"Invest in Us!" Exploring the Well-Being and Sustainability of the Community Health Worker Workforce

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This article presents findings from a qualitative study of the Community Health Workers for COVID Response and Resilient Communities project in the United States. We conducted 27 interviews with community health workers (CHWs), recipient program staff, and program partners. Thematic analysis revealed two main themes—organizational capacity and political support—and four subthemes. We illustrate participants' varying experiences of CHW integration and organizational capacity building by partners to sustain and fund the CHW workforce, while recognizing the vast contributions CHWs provide communities in addressing public health needs. (*Am J Public Health*. 2026;116(S4):S266–S271. https://doi.org/10.2105/AJPH.2026.308713)

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Robust evidence demonstrates the potential of community health worker (CHW) programs in providing culturally and linguistically specific public health services to populations experiencing health disparities.[1] CHWs are widely recognized for their unique ability to meaningfully contribute to clinical and care teams to prevent and manage chronic diseases[2] and address health inequities.[3–5] As a result of COVID-19,[4] US policymakers and CHW champions highlighted the need to establish long-term sustainability for CHW programs.[6]

STUDY OBJECTIVE

In 2021, the Community Health Workers for COVID Response and Resilient Communities (CCR) project was established to support training and deployment of CHWs to mitigate the impact of COVID-19 and help strengthen community resilience.[7] Given the historic nature of CCR as a national CHW program and the need for sustainable policy efforts, our team co-led the CCR national evaluation to measure sustainability capacity among CCR recipient organizations that employed CHWs responding to public health emergencies.

RESEARCH QUESTION(S)

This qualitative note, part of a larger qualitative case study conducted for the CCR National Evaluation, aimed to examine CHW program sustainability. This article aimed to identify barriers and facilitators to sustaining the CHW workforce.

PARTICIPANTS, SAMPLE, GEOGRAPHIC LOCATION, SETTING, AND YEAR

All 67 CCR recipient sites were invited to participate. Inclusion criteria included sustainability focus with diverse representation of CHWs/community health representatives/*promotore(a)s*, incorporating sustainable financing models for CHW services, eight or more CHWs hired with CCR funds, and diversity in rural and urban settings and sustainability models. Participants represented CCR recipient sites that were state-wide governmental health systems (n = 3), county health services (n = 3), and a large urban city organization (n = 1). Because of sample size and possible identification of participating sites, we opted not to collect standard demographic information (Box 1).

METHODS

In Summer 2024, 27 interviews were conducted with CHWs (n = 9), CCR recipient program managers (n = 9), and program partners (n = 9) with expertise in CHW workforce capacity. While the larger case study targeted four

BOX 1— Community Health Workers for COVID Response and Resilient Communities Recipient Site Characteristics

Recipient Site Label	Site Characteristics
Site A	Southeastern statewide site collecting integration and sustainability data across a variety of settings. They have a large number of CHWs and serve a variety of populations.
Site B	County-wide Northwest site collecting integration and sustainability data at the community level. CHWs are involved in leadership roles, and the site has various diverse partnerships. This site serves diverse populations: the Latinx community, people experiencing homelessness, and people living in poverty.
Site C	County-wide Southeastern site that demonstrates CHW leadership within their team. The site works with faith-based organizations and serves those living in poverty who experience health disparities.
Site D	Statewide Midwest site working within a larger integrated system. The site serves diverse populations: justice-involved, homeless, Latino, Black, AI/AN/Indigenous/Native communities.
Site E	Southeastern statewide site with a large number of CHWs and diverse partnerships. The site serves diverse populations: those affected by socioeconomic disparities, those with limited abilities, and elderly populations.
Site F	Midwest city site with a built-up contingent of CHWs trained in response efforts. This site uses a braided funding mechanism to support the program.
Site G	County-wide Western site that experienced challenges with integration and sustainability, which serves as an asset for this study to learn about barriers to sustainability. The site serves a diverse population including racial and ethnic minorities, those affected by socioeconomic disparities, and rural and remote populations.

Note. AI/AN = American Indian/Alaska Native; CHW = community health worker.

domains of the Public Health Program Capacity for Sustainability (PHPCS) Framework[8] (political support, funding stability, organizational capacity, and strategic planning), this qualitative note encompassed the organizational capacity and political support domains.[9]

Respondents were provided consent forms before participating in one-on-one, video-recorded Zoom semistructured interview sessions. A $45 gift card was provided as an incentive for participation. The interview guide was developed utilizing the PHPCS Framework and an exhaustive gray and scientific literature review on CHW workforce policies and sustainability.[10,11] Concept-driven coding from the interview guide, established general and a priori themes, was utilized to help design the codebook for analysis. Upon completion of video-recordings, interviews were transcribed and coded in Dedoose 7.0.23.[12]

Data analysis used a descriptive and thematic approach with both deductive and open coding. Four independent analysts (DRH, TG, and AMWL) read interview transcripts, extracted data using the codebook, and added any additional themes not previously identified. Saturation was determined when analysts noted the same themes emerging in responses of all three category participants, with theme repetition demonstrating that enough data had been collected. Analysts then used constant comparison,[10,11] a grounded theory technique, to compare their extracted data. Analysts independently reviewed each other's application of codes and themes and collaboratively resolved coding discrepancies, resulting in an interrater reliability of 90%.

KEY FINDINGS

Interview responses coalesced around two major themes and four subthemes that relate specifically to the context of CHW workforce sustainability based on the PHPCS Framework (Box 2). The box illustrates the themes expressed by participants and provides a participant-identified strategy for overcoming sustainability challenges.

Organizational capacity. Organizational capacity refers to the internal support mechanisms (i.e., capabilities, knowledge, leadership, and resources) needed to manage CHW sustainability effectively, more specifically captured through two subthemes: (1) understanding the capacity of the CHW workforce (i.e., organizations differed in the level of understanding the scope and role of the CHW workforce) and (2) continuum of CHW integration (i.e., conceptualizing the idea that there was significant variation in CHW integration across organizations). Integration was defined as the process by which CHWs are incorporated into organizations and care teams as active team members valued by colleagues, with full integration demonstrating CHW involvement in every aspect of the project. All three interview groups shared their experiences of the differences among organizations in their inherent

BOX 2— Themes, Illustrative Quotes, and Participant-Identified Strategies to Advance Sustainability of the Community Health Worker (CHW) Workforce

Theme and Subtheme	PHPCS Framework Domain Description/Explanation	Illustrative Quotes	Participant-Identified Strategy to Advance Sustainability of the CHW Workforce
Organizational Capacity: understanding the capacity of the CHW workforce	To have the necessary internal support (i.e., capabilities, knowledge, leadership, and resources) to effectively manage CHW sustainability.	"I think a lot of the work that CHWs do is around chronic disease management. And having more background or a little bit more understanding of those chronic diseases and training on how to help somebody manage them or understand them. Especially once somebody is first diagnosed. I feel like that's a very scary and traumatic moment for a lot of people and knowing how to communicate with somebody about that and about the disease and what it means, and how they can manage it. I think that would be super helpful." –program partner	"I think, having ongoing training and options for advancement within the career, I know [being a] CHW, as it sometimes feels to me, like being a CHW doesn't have much in the way of opportunity for advancement. And making sure an organization does have a way that individuals feel like, here's the next step for me. Here's where I can go up from here. Here's where I can improve. I think having that would be really important." –CHW
Organizational Capacity: continuum of CHW integration	To speak to the level of knowledge and understanding of the emotional and mental toll that caseloads have on CHWs and recognizing the need to provide built-in resources within the workplace to ensure the maintenance and well-being of the CHW workforce within the organization.	"I think consistent pay increases as time goes on. I think that would be important. I think just thinking about our program and our individual well-being, having more CHWs so we don't have such a long caseload where we're so worried. So having a couple more CHWs to take the stress off and be able to have a more manageable caseload. I think would be really beneficial. And continuing education trainings around the work, the roles that we do." –CHW	"I mean, honestly, if we could work a 32-hour work week instead of a 40-hour work week and still get paid what we get paid for a 40-hour work week, I would love that. I know some organizations are moving in that direction. And that sounds really great, especially because a lot of this work is really emotionally exhausting. We hear a lot of really difficult things and really enter into these situations and walk beside our clients in these situations that are really difficult and having that extra day off, I think would be really beneficial for our mental health." –CHW
Political support: supportive internal policies	To have a supportive internal environment, including established policies for CHW sustainability within the organization.	"I've seen it a lot that organizations have community health workers, but their leadership has no idea who they are, what they do. So when it comes down to the advocacy component, we need somebody to say that community health workers are needed and we need them in different teams, and the leadership has to be the one saying, 'Yes, we do,' and not, 'Well, I don't know. Maybe they're not necessary.' So that is number one, understanding the roles so they can properly advocate for them." –program partner	"I think I would like to make sure that you have the organizational structure. I'll support people championing for them [CHWs] throughout the organization not just sort of bringing them in and saying, 'Okay, do your magic and fix our social determinants of health stuff.' But having that stability that [a CHW] feels like the job is a program they can invest in long term. These are some topics or questions you should be asking or thinking about when creating or assessing internal policies: • What is the organizational commitment to maintaining that program? (so that you have some stability for the CHW workforce); • Clarity of goals, roles, and scope for the CHWs being hired. And I think there's a lot of value to not having that be necessarily super strict. Make sure that everyone's on the same page about the goals; • What does the sustainability and stability of the CHW workforce look like within the organization? • Where is the CHW support? and • What resources do they have available to them from the organization and/or partner organization? And are these resources already available?" –program manager

Continued

BOX 2— Continued

Theme and Subtheme	PHPCS Framework Domain Description/Explanation	Illustrative Quotes	Participant-Identified Strategy to Advance Sustainability of the CHW Workforce
Political support: external political expertise	To have supportive external political expertise and advocates who are championing CHW workforce sustainability.	[What type of leadership approach would help promote community health worker sustainability?] "A progressive one that is thinking outside of the box and also a leadership approach that is led by CHWs for CHWs. You know our [CHW] association does a great job of providing that leadership in our state. But we're still having to fight to make sure that they have a seat at the table when decisions are being made about grants or how money is being spent." –program manager	"[T]hat is our enemy with CHWs. This is just my opinion. But because talk is cheap, we have a lot of anecdotal data. We're not understanding that every experience is a data point. We need to start recording our data. Because even if I can tell you, 200 people have told me that this is a problem. Even though we didn't take a survey. If I can record the 200. I still have 200 people, and that is data. That is, information that I can use to leverage a change in advocacy or advocacy for change." –program manager

Note. PHPCS = Public Health Program Capacity for Sustainability. These are direct quotes provided by the participants. The participant-identified strategies were based on lessons learned during the implementation of their program and suggestions they would like to provide to other organizations as they consider integrating and sustaining a CHW workforce.

knowledge to recognize the potential of CHWs' impact on organizational capacity. One CHW pointed out,

> I think one barrier is just the lack of education from higher-ups about CHWs, who we are, and what we are capable of doing. Oftentimes, we are underutilized and misutilized. It's a trend that we keep seeing within our local nonprofits as well as our FQHCs [federally qualified health centers]. Right now, it's the hot trend having CHWs, but when it comes to actually implementing and integrating them into a different program, it is difficult for folks to be utilized to the best of their potential because of the lack of information on the CHW scope of work.

Likewise, the process of implementing a CHW model within the organization's structure resulted in a range of integration regardless of the size of the organization or the catchment area of focus. One staff member noted,

> There was a lot of variation within our subcontractors. . . . There were some that this was the first time introducing CHWs within their organization, and we saw that they were a little bit more open to all the suggestions and feedback we were giving them as well as the suggestions and feedback from their own CHWs. And with a subcontractor that had already established a CHW team, it was a little bit harder to get them to self-reflect or give us any sort of feedback.

Political support. Having a supportive internal and external political environment was identified with two subthemes: (1) supportive internal policies and (2) external political expertise. CHWs, recipient program managers, and program partners agreed that ensuring supportive internal policies (i.e., organizational buy-in and pro-CHW leadership dynamics) led to an infrastructure that created a supportive and collaborative working environment. One program partner highlighted the importance of identifying "champions" outside of the CHW profession to share about the value of CHWs,

> One of the things we've been trying to do is a series of webinars with physicians talking about the value of CHWs in their practice. . . . And while CHWs are really good at telling their stories and what they need, sometimes you need doctors to talk to doctors, nurses to talk to nurses, and administrators to talk to administrators.

Another theme related to political support was having external political expertise. Participants acknowledged the need for organizational members, including partner organizations, at every level to learn the language and process to ensure longevity for the CHW workforce. A recipient program manager noted,

> You have to learn the language of lobbying, because where state policies favor dollars over people, there are ways to present a people argument that keeps within the dollar narrative. People learning advocacy and lobbying needs are important and also establishing a brand identity for CHWs: What are they and what are they bringing to the table?

EVALUATION, TRANSFERABILITY, AND ADVERSE EFFECTS

The purpose of this qualitative note was to evaluate facilitators and barriers to sustaining the CHW workforce, particularly

CHWs integrated into CCR organizations. Our analysis benefited from the interview format, creating opportunities to gather in-depth insights from those actively involved in the CCR project and in CHW work. Utilizing the PHPCS Framework allowed exploration of preestablished facets of sustainability[8,13] within the context of CHW programs and contributions to the literature by illustrating the framework's effectiveness for evaluating the sustainability of CHWs within organizations.[6,13]

This comprehensive assessment of sustainability surpasses the common oversimplification of financial sustainability.[14] Our findings are consistent with the literature advocating for support within governments, where health plan leaders have identified a clear need for a Centers for Medicare and Medicaid Services policy change to be inclusive of social determinants of health metrics and an appropriate methodology for measuring CHW integration within organizations and teams.[6,14] The results support previous research that underscores the need to move beyond short-term program support toward approaches that promote long-term sustainability.[6,9,13] It is important to acknowledge a possible limitation of the transferability of the findings beyond the CCR initiative. Further research could explore strategies for sustainable CHW organizational integration, such as inclusion of CHWs into organizational mission and infrastructure, leveraging multiple funding sources to permanent rather than time-limited grant positions, and establishing cross-sector partnerships. Taken together, these findings indicate an alignment of funding mechanisms, organizational and governmental policy support shaping CHW sustainability. Without such alignment, CHW programs remain vulnerable to disruption, with downstream consequences for both the workforce and the communities they serve.[13,15]

SCALABILITY

Systematic use of frameworks, such as the PHPCS Framework, can guide organizations through ongoing capacity-building processes of engaging team members at all levels to ensure the sustainability of the CHW workforce.

PUBLIC HEALTH SIGNIFICANCE

This study provided opportunities for members of organizations employing CHWs (CHWs, program managers, and program partners) to describe how organizational capacity and political support are essential to CHW workforce policies and sustainability during COVID-19. Emic perspectives of those most affected can provide context and contribute to best practices. Understanding the capacity of the CHW workforce and integrating CHWs into sustainable models while assessing internal and external political support will contribute to improving organizational workflow and providing opportunities to address community resiliency in times when we are not facing a public health emergency. AJPH

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CONTRIBUTORS

A. M. Wilkinson-Lee conceptualized, supervised, interviewed, analyzed, outlined, and led the writing. K. C. Stalker supervised, assisted with the study and analyses, and reviewed and edited versions of the article. S. Mayfield-Johnson assisted with analyses and reviewed and edited versions of the article. T. Graham interviewed, analyzed, and reviewed and edited versions of the article. N. Stemple assisted with interview question development and interviews and reviewed and edited versions of the article. Z. Somerville assisted with interview question development and reviewed and edited versions of the article. D. R. Hunter supervised, interviewed, and analyzed, and reviewed and edited versions of the article. S. Billiot assisted with interview question development and reviewed and edited versions of the article. M.-E. Brown supervised, led study design and protocol, and reviewed and edited versions of the article.

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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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