Best Practices for Integrating Community Health Workers Into Care Teams and Organizations: Lessons From the Front Line

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This qualitative case study examined community health worker (CHW) integration within the CHW for COVID Response and Resilient Communities (CCR) program across 7 CCR recipient sites in the United States. The study questions addressed how CHWs are integrated into health organizations and care teams and facilitators and barriers to the integration of CHWs.

From July to August 2023, we conducted 25 interviews with CHWs (n = 11) and program staff or partners (n = 14). Guided by the Consolidated Framework for Implementation Research (CFIR), we analyzed data thematically to identify the impact of facilitators and barriers on CHW integration.

Nine themes emerged: organizational structure, relational connections—leadership understanding and valuing the CHW role, CHW qualities and qualifications, strategies for promoting CHW sustainability, challenges and solutions among partner collaborations, creating supportive integration environments, communication across partner organizations, CHW participation in decision-making, and outcomes of integration based on the CFIR model. The findings illustrate a continuum of implementation approaches used to integrate CHWs into organizations and care teams, highlighting how intentional integration practices can strengthen an organization's public health response capacity. (*Am J Public Health*. 2026; 116(S4):S365–S373. https://doi.org/10.2105/AJPH.2026.308685)

Community health workers (CHWs) are critical members of health care and public health systems, serving as trusted bridges between clinical settings and the communities they support.[1] Effective CHW practice requires meaningful integration within health care organizations and communities.[2] CHW integration has been discussed within clinical or state health care systems[2]; the current study expands to include clinical and community-based organizations to capture the utilization of different integration models. However, CHW programs are often fraught with structural and operational barriers that hinder CHW integration, including insufficient planning, unclear role definition, inadequate supervision, unclear communication between health care workers and CHWs, limited CHW access to electronic health records, and more.[3–5] These barriers impede CHW integration into organizations, limiting their ability to contribute to public health efforts. Therefore, it is essential to gain a comprehensive understanding of CHW integration processes to maximize CHW impact.

As part of the national evaluation for the Centers for Disease Control and Prevention's (CDC's) Community Health Workers for COVID Response and Resilient Communities (CCR) program,[6] we conducted a case study to assess factors associated with CHW integration in a subsample of CCR recipient sites. Qualitative interviews illuminated facilitators and barriers related to CHW integration. Integration was defined as the process by which CHWs are incorporated into organizations and care teams as active team members valued by colleagues, working to build health equity and community resilience.[7]

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This study utilized the Consolidated Framework for Implementation Research (CFIR), used in intervention research to improve implementation and explain outcomes by assessing barriers and facilitators.[8] Although the CFIR framework includes 4 domains—intervention characteristics for integration, inner setting, outer setting, and process—this study focused on the inner setting constructs of structural characteristics, relational connections, communications, and culture, and a single outer setting construct of partnerships and connections.

The purpose of this study was to examine CHW integration among 7 CCR recipient sites by addressing the following questions: (1) How are CHWs integrated into health organizations and care teams? and (2) What are facilitators and barriers to CHW integration in organizations and care teams?

METHODS

All 67 CCR recipient sites were invited to a webinar describing the study, and sites submitted an interest form. Site selection was based on the following evaluation criteria:

1. representation of CHWs/community health representatives/*promotore(a)s*,
2. workplans demonstrating varied CHW integration models,
3. integrating CHWs into varied organization types,
4. availability of integration data,
5. at least 8 CHWs hired with CCR funds, and
6. diversity in rural and urban settings.

Seven CCR recipient sites were selected for participation (see Box 1 for site characteristics).

Procedures

Four interview guides were used—2 guides for CHWs (1 for newer CHWs and 1 for seasoned CHWs)—and 2 separate guides for program staff and partners. CHW guides explored intraorganizational training and onboarding, leadership and supervision, team environment, partnerships, and community. Guides for program staff and partners explored CHW integration and inclusion, leadership and supervision, and partnership integration. During July and August 2023, 25 virtual, 1-hour fully structured interviews were conducted with CHWs (n = 11) and program staff or partners (n = 14). Program staff or partners included CHW supervisors, evaluation specialists, program managers, grant managers, and coordinators who worked directly with the CHWs.

Qualitative Analysis

Given the limited research on CHW integration, analysts used a pragmatic qualitative research approach—a flexible method that integrates diverse qualitative analysis approaches.[9] Specifically, analysts used a descriptive and thematic approach with deductive coding (i.e., concept-driven coding) that used the interview guide and CFIR to establish general, a priori themes and open coding, with grounded theory overtones.

Analysts then engaged in concept-driven coding by reading a select number of interviews to ensure that data could be extracted using the themes

BOX 1— Participant Site Characteristics Including Site Community Health Worker Integration Model

Participant Site Label	Site Characteristics
Site A	This is a department of health, health services, and public health site using a clinical–community linkage model. The site's focus is to help all individuals with chronic conditions connect to community and clinic resources.
Site B	This is a county health department site using a clinical–community linkage model. This site's foci include Latine communities, unhoused individuals, and those of lower socioeconomic status.
Site C	This is a county health department site using a community-based model. This site's focus includes rural communities and lower socioeconomic status.
Site D	This is a department of health, health services, and public health site using a clinic-based model. This site focuses on minoritized communities.
Site E	This is a county health department site using a clinical–community linkage model. This site's foci include Black and African American communities, immigrant and refugee communities, and those of lower socioeconomic status.
Site F	This is a county health department site using a clinical–community linkage model. The site's foci include Tribal communities, those of lower socioeconomic status, and individuals with chronic health needs.
Site G	This is a county health department site using a clinic-based model. The site's foci include ethnic minority groups, those of lower socioeconomic status, and rural communities.

generated from the interview guide and CFIR. The preliminary themes proved functional, and our approach aligned with studies that used hybrid coding approaches for CHW integration.[10,11] Analysts engaged in open coding, a data-driven, inductive approach that goes a step beyond concept-driven coding, allowing new codes and themes to emerge from the data.[12] This resulted in the completed codebook.

One team of 2 analysts (MP and AMWL) analyzed half of the interviews, reading the transcripts and extracting data using the codebook; a second 2-analyst team (CRE and DRH) followed this procedure for the remaining interviews. Analysts used the grounded theory technique of constant comparison to review and compare extracted data, examining how codes and themes were applied across interviews to ensure consistency.[13] Analysts discussed instances of coding discrepancy by documenting decisions, discussing them within analyst teams, and engaged reflexivity to acknowledge and address any biases or preconceptions, and collaboratively came to a consensus with an interrater reliability of 92%. All analysis took place in Dedoose version 7.0.23.[14]

RESULTS

Findings resulted in 9 themes related to CHW integration. Box 2 illustrates the themes expressed by participants, identifies the CFIR category for each theme, and provides participant-identified strategies for overcoming integration challenges. The strategies included action steps or questions organizations could employ to create a CHW integration infrastructure with reflective feedback loops to capture organizational improvement based on lessons learned.

Barriers to Community Health Worker Integration

Participants were acutely aware of the gaps or barriers in their everyday working system and were able to provide specific examples rather than make broad generalizations.

Organizational structure. Participants across all job categories reported a variety of integration barriers because of workplace infrastructure, including a lack of communication between health care workers (e.g., CHWs and doctors, nurses, or managers), inexperience of CHW supervisors, supervisors' limited time, inconsistent organizational readiness for onboarding CHWs, and unclear definitions of the CHW role. One CHW supervisor stated,

> There was no specification of guidance on who I should recruit as a [CHW] . . . I didn't have a CHW job description. . . . They didn't have any protocol of how that [CHW] was going to be trained . . . and they did not have established relationships with supervisors or the integration of CHWs for decision-making.

CHW integration was hindered by a lack of guidance on hiring, training, and ongoing supervision of CHWs, emphasizing the importance of a plan with guidelines for recruiting, hiring, training, and retraining CHWs. Planning and preparation are paramount to effective integration, including examining the structural characteristics of the inner setting and workplace infrastructure, as described in the CFIR model.

Relational connections: clinical health care and public health leadership understanding and valuing community health worker roles. Participants reported that leaders valued and understood the CHW role to varying degrees, which hindered integration. Participants acknowledged a common misconception that a CHW role did not require training or education, which undermines the position. A central barrier to integration was leaders who failed to understand the role and value of CHWs. One program manager stated,

> [O]ne of the biggest challenges . . . is higher-level leadership not . . . understanding the role of the CHW. . . . That is a challenge to ensure that your leadership and people in power are aware, understand what CHWs do and their impact.

In contrast, leaders who worked as or with a CHW and understood the role of CHWs, fully utilized CHWs, and solicited their input enhanced CHW integration. One program coordinator stated,

> [Our CHW is] not only on our training and technical assistance team. . . . She's a lead CHW in her own organization. She sits on the state CHW leadership committee. When there are priorities the state is considering, she's voicing that back to us. . . . I see her as our network, our glue to bring information to all the areas.

Community health worker qualities and qualifications. Participants articulated CHW qualities and skills necessary to gain community trust, a prerequisite to providing comprehensive community services, and stated that organizations lacking an understanding of the

BOX 2— Themes, Illustrative Quotes, and Strategies to Community Health Worker (CHW) Integration

Theme (CFIR-Related Domain)	Definition	Illustrative Quotes	Participant-Identified Strategy to Advance CHW Integration
Organizational structure (inner setting)	Factors that prevent the successful integration of CHWs attributable to workplace infrastructure or lack thereof	"There are many challenges, and I could tell you that the main one is the lack of a conceptual framework of what structures a health *promotor* [CHW] program. None of the external or internal [partners] have documents that show that there is prior work, the creation of conceptual framework, how they are going to be, how these CHWs are going to work, who is going to supervise them, what support they are going to have, how they are going to be trained . . . the lack of that conceptual framework has thousands of ramifications." –program manager	Participants provided solutions to the barriers to CHW integration: • including CHWs in decision-making meetings, • being intentional in prioritizing the feedback and suggestions from CHWs, • ensuring the entire organization understands and recognizes the CHW role, • ongoing meetings about program improvement, and • using an established onboarding protocol, which includes a clear job description and types of required CHW certifications (if applicable).
CHW qualities and qualifications (inner setting)	Individual characteristics, skills, and abilities essential to engaging in CHW work	"That's where the human touch that I am incorporating into my organization and is going to be very difficult to train and even more so about the work. . . . Yes, they [CHWs] have to have a passion for the community, right? Yes, and know how to handle themselves, know how to communicate, know when it's time to continue the conversation and create relationships, when it's time to know when to leave. It's difficult. Emotionally handling it [CHW role] is not at all easy." –program manager "I would say tenacity is a huge CHW characteristic because CHWs need tenacity to keep going, to fight for what their clients and communities need. Also, for what their profession needs and deserves, the recognition that they deserve." –CHW	Participants provided specific qualities or qualifications that organizations should be searching for when hiring a CHW: • cultural humility, • empathy and compassion, • knowledge of specific health topics gained through ongoing trainings, • strong communication skills, • advocacy skills, • a strong desire to help people, and • awareness and understanding of social determinants of health.
Relational connection: clinical health care and public health leadership understanding and valuing CHW roles (inner setting)	The degree to which organizational leaders understand and value the CHW role	"The benefits are truly endless, but I think the biggest benefit is that we know the impact on the communities. CHWs, we truly believe are the bridge, that missing piece between what's happening in a clinical space and the reality of somebody's community or their living situation. We truly believe in the power of CHWs and that there's almost no limit to what they can accomplish if the people in their organization and community understand who they are and what they do. It is so powerful across all communities in [state]. I think that is truly what we need to move the needle on some of the biggest issues that we have in [state]. Housing crisis, but also if you've seen the statistics for [state], you know we're usually number one, but not necessarily in a good way. I truly believe that CHWs are the key to making an impact." –CHW supervisor	The advice to organizations from a CHW was to ask the following questions to enhance leadership understanding of and valuation of CHWs, which would in turn increase CHW integration: 1. Ask about CHW competency level. And learn about CHW backgrounds and ask the CHW: What are your expectations? 2. Where do you see yourself in 5 years? 3. What is your motivation? 4. What area? Or what field? CHWs do have different roles and asking these questions will allow leadership to find out about individual CHW experience, expertise, and areas of interest so they can then be placed in the correct department or unit within the organization.
Strategies for promoting CHW sustainability (inner setting)	Ways in which the CHW role can endure once CCR funding ends	"The team is helping me figure out how to potentially set up fee-for-service billing . . . stability and funding and pay. I think you know, we were kind of at a classification that is equal with other roles where you know, I kind of look at the difference in roles and I think like pay equity is an important one to look at." –CHW supervisor	When thinking about sustainability, organizations should have the following reflections and questions in mind from the onset of a project or grant: 1. Focus on what CHWs need, how they operate, and how to move forward with CHWs within the organization. 2. Why are CHWs here and what is their role? 3. What are they going to be doing for the community in the future?

Continued

BOX 2— Continued

Theme (CFIR-Related Domain)	Definition	Illustrative Quotes	Participant-Identified Strategy to Advance CHW Integration
Challenges and solutions among partner collaborations (outer setting)	The methods that partnering organizations used to address challenges of CHW integration	"The activities are larger monthly meetings, and then smaller check-in meetings to provide that constant support because everybody's on a different level. The larger meetings are great because they allow all of our across-state funded sites to get to know each other better and to provide this network of support for each other. . . . They've been able to give each other ideas. Especially if we're talking about this topic of integration, they've brought it up on their own and provided ideas and remedies." –CHW supervisor	Advice from supervisors and program managers to organizations on overcoming partner organization challenges consisted of the following recommendations: 1. regular weekly case conferencing between partner organizations; 2. open-door policy to talk about protocols and topics that should be addressed before going out in the field; 3. creating a clear communication plan on who supervises the CHWs when they are providing services within a partner organization; and 4. identifying a point person that could speak to the components of the CHW program.
Outcomes of integration (inner setting)	The impact of CHW integration on organization and the community	"We are starting to see progress in the understanding that they require specific training, and also, that today there are already many CHWs who come with a college degree, fantastic, that obviously will help in the training of the community health worker, but a college degree does not necessarily give them that training, that specific training in community health workers, so that does not take one thing away from the other. Today this is being understood and it is being understood that all the publications and the works and the CDC Project talks about that the best health *promotor* programs are those that incorporate the greatest quantity of the 10 possible roles/skills. So that is already beginning that it has been considered and which gives me hope that in the future we will see more employment, we will see better quality of work, a better possibility that the *promotor* will have what we ultimately seek, which is an impact on the health of the patient." –program manager "I think having . . . CHWs has helped because we've been able to gain new partnerships . . . because they have been so active in the community." –project lead "[I]f the work queue is any indication, [CHW integration is] working really well, because we have more referrals than we . . . have teammates. . . . That speaks to 2 things: community need and to our clinicians knowing to refer . . . to [CHWs] for support." –interagency partner	Several participants provided examples of how CHW integration strengthens community resources. A few examples are as follows: 1. CCR funding trained CHWs on COVID-19, prevention and vaccination but also incorporated a new current disease program for people with prediabetes; 2. linking patients to services and trainings with other organizations when the clinic did not have those resources; 3. providing organizations with CHW-led trainings while the CHWs received trainings in new topic areas that are offered by those organizations; and 4. rather than working off of a wait list, having a CHW on site allows organizations to respond to patient needs in a faster way with the ability for a warm handoff.
Establishing a CHW integration environment (inner setting)	How organizations and health centers created a climate and culture that enhanced CHW integration	"I would want the organization to know and understand how a community health worker could be supportive to the clinic or their organization, with the needs that they [patient/client] have outside of what they're getting [in clinic]. Outside of their health needs, because a lot of the times a person is not going to get their health needs met if their social needs are not being met. Understanding how supportive a community health worker can be in order for them as a doctor, as a provider, can have a more efficient health visit with them if their social needs are met." –CHW	Recommendations from partner project leads for establishing a CHW integration environment included 1. create a definition and awareness among the staff regarding the CHW role; 2. define a philosophy and understanding among the leadership team; and 3. set up an organizational structure to ensure clarity of the CHW position.

Continued

BOX 2— Continued

Theme (CFIR-Related Domain)	Definition	Illustrative Quotes	Participant-Identified Strategy to Advance CHW Integration
Communication across clinical health care and public health partner organizations (outer setting)	Communication strategies that partner organizations use to enhance CHW integration	"And something else that helps is collaborative support with different civic, cultural, social, and faith-based organizations, which opens doors for us because they know their population, they know what conditions and determinants prevail in that community, with that feedback we can establish our strategies and when outlining a process, how we're going to work on those social elements so that they recover, so that they have receptivity, adequate resilience and improve their condition both in life and in health." –CHW	Participants recommended a variety of strategies to strengthen communication loops between partner organizations: 1. meet with partners before signing an official partnership to understand what each partner is looking for and the support that will be needed; and 2. hold initial partner meetings to discuss the role of the CHW and identifying potential sites.
CHW participation in decision-making (inner setting)	Ways in which CHWs are incorporated into organizational decision-making	"I know for myself once I was actually able to be in a setting where my supervisor was allowing me to be part of shared decision-making, it really empowered me to want to pursue some sort of a leadership role because I was like this is how it should be and that had a ripple effect. And even before being in a supervisory role, I was invited to certain conversations and topics and policy making that really I would have never been able to probably access had I not worked in a setting that really valued that. As a supervisor it feels very important to keep [CHW input] in this, because I personally have benefited from it. And I think that it's the most effective way to run a team and to create a work culture." –CHW supervisor	Recommendations from CHWs, program staff and program partners included the following: 1. do not delay in adding the CHW to formally organized groups or meetings; 2. include the CHWs in developing curricula; and 3. have monthly CHW workshops with teams of 2 CHWs where they have their first experience as trainers, training other CHWs on topics that the CHWs themselves chose, so it is from CHWs by CHWs for CHWs.

Note. CFIR = Consolidated Framework for Implementation Research.

importance of these CHW qualities and skills often had a difficult time with integration. For example, being a member of the community, cultural humility, having a passion for community work, and showing compassion and empathy were identified as essential qualities and skills. One program manager stated,

> Some organizations are recruiting as if the [CHW] profession is an entry-level job and when there is no conceptual framework, organizations only think about the work, they don't think about how they are going to recruit workers with skills. They are going to be incorporating people who don't have those qualities that are very difficult to teach such as empathy, connection, community, service to others, and responsibility.

Challenges and solutions in promoting community health worker sustainability. Some participants highlighted the importance of sustaining newly integrated CHW positions through stable funding sources such as fee-for-service billing. One CHW recommended,

> Don't wait for the evaluation results to show the return on investment. People know the value and the worth of what [CHWs] bring to the table. Start your sustainability campaigns early. . . . It's the campaigning and the philanthropic investment that one needs to be [strategic about] well in advance.

This quote highlights the need to secure and maintain funding mechanisms to sustain CHWs and the additional importance of organizations ascertaining long-term solutions to sustaining CHWs, with participants identifying the challenges faced by community-based

programs in navigating the Centers for Medicare and Medicaid Services billing system. Many of the participants discussed efforts spent deciphering state or federal financial systems for fee-for-service billing, which would pay CHWs a fee for each service rendered.

Challenges and solutions among partner collaborations. Participants recognized the need to create a streamlined CHW integration strategy among interagency partners, with clearly defined CHW roles, establishing interagency points of contact for CHWs, maintaining intra-agency or interagency collaboration, and acknowledging missteps when strategies were not implemented. One grant manager highlighted the importance of interagency collaboration:

> We could have been a bit more hands-on and supportive. We took an approach of letting each organization do its thing, especially since each organization has different hiring, HR processes, and protocols. We shared resources, but [city] took a very long time to hire and onboard. I wish our support had been a bit more active up front, but . . . you don't want to step on partners' toes.

This quote highlights structured support while maintaining the autonomy within and between agencies, decreasing work effort duplication, enabling shared resources, and refining the integration strategy based on both inner and outer settings to ensure a long-term approach to CHW interagency integration.

Facilitators to Community Health Worker Integration

The integration process was strengthened when organizations had preexisting structures that supported CHWs.

Creating supportive integration environments. These supportive environments included hiring CHW supervisors who were CHWs or trained to supervise CHWs; creating clear roles to improve workflow; implementing a strong intra-agency communication system for all levels of the project; and collaborating with human resources on CHW classification to facilitate professional advancement opportunities. One grant manager emphasized the importance of a work culture that values the full scope of CHW integration and abilities:

> Strengthening [the work environment] by describing to the team how to work with CHWs, especially in clinical settings. I've seen CHWs get really siloed . . . they're the person who calls to remind people about appointments. When they should have access to medical records and be able to contribute to the care team. If there's no champion explaining how people work together, then our natural inclination is to keep separate.

This perspective underscores the need to educate staff on CHW skills and provide guidance on integrating CHWs into care teams to ensure CHWs fully utilize their strengths and contribute meaningfully to organizational goals and community health.

Communication across clinical health care and public health partner organizations. Participants recognized the significance of creating interagency ongoing communication structures, including monthly meetings with interagency supervisors and CHWs, being honest and up front about expectations of CHWs' input on clients and organizational policy, and being intentional by not competing for CHWs and working collaboratively to share recruitment resources to ensure successful CHW hiring. One partner stated,

> [T]hey made the [inter-agency] leadership structure linear by creating subcommittees. Each [inter-agency partner] nominates someone to each of these committees. There's a governance team that isn't working in a vacuum. . . . They're working collaboratively. That structure really helped forge relationships, so when it came time to integrate, we had relationships and rapport built. We had trusting partners.

This finding reiterates the importance of inter- and intraorganizational communication, highlighting that communication helps forge and maintain trusted partnerships.

Community health worker participation in decision-making. CHW, program staff, and partner participants described strategies to involve CHWs in organizational decision-making, including inviting them to leadership meetings, seeking their feedback during program design and evaluation, and hiring leaders with CHW experience. One poignant example described a leadership team intentionally incorporating a feedback process at the end of meetings, asking: "Did we miss anything, and what other CHW training/resources need to be added or expanded?" One program manager commented,

> Number one is being a good, active listener. Really trying to value what a CHW has to say . . . about how a policy should work or how a program should be designed, or recommendations to help a client. They're on the team for a reason.

DISCUSSION

Successful CHW integration improves community health outcomes, enhances service delivery, and reduces health disparities[2–4,15] yet remains an understudied phenomenon. This study illuminates facilitators and barriers to CHW integration in organizations and teams. Findings highlight 9 themes, including barriers aligning with previously identified challenges in CHW programs[3,4] and facilitators, which reinforce recommendations by the National Coordinating Center for Public Health Training[1] and guidelines by the World Health Organization.[4] The findings highlighted the need to focus on both the inner and outer organizational settings[8] to ensure long-term CHW integration. Participants noted several positive outcomes of integration, including connections to previously siloed resources, increased recognition and appreciation for CHWs within organizations, and expanded client reach through referrals and coordination of care.

An elucidating finding was the importance of specific CHW qualities and qualifications that organizations should prioritize when hiring CHWs and how these characteristics influence successful integration. Participants indicated that recruitment of CHWs with the knowledge and history working with the community, shared language and culture, and knowledge of the health care and social service systems were needed because of the project's pace and demands, which created a more seamless CHW integration process with interagency partnerships. This underscores the need for targeted recruitment and strategic professional development, elements emphasized in CDC guidelines.[7]

The study's strengths include the use of the CFIR,[8] which guided our understanding of integration determinants across multiple domains[10] within a multisite design; rigorous qualitative methods; and diverse perspectives across varied health and public health systems. However, the inclusion of a subset of CCR recipients limits the generalizability of findings. The study's selection criteria and sample size further underscore the need for broader mixed-methods research to strengthen external validity. Despite these limitations, the insights generated offer guidance for future CHW initiatives and highlight the importance of clearly defined CHW roles, intentional leadership, interagency organization support, and sustainable funding mechanisms.[1,4] Organizational culture and climate come from the top down; when leaders understand and value CHWs, this attitude permeates the entire organization. Conversely, if leaders are dismissive of CHWs, other employees may emulate this attitude, creating barriers to integration.

Study findings align with previous research, reaffirming that integration of CHWs is essential for advancing equitable and effective health care delivery, particularly in underserved communities.[15] Evidence from the CCR initiative further highlights CHWs' role in enhancing community resilience, improving access to health care, and addressing social determinants of health.[6] Future research should emphasize sustained leadership support, CHW involvement in decision-making, and rigorous evaluations.[1] These insights can support broader adoption and sustainability of CHW programs, strengthening organizational and public health capacity. AJPH

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CONFLICTS OF INTEREST

The authors declare no potential conflicts of interest with respect to the research, authorship, or publication of this article. In addition, no copyrighted material, surveys, instruments, or tools were used in the research described in this article.

HUMAN PARTICIPANT PROTECTION

This research was approved by the institutional review board at Arizona State University and by the Office of Management and Budget of the US government.

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