

## Background

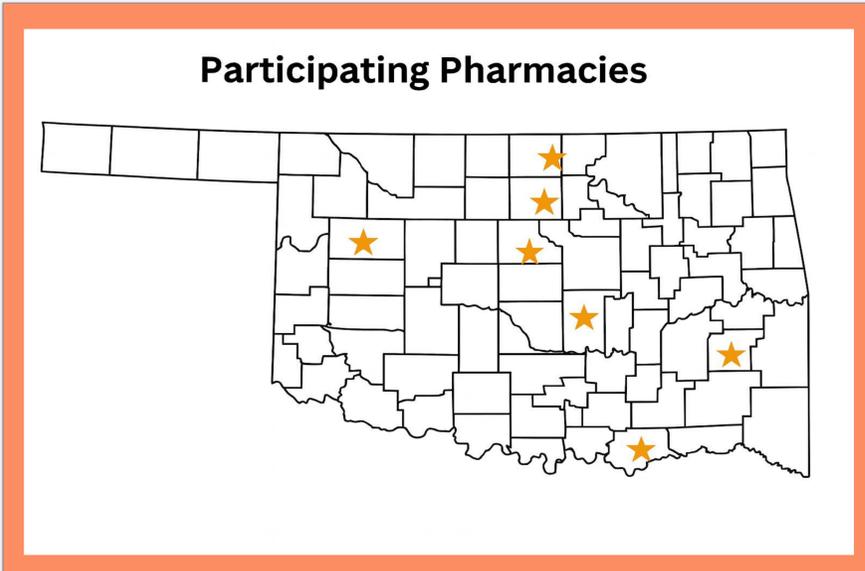
Social drivers of health (SDoH)—such as food insecurity, housing, and transportation—significantly impact patient outcomes.<sup>1</sup> People in rural communities often face limited access to healthcare and social resources. Community pharmacies are trusted, low-barrier, accessible sites where patients frequently interact with the healthcare system.<sup>2</sup> Training pharmacy technicians as Community Health Workers (CHWs) provides an innovative model to address unmet social needs and strengthen rural health infrastructure.<sup>3</sup>

The SWOSU College of Pharmacy Rural Health Center (RHC) collaborates with community pharmacies and hospitals to advance the healthcare delivery to underserved Oklahomans. This project was supported in part by a grant from the Oklahoma State Department of Health.

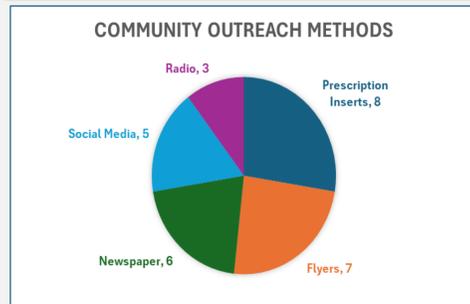
## Methods

### Recruitment & Training

- Pharmacies were recruited through a monthly newsletter sent by the RHC and were paid a stipend for their participation in the project.
- A free, 3-month accredited CHW certificate training program was completed by technicians.



## Methods, continued



### Patient Recruitment & Interventions

- Patient recruitment was determined by pharmacies and included local advertisements.
- Adult patients (≥18 years) were screened for unmet social needs.

- The PRAPARE® tool (Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences) was used to identify social needs.<sup>4</sup>
- Example questions:
  - “Are you worried about losing your housing?”
  - “Do you have reliable transportation to appointments or work?”
  - “How often do you feel lonely or isolated?”
- Patients were connected with resources and/or immunizations.

### Data Collection

- Pharmacies/CHWs submitted quarterly reports on quantity and types of interventions.
- A follow-up survey of pharmacy staff was conducted to learn about implementation viability.

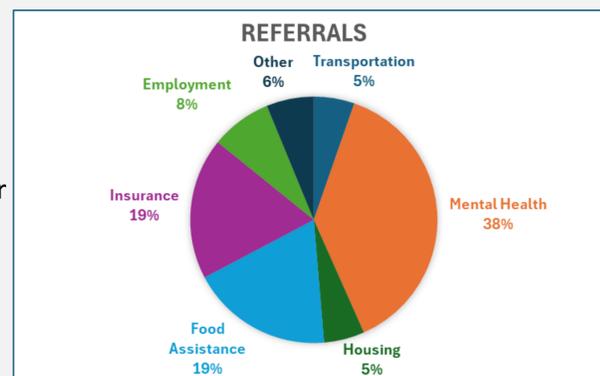
## Results

### Pharmacy Demographics

- Partnered with 10 independent rural pharmacies and trained 11 pharmacy technicians as CHWs
- Average Rx/day: 274.6 (range 160–550)
- Staffing: 3–6 employees per site, including 2–3 technicians per shift

### Encounters

- In the first three quarters:
  - 205 patient encounters completed
  - 105 referrals for food, housing, transportation, medication access, mental health services and immunizations.



## Results, continued

### Patient Impact

- Patients reported improved access to insulin, Narcan, housing, and mental health resources.
- Some hesitancy remained around disclosure of needs and accepting assistance.

“Patients who we have been able to connect with resources are now more open and willing to seek advice and assistance from our employees.”

“I have referred a homeless husband and wife to housing. They were picked up that cold and rainy day and placed in a home and have since found jobs and bought a camper with heat and air to live in. They called me and sent me a picture and said they wanted me to be the first one to know.”

### Implementation Challenges

- Limited private space for CHW consultations
- Patient reluctance or stigma around social-needs screening
- Time constraints and documentation workload
- Need for insurance billing guidance and sustained funding

## Conclusion

Training pharmacy technicians as Community Health Workers in rural pharmacies proved feasible and impactful, improving patient access to food, housing, mental health, and medication resources. Pharmacies averaged 275 prescriptions per day and successfully incorporated CHW screenings and referrals into existing workflows without major disruption. The program strengthened patient trust and pharmacy–community relationships, demonstrating the value of expanding CHW roles in underserved areas.

Long-term success will depend on sustainable reimbursement, staff support, and integration of efficient documentation systems.

Future directions: Further evaluation of implementation successes and challenges will be completed. A 2<sup>nd</sup> cohort is currently being recruited.

## References

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3. Daly CJ, Iqbal DN, Chen EL, et al. Implementing a Community Health Worker Model to Address Health-Related Social Needs in a Community Pharmacy Network: A Pragmatic Evaluation. J Am Pharm Assoc (2003). Published online July 26, 2025. doi:10.1016/j.japh.2025.102490
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