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The Role of Community Health Workers in Rural South Carolina

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Abstract:

This paper aims to explore the role of Community Health Workers (CHWs) in rural South Carolina through a literature review as well as the data supplied from the Community Health Alignment Initiative (CHAI) and Community Health Workers Changing Outcomes in SC (CCOSC). Through reviewing the collection of materials and data, the effectiveness of CHWs can be studied. Community Health Workers (CHWs) provide a unique aspect to primary care within communities through their aid in prevention of health conditions. CCOSC and CHAI collected data throughout South Carolina to determine the needs of communities and how CHWs can work to address those needs. Overall, it can be seen how CHWs are effective in meeting these needs through the roles and activities they complete with individuals.

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Abstract:

Community Health Workers (CHWs) provide a unique aspect to primary care within communities. They aid in prevention of health conditions by addressing the social determinants of health (SDoH) within a community as well as barriers to accessing healthcare. Social determinants of health are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks (US Department of Health and Human Services, n.d.). This paper aims to investigate the overall effectiveness of CHWs within underserved populations through connecting previous research throughout the United States and other countries. CHWs are seen to be useful in addressing technology, transportation, literacy, and economic barriers for individuals through providing education and 1:1 aid. They easily adapt to changes regarding health care and provide a place of trust for community members who lack trust with their providers. While CHWs face challenges regarding a lack of funding and lack of understanding their role within clinics, they are useful and effective for aiding primary care. This paper will explain in detail the effectiveness of their work in rural communities in improving overall health.

Background:

Community Health Workers (CHWs) have been used in healthcare as a link between the community and the healthcare system. CHWs are members of the community which they serve; therefore, there is trust and access regarding healthcare (Torbay, 2024). CHWs' first large-scale implementation was in China during the 1950s when a shortage of healthcare workers created an increased need for care. The CHW position has since grown to provide general health promotion and education services to more specialized care in areas like maternal and child health, tuberculosis and HIV/AIDS care, or malaria control (The Lancet Global Health, 2017). Health

education is defined as information used to increase an individual's ability to take greater control and improve their overall health (Levine & Stillman-Lowe, 2024). CHWs are not fully implemented into the healthcare system, however, and remain underutilized even after seeing the impact that they provide to primary care (Hartzler et al., 2018). CHWs are important healthcare workers specifically in rural areas due to low access to resources connected to healthcare. According to the U.S. Bureau of the Census, rural areas are defined as areas which are composed of open country and have settlements with fewer than 2,000 housing units and 5,000 residents (Rural classifications – what is rural?, n.d.).

Statement of Questions:

This study's aim is to understand the purpose and roles that Community Health Workers (CHWs) play in healthcare in rural America by addressing five questions. 1) What problems are the CHWs addressing in each area? 2) How are the CHWs organized? 3) What are the specific activities or roles that each intervention asks the CHWs to carry out with individuals? 4) Is their work effective? 5) What types of funding would help make CHW work more sustainable?

Methodology:

The data for this paper were found through two databases: PubMed and the National Library of Medicine. The databases were searched for papers using key words and concepts related to the questions asked in this paper. The words used were Community Health Workers, Rural, United States, and social determinants of health. Once the papers were found, they were narrowed down to 15 papers related to Community Health Workers worldwide. The abstracts of the papers were read and then broken down into parts relating to key topics. If the papers helped to answer the 5 questions this review is discussing, they were added to the list. The criteria included showing the effectiveness of CHWs in bettering health outcomes in rural areas through

interventions and reviews of other interventions. Once the papers were selected, they were read fully to find better details relating to the questions of this paper. Finally, the papers were connected based on related ideas and thoughts throughout them.

Results (see Results Table in Appendix 1):

1. Problems Addressed

The problems that CHWs are addressing revolved around the social determinants of health (SDoH), technology use, low health literacy, lack of providers/availability to health care, lack of transportation, and limited/no health insurance (LePrevost et al., 2024; Harwell et al., 2022; Decker & Weaver, 2024; Feltner et al., 2017; Berini et al., 2022; Bridges et al., 2023; Islam et al., 2014). Inexperience with technology use, a lack of providers or availability to healthcare, and a lack of awareness of services provided were the main SDoH (Nam et al., 2025; Felix et al., 2019). CHWs are also important in reducing barriers associated with the SDoH in rural communities. Rural communities tend to have worse health outcomes due to worse inequalities (low pay, high stress jobs, and less social interactions) which CHWs are equipped to address (Riva et al., 2011). This focus was also seen through addressing social needs in Brazil (violence, low sanitation, high levels of chronic disease in the older population, and high rates of HIV and Tuberculosis) to positively impact overall health outcomes (Broch et al., 2020).

2. Integration into a Clinical Setting for CHWs

CHWs were organized differently throughout different practices and areas based on providers and clinic administrators. Throughout all papers, providers were interested in the use of CHWs for their practice, but the cost of a CHW was the main deterrent to hiring. The lack of providers' understanding of CHW roles decreases CHW job satisfaction as well as the aid CHWs can provide to patients. This lack of providers' understanding tends to be more problematic with

older providers compared to younger providers (Washburn et al., 2022). CHWs also differ on their understanding of how they integrate into a healthcare team. The age of the CHW also played a large role in the organization of CHWs as well as their job satisfaction. Younger CHWs favor mentorship and role modeling whereas older CHWs favor policy-driven advocacy (Gines et al., 2025).

3. Activities of CHWs

CHWs were most useful in care coordination, health coaching, social support, health assessment, resource linking, case management, medication management, remote care, follow-up, administration, health education, and literacy support (Hartzler et al., 2018). Most CHWs are used in interventions with a focus on increasing information to patients regarding various health related topics and addressing concerns relating to health care access. Due to the COVID-19 pandemic, CHWs had increased roles in patients' lives through increased technological and social support when isolation prevented regular meetings with providers (Harwell et al., 2022). Overall, the CHWs were best used in terms of disseminating health information through pamphlets, discussions, and 1:1 meetings with community members. CHWs also helped increase health literacy in underserved populations. Through activities such as presentations and information sessions, CHWs are seen to be imperative to supporting health education. The lack of health information to which underserved populations have access puts them in detrimental conditions.

4. Effectiveness of CHWs

Only a few papers directly touched on the effectiveness of CHWs in interventions. Most papers, however, claimed that providers wished to incorporate CHWs into their programs if they did not already utilize this role. In one paper concerning limited access to transportation in rural

areas, 25 of 26 studies concluded a positive outcome from CHW usage to address this social need (Berini et al., 2022). Another paper discussing advocacy barriers for CHWs concluded that in both high- and low- resource settings there was an improvement in chronic disease and an increase in preventive screening (Gines et al., 2025). Many of the studies showed positive health outcomes due to CHW use in areas with health disparities.

5. CHW Funding

In 2015, Centers for Medicare and Medicaid Services (CMS) expanded preventative services coverage for reimbursement of CHW services. After the COVID-19 pandemic, there was an increased desire for further expanding the CMS coverage for CHW services (Schmit et al., 2022). Another paper also suggested that expanding Medicaid could be a solution for reimbursement of services (Bridges et al., 2023). There was also the suggestion of making CHWs a federally funded program (LePrevost et al., 2024). Looking at CHW funding from the state level, there are many inconsistencies in pay from state to state. This inconsistency in funding affects the roles that CHWs play and the tasks that they perform across states (Schmit et al., 2022). CHWs are cost-effective resources for primary care, validating the increased need for funding (Cramer et al., 2018)

Discussion

CHWs play an important role in primary care through prevention methods. CHWs positively affect health outcomes when using activities to promote health education in rural areas. They can teach to underserved populations important topics that can enhance their overall health. Since CHWs are members of the communities that they serve, they can build a trusting bond with individuals. This trust allows community members to feel open when discussing their health with providers and believe that they are receiving care suited to them.

CHWs were best at addressing the SDoH which creates barriers to underserved populations. Technology use was a large problem for individuals, especially during the COVID-19 pandemic. Lack of technology access limited individuals' abilities to talk to providers and receive healthcare. Since populations with a lack of access to health care live in areas with unreliable or no internet access or have limited experience using technology, CHWs helped to bridge the barrier with verbal instructions and printing important information for individuals. CHWs were found useful in expanding care through their ability to adapt and show compassion. The ability to adapt to new circumstances is not often seen with primary care providers, and the lack of trust from a community with providers enlarges this gap. In this specific study, interviews were conducted for two years during the height of the pandemic (Harwell et al., 2022). It studied pre- and post-pandemic work, providing enough information to conclude the effectiveness of CHWs. The study helps show how CHWs can provide resources to individuals regardless of the circumstances. Therefore, their work is highly valued to help bridge the health care gap since they impact barriers associated with social needs. Limitations of this study may be seen as the population size was small and unique, not branching out into urban areas or different occupations. CHWs were useful for individuals in this sample by adapting to the changing needs of society due to the COVID-19 pandemic and providing important health information the farm workers would not have otherwise received. The results also helped to explain the health consequences due to the low number of providers seen in rural areas. The use of technology is helpful for individuals to set up telehealth meetings with providers who are not in their area, allowing them to still receive care.

The lack of health literacy was also a large barrier to health care access. In terms of chronic conditions and elderly individuals, a lack of understanding of their health conditions was

a common problem for individuals. CHWs were seen providing information regarding chronic disease management to individuals, using their resources to help impact health outcomes through decreasing barriers (Decker & Weaver, 2024; Feltner et al., 2017). Diabetes was discussed, which is a large problem within the United States. Through increasing education surrounding health care and conditions, it was concluded from both studies that the individuals served by CHWs felt more comfortable with their conditions and how to best move forward. Decker and Weaver (2024) mostly reported on white females, which may influence and skew their results. Feltner et al. (2017) had a greater variety of ethnicities and sexualities but a smaller population size. Therefore, both have differing limitations with their samples, but they each concluded that CHWs were essential in health literacy. The use of CHWs in this study showed how individuals were able to learn more about their health than what they were originally given from primary care providers, concluding in the belief that CHWs are important members of the healthcare team.

Transportation appeared to be the largest barrier to accessing health care in rural communities with access to health care. In rural areas, hospitals and doctor offices are not nearby, making transportation a necessity for healthcare access. CHWs oversaw helping community members learn more about public transportation services, teaching about telehealth visits, and connecting individuals with resources to aid in accessing healthcare. Clinics and hospitals valued the use of CHWs' assistance with patients alongside primary care providers. Patients showed increases in attending appointments and picking up medication using CHWs. CHWs can introduce new resources for individuals such as public transportation, rideshare apps, and volunteer services which can help impact this social need. CHWs are members of their own community, allowing them to better understand the resources available to community members.

Since there were many papers describing the use of CHWs for addressing transportation barriers, there are few limitations. The sample sizes and populations varied throughout, showing the effectiveness in many different communities.

Finally, economic inequities in communities were another SDoH with which CHWs were able to assist. Many of the individuals described an inability to understand their insurance or a lack of being able to pay for healthcare. With the use of CHWs, individuals were able to better understand health insurance. This increased the number of individuals who used insurance as well as the number of individuals who could afford care and medication.

Funding and the integration of CHWs in clinics need improvement. Funding was a main problem due to the number of clinics which wished to use CHWs but lacked funds. A few articles discussed increasing Medicaid coverage to fund CHW expenses or utilize funds from other government organizations. The lack of funding provided and the tension between providers and CHWs can lead to problems within the CHW profession.

The integration of CHWs within clinics and hospitals also creates challenges to the profession through the tension surrounding the healthcare team. The studies showed the differing levels of respect given to CHWs from providers, the lack of support for their profession, and the conflict which arises from these tensions. A better understanding of what CHWs can provide to patients needs to be conveyed to providers to provide effective care. Most of the organizational problems for CHWs were due to a lack of understanding from providers and other staff; therefore, more education on the roles of CHWs would lead to more positive teamwork.

Overall, there were limitations to the research within this paper. The studies were predominantly from research within the United States. It also was limited to populations in mostly rural areas, not compared to the urban use of CHWs. Nevertheless, the literature

overwhelmingly agreed on the positive influence CHWs have on health outcomes in underserved populations. Looking into the future, more funding for CHW roles and an increase in education for providers on integrating CHWs into the healthcare team is needed to strengthen the CHW profession and increase teamwork for patients. Increased funding will allow for an increase in the information disseminated, activities that a CHW can do, and resources CHWs can provide to communities through having increased funding for their profession.

PART 2 CHAI RESEARCH:

Abstract:

The Community Health Alignment Initiative (CHAI) and Community Health Workers Changing Outcomes in SC (CCOSC) initiatives provided data on the roles of CHWs and the impact they make on health outcomes within communities. Their aid in removing barriers to health access and improving overall health outcomes is seen throughout the data collected. Furthermore, their work translates to both urban and rural areas similarly. While most CHAI participants lived in urban areas, about 1/3 lived in rural communities. The positive impact of CHWs on health outcomes can be seen in both areas, showing their importance to the communities they work in as well as the healthcare system.

Background:

Having established the overall evidence base on the role of CHWs, Part 2 will now look at their implementation in South Carolina. The Community Health Alignment Initiative (CHAI) program has worked alongside the Community Health Workers Changing Outcomes in SC (CCOSC) since 2023. Together, the two programs provide research surrounding the work of Community Health Workers (CHWs) in South Carolina. Data were collected on the roles and activities that CHWs play and their impact in rural South Carolina. Community members expressed needs to CHWs who worked to meet them through direct aid or referrals. Both programs worked in rural areas which is defined by the Health Resources and Services Administration (HRSA) as non-core counties, micropolitan counties, or outlying metro counties with no population from an urban area of 50,000 or more people (HRSA, 2026).

Statement of Questions:

What are the common roles of Community Health Workers? What needs do they meet within a community? How successful are their efforts?

Methodology:

Through CCOSC, 10 sites reported data which was studied from November 1, 2024, until October 31, 2025. These sites are composed of the Midlands, Upstate, PeeDee, Coastal, and Out of State zip codes with 2,008 individuals served. From these sites, insurance coverage, needs met, crisis and vulnerable risks levels, pregnancy, early childhood development, chronic disease management, CHW encounters, and CHW roles all had data collected and studied to determine CHW effectiveness. Crisis and vulnerable risk are the top two categories of the risk assessment used by CHWs within the CHAI program through the Arizona Self Sufficiency Matrix (ASSM). This means that individuals in these two categories have the highest amount of unmet needs in the housing, employment, income, food, childcare, children's education, adult education, healthcare coverage, life skills, family/social relations, mobility, community involvement, parenting skills, legal, mental health, substance abuse, safety, and disability domains (Arizona Self Sufficiency Matrix, n.d.). Therefore, these participants are in the greatest need for CHW interventions. The CHAI research consists of findings from 22 sites from July 1, 2024 until June 30, 2025. A total of 5,761 unique individuals were served by the CHAI program during this period in the same areas as CCOSC. The criteria for data remain the same as the CCOSC list. This paper uses the findings of both the CCOSC and CHAI projects to emphasize the importance of CHWs in primary care. Part 1 of this paper examines this in a broad setting, looking at the United States as well as foreign countries. This section of the paper examines CHWs in rural South Carolina to study their effectiveness with health outcomes. To determine which zip codes

were in rural areas, the entire dataset of zip codes was reviewed under the HRSA definition and determined to be rural or not rural based on the data sheet provided by the Federal Office of Rural Health Policy (HRSA, 2026).

Results:

From CCOSC, the data show the importance and effectiveness of CHWs in rural South Carolina. They specialized in roles of cultural mediation, health education, care coordination/case management-overlaps with coaching and/or social support, direct service, health education, advocating for individuals, capacity-building, direct service, and assessment. Healthcare and food security were the two most common social needs of individuals that were studied, and 5,007 needs were expressed by individuals. Of these, 3,623 needs were closed by CHWs' interventions. To close these needs, there were 2,876 in-person encounters between CHWs and community members. In-person encounters accounted for 22% of the total encounters, with virtual encounters being the most common. Nearly all (94%) of individuals reported that their needs were met through CHWs with health education being the most common need met (CCOSC, 2025).

From the CHAI evaluation, similar findings occurred. Most of the needs of a community were met through closed-loop referrals. The effectiveness of CHWs was seen through a decrease in crisis and vulnerable needs in food security, transportation, housing, and mental health. Food insecurity was originally reported by 31% of the participants and dropped below 20%, and transportation needs originally being 27% which then dropped below 18%. Housing needs also dropped below 16% when they were 24% before the intervention, and mental health crises fell below 18% while being at 23% originally. There were 11,458 encounters between CHWs and community members, and from those encounters 59.4% of the expressed needs were met. All

(100%) of needs for language translation services and interpersonal safety met through the use of CHWs. Participants at the vulnerable level dropped from 26.4% from the first CHW encounter to 19% at the end of the year (CHAI, 2025).

Through looking at the data in terms of rural versus urban areas, 34% of individuals served by the CHAI initiative were determined to be rural by zip code. Conversely, 64% were determined to be urban areas. Therefore, most individuals served through the CHAI initiative lived in areas considered to be urban through the FORHP guidelines.

Discussion:

Both the CHAI and CCOSC evaluations of CHWs studied the effectiveness of CHWs in primary care. While most of the needs expressed by the individuals in both groups were met through closed loop referrals and not directly through CHWs, their knowledge of programs aided in reducing crises for individuals. For both groups, over half of the needs expressed were closed at the end of the year. This information can be used to show the effectiveness of CHWs in reducing barriers to health care through addressing the SDoH.

Looking at the CCOSC intervention, chronic disease management was the most important need for individuals. The data showed the importance of CHWs for increasing health education for individuals. Making health education a central role for CHWs impacts individuals with chronic disease. Teaching individuals about their health and how to take better control of it allows for better overall health outcomes for individuals with chronic diseases. Therefore, the effectiveness of CHWs in primary care is seen through their high rates of success in health education alongside the high rates of positive chronic disease management for individuals in these communities.

In terms of the CHAI group initiative, transportation, language translation services, interpersonal safety, and access to basic materials had the highest rates of success through the aid of CHWs. Lack of transportation or unreliable transportation is a challenging barrier. Without access to transportation, doctor visits can be missed, and prescriptions may not be able to be picked up. Using CHWs, transportation became more accessible to individuals. Since transportation is such a large problem affecting overall health, CHWs are invaluable to overall health outcomes through increasing access. Similarly, 100% of the language translation services needs were met. Language barriers are a large problem in affecting health outcomes; therefore, since they met this need completely, they were beneficial to primary care and community health.

The CHAI initiative served both rural and urban areas (Appendix 2). While most indivduals lived in urban areas, a little over 1/3 lived in rural areas. As seen through the research in Part 1, rural areas have worse health outcomes than urban areas, meaning that they need more help in decreasing barriers affecting the SDoH. Through the success of the CHAI initiative, it can be seen how CHWs help support health in these communities and increase overall access.

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Appendix

Appendix 1

Results Table from Research of Part 1

Paper Name	What problem(s) are the CHWs addressing in each area?	How are the CHWs organized?	What are the specific activities or roles that each intervention/paper asks the CHWs to carry out with individuals?	Is their work effective?	What types of funding would help make CHW work more sustainable?
Assessing Social Needs and Engaging Community Health Workers in Underserved Kansas Counties: Insights from Primary Care Providers and Clinic Managers (Bridges et al., 2023)	transportation	providers wish to incorporate CHWs since they increase understanding of SDoH and add flexibility with patients	N/A	N/A	rely mostly on grants and non-profits and want an expansion of Medicaid coverage for reimbursement and direct payment

Community health worker outreach to farmworkers in rural North Carolina: Learning from adaptations to the SARS-CoV-2 pandemic (LePrevost et al., 2024)	providing tech and related skills to families for internet access	N/A	N/A	highly effective because CHWs were the ones to adapt the quickest	employed by federally funded migrant and community health centers, local health departments, free and charitable clinics, and non-profit organizations
Community health worker roles and their evolving interprofessional relationships in the United States (Washburn et al., 2022)	N/A	when providers do not understand CHW roles then it can cause tension and conflict- need to increase education for patients and	N/A	N/A	N/A

		other healthcare professionals to understand CHWs			
Collective resources or local social inequalities? Examining the social determinants of mental health in rural areas (Riva et al., 2011)	overall mental health	N/A	N/A	N/A	N/A
Community Health Workers' Role in Addressing Farmworker Health Disparities (Harwell et al., 2022)	technology	N/A	short-term and long-term preparation. Use of open-ended questions, participatory and interactive health education, and non-verbal aids.	N/A	N/A

Generational perspectives and advocacy barriers among community health workers: implications for public health workforce leadership (Gines et al., 2025)	N/A	younger favor mentorship and role modeling- older favor policy-driven advocacy- increased job satisfaction with age as less discrimination and organizational barriers	N/A	in both high and low resource settings improve chronic disease, increase preventive screening uptake and reduce health disparities	limited funding was a problem for CHW use
Health and social determinants associated with delay of care among community-dwelling rural older adults	high healthcare costs and low health insurance literacy	N/A	N/A	N/A	need community-based services and supports to improve care access for older adults

(Decker & Weaver, 2024)					
Impact of community health workers on access to care for rural populations in the United States: A systematic review (Berini et al., 2022)	lack of transportation and shortage of healthcare providers	N/A	CHW increase access to preventive care and improve continuity of care for chronic disease management	25 of 26 studies concluded in a positive outcome from CHW usage-CHW improve access to care in rural areas and represent a cost-effective investment for healthcare	**N/A**
Protocol for the dream project (diabetes research, education, and action for	Type 2 Diabetes Mellitus	N/A	used informational and educational gathering as well as one-on-one visits	decreased levels of HbA1c, lipid profiles, and systolic and diastolic	N/A

minorities): A randomized trial of a community health worker intervention to improve diabetic management and control among Bangladeshi adults in NYC (Islam et al., 2014)				blood pressure and greater controlled BP, access and utilization of healthcare, positive impact of knowledge and practice of physical activity and health eating	
Social determinants of health and community health agent work (Broch et al., 2020)	violence, low sanitation levels, chronic disease	N/A	N/A	need the CHAs to address the SDoH to fix underlying problems	N/A
Social determinants of health and	economic inequities, healthcare	N/A	N/A	N/A	N/A

rehabilitation service areas: an urban and rural mediation analysis (Nam et al., 2025)	access, and transportation challenges between rural and urban areas				
The feasibility and promise of mobile technology with community health worker reinforcement to reduce rural preterm birth (Cramer et al., 2018)	N/A	N/A	N/A	Intervention participants showed higher increases in their patient activation and were satisfied with their participation- significantly cost effective	N/A
Are community health workers more effective in identifying persons in need of home and	lack of awareness of services	N/A	N/A	study group had significantly higher health rates	N/A

community-based long-term services than standard-passive approaches (Felix et al., 2019)					
Community health workers improving diabetes outcomes in a rural Appalachian population (Feltner et al., 2017)	lack of education regarding Diabetes, lack of telephone or internet service, inadequate transportation and an overall reluctance to keep appointments-low health literacy negates information	N/A	N/A	N/A	N/A

	from health care providers				

Appendix 2

A pie chart showing the classifications of zip codes used in the CHAI evaluation.