

# Nonprofessional Health Workers on Primary Health Care Teams in Vulnerable Communities

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## THE INNOVATION

A Model Programme in primary care group practices (GP clusters) was implemented in 2013 in solo practices in Hungary.<sup>1</sup> The practices employed—among others—nonprofessional community workers called “health mediators.” The 5-year program widened the range of primary health care services provided by these practices to include health status assessment, lifestyle counseling, and community health promotion activities, among others, with the specific aim of reducing health inequalities.<sup>2</sup>

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## WHO & WHERE

Four group practices were established in the 2 most disadvantaged regions of Hungary where primary care physicians are difficult to recruit. In the rural parts of Hungary, access to health care is hindered among a high proportion of vulnerable population groups, many of them Roma or Gypsy people, due to economic underdevelopment and sociocultural traditions and discrimination—rather than lack of health insurance.<sup>3</sup>

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## HOW

Group practices employed, among others, nonprofessional community workers called “health mediators,” who were

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recruited from the local Roma populations. The health mediators are employed part-time and trained on the job for outreach work, facilitating access, and participating in health education for disadvantaged groups, including Roma.<sup>4</sup> They participate in staff meetings, report to their supervisor, and submit monthly reports as equal members of the team, which in turn elevates their subjective and observed social status in the communities. The health mediators’ health was monitored every odd year up to 2017 by repeated cross-sectional health surveys that showed health awareness improved, and psychological stress and smoking prevalence decreased. Significant improvement occurred in their sense of coherence, a pervasive and dynamic feeling of confidence supporting the notion of their improved social status.

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## LEARNING

The membership of health mediators in primary health care teams correlated with positive impact on the health status of mediators themselves. Health mediators can be role models in their communities by being employed members of a professional team but also by improving their own health. Employing nonprofessional health mediators in primary care, whether they are called community health workers, mediators, or links workers is one of several effective ways<sup>5</sup> to improve population health in socioeconomically deprived areas, as it is attested to by the continuation of this program in Hungary and a similar large-scale initiative in Scotland.<sup>6</sup>

**Supplemental material including references is available at <https://www.AnnFamMed.org/content/19/3/277/suppl/DC1>.**

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