




Frontline voices of care: How community health workers cultivate relationships

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ABSTRACT

The importance of communities is central to public relations theory, which has recently received renewed scholarly attention. The COVID-19 pandemic put in sharp focus the importance of community – and the detrimental consequences for society when community life is disrupted. This study combines theorizing on communities and the care-based relationship cultivation model to investigate public relations in a non-traditional setting. We conducted 41 interviews with community health workers (CHWs) engaged with Latino communities during and after the pandemic. Our findings uncover a variety of strategies CHWs employ to sustain community relationships, culminating in the new care-based community cultivation framework. To support community involvement, CHWs communicate their competency, are part of the communities they serve, and meet people where they are. To support community nurturing, CHWs actively listen, communicate with empathy, and educate while working from the heart. They also serve as safe harbors, acknowledge their role limitations, build trust through sustained relationships, and overcome challenges while respecting culture. To support community organizing, CHWs make service connections while acknowledging system limitations and tailor official health guidance. Additionally, CHWs work to overcome obstacles to community members' well-being. Ultimately, we echo calls for more public relations scholarship to uplift marginalized communities, especially during crises, so that our work supports community well-being and safety.

Scholars have turned to re-imagining the role of community in public relations (e.g., Aghazadeh, 2024; Capizzo & Madden, 2022; Madden & Pevac, 2023). While there are different definitions of community (e.g., Capizzo & Madden, 2022; Hallahan, 2004; Valentini et al., 2012), one particularly apt definition is offered by Aghazadeh (2024, p. 2): “people with shared experiences, interests, and objectives who see one another as bound together by some element of their identity and/or some social force (e.g., geography, race, health experience, etc.).” Importantly, a community approach emphasizes shared objectives, norms, beliefs, and values among organizations and community members (Aghazadeh, 2024; Hallahan, 2004).

Building on foundational work from Kruckeberg and Starck (1988) and Hallahan, (1996, 2004), scholars have articulated how public relations contributes to community well-being through three approaches: *community involvement*, *community nurturing*, and *community organization* (Aghazadeh, 2024; Capizzo & Madden, 2022; Madden & Pevac, 2023;

Valentini et al., 2012). A parallel body of scholarship investigates how public relations practitioners establish and sustain relationships through care-based cultivation strategies (Chon & Chung, 2024; Dong & Morehouse, 2022; Steenkamp and Dhanesh, 2023). However, this scholarship has not yet focused on marginalized publics who have historically experienced economic and health disparities along with institutional mistrust (Cabral & Cuevas, 2020; Vazquez et al., 2024).

The COVID-19 pandemic introduced unique circumstances for community health workers (CHWs) to represent health organizations and engage in community cultivation and information dissemination. In the U.S., the Centers for Disease Control and Prevention (CDC) recognized that funding local CHW programs was necessary to bridge mistrust between highly affected communities and government resources (Centers for Disease Control and Prevention, 2024). Research further highlighted that the relational and communicative processes marginalized communities relied on to navigate the pandemic are understudied

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(Limatius, 2025; Vázquez et al., 2023). Indeed, CHWs can leverage their liminal position at the nexus of health organizations and communities as an asset (Golden & Bencherki, 2024), but more research is needed to understand this possibility. Further, the specific public relations practices of CHWs remain unexamined.

Although not conventionally recognized as public relations practitioners, community health workers are responsible for public engagement and communication. During the COVID-19 pandemic, CHWs served as frontline responders who contributed to fostering community trust, provided health education, combatted misinformation, and supported the delivery of culturally competent care (e.g., Bhaumik et al., 2020; Peretz et al., 2020; Rahman et al., 2021). These actions align with the twin pillars of crisis communication: protecting safety and building healthy relationships (Page et al., 2025). CHWs' work also aligns with conceptualizations of public relations as a community organizing function (Capizzo & Madden, 2022; Edwards, 2018; Valentini et al., 2012) as well as a strategic relationship function that "ethically gains public trust and support under normal and extreme circumstances" (Dong et al., 2023, p. 9).

To extend theorizing on communities and care-based relationship cultivation, we conducted 41 interviews with CHWs engaged with Latino communities during and after the COVID-19 pandemic. Our study shows how CHWs deployed a variety of strategies to cultivate trusting relationships with Latino community members. We combine, for the first time, theorizing on communities (Hallahan, 1996, 2004; Kruckeberg & Starck, 1988) and the care-based relationship cultivation model (Dong & Morehouse, 2022). Findings culminate in the new care-based community cultivation framework.

1. Literature review

1.1. Defining community building approaches

Community-centered approaches to public relations are a growing body of literature that centers people over organizations (Capizzo & Madden, 2022; Hallahan, 2004; Kruckeberg & Starck, 1988; Madden & Pevac, 2023; Valentini et al., 2012). As noted in the introduction, the community approach emphasizes shared objectives, norms, beliefs, and values (Aghazadeh, 2024; Hallahan, 2004), departing from classic definitions of publics that solely emphasize common interests or problems (Chon et al., 2023; Grunig & Hunt, 1984; Kim & Grunig, 2011).

Community is difficult to conceptualize, given its multiplicity of meanings, conceptual overlap with related concepts, and various definitions used in the literature (Aghazadeh, 2024). Hallahan (2004) proposed a continuum to conceptualize community – anchored by geographic communities (i.e., place-based communities) at one end and symbolic communities (i.e., socially constructed communities) at the other. Across this continuum, identity and connection to others are central to conceptualizing community (Dunham et al., 2006). While Valentini et al.'s (2012, p. 874) work suggests this continuum is less meaningful in digimodern societies, with "expanding online communities" and globalization, other scholarship shows the importance of the local physical space in meaning-making and fostering community (e.g., Aghazadeh, 2024; Capizzo & Madden, 2022). Indeed, this work indicates that focusing on the local, physical space is needed, given its importance to stakeholders' everyday lives (Aghazadeh, 2024; Capizzo & Madden, 2022; Madden & Pevac, 2023), which we do in this study.

1.1.1. Serving the public good

Community scholarship focuses on serving the public good (e.g., Aghazadeh, 2024; Atwell Seate, 2024). Building off Ledingham's (2003) relationship management approach to communities, Kim and Cho's (2019) work showed that government-community relationships can foster a shared sense of community, which is predictive of positive word-of-mouth communication and community participation intentions. Other community-focused scholarship reveals how public

relations can contribute to community safety (Atwell Seate et al., 2022; Liu et al., 2020a) and build healthy communities (Aghazadeh, 2024). The question then becomes how public relations facilitates community building, which is an area of scholarship that remains nascent. We address this gap in the current study.

1.1.2. Community building processes

Research has begun to articulate how public relations contributes to building communities, but more work is needed, especially for marginalized communities, whom are underrepresented in this area of study. Hallahan (1996, 2004) theorized three concepts of community building: *community involvement*, *community nurturing*, and *community organizing*. First, Hallahan (2004, p. 247) defined *community involvement* as "facilitating an organization's or cause's participation in an already-existing community." To do this, communicators connect and familiarize community members with themselves while also making them aware of shared interests and disagreements (Kruckeberg & Starck, 1988). This helps facilitate a shared sense of community, including providing opportunities for cultural appreciation and building friendships (Kruckeberg & Starck, 1988).

Next is *community nurturing*, which is "facilitating and sponsoring the holistic wellbeing of a community" (Aghazadeh, 2024, p. 2). To do this, communication efforts should foster safety, charity, and leisure activities for community members as well as inspire human relationships (Kruckeberg & Starck, 1988). Third, Hallahan (1996, 2004) articulated *community organizing* as "community activism: the communal work of advocating for the members of a community regarding shared interest" (Capizzo & Madden, 2022, p. 2). To do this, communicators should work in community creation where community values are advanced (Kruckeberg & Starck, 1988).

In sum, scholars have just begun to uncover how public relations can nurture communities. This scholarship lacks research on Latino communities, who have historically experienced economic and health disparities along with institutional mistrust (Cabral & Cuevas, 2020; Vázquez et al., 2023). Also lacking in the scholarship is a distinction between cultivating care and relationships during and after crises, like the COVID-19 pandemic. We next review the scholarship on the care-based relationship cultivation model (Dong & Morehouse, 2022) and propose integrating the community scholarship with this model.

1.2. Care-based relationship cultivation model

Dong and Morehouse (2022) introduced the care-based relationship cultivation model through interviews with 32 local U.S. government public relations practitioners during the COVID-19 pandemic. See Fig. 1. Their model reinforces the ethical considerations of two traditional relationship management strategies: openness and access (Cheng, 2018; Ma et al., 2023). Beyond these traditional elements, the model includes five additional strategies: empathy, listening, flexibility, prioritizing decision quality competency, and humanization. We next synthesize each component of the model.

Openness represents a foundational practice that extends beyond simple information sharing to encompass transparent, honest, and trustworthy communication (Cheng, 2018; Dong & Morehouse, 2022; Ma et al., 2023; Zhan & Zhao, 2023). Dong and Morehouse (2022, p. 197) highlighted that openness means "proactively reaching out with a human touch," emphasizing the relational dimension of transparent communication. Through openness, organizations demonstrate their commitment to ethical communication while building the foundation for trust and mutual understanding with diverse publics.

Access emphasizes the availability and approachability of organizations, serving as a bridge between openness and meaningful engagement (Cheng, 2018; Zhan & Zhao, 2023). Access is closely related to openness, where open and proactive information sharing is a primary goal for cultivating relationships (Dong & Morehouse, 2022; Steenkamp and Dhanesh, 2023). Dong and Morehouse (2022, p. 197) defined access as

Strategy	Description
Openness	Be transparent and honest in communication
Access	Provide publics with opportunities to engage and participate
Empathy	Understand and share the feelings of others, communicate with compassion
Listening	Actively hear, understand, and respond to publics' concerns, feedback, and needs
Flexibility	Adapt approaches based on situational needs, contexts, and feedback
Prioritizing Decision Quality Competency	Make sure that publics have the information they need to make informed, thoughtful decisions that consider their welfare
Humanization	Treat publics as whole persons rather than mere targets or audiences

Fig. 1. Core Components of the Care-Based Relationship Cultivation Model, Note: Adapted from Dong and Morehouse (2022).

"the degree to which organizations strive for dialogic engagement with publics."

Dong and Morehouse (2022) integrated the long-standing principle of *empathy* (Kent & Taylor, 2002) into their model, highlighting how empathy can create caring relationships. They defined empathy as "the degree to which organizations are compassionate toward their publics and strive to actively remember and understand the struggles that publics face when planning, implementing, and evaluating communication practices, and when engaging with publics" (p. 197). Through empathy, organizations demonstrate their commitment to moving beyond surface-level engagement to create meaningful connections (Steenkamp and Dhanesh, 2023).

Listening is a vital mechanism for fostering mutual understanding and cultivating strong, high-quality relationships (Capizzo & Sommerfeldt, 2023; Macnamara, 2016; Steenkamp and Dhanesh, 2023). Listening is a fundamental part of ethical communication, as genuine listening helps organizations become aware of power imbalances, contributing to trust building (Capizzo & Sommerfeldt, 2023). Through comprehensive listening practices, organizations demonstrate genuine commitment to understanding and addressing publics' concerns, thereby strengthening the foundation for authentic and caring relationships (Dong & Morehouse, 2022).

Dong and Morehouse (2022) introduced *flexibility* as a core strategy for relationship cultivation. Flexibility is "the degree to which organizations are willing to change their plans, stance, strategy, or process based on feedback from publics" (Dong & Morehouse, 2022, p. 197). By demonstrating flexibility, organizations signal their commitment to genuine partnership (Dong & Morehouse, 2022).

Prioritizing the decision quality competency of publics shifts the focus from organizational control to public empowerment and informed decision-making (Dong & Morehouse, 2022). Prioritizing publics' decision quality competency is "the degree to which organizations strive to ensure publics have the necessary information to make quality decisions regarding their property, finances, health, safety, education, and more" (p. 197). This approach aligns with dialogic communication principles by fostering mutual understanding, respect, and acceptance (Chen et al., 2020; Kent & Taylor, 2002).

Humanization is a central strategy in the care-based relationship cultivation model (Dong & Morehouse, 2022). Humanization is "the

degree to which organizational communicators strive to identify, recognize, and respond to the humanity and shared qualities between themselves and publics" (Dong & Morehouse, 2022, p. 197). Through humanization, organizations move beyond transactional interactions to create authentic, caring relationships, including through their crisis communication (Atwell Seate et al., 2024; Liu et al., 2020a).

In sum, the care-based relationship cultivation model includes seven components: openness, access, empathy, listening, flexibility, prioritizing decision quality competence, and humanization. Research demonstrates a consistent pattern: Organizations that integrate care-based strategies achieve strong trust, engagement, and relationship outcomes with publics (Chon & Chung, 2024; Dong et al., 2024; Hou & Johnston, 2024; Steenkamp and Dhanesh, 2023). However, this work has neglected community perspectives. Further missing is theorizing on how to overcome obstacles to sustaining communities (Liu et al., 2025). There also remains a concerning knowledge gap regarding trusted sources for marginalized communities who are disproportionately affected by crises, including COVID-19 (Jaramillo & Felix, 2023; Tai et al., 2022). By combining the care-based relationship cultivation model with community perspectives, our work focuses on care for the most vulnerable community members.

1.3. Community health workers and public relations

To address the gaps in the literature, we interviewed CHWs employed by local organizations, as they represent a community-level workforce dedicated to vulnerable community members. According to the latest data from the Bureau of Labor Statistics, there are 65,000–117,000 CHWs in the U.S. with rapid job growth predicted (Bureau of Labor Statistics, 2024; Lombardi et al., 2024). CHWs are typically recruited from the communities they serve, which fosters social proximity and cultural alignment (Namuhani et al., 2024; Oliver et al., 2024). The COVID-19 pandemic introduced unique circumstances for CHWs to engage in relationship cultivation and communication (CDC, 2024; Limatius, 2025; Vázquez et al., 2023). However, to date, the public relations practices of CHWs remain unexamined.

Scholars have argued that public relations is not just an organizational function, but also an organizing function that restores and maintains a sense of community (Capizzo & Madden, 2022; Edwards,

2018; Valentini et al., 2012). From this perspective, we argue that a variety of actors practice public relations to build community. For example, non-governmental organizations play a crucial role in social and civil society efforts (Choi et al., 2021; Valentini et al., 2012; Williams & Sommerfeldt, 2021), deliberately influencing societal norms and building relationships to advance collective interests (Sommerfeldt, 2013). As previously argued, CHWs also practice public relations as a relationship cultivation function and to protect safety – aligning with modern definitions of public relations (Dong et al., 2023; Page et al., 2025). However, the specific public relations practices of CHWs remain unexamined, including the obstacles they may face. Likewise, scholarship has not combined the care-based relationship cultivation model with community perspectives. Therefore, we ask:

RQ1. What, if any, care-based relationship cultivation strategies do CHWs use to sustain community in their local areas?

RQ2. What, if any, obstacles inhibit CHWs' relationship cultivation in their local areas (a) and how do they overcome these obstacles (b)?

2. Method

A multidisciplinary research team of communication, public health, and anthropology scholars conducted a two-phase interview study. Given that the care-based relationship cultivation model is nascent and developed from interview research (Dong & Morehouse, 2022; Steenkamp & Dhanesh, 2023), a qualitative approach is appropriate for this study. Qualitative research has long contributed to building new theories in the social sciences (Glaser & Strauss, 1967), enabling the development of rich, contextualized descriptions of communication practices (Lindlof & Taylor, 2017; Tracy, 2019). Our work follows this strong qualitative tradition, extending the care-based relationship cultivation model to marginalized communities for the first time.

Given the nascent care-based cultivation model and the hard-to-reach population we studied, quantitative research is not a good fit. First, scales have not yet been developed for the care-based relationship cultivation model. Dong and Morehouse (2022) proposed initial measurement items from their interview research with U.S. government public relations practitioners, but these items need to be validated before being deployed in quantitative research, including testing for cultural appropriateness and language suitability. Such scale validation and subsequent quantitative research is not feasible given the number of CHWs working with Latino communities in our focal metropolitan area. Best practices in measurement indicate that two quantitative studies would be needed because scale validation and implementation should be done with separate samples (Bandalos & Finney, 2019). Moreover, taking a purely quantitative approach would not allow us to uncover unique contextual insights within our focal, marginalized population, in line with a culture-centered approach to communication research (Dutta, 2007, 2022). Therefore, we proceeded with a two-phased interview project.

Phase 1 interview questions focused on the COVID-19 pandemic (from January 2020 to May 11, 2023, when the U.S. government ended the public health emergency), while phase 2 questions examined relationship cultivation during the post-pandemic period. A total of 41 CHWs completed in-depth interviews, 20 in phase 1 (November 2024 to January 2025) and 21 in phase 2 (April to May 2025). Phase 1 participants who provided particularly rich insights were invited to participate in Phase 2. This approach enabled capturing of longitudinal changes in CHWs' experiences and relational practices during and after the pandemic, while also including a variety of perspectives to increase depth of insights. In total nine CHWs participated in both phases. Interviews ranged from 37 minutes to 2.5 h and were conducted by bilingual Latino research team members.

2.1. Recruitment strategy and interview procedures

The study utilized a semi-structured interview protocol informed by the literature review and approved by our Institutional Review Board to engage CHWs working with the large, diverse, and growing Latino population of a large metropolitan region. In Phase 1, researchers partnered with four local organizations that employed or collaborated with CHWs during and after the pandemic. Recruitment materials – bilingual flyers (English and Spanish) with QR codes linking to a Qualtrics eligibility survey – were distributed via email through these partner organizations.

Eligibility criteria for both phases included that participants were: (a) at least 18 years old; (b) self-identified as a CHW primarily serving local Latino communities; (c) and spoke Spanish and/or English. For phase 1, participants also must have worked during the COVID-19 pandemic (between January 2020 and May 2023). For phase 2, participants must have been currently working as a CHW or had worked in the past year. Interviews were conducted via Zoom by bilingual Latino research team members, with participants opting for virtual participation despite being offered an in-person option. With participant consent, we recorded the interviews using both Zoom's built-in tool and the PLAUD audio device (version 2.7.5). The audio was transcribed in Spanish and English. Participants received a \$50 Tango digital gift card upon completing an interview.

2.2. Sample characteristics

For phase 1, participants ranged in age from 25 to over 65 ($M = 49.4$, $SD = 13.8$). Most were female ($n = 18$; 94.7%), with one male participant (5.3%), reflecting national trends in the CHW workforce (NACHW, 2021). Regarding employment status, seven were volunteers (36.8%), six worked full-time (31.6%), and six worked part-time (31.6%). CHW experience levels were high: 10 had 7+ years (52.6%), seven had 4–6 years (36.8%), and two had 1–3 years (10.5%). Educational backgrounds included bachelor's degrees ($n = 6$; 31.6%), high school or GED ($n = 6$; 31.6%), some college ($n = 5$; 26.3%), and associate degrees ($n = 2$; 10.5%).

For phase 2 of the interviews, CHWs' ages ranged from 25 to over 65 ($M = 50.2$, $SD = 10.0$). The sample was predominantly female ($n = 20$; 95.2%), with one male (4.8%). Employment status included 10 volunteers (47.6%), eight part-time workers (38.1%), and three full-time workers (14.3%). CHW experience levels were varied: 10 had 1–3 years (47.6%), eight had 4–6 years (38.1%), and three had 7+ years (14.3%). Education levels ranged from some high school ($n = 1$; 4.8%) to bachelor's degrees ($n = 4$; 19.0%). Other levels included some college ($n = 7$; 33.3%), high school or GED ($n = 5$; 23.8%), and associate degrees ($n = 3$; 14.3%).

2.3. Interview guides and analysis

To answer our research questions, we developed two semi-structured interview guides. The guide for phase 1 (19 core questions) focused on CHW roles during the pandemic, with particular emphasis on care-based relationship cultivation strategies and community building. While relationships remained a central focus in phase 2, the second guide (21 questions) broadened its scope to include evolving roles after the pandemic, the political climate, personal and social identities, and emotional well-being. Transcripts were coded deductively and inductively (Tracy, 2019), using thematic analysis (Braun & Clarke, 2006) to identify, analyze, and report themes.

First, we created a codebook from the care-based relationship cultivation model with deductive codes for each strategy identified in the model (i.e., openness, access, empathy, listening, flexibility, prioritizing decision quality competency, and humanization; see Fig. 1). We also inductively coded the transcripts, creating new codes when data did not neatly match the care-based relationship cultivation model. For

example, we added inductive codes for the new community building approaches we identified (i.e., communicate competency, be a part of the community, and meet people where they are; see Fig. 2). Reflecting that qualitative analysis is an iterative process (Braun & Clarke, 2006; Tracy, 2019), some of the deductive codes were merged with inductive codes to reflect themes in the transcripts. For example, the theme of actively listen, communicate with empathy, and educate integrates deductive coding from the care-based model (i.e., empathy and listening) and inductive coding from the data (i.e., educate). Themes were identified across interviews from both phases, with differences reflecting shifts in context and emphasis rather than distinct thematic structures. To protect participants' identities, culturally appropriate pseudonyms are used in the results.

3. Results

3.1. Care-based relationship cultivation strategies (RQ1)

Participants shared a range of care-based cultivation strategies, explained below.

3.1.1. Connect communities with services and acknowledge limitations

A primary vehicle for cultivating relationships is connecting community members with health services. Participants frequently described being "bridges" between public health authorities and their communities. During the pandemic, CHWs connected community members with emergency resources like rental and food assistance, supported mass vaccination campaigns, and distributed personal protective equipment like masks. Alejandra shared:

We would go to vaccination sites...I also coordinated community outreach, passing out flyers, and seeing if business owners were interested in having these vaccination sites be done at their location for free...I feel like we were everywhere.

Since the pandemic ended, CHWs have continued to serve as bridges, focusing on topics such as healthy eating, exercise, mental health, domestic abuse, youth health, and the opioid epidemic.

Frequently, participants shared that serving as bridges is challenging, especially given that the high need for community support does not match available resources. During the pandemic, this high need was acute and CHWs could not always help. Francisca recounted: "Sometimes we felt powerless about how to help people." Now, after the pandemic, there are even fewer government-supported community health resources, limiting the assistance CHWs can provide. Fernanda explained: "If we refer someone and they don't find what they're looking

for, they get disappointed. But I feel, at least personally, that I have a responsibility to explain everything, so the person doesn't develop distrust or think we're lying."

Importantly, participants transparently communicated system-level limitations that dominate post-pandemic life. Teresa explained: "Once you break someone's trust, the relationship is damaged. Like we say, 'the tortilla's already flipped'...and it discredits the whole effort." To help cultivate long-term, trusting relationships, participants discussed the importance of advocating on behalf of individual community members. In her work after the pandemic, Carolina shared: "When we see that the need is really urgent and the person is very upset, we appeal to our connections in clinics." A similar strategy was deployed by CHWs during the pandemic when they often called around to locate available COVID-19 vaccine appointments, which reflected their place-based local knowledge, as further discussed in the next theme.

3.1.2. Be part of the community

Participants cultivate relationships in large part because they are community members, which is twofold: living within the community and being Latino/a. Brenda reflected: "It's knowing that we come from the same place, from the same community, and knowing that because I'm Latina, because I'm from Guatemala, because I'm just like them – I'm not going to lie to them." Similarly, Carmen observed: "And just living where they live is the easiest part because you already know the community here, the roads, the schools, and all that." Knowing the community also includes being familiar with common health challenges. Mariana recounted: "I know the illnesses the Latino community faces because they're also common in my family." This community connection is a defining feature of CHWs during and after the pandemic. Natalia observed: "Yes, they trust us more. People tell us things they wouldn't tell their doctor."

3.1.3. Work from the heart

Participants believe that community members can tell that CHWs are genuine when they work from the heart, which builds trust. This is a hallmark of participants' COVID-19 work. Juliana shared: "We have to be believable in what we are talking about and speak from the heart." This approach emphasizes that connecting with community members is essential, or, as Rocio noted: "For us they weren't just a number." For many participants, working from the heart extends well beyond the pandemic. Carolina shared: "Even on a bus, if someone is talking about their child struggling in school or not receiving proper meals, we instinctively recommend social services. We never stop being health promoters."

Community Building Approach	Goal	Strategies
Community Involvement	Promote a shared sense of community.	Communicate competency.* Be a part of the community.* Meet people where they are.+
Community Nurturing	Facilitate a community's holistic wellbeing.	Work from the heart.+ Actively listen, communicate with empathy, and educate.+ Serve as safe harbors.* Acknowledge role limitations.+ Build trust through sustained relationships.+
Community Organizing	Advocate for and support community members' interests.	Serve as service connectors with limitations.* Tailor official health guidance.+ Work to overcome obstacles to community members' well-being.*

Fig. 2. Care-based community cultivation framework, Note: *Denotes strategies new to the literature; +denotes strategies adapted from the care-based relationship cultivation model (Dong & Morehouse, 2022).

3.1.4. *Actively listen, communicate with empathy, and educate*

Working from the heart directly ties into the next relationship cultivation strategy: actively listen, communicate with empathy, and educate. Paola explained: “Being a community health worker has really helped me develop empathy, the respect I already spoke about, and especially the ability to listen—everyone deserves to be heard.” This approach includes truly understanding community members’ unique needs – both during and after the pandemic. Francisca shared: “We always try to meet people at their level, right? Empathy. We should not judge or condemn. We should listen and do our best to help.”

A key component of active listening and empathy is informing but not persuading. Gloria explained: “The first thing I do is educate. That’s all I want to do. You have the autonomy to decide what you do.” This approach was particularly important during the pandemic when CHWs faced vaccine skepticism. Ultimately, the goal of informing is empowering community members. As Fernanda explained: “We don’t want to just hand people a fish, we want to teach them how to fish.” Related to empathy is serving as safe harbors, discussed next.

3.1.5. *Serve as safe harbors*

Participants emphasized that they cultivate relationships because they are seen as safe harbors, compared to the medical establishment and government. Being a safe harbor is especially critical in the post-pandemic world where community members face a challenging political climate (as further discussed later in response to RQ2). Serving as safe harbors means keeping community members’ confidence and protecting them, to the extent possible, against adverse outcomes like deportation. Lucia explained: “Everything they tell us is confidential. We’re not going to be out sharing what someone tells us.” Being a safe harbor especially means protecting community members’ identities and not sharing information like addresses, zip codes, or anything else that could put safety at risk. Further, being a safe harbor extends to social media communication. Speaking about her work after the pandemic, Brenda noted:

I tell them, okay, this workshop will be at this school, but please don’t post it on social media. I’ll call you and send you the time and place, but if you want to invite someone, do it personally or send them a private message...But don’t do it on social media because we want to be safe.

Importantly, participants discussed that it takes time to be viewed as a safe harbor. For newly arrived community members, trust needs to be built, including meeting people where they are.

3.1.6. *Meet people where they are*

An essential strategy for building relationships is meeting people physically where they are in their daily activities. This strategy was especially effective during the pandemic, when CHWs approached people at a variety of local places like grocery stores, schools, apartment complexes, laundromats, restaurants, churches, vaccine and testing lines, and day work pick-up sites. Alejandra explained: “I think approaching them in safe spaces where their day-to-day happens...being present there gave them an avenue to speak with us, they felt comfortable.” Community events, like health fairs, are also key avenues for participants’ outreach.

After the pandemic ended, some participants explained they are more site-based and less mobile throughout communities. Isabel observed: “When the pandemic started, community health workers were everywhere, at stores, supermarkets, parks, and all that. But now that’s over and the organizations want us to be more based in centers or clinics.” Others reiterated that they still are out and about in the community, such as Cristian, who recounted: “We’re always out in the community, walking around. So that’s part of our job.” However, participants agreed that the current U.S. political climate, especially immigration enforcement operations, contributes to reticence to attend public community events and even, sometimes, interact with CHWs.

This relates to CHWs’ limitations in their roles.

3.1.7. *Acknowledge role limitations*

Participants frequently discussed the importance of clearly communicating their role limitations. While discussing concerns about immigration enforcement operations after the pandemic, Cristian explained: “There are people who come to consult us. And we tell them, we’re not lawyers, but the important thing is that they trust us...So, we give them the appropriate referrals.” During the pandemic, CHWs also had to acknowledge role limitations, including while discussing concerns about COVID-19 vaccine side effects and CHWs’ medical qualifications. As Gabriela shared, during the pandemic: “There were people whose first question was whether you were a certified nurse, whether you had studied for it...So, it was like they wanted to see if we were actually, let’s say, medical personnel, so to speak.” To help overcome skepticism, participants discussed how to communicate competency.

3.1.8. *Communicate competency*

Most participants emphasized the need to communicate their competency because they typically lacked healthcare training before becoming CHWs. At times, this presented a challenge for relationship cultivation. To combat this challenge, participants discussed ways they learned to visually communicate they are official CHWs during the pandemic. Valentina explained: “It’s good to be identified—with a shirt and badge—because it builds trust.” Notably, the uniforms and identification badges only communicate competency when the organizations themselves are credible. While wearing an organization’s t-shirt, Natalia shared:

When I wear it, people say, “Oh, you’re from [organization name redacted] and immediately go, “I called them and they ignored me...” And the public doesn’t understand that we’re just messengers. But when those groups don’t follow through, it’s us, the ones out on the street, who get blamed.

Participants further shared that CHW certification programs, which significantly expanded during the pandemic, helped them share accurate information while communicating their competency. Liliana recounted: “I graduated as a certified promoter...I share that we are trained...and then they gain trust.” Along with frequent training, often required by organizations, participants also self-educate by collecting their own resources.

3.1.9. *Tailor official health guidance*

Both during and after the pandemic, participants cultivate relationships by tailoring official health guidance to make it accessible and actionable. Maria explained: “I mainly focus on the CDC, and the information provided by the county because I know they’re reliable...because I know those are serious institutions and they’re trustworthy.” Maria elaborated on how she uses official sources:

The goal is always to make the information accessible and understandable for everyone...especially not in a very bombastic way or with overly technical words, because if you use them, either they don’t understand or they distrust more.

Tailoring guidance includes proactively reaching out to community members. Alejandra explained: “I call and see how people are doing, checking in on them and connecting them to resources.” This proactive tailoring often is paired with sharing personal stories. Camila noted: “I’m inviting someone to a group, a woman who also has a daughter with speech issues. And I told her that my daughter had speech issues too. I got her into a county program.”

Of course, relying on official health guidance assumes that this guidance remains reliable and available, which one participant noted is not a given, considering the current U.S. federal administration’s attack on public health science (The Guardian, 2025). Bianca shared: “We use government information. We hope it doesn’t disappear.”

3.1.10. Build trust through sustained relationships

Participants emphasized that a key element of their success is building trust through sustained relationships. For many, the pandemic was a watershed moment because of the influx of resources. Gabriela reflected: “We had the opportunity to work every day... We broke the ice so people would trust us and accept help.” Relationships built during the pandemic have translated into sustained engagement with community members. Fernanda explained: “I was with them from the beginning of COVID. Now they see us like family. We are the people they trust.” However, after the pandemic ended, participants lamented they have become less recognized and supported. Isabel observed: “We have felt like heroes without capes. It’s just that the system doesn’t want to recognize us as such.”

3.2. Challenges to care-based community relationships (RQ2)

Participants identified a range of challenges to care-based relationships, discussed next.

3.2.1. Respect culture to address community challenges

Participants identified facets of community culture that create challenges for well-being. First, participants frequently discussed challenges faced by community members who cannot read or speak English, as well as some community members who are unable to read Spanish. Lorena shared: “Our community is, for the most part, illiterate... So, they come to us for help with that.” Relatedly, participants noted that community members’ immigration status presented barriers to seeking support. Challenges related to language and immigration status have recently intensified, as discussed in the next section.

Numerous participants spoke about community members’ religious beliefs posing a challenge to health education, especially during the pandemic. Natalia observed: “Many people still haven’t gotten a single vaccine because they trust in God to protect them and believe they don’t need anything else.” Likewise, Rocio recalled that during the pandemic: “In some places, people threw us out, saying their only doctor was God.” Participants respected religious beliefs while also engaging in science-based, factual communication.

A few participants spoke about how machismo had to be circumvented to support family health. While discussing food security after the pandemic, Carmen noted: “There are so many whose husbands won’t let them apply for governmental assistance... It’s like a pride thing that ties into the machismo stereotype... I had to call them secretly to help them apply for assistance.”

Some participants discussed respecting cultural traditions to cultivate relationships, such as the *cuarentena* or the 40 days after giving birth. As Paola explained: “The mother should not leave the house, she must cover her ears with cotton, she cannot eat certain foods... I wasn’t going to say, ‘That’s not correct.’ It’s about understanding it, respecting it, and being supportive.”

3.2.2. Recognize the political climate

By far, the strongest theme from CHWs’ work after the pandemic is how the current political climate presents tremendous challenges. Camila explained:

Right now, because of this political situation, people are scared. They’re afraid that anything might affect them, or that they’ll be identified... After COVID, there were all these trusting relationships, people were more open to getting help... But now people don’t even want to go anywhere – they’re afraid. They don’t want to apply to programs because they’re scared about putting down their name, their address.

Participants also shared this fear. Daniela disclosed: “We, as promoters, are out there exposing ourselves to anything, any danger.” Multiple participants compared the current U.S. political climate to COVID-19 lockdowns. Brenda noted: “Well, I feel that with this new

administration, if we were stressed during the pandemic for being locked up, now we’re living the same thing – just in a different way.” The political climate is coupled with diminished support for CHWs.

3.2.3. Acknowledge diminished support and system distrust

Participants emphasized that the current US political climate has resulted in diminished support for CHWs. Catalina explained: “The aid that used to be there for certain organizations has been reduced or is no longer available.” During the pandemic, participants worked full days often with ample access to resources. Emilia reflected on the hard work during the pandemic, conveying a sentiment shared throughout the interviews: “While my whole family was locked down, I dedicated myself to working. There were no breaks. There was no ‘I’m not working on Saturday’ or ‘I’m off on Sunday’ because we worked nonstop, without rest days.”

Now, participants work in four-hour shifts, sometimes only a couple of times a week or even every few months. This presents serious challenges for the longevity of community relationships. Some participants shared that they continue working even without compensation, reflecting a system that can capitalize on CHWs’ passion for their work.

Diminishing support is often coupled with service failures. As Luz explained: “There are a lot of ‘buts’ in this system. The demand is overwhelming, it’s terrible.” These service failures can even make some community members believe that CHWs do not want to help them. When this happens, CHWs carry a high burden of frustration and distress. As Brenda emphasized: “They hold on to our image as if we’re the ones who lied and, honestly, it hurts me, it frustrates me.” While service failures occurred both during and after the pandemic, diminished funding after the pandemic has enormously intensified these failures.

4. Discussion and conclusion

Scholars have long recognized that public relations can sustain, nurture, and organize communities (Aghazadeh, 2024; Hallahan, 1996, 2004; Kruckeberg & Starck, 1988). A community approach to public relations centers people over organizations and emphasizes understanding community members’ shared objectives, norms, beliefs, and values (Aghazadeh, 2024; Hallahan, 2004). Our study is the first to combine theorizing on community building (Hallahan, 1996, 2004) with the care-based relationship cultivation model (Dong & Morehouse, 2022). We further innovate by applying these theoretical perspectives to CHWs working in Latino communities, reflecting calls for public relations scholarship to uplift marginalized communities and examine non-traditional public relations practitioners (Edwards & Ihlen, 2023; Waymer et al., 2023). Our new framework, discussed in the next section, shows how a variety of CHWs deploy communication goals and strategies, working across organizations, to cultivate community relationships, as opposed to other research that has focused on a small number of communicators (Capizzo & Madden, 2022) or communicators tied to one organization (Aghazadeh, 2024).

4.1. Cultivate care-based relationships with community members (RQ1)

Our first research question investigates how CHWs cultivate care-based relationships with community members. We organize our discussion by Hallahan’s (1996, 2004) three concepts of community building: community involvement, community nurturing, and community organizing. We weave in how our results affirm and extend the care-based relationship cultivation model (Dong & Morehouse, 2022). In doing so, we propose the care-based community cultivation framework (see Fig. 2).

4.1.1. Community involvement

Hallahan (2004, p. 247) defined community involvement as “facilitating an organization’s or cause’s participation in an already-existing

community.” The goal is to promote a shared sense of community (Kruckeberg & Starck, 1988). We identified three community involvement strategies discussed next.

Communicate competency. We found that communicating competency is an antecedent of fostering community involvement, a finding not identified in the prior research. Our participants shared that when community members perceive CHWs as incompetent, they are unlikely to trust the information that CHWs provide. Therefore, our findings emphasize that it is not enough for communicators to be competent – they must also actively communicate their competency. Participants communicated their competency symbolically by wearing t-shirts from trusted organizations or displaying identification badges, and more substantively by obtaining CHW certification. This visual communication of competency extends theorizing on visual and place identity (Capizzo & Madden, 2022; Johansen & Gregersen, 2024), showing that for some communicators visual connections to organizations can build trust.

Participants also shared that obtaining CHW certification further cements credibility and builds trust with community members. However, scholars have cautioned that certification does not address limited institutional support, low pay, job insecurity, and limited recognition of CHWs’ essential roles (Kirkland et al., 2024; Strater & Logan, 2025). This supports the importance of pairing certification with full-time, paid work to sustain community relationships.

Overall, additional research is needed to understand how communicating competency can promote a shared sense of community over time. Given the rise in institutional distrust and the spread of mis- and disinformation (Edelman, 2025), communicating competency is likely to become even more important for future health and crisis communication interventions.

Be part of the community. Being part of the community is a second involvement strategy in our framework, which has not been proposed in prior research but is related to access (Dong & Morehouse, 2022). Scholars have operationalized access as the availability and approachability of organizations, with access and openness leading to meaningful engagement (Cheng, 2018; Zhan & Zhao, 2023). However, unlike prior scholarship, our participants are not merely accessible when community members need them; they are literally a part of the community 24/7, in terms of where they live and work and their shared cultural identities. As such, being part of the community enables CHWs to access hard-to-reach populations and to be “on call” for community members whom traditional risk and crisis communicators, like the government, may not otherwise reach.

Another dimension of access is that many of the CHWs’ immigrant clients confront barriers to care due to public policies that restrict their eligibility for services like health insurance, medical care, food assistance, and other resources (Hacker et al., 2015; Perreira & Pedroza, 2019). This finding points to a defining feature of our care-based community cultivation framework: Public relations practices must be grounded in place-based and deep community involvement and understanding. In essence, CHWs develop personal relationships with community members and facilitate relationship cultivation between community members and healthcare organizations. CHWs in our study are adept at identifying and referring patients to limited services and communicating crisis information based on the personal relationships they develop. A frequent refrain in the literature is to work with communities to develop risk and crisis communication strategies (Liu et al., 2021; Seeger, 2006). We find that CHWs are uniquely positioned for this work due to their shared identities and nuanced understanding of available local resources.

Meet people where they are. Also showing the importance of place-based community building (Capizzo & Madden, 2022), participants meet people where they are physically (e.g., at grocery stores, schools, apartment complexes, churches) to deepen community involvement and foster a shared sense of community. This is a novel strategy not previously included in the care-based relationship cultivation model, but is

related to access (Dong & Morehouse, 2022). Importantly, meeting people where they are highlights the deep interpersonal nature of CHWs’ work, in contrast to the mass communication campaigns often favored by public health authorities. This is precisely why the CDC (2024) recognized the importance of CHWs as trusted and effective local communicators during the COVID-19 pandemic. Unfortunately, with diminished funding, CHWs are increasingly less able to be out and about in their communities. Meeting people where they are should be a funding priority for future public health interventions, when paired with trusted communicators like CHWs. Likewise, public relations scholars should also deepen investigations into place-based, interpersonal communication, which is a noted gap in the crisis communication literature (Liu & Levenshus, 2023).

4.1.2. Community nurturing

Community nurturing facilitates a community’s “holistic wellbeing” through communication efforts that foster safety, charity, and leisure activities (Aghazadeh, 2024, p. 2; Hallahan, 1996, 2004; Kruckeberg & Starck, 1988). We identified five strategies under community nurturing, which together represent the bulk of relationship cultivation in our framework.

Work from the heart. Participants advocated for working from the heart to develop deep emotional connections with community members. This includes sharing their own experiences and never being off the clock. Dong and Morehouse (2022) proposed empathy as a care-based strategy for cultivating relationships. Our findings add that empathy should be paired with heartfelt, genuine, and deep care for communities. Of note, participants shared that this approach could lead to burnout. Prior research found that CHWs report feeling overworked, emotionally exhausted, and undervalued (Marquez et al., 2023). How to combat the exhaustion faced by community-based communicators is an area ripe for future research.

Actively listen, communicate with empathy, and educate. Participants shared how active listening, paired with empathy and education, cultivates relationships. Dong and Morehouse (2022) proposed empathy and listening as distinct relationship cultivation strategies but did not propose education. However, our work shows that, in community-based practice, these strategies work together. In their seminal work on communities, Kruckeberg and Starck (1988, p.115) noted the importance of “communication for communication’s own sake” rather than for persuasion or advocacy. Likewise, CHW research advocates for a non-persuasive approach to health education (Ban et al., 2024). Our findings bring these disparate research lines together. CHWs reported that active listening, paired with empathy and education, paid dividends – both in terms of relationship cultivation and healthy outcomes (e.g., vaccine uptake).

Serve as safe harbors. Participants shared the importance of community members viewing them as safe harbors to nurture communities. This includes keeping community members’ confidence and protecting them, to the extent possible. Serving as safe harbors also means being purposeful in how CHWs promote community events to mitigate risks of immigration enforcement actions. These findings are in line with the original theorizing on communities, which emphasized the importance of fostering safety (Kruckeberg & Starck, 1988), but did not offer specific communication strategies for doing so. Subsequent research, including the care-based cultivation model (Dong & Morehouse, 2022), has not emphasized the importance of communicating safety. In our research, communicating safety is essential when working with marginalized communities and should be a focus of future research.

Acknowledge role limitations. Participants recognized the importance of acknowledging their limitations, often referring community members to experts such as doctors and lawyers. Acknowledging role limitations is not identified in prior care-based cultivation or community research. However, acknowledging role limitations supports community members’ informed, thoughtful decisions for their wellbeing (Dong & Morehouse, 2022). We advocate for acknowledging

role limitations as a separate cultivation strategy to facilitate community well-being. We also recognize that this strategy could be a double-edged sword. Acknowledging limitations may prompt community members to question CHWs' competency, which is an area ripe for further exploration.

Build trust through sustained relationships. Participants emphasized that building trust through sustained relationships is essential to their community-nurturing work. The pandemic was a watershed moment for funding, which allowed CHWs to rapidly build trusting relationships. Since the pandemic, participants shared that diminished funding threatens the viability of long-term relationships. These findings support the access component of the care-based relationship cultivation model (Dong & Morehouse, 2022; Steenkamp and Dhanesh, 2023), extending access to encompass the importance of long-term opportunities to engage with communities. The findings also point to the necessity of funding to sustain long-term community relationships. The findings further emphasize the importance of longitudinal work, which is limited in public relations research (Ma et al., 2023).

4.1.3. Community organizing

Community organizing is the third approach to community building, which focuses on "the communal work of advocating for the members of a community regarding shared interest" (Capizzo & Madden, 2022, p. 2; Hallahan, 1996, 2004). Our work finds that community organizing includes both advocating and supporting community members' shared interests.

Service connection and limitations. A large part of CHW's work centers on helping community members navigate complex healthcare systems, advocate on their behalf, and ensure follow-through on services and referrals (Findley et al., 2012; Logan, 2023; Schaaf et al., 2020). Our findings indicate that successful service connection contributes to the creation of long-term, trusting relationships, a novel contribution as indicated in our new framework. However, participants were not always able to serve as bridges between community members and services. In these cases, participants advocated for transparency about service availability. Ultimately, service failures can contribute to broken relationships, indicating the fragile nature of trust (Huang et al., 2025).

Tailor official health guidance. CHWs cultivate community relationships by tailoring official health guidance to be accessible and understandable. This tailoring reflects broader trends in the literature positioning CHWs as both translators and advocates (Hernandez-Salinas et al., 2023; Peretz et al., 2020; Salve et al., 2023) as well as prioritizing community members' decision quality competency. Our findings reveal how CHWs proactively tailor guidance through storytelling. Prior research found that CHWs share their own stories and experiences to connect with community members (Ban et al., 2024; Hernandez-Salinas et al., 2023). Our findings add that CHWs share other community members' stories while protecting confidentiality. Message tailoring is not part of the care-based relationship cultivation model (Dong & Morehouse, 2022), though it is arguably related to that model's flexibility construct and decision making quality competency. Obstacles, however, remain.

4.2. Obstacles that inhibit CHWs' relationship cultivation (RQ2)

Our second research question asked what obstacles inhibit community health workers' relationship cultivation. While the care-based relationship cultivation model (Dong & Morehouse, 2022) does not consider obstacles, recent community building scholarship shows that challenges, such as to successful community organizing, can be overcome by communicating in local, place-based terms (Capizzo & Madden, 2022; Madden & Pevac, 2023). Likewise, the broader public relations literature has neglected to theorize about obstacles or barriers, which can inhibit the capacity of marginalized populations to successfully cope with crises (Liu et al., 2025). Our findings paint a clear picture of the

obstacles CHWs face – the political climate, diminished support with distrust, and service failures – and how they navigate these barriers.

First, CHWs identified different aspects of Latino culture that create challenges for community members' well-being. These include many community members who are unable to read or speak English, as well as some who are unable to read Spanish. Religious beliefs, particularly the notion that God provides adequate protection instead of biomedicine, presented additional barriers. Machismo also sometimes interfered with efforts to promote family health. While recognizing these challenges, participants universally noted the importance of respecting culture. This approach reflects Dong and Morehouse's (2022) humanization strategy, in which communicators treat community members as whole people rather than mere target audiences. Humanization is a proven crisis communication strategy to cultivate relationships and promote safety (Atwell Seate, 2024; Atwell Seate et al., 2024; Liu et al., 2020a). Our research reflects the importance of tailoring humanization to the unique cultures of each community.

The current political climate in the U.S. presents tremendous challenges for CHWs. First, CHWs themselves are vulnerable, given that many are immigrants, including some without legal status. The communities they serve are similarly vulnerable. According to the CHWs in our study, the persistent fear of immigration enforcement has led some community members to avoid health services and, in many cases, has eroded CHWs' capacity to build relationships with newly arrived community members. Equally challenging is diminished financial support. Another challenge is that trust is broken when CHWs are unable to meet the high demand for community services. Scholars have likewise noted a need for long-term, comprehensive investment in CHW infrastructure (Ibe et al., 2021; McCarville et al., 2021; Schmit et al., 2022). Without such investment, the success of CHWs during and after the pandemic may be short-lived, especially their capacity to form trusting, long-term relationships.

Overall, the obstacles we identified point to the importance of considering factors that may inhibit community relationship cultivation. Understanding obstacles contributes to developing crisis communication theory that describes and organizes important crisis phenomena (Sellnow and Seeger, 2021). While the goal of qualitative research is not generalizability, it is possible that the obstacles we identified may be transferable to other contexts and settings with additional research (Braun and Clarke, 2006; Tracy, 2019). Even if the obstacles identified in this study and the strategies to overcome them are not transferable, the centrality of understanding obstacles has gained traction in the public relations literature, especially for marginalized populations (Capizzo & Madden, 2022; Liu et al., 2025; Madden & Pevac, 2023). This trend reflects the recognition that more public relations scholarship needs to uplift marginalized communities, especially in crisis situations, which includes understanding potentially unique contexts and obstacles (Atwell Seate, 2024; Liu et al., 2025; Waymer & Heath, 2007).

4.3. Summary of practical implications

In addition to proposing the care-based community cultivation framework, our findings have important implications for public relations practice. First, crisis and health communication interventions can be optimized when organizations act strategically by accessing and integrating place-based knowledge, whether by hiring local community members, as with CHWs, or by partnering with other organizations with such expertise. Our findings on being part of the community, meeting people where they are, serving as safe harbors, and tailoring official public health guidance illustrate how place-based knowledge transforms general information into community-specific, actionable recommendations. However, this place-based knowledge must be paired with public health expertise, thereby pointing to the equally critical need for sustained funding and training so that communicators are prepared to deliver accurate information, answer community questions, and link to community resources.

Second, community relationships must be sustained. Crises trigger urgency to rapidly build relationships with community members. However, when relationships do not predate the crisis and are not fostered over time, each new crisis will restart the relationship-building cycle, wasting valuable time and resources and delaying the equitable distribution of life-saving information. Also, letting relationships lapse means many routine community health issues that CHWs and other community-based communicators could help with may go unaddressed.

Third, CHWs are just one type of community-based communicators. Organizations would be wise to consider how they can build relationships with other hyper-local communicators, such as faith-based leaders, volunteer weather spotters, and voluntary organizations active in disasters, which already aggregate community members ready to support community resilience. Public relations scholars have long called for a better understanding of non-organizationally based communicators and community-based communicators (Edwards, 2018; Heath, 2006; Edwards & Ihlen, 2023), but few have answered that call.

4.4. Limitations

Our work is limited by several factors. Our study focuses on CHWs; future research is needed to examine community members' experiences with and perceptions of CHWs. We focus on one, albeit large, metropolitan area in the U.S., which constrains the transferability of our findings to other Latino communities. Likewise, we examine one ethnic group, Latinos, although it is highly heterogeneous. Future work is necessary to understand relationship cultivation strategies within different subgroups of the Latino population and other marginalized communities. Although we took a sequential interview approach, a longer-term data collection would be instrumental in understanding how CHWs pivot to navigate emerging challenges. Future work is also necessary to determine the extent to which our findings can be applied to other community-based communicators.

5. Conclusion

In the U.S., CHWs have historically been excluded from emergency planning and response, unlike in other countries (Boyce & Katz, 2019; Rahman et al., 2021; Scott et al., 2018). The COVID-19 pandemic marked a shift, showcasing how CHWs proved necessary to bridge mistrust between highly affected communities and government resources (CDC, 2024). Our study demonstrates how CHWs deployed a variety of community building approaches, goals, and communication strategies, and navigated obstacles to cultivate community relationships during and after the pandemic. Findings reveal how CHWs' work aligns with the twin pillars of crisis communication – protecting safety and building healthy relationships – answering calls to advance public relations as a community organizing and strategic relationship function (Capizzo & Madden, 2022; Dong et al., 2023; Edwards, 2018; Valentini et al., 2012). Additional research is warranted on other community-based communicators who leverage their liminal position at the nexus of organizations and communities as an asset (Golden & Bencherki, 2024), such as volunteers of nonprofits active in disaster relief. Ultimately, we echo calls (Atwell Seate, 2024; Liu et al., 2025; Waymer & Heath, 2007) for more public relations scholarship to uplift marginalized communities, especially during crises, so that our work supports community well-being and safety.

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During the preparation of this work the authors used an enterprise version of ChatGPT to assist in translating Spanish-language transcripts into English. After using this tool, bilingual team members reviewed and edited the content as needed. We take full responsibility for the content of the published article.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

The data that has been used is confidential.

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