The Value of Community Health Workers

The vignette about Mr Alberts is familiar to all of us working in safety-net hospitals. “Frequent flyer” patients may be young or old, male or female, and of any ethnicity. What they have in common is that their problems are not solvable by hospitals or medical systems. Yes, we can treat their pneumonias, skin abscesses, and in Mr Alberts’s case their chronic obstructive pulmonary disorder exacerbations, but we are ill-equipped to treat poverty, homelessness, addictions, and loneliness. We spend large sums of money on medical care, including expensive diagnostic tests, and then shake our heads at the inability of our society to pay relatively small sums to provide food, housing, and transportation to medical visits.

What the editors found particularly moving about this vignette is the illustration of a potentially powerful intervention for patients like Mr Alberts: a community health worker drawn from the same community as the patient. We agree with the authors’ assertion that sending highly trained clinical personnel to the homes (or streets) of such patients will not necessarily improve their lives or decrease their medical expenses because it is not clinical services that they need. They need help with their social problems, connections to available resources in the community, transportation to medical visits, and translation of the increasingly complex language of medicine into terms they can understand and follow. We look forward to the results of trials on the use of community health workers in improving the care and decreasing the cost of patients like Mr Alberts.

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