

# Implementing an evidence-based community health worker model

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In the U.S., where many minority populations have deeply rooted distrust of the medical system due to historical and ongoing barriers to high-quality care, it can be helpful when trained members of the

community—called community health workers—serve as advocates who counsel and support sometimes hesitant people to seek out necessary medical care.

Community health [worker](#) programs have been proven to increase quality of life, improve [health outcomes](#) and reduce hospitalizations and cost of care, but not much is known about how these programs might be scaled nationally to maximize their public health impact.

Scientists from Northwestern University and the University of Pennsylvania have—for the first time—studied community health worker programs on a national scale to assess what barriers these programs might face when implemented broadly. The paper is [published](#) in the journal *JAMA Health Forum*.

Broad implementation is now more within reach than ever before, as a recent ruling from the U.S. Centers for Medicare & Medicaid Services, effective Jan. 1, 2024, allows for Medicare reimbursement of services provided by community health workers. This is great news for the future of community health worker programs, the study authors said.

"The time is ripe to implement these programs nationally to improve health care equitably," said co-senior author Rinad Beidas, chair of the department of medical social sciences and professor of implementation science at Northwestern University Feinberg School of Medicine.

Prior to the Centers for Medicare & Medicaid Services ruling, programs have varied in their funding sources, typically receiving funding through a combination of unique sources (federal, state and foundation grants or local, city, [state funding](#)) secured by each organization and not guaranteed to continue. Therefore, the recent change in legislature, which provides a clear and consistent funding channel, is a paradigm shift, the study authors said.

The scientists studied the implementation of the IMPaCT model, the leading evidence-based intervention in the U.S. for addressing health inequity and the social determinants of health.

They found three barriers to implementation into the U.S. health system: (1) poor integration of community health workers into health care teams can make it difficult for organizations to fully benefit from what community health workers can offer and for the community health workers to do their work, (2) [program](#) financing is a major challenge and threatens program sustainability as funding is often subject to change, which the new ruling should help solve and (3) burnout among community health workers is a potential risk, especially as more are hired with the increased funding. This is something health systems must proactively address, the study authors said.

"Given the many demands placed on community health workers and the characteristics of passion, dedication and empathy they commonly hold, it will be important for the field to attend to community health worker burnout in order to sustain the longevity of this workforce," said first author Simone Schriger, a doctoral student in clinical psychology at Penn and Beidas' mentee.

Community health workers are frontline public health workers who share demographic characteristics and/or lived experiences with the patients they work with and thus have the ability to understand and connect with patients in a unique way. They are hired to bridge the gap between their communities and medical institutions to build trust by doing outreach, community education, informal counseling and advocacy.

"Patients who work with community health workers often hold marginalized and/or minoritized identities and may be distrusting of medical professionals," Schriger said. "Often, these identities are shared

by community health workers who can help patients ensure they get high-quality care and fill an important gap in our health care workforce."

**More information:** Simone H. Schriger et al, Barriers and Facilitators to Implementing an Evidence-Based Community Health Worker Model, *JAMA Health Forum* (2024). [DOI: 10.1001/jamahealthforum.2024.0034](https://doi.org/10.1001/jamahealthforum.2024.0034)

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