

How health systems can use community workers to fill care gaps

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Key Takeaways

- Community health workers are a bridge between clinical care and a patient's social needs.
- Health systems are looking to make community health workers a crucial part of clinical teams.
- Data show community health workers can be beneficial for health outcomes and savings.

Health systems are growing investments in community health workers, but they face questions about how to make these programs financially sustainable.

Community health workers are gearing up for the impact of federal healthcare funding cuts, and health systems hope they can help patients avoid losing insurance coverage with expiring enhanced subsidies and the new tax law, among other areas. But setting up these kinds of programs — and finding stable funding for them — can be tricky, even if community health workers ultimately help avoid unnecessary costs.

Community health workers played a vital role with wraparound services during the COVID-19 pandemic, and even though pandemic support funds dried up, patients' social needs remain.

“Health happens everywhere that people live, work, play and pray,” said Denise Octavia Smith, a community health worker and former inaugural executive director at the National Association of Community Health Workers. “[Community health workers] are trusted. They live in the communities.”

Here's a look at the community health worker model and how health systems are successfully employing it.

What is a community health worker?

Community health workers serve as a bridge between clinical care and a patient's social needs. They are typically employed by hospitals and health systems, public health departments or other community-based organizations.

Job descriptions are fluid and can vary.

Services range from helping a family fill out Medicaid forms, ensuring an elderly patient has access to nutritional meals and securing transportation for patients with upcoming appointments, to assisting with chronic disease management.

“[Community health workers] are really working across every sector,” Smith said.

How do health systems use community health workers?

System leaders said the goal is to make community health workers a crucial part of the clinical team, even joining doctors and nurses during rounds.

“It’s indirect healthcare,” said Dr. Deb Salas-Lopez, executive vice president at the Institute for Community Health and Wellness at New Hyde Park, New York-based Northwell Health, which has more than 100 community health workers. “If 80% of your health and wellbeing is tied to a social determinant of health, then we’re obligated to go upstream to address that before it comes to us in the ED or the hospital or the practice.”

Workers can be embedded in a wide range of service lines.

For example, Montefiore’s Community Health Worker Institute has about 30 of them embedded in the Bronx across hospitals, primary care, OB/GYN clinics and the Montefiore Einstein Comprehensive Cancer Center. As of April, the institute had served more than 10,000 households since its launch in 2021.

How are these programs funded?

Many community health worker programs have blended funding sources, including philanthropy, grants and health system operating budgets. Payer programs such as Medicaid and Medicare are also starting to reimburse for certain services, but system executives say it’s not nearly enough to cover the costs.

Chicago-based Rush University System for Health substantially grew its community health worker program with support funding tied to the COVID-19 pandemic, said Traci Simmons, director of community health and engagement at Rush. Since those funds dwindled, the program has been able to draw from philanthropy, contracts with public health entities and Rush’s budget to stay on track, she said.

Sinai Chicago’s Sinai Urban Health Institute has a program budget of about \$1.5 million, said Stacy Ignoffo, executive director of community health innovations at the institute. The program pulls about a third of its funding from grants, a third from the larger system’s budget and a third from business contracts, she said.

Why are some systems hesitant to employ community health workers?

Health systems are concerned about the financial sustainability of community health worker programs, given the lack of reimbursement and strong reliance on philanthropic donors.

Systems often lose money when starting these programs or don't fully understand how to integrate services. Much of the programs' impact is measured in avoidant costs, such as fewer readmissions or emergency visits, and tangible savings may not show up immediately.

"It's taken a while to figure out how to demonstrate the impact in a way that aligns with the traditional medical system," said Katie Hren, director of the Community Connect Program at Los Angeles-based Cedars-Sinai. "Our reimbursement models revolve heavily around the fee-for-service visit, and community health workers or patient navigators or any other roles like this, they're not a role that's billing for procedures or visits."

What is the ROI for these programs?

Connecting a dollar amount to community health worker services is tough, but system executives said they can show the benefits.

Simmons said Rush tracks metrics, such as screenings for social determinants of health, to show value.

Sinai Chicago's Ignoffo said services have been tied to fewer hospital readmissions and less unnecessary emergency department use — both of which can save the system money.

Recent studies have drawn a direct line to savings.

A recent study conducted with social services organization AccessHealth Spartanburg in South Carolina found that for every \$1 invested in its community health worker program, the organization saved \$9.72 in averted and future costs with fewer emergency visits and inpatient admissions.

A 2020 study found that every \$1 invested in Penn Medicine's community health worker program returned \$2.47 to an average Medicaid payer within the fiscal year.

How can health systems create a successful program?

System executives said buy-in from leadership is an important part of making a community health worker program successful.

Health systems should also have a clear focus on the problems they want the program to solve, said Dr. Kevin Fiori, director of the Community Health Worker Institute and Social Determinants of Health at Montefiore Einstein. Clinicians often have a laundry list of ideas

for how community health workers can help, but it's important to look at what can create the most value, he said.

Cedars-Sinai's Hren said health systems should avoid getting caught up in logistics.

"I think a lot of times we can get in our own way with worrying about, is the health system ready for this? Do I have the right engagement? What is the workflow going to be?" Hren said. "All those things, yes, you do need to know eventually, but don't let that be a barrier of just getting it started."