



# Prospective Implementation of a Community Health Worker Program in Montpelier, Idaho and the Greater Bear Lake Valley



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## Hypothesis

Implementation of a community health worker (CHW) program at Bear Lake Memorial Hospital in Montpelier, Idaho can expand health literacy, access, and care uptake by addressing rural health deficits and improving connection to community resources.

### COMMUNITY SNAPSHOT

#### Location



- Southeast, ID
- Population: 2,767
- Geographically isolated, rural
- Cold winters, mild summers

#### Population



- Median age: 35.4 yrs
- Racial/ethnic makeup: 94% white
- Education: 16% Bachelors or higher

#### Economy



- Industries include healthcare, agriculture, education, mining construction
- Median income: \$52k

#### Community Strengths



- Hospital: 17 acute care beds, skilled nursing, dialysis, PT, OT, wound care, surgical obstetrics
- Hub and spoke model, clinical affiliation, speciality access
- Robust volunteer base
- High level of hospital trust



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#### Social Determinants

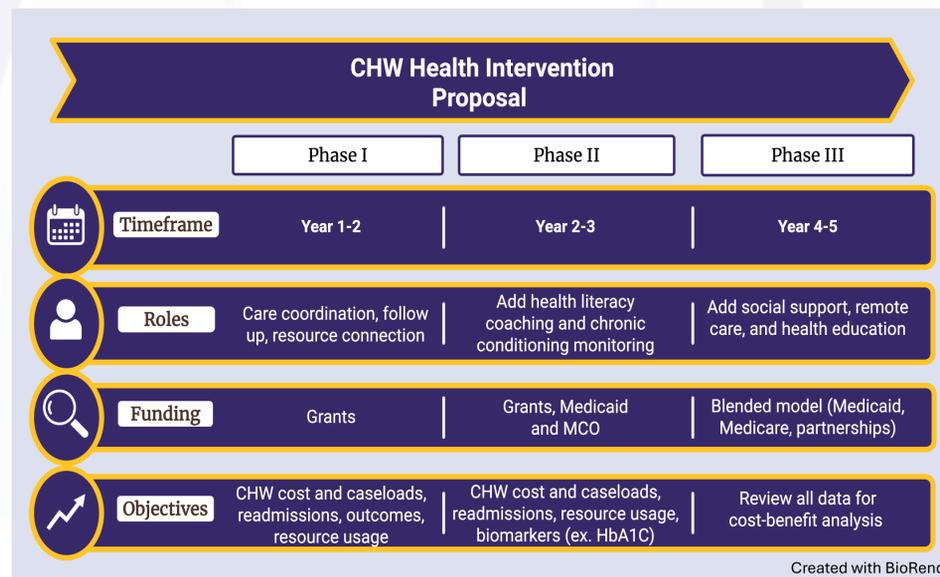


- High percent uninsured
- Healthcare gaps: rural primary care, obstetrics care, food security, mental health
- Future cuts to Medicaid anticipated

## Literature Review

- CHWs are trusted community members that bridge gaps in care for rural & underserved populations
- Review of 30 CHW studies identified **12 core functions** within 3 domains: clinical services, resource connections, and health education/coaching
- Literature review reports 34% fewer hospital days, 12% more primary care follow-ups post-hospitalization, and 15% fewer re-admissions in various randomized controlled trials
- **0.5% reductions** in HbA1c associated with CHW support
- Research reported a **\$2.47 return per \$1 invested** in a Medicaid-focused, randomized trial
- Success of CHW programs requires time and program adaptation
- Flexible role that requires clear oversight and quality control

## Intervention



## Implementation

To begin a CHW program in Montpelier, hire 1-2 peer CHWs who will compile local resources, provide resource linking as needed and increase resource utilization with oversight provided by hospital administration. As the program expands, add clinical CHWs to provide health coaching and chronic disease management support to improve outcomes and optimize prevention and harm reduction with oversight by nurse or social worker. Finally, with an established program, expand into remote care, satellite clinics, and social support programs to address social determinants of health, overseen by the CHW program director.

### Goals and Sustainability

- HS diploma/CNA-level pay; training available at Idaho State University
- Build physician trust with CHWs managing aspects of patient care
- Establish referral system, integrate effectively into electronic medical records
- Hire empathetic, trusted community members to strengthen patient trust

## Conclusion

CHW programs are a cost-effective, adaptable strategy to expand health access in rural communities facing geographic isolation, provider shortages, and socioeconomic barriers. Their success depends on sustained commitment to role clarity, ongoing training, and integration within the broader health system.