair representation with fair compensation, pathways to advancement, and structural reform. Otherwise, there is a risk of creating pipelines into poverty, not prosperity.

Many immigrants in the United States have experience attending births or caring for pregnant and postpartum mothers and babies. In order to support immigrants and uplift the maternal health workforce, considerations need to be made in regard to language barriers for those who may want to train to become any of these professions (doulas, home visitor, CHW, and midwives).

Many of the counties in need of expansion of the maternal health workforce are rural counties. The strategies need to take into account the resources needed to establish an apprenticeship in both higher resourced areas, as well as lower resourced areas.

Additionally, the needs of people with disabilities must be considered when developing an apprenticeship program. Training for apprenticeships should include instruction and training on how to assist pregnant people with disabilities and an understanding of their needs. The sponsor of the apprenticeships should also ensure that their apprenticeship opportunities are accessible to people with disabilities.

Appendix A – County Indicators for Access and Need

<u>High Birth Rates</u>	<u>Low % Prenatal Care in First Trimester, 2021-2023</u>	<u>High SMM, 2022</u>	<u>High % of Premature Birth</u>	<u>High SVI</u>	<u>March of Dimes Maternity Care Deserts</u>	<u>No L&D Services</u>
Jefferson	Crawford	Crawford	Juniata	Erie*	Forest	Clarion
Clinton	Jefferson	McKean	Lancaster*	Crawford	Cameron	Forest
Mifflin	Indiana	Potter	Mifflin	Mercer	Greene	Elk
Juniata	Clinton	Armstrong	Philadelphia*	Forest	Wyoming	Cameron
Perry	Mifflin	Huntingdon	Montour	Clearfield	Sullivan	McKean
Franklin	Lancaster*	Montour	Dauphin*	Indiana	Juniata	Potter
Montour	Philadelphia*	Pike	Lebanon*	Fayette	Forest	Clinton
Dauphin*		Schuylkill	Franklin	Potter		Lawrence
Lebanon*		Lehigh*	Perry	Clinton		Greene
Lancaster*		Philadelphia*	Delaware*	Fayette		Sommerset
Delaware*			Clinton	Lackawanna*		Bedford
Philadelphia*			Jefferson	Luzerne*		Fulton
				Lebanon*		Huntingdon
				Lancaster*		Juniata
				Berks*		Perry
				Lehigh*		Snyder
				Delaware*		Northumberland
				Philadelphia*		Susquehanna
						Wyoming
						Sullivan
						Pike
						Carbon

*Indicates an Urban County