



Prioritizing Community Health Workers in Health Care Reform is Key to Enhancing Health Equity



This community policy brief is a synopsis of the full policy brief, “Opportunities to Enhance Health Equity by Integrating Community Health Workers into Payment and Care Delivery Reforms,” which is available online at [\[url of page on RADx-UP.org\]](#).

The COVID-19 pandemic has underscored the importance of community health workers (CHWs) within community-based care. Also known as “lay health advisers” or “health navigators,” and in Spanish as “promotoras or promotores de salud,” CHWs are essential links between community members and health care services. Importantly, they assume critical roles both in community and clinical settings.

The policy team within the coordination and data collection center for RADx® Underserved Populations (RADx-UP) has reviewed 16 research publications generated by RADx-UP project teams and offers a new policy paper exploring the evidence of how CHWs have served in critical roles to improve equitable access to COVID-19 testing, vaccination, and therapeutics.

In 2020, the National Institutes of Health (NIH) invested more than \$500 million in community-based COVID-19 testing and associated services through the RADx-UP initiative. Many of the 137 RADx-UP research projects embedded CHWs as key partners in their programmatic infrastructure to address inequities in COVID-19 testing. In this policy brief, we have gathered experiences from



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RADx-UP projects during the COVID-19 pandemic and identified policy changes that prioritize community health in payment and care delivery reforms.

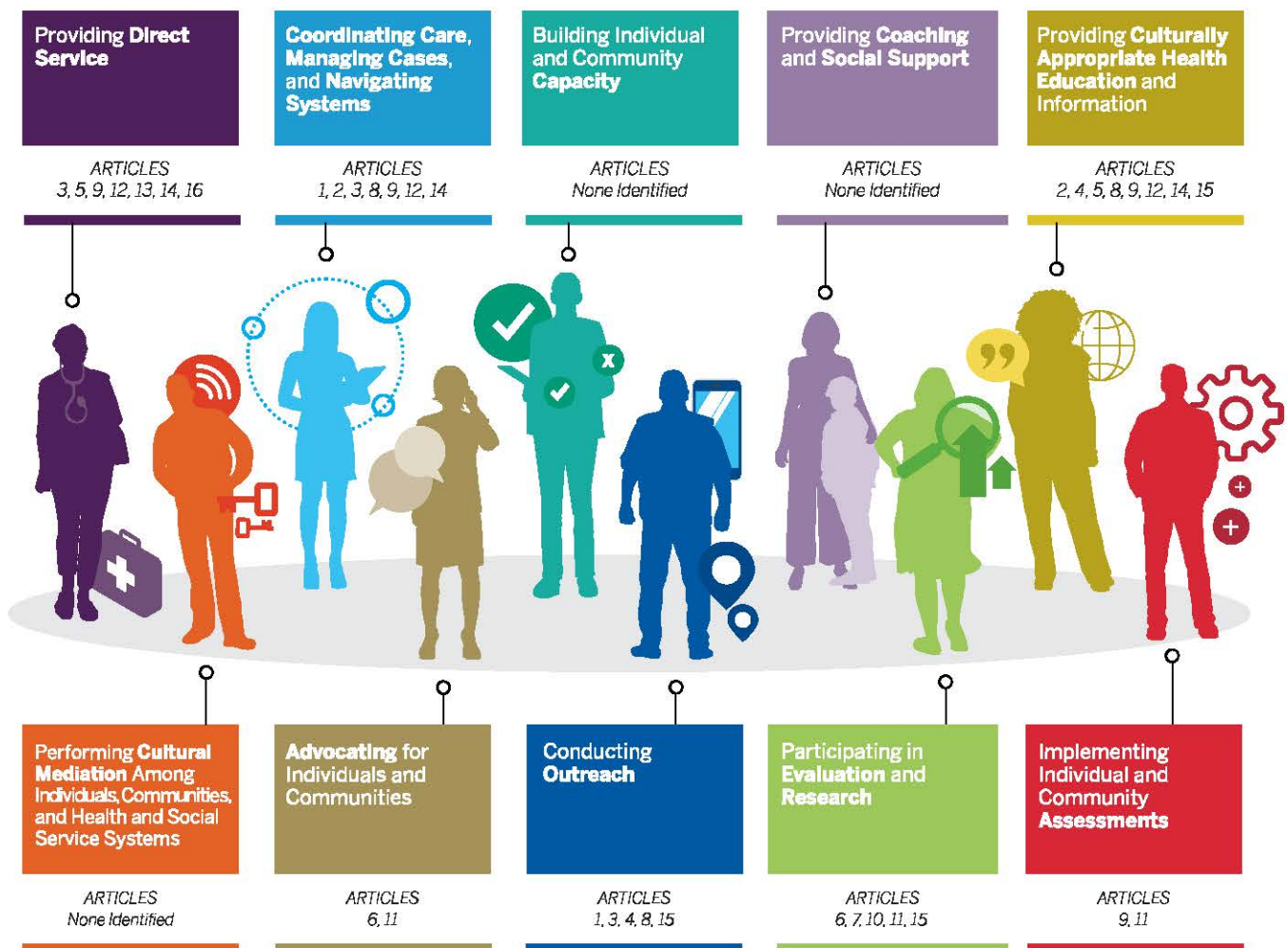
The examples explored in the policy paper illustrate how CHW models can bridge systemic and cultural gaps in the coverage, service delivery, and affordability of health care, demonstrating the potential to make meaningful progress in improving health outcomes and reducing health disparities. The evidence demonstrates that community-based care that prioritizes CHWs in the health workforce can not only respond during public health crises like COVID-19, but also

be incorporated seamlessly into existing infrastructure to support equitable health policy and practice.

The paper shares that CHWs, who were integral partners with RADx-UP projects, served in multiple community health roles, ranging from advisory to outreach to shared project leadership.

In the majority of studies reviewed, where the CHW role was defined, activities included sharing culturally and linguistically appropriate information about the COVID-19 pandemic. They provided direct services, such

The Many Roles of Community Health Workers



STUDIES: 1. Barret et al. 2022; 2. Berkley-Patton et al. 2022; 3. Bigelow et al. 2021; 4. DeGarmo et al. 2022; 5. Ko et al. 2022; 6. Kruse et al. 2022; 7. Lee et al. 2022; 8. Martinez et al. 2022; 9. Pirraglia et al. 2021; 10. Rivera-Núñez et al. 2022; 11. Stadnick et al. 2022; 12-15. Thoumi et al. 2022; 16. Whanger et al. 2022.

*These roles are adapted from 10 core community health worker roles described by The National Community Health Worker Core Consensus (C3) Project. To read more about each role type refer to the C3 Project Resource Page at <https://www.c3project.org/resources>

as administering COVID-19 tests, and coordinating care and health system navigation. Additional CHW roles reported by RADx-UP projects included patient outreach, research and evaluation, community assessment, and community advocacy.

The RADx-UP initiative has demonstrated that building trust and developing relationships are necessary for the success of community-engaged interventions. These require time, organizational capacity, and financial resources dedicated to these activities.

- The paper outlines five policy recommendations to enhance and prioritize CHW models into existing health care transformation reforms.
- Policy recommendations 1–3 highlight specific near-term steps to prioritize CHWs into existing health care reforms, including developing performance measures, alternative payment models, and certifications.
- Policy recommendations 4–5 focus on long-term steps for incorporating community-engaged interventions.

WHAT'S NEXT?

Policymakers and health care leaders may look to these policy recommendations to support CHWs as essential links in community-based care. Policy efforts to sustain these community health models may be applied beyond the COVID-19 pandemic to broader health care transformation initiatives to enhance health equity in the U.S. Visit RADx-UP.org to read the [full policy paper](#).

Policy Recommendations For Health Care Delivery Reform

Alongside increased funding and resources from federal and state agencies during the COVID-19 pandemic, several additional strategies can overcome the remaining barriers to implementing and evaluating community-engaged interventions.

SHORT-TERM RECOMMENDATIONS



1 Revise federal quality measures to reflect the contributions of community health workers (CHWs) in engaging communities and ensuring equitable access to care

The recent federal reform of quality measurement allows CHW contributions to health care transformation to be better recognized. The benefits of CHW involvement in RADx-UP projects can help inform a more streamlined, patient-centered, and community-oriented framework for patient care equity and quality.



2 Prioritize CHWs through expanded alternative payment models

Payments to CHWs should be stable and predictable so they can devote their time to community-based interventions. Recognizing CHWs as independent providers can allow their services to be sustainably incorporated into care delivery. More creative solutions may be required to facilitate payment of CHWs in a greater range of care delivery models.



3 Use existing competency frameworks to align CHW roles to reimbursement models

As health systems and states increasingly integrate CHWs into care delivery, policy makers and health leaders can use existing competency models to establish a flexible set of guidelines for CHW training and certification. CHWs should be included as key decision-makers in determining the policy implications of more standardized certification programs.

LONG-TERM RECOMMENDATIONS



4 Develop multi-year funding grants to extend the time available for evaluating community-based interventions

Grant cycles could provide more time for CHW evaluation and community outcomes assessment. Specific funding could support grantees in developing measurement and evaluation timelines that run in parallel with implementation and include community feedback.



5 Support CHWs to hold leadership and decision-making roles in community-engaged research

The traditional paradigm of research, intervention, and evaluation often leaves CHWs out of decision-making and leadership roles. As members of the marginalized communities they serve, CHWs hold less power than researchers or health system leaders in shaping research and evaluation, creating a barrier to both systemic change and the development of effective community-engaged projects.