



mhpsalud.org

Workforce Development and Community Health Worker Retention



Table Contents

About MHP Salud	3
Introduction.....	3
Project Overview	5
Interview Process and Participants.....	7
Results	8
CHW Recruitment.....	8
Hiring.....	9
Onboarding.....	10
Professional Development.....	11
Retention.....	12
Outcomes and Successes	13
Conclusion	14
Appendix	15

● About MHP Salud

With more than 40 years of experience delivering programs that help improve health and well-being in communities, MHP Salud has earned a national reputation as a leader in developing effective Community Health Worker (CHW) programs and advancing outcomes nationwide through training others on the CHW profession. MHP Salud's mission is to *serve communities by embracing the strengths and experiences of individuals and families, engaging them to achieve health and well-being.*



● Introduction

The Community Health Worker (CHW) profession has experienced substantial growth because of the unique ability of this workforce to link individuals to health care and social services, educate peers about disease and injury prevention, work to make health services more accessible, and mobilize communities to create positive change. The Bureau of Labor Statistics (BLS) reports that the CHW profession is expected to grow at a rate much faster than the national average of all other occupations from 2018- 2028.¹ As of 2019, there were an estimated 58,950 CHWs employed nationally,² which is a 7% increase from 2017.³ The BLS expects the CHW profession to grow 18.1% by 2026,² creating an additional 10,000+ jobs for this profession. Also, salaries for CHWs are increasing with a median of \$19.41 per hour, or \$40,360

annually,^{2,4} further illustrating the effectiveness and successful growth of CHWs across the nation.

Factors such as recruiting, hiring, onboarding, and providing continuous professional development have proven to be successful strategies to support and strengthen the CHW profession.^{5,6,7} Recruiting, hiring, and onboarding a well-qualified individual lays a strong foundation for the CHW program and also reduces CHW attrition.⁵ In addition, providing opportunities for professional development is essential to support capacity building for CHWs and to provide them with greater CHW employment opportunities due to the transferability of their skill set.^{6,7}

Overall, it is important to learn about the dynamics of CHW programs within health centers to understand factors impacting the development and retention of the CHW workforce. Throughout this document, you will learn about specific health centers' experiences in recruiting, hiring, onboarding, providing professional development, and retaining CHWs. Lastly, this report will detail how CHWs have contributed to positive outcomes and success within their health centers and patients.

References

1. Community and Social Service Occupations: Occupational Outlook Handbook. (2020, April 10). Retrieved from <https://www.bls.gov/ooh/community-and-social-service/home.htm>
2. Community Health Workers. (2020, March 31). Retrieved from <https://www.bls.gov/oes/current/oes211094.htm>
3. Community Health Workers. (2018, March 30). Retrieved from <https://www.bls.gov/oes/2017/may/oes211094.htm>
4. CHW Career Path Competencies. (2020, May 18). Retrieved from <https://chwtraining.org/most-important-job-skills-to-build-a-chw-career/>
5. Recruitment of Community Health Workers - Home | MCHIP. (n.d.). Retrieved from https://www.mchip.net/sites/default/files/mchipfiles/07_CHW_Recruitment.pdf
6. Allen, C. G., Brownstein, N., Satsangi, A., & Escoffery, C. (2016, February 29). Capacity Building and Training Needs for Community Health Workers Working in Health Care Organizations. Retrieved from <https://www.omicsonline.org/open-access/capacity-building-and-training-needs-for-community-health-workers-working-in-health-care-organizations-2161-0711-1000403.php?aid=69048>
7. Community Health Workers - Poverty Solutions. (n.d.). Retrieved from <https://poverty.umich.edu/10/files/2018/03/chrt-lapedis.pdf>

Project Overview

MHP Salud’s Community Health Worker (CHW) Workforce Development and Retention Project is an organizational effort aimed at better understanding CHW workforce development and retention among health centers with existing CHW programs. A series of guided interviews with 12 health centers across the nation were performed to obtain valuable feedback about their CHW workforce. MHP Salud expresses great appreciation to all the contributors (listed below) of this guide. Thank you for your willingness to give your time so generously. Undoubtedly, your contribution will be a great asset to other health organizations wishing to improve their CHW workforce development and retention efforts.

Central Counties Health Center-Illinois

Donna Reeves, Director of Community Engagement

Community Health Center, Inc.-Connecticut

Adriana Rojas, Quality Improvement Project Manager

East Valley Community Health Center-California

Sheronna Quinine, Director of Homeless Services

Golden Valley Health Centers-California.

Lise Talbott, MBA, Director of Clinical Education and Outreach

Health Care Collaborative of Rural Missouri-Missouri

Suzanne Smith, Chief Network Development Officer

Healthcare for the Homeless - Houston-Texas

Sharon Agee, Care Coordinator

Hilltown Community Health Center-Massachusetts

Kim Savery, Director of Community Programs

Holy Cross Health Network-Maryland

Susanna E. Shapiro, LCSW-C, Social Work Clinical Supervisor

Marillac Community Health Centers (DePaul Community Health Centers)- Louisiana

Elizabeth Teague, Vice President of Strategy & Community Affairs

Minnesota Community Care-Minnesota

Paige Anderson Bowen, MPH, Chief Advancement Officer

Oak Orchard Health-New York.

Stacie Bridge, Director of Operations

Yakima Valley Farm Workers Clinic-Washington

Maria Benavides, Program Director of Outreach

Jovany Lopez, Programs Coordinator II

Interview Process and Participants

MHP Salud gathered information through semi-structured interviews with 12 health centers in January of 2025. MHP Salud created an interview guide (Appendix) to direct the interviews toward questions about general health center information, recruitment, hiring, onboarding, professional development, retention, and health center outcomes/successes. We conducted interviews via telephone and/or video conference, recording all with participant permission. The length of interviews ranged between 20 and 60 minutes. The analysis examined responses and identified commonalities to create a comprehensive summary representing the experience of health centers as a whole.

The sample consisted of 14 health center staff members who oversee CHWs in some capacity with titles such as CHW Supervisor, Care Coordinator, Director of Outreach, and Project Manager. The reported responsibilities and duties of the CHWs employed by the participating health centers included: provide enabling services, bridge gaps between patients and providers, and educate the community. Primarily, health centers used grants as their key form of funding for CHW positions. The length of employment of CHWs ranged considerably, from 1 to 30 years. Similarly, the number of CHWs employed by health centers also varied from 2 to 30 CHWs.

Results

The subsequent summary discusses the processes, barriers, and strategies for CHW retention and workforce development in health centers. The key information is based on the examination of interview responses and is presented within six sections that correspond with the structure of the interviews: recruitment, hiring, onboarding, professional development, retention, and health center outcomes/successes.

CHW Recruitment

The process for creating a CHW job description was consistent across health centers. Respondents reported collecting existing CHW job descriptions and pulling information from each to create a composite description. Health centers drew current job descriptions from online postings and partnerships with existing CHW programs.

Health centers used an array of approaches for recruiting CHWs, including online postings, word of mouth, and community postings. It was common for health centers to use multiple methods simultaneously. The most common technique was online postings. Health centers published the job description on the organization's webpage and/or traditional job posting websites (e.g., Indeed or LinkedIn). Health centers also used word of mouth as a recruitment method in the community. Health centers recommended asking internal staff to promote the position in the community and provide recommendations for potential candidates. Additionally, reaching out to partners to share job

postings locally was a useful approach to recruit individuals with qualifications needed to assist that community.

Health centers commonly reported difficulty reaching qualified applicants as a barrier related to recruiting CHWs. This particularly appeared to be a challenge for health centers using online job postings. For example, possessing lived experience in the community is a traditional qualification of the CHW role, and online postings did not result in many applicants with this criterion. Further, one health center expressed difficulty finding qualified applicants through online postings due to a lack of access to the internet for many potential applicants in the community. To address this issue, the health center broadened its reach by advertising the job at events such as fairs in the community and open houses at schools. Overall, health centers used community locations and partners to post jobs and spread information about the position through the community.

An additional barrier was the lack of certainty regarding job longevity. While grants are a common funding source for CHW positions, they are time-sensitive, and continuation can be contingent on many factors. This results in uncertainty amongst applicants regarding the length of employment. Health centers noted that transparency with applicants about the uniqueness of the situation was the most appropriate way to alleviate applicants' concern.

Hiring

The approach taken by health centers in hiring new CHWs was fairly uniform. Health centers began the hiring process with an initial phone screening. The purpose of the screening was to explain the role and assess each applicant's skills and abilities. Human resources or the hiring manager typically oversaw this step. Following the phone interview, Health centers conducted a second

interview to measure the candidate's cultural fit for the health center and the community. Health centers reported having multiple individuals from the team conducting interviews, including a CHW from the health center (depending on the number of available CHWs). While not as common, some health centers mentioned integrating a third interview into the overall process.

The predominant obstacle to the CHW hiring process encompassed tailoring the health centers' established hiring process to the unique situation of hiring CHWs. This included challenges creating hiring processes sensitive to applicant's lifestyle, language, and lived experience. For example, one health center that hires previously incarcerated individuals as CHWs reported struggling with creating questions sensitive to the candidate's situation, while simultaneously evaluating whether they had the experience to connect with a formerly incarcerated population. To overcome this challenge, the health center updated interview questions for future interviews. Creating a sensitive and non-judgmental environment, using scenario-based questions, and maximizing community partnerships were common recommendations to reduce the barriers experienced by health centers.

Onboarding

The majority of health centers reported the initial step in the onboarding process for newly hired CHWs encompassed a general introduction about the role, health center procedures, and expectations. Human resources or an individual from the team conducted this portion of onboarding. Following an initial introduction, the newly hired CHWs transitioned into shadowing an experienced CHW. The components of the shadowing process depended on

responsibilities/duties of the role, but typically incorporated site visits, on-the-ground training, and technical training (e.g., electronic health records). CHWs remained in the shadowing process for two weeks to one month, with extensions as needed. Some health centers noted employing continuing education beyond the shadowing process. For example, one health center reported integrating state certification into the orientation process, as it was required for the reimbursement of services.

Health centers experienced varying levels of difficulty integrating CHWs into the organizations' care teams. To promote buy-in, health centers recommended providing education to staff and providers about the role of CHWs and how to use the position to improve care. Respondents emphasized the need to educate the care team before bringing in new CHWs. During the onboarding process, health centers suggested providing tours of the various departments in the health center for newly hired CHWs. The tours offered an opportunity for introductions and initial connections with the care team. An additional method of integration included incorporating CHWs in care team meetings during and after the orientation process. One health center noted that educating the care team during meetings about the achievements of their CHWs successfully created connections and respect between the two teams.

Professional Development

Once CHWs began their position, health centers noted some gaps in knowledge and skills. Health centers conveyed knowledge gaps in professional and specialized expertise in areas such as time management, working in the health center environment, and electronic health record knowledge. Many health centers expressed these skills were not required for

employment and, instead, were opportunities for improvement and growth. An additional gap for CHWs was in maintaining boundaries with patients. One health center noted the skills necessary for the CHW position come naturally for these individuals. As a result, CHWs may inadvertently go above and beyond in providing service to the extent of pushing staff-patient boundaries. Health centers recommended seeking various forms of training tailored to the individual (e.g., supervision, additional shadowing, webinars) to promote CHW-patient boundaries.

Health centers noted providing various opportunities for CHWs in professional growth and career advancement. The opportunities for professional growth included offering CHWs extra responsibilities, allowing CHWs to participate in conferences, and advocating for CHWs to further their education. Furthermore, health centers reported opportunities for career advancement within their organization. Health centers varied in their methods of career advancement. One described implementing a hierarchy within the CHW job classification where a CHW could progress from level 1 to level 2 to supervisor. Another noted opportunities for CHWs to advance outside of the team into roles such as social work. However, this was contingent on the CHW furthering their education.

Retention

Overall, the principal barrier to retaining the CHW workforce was pay. Health centers reported CHWs leaving due to a lack of certainty regarding the permanence of pay, or to take positions with competitors offering an increase in compensation. Implementing supplementary incentives, such as professional growth opportunities and financial bonuses, was recommended to alleviate the barriers associated with wage.

Health centers emphasized creating a positive work environment as an essential strategy for improving CHW retention. Health centers suggested providing opportunities for team bonding and employing supportive and flexible leadership to create a pleasant and supportive workplace for their CHWs. One recommendation was to implement regular team meetings to maintain connectedness, address issues, and promote successes.

Health centers also reported CHW turnover as they grew professionally within their role and moved on to pursue new opportunities. Health centers noted this as a success rather than a barrier, expressing the importance of growth among their staff.

Outcomes and Successes

Respondents voiced the overwhelmingly positive impact of integrating CHWs in their health centers. The noted impact was on patient-provider communication and using enabling services. By acting as a link between providers and the community, CHWs improved patient-provider communication and assisted the provider's overall understanding of the patient. Health centers reported the developments in person-centered communication between patient and provider resulted in improvements in health center outcomes. Further, health centers reported the positive effect that CHWs had on integrating enabling services within health centers.

Additionally, respondents described success stories about the influence CHWs had on patients' lives outside of the health center. One health center provided an example where a CHW assisted a homeless patient to secure housing over a one-month period. Another stated CHWs reduced repeat patient visits in a local health system by providing support and education in the community.

The positive impact of CHWs emphasizes the need to further understand and expand the workforce in health centers.

Conclusion

Findings in this project demonstrated that efficiently recruiting, hiring, onboarding, and providing professional development is essential for the CHW workforce. Health centers constantly strategize methods to address barriers that may come along with these processes. Additionally, CHW retention is impacted by pay, work environment, team integration, and career advancement. Overall, continuous efforts are needed to support the strengthening of the CHW profession as it is growing and evolving rapidly. For more information on CHW workforce development, please contact us at Training@mhpsalud.org or visit www.mhpsalud.org.

Interview Questionnaire

Interview/Survey Key

Green: Guiding script

Purple: Skip pattern

Basic Organizational Information

Before we begin, I will ask some questions to gather basic organization demographics.

Name of Health Center:

Name interviewee:

Interviewee title:

Brief description of CHW roles within the Health Center (please include main objectives and target population):

How long has your Health Center utilized CHWs?

Currently, how many CHWs are employed at your Health Center?

How does your organization fund CHW positions?

Interview Questions

Recruitment

Our first set of questions will revolve around the recruitment method (process) of CHWs at your health center.

1. What is your process for recruiting CHWs at your Health Center?
If answered “no process or another department is responsible for recruitment” skip to onboarding section-question 10.
2. Describe how you develop job postings.
3. Has your Health Center experienced barriers recruiting CHWs? If so, please describe those barriers.
If answered “no barriers” skip to hiring section-question 6.
4. What strategies have been most successful?
5. What strategies have been least successful?

Hiring

The next set of questions will focus on the health center’s experience hiring CHWs.

6. Describe your interviewing process.
If answered “no process or another department is responsible for hiring” skip to onboarding section-question 10.
7. Has your Health Center experienced barriers hiring CHWs? If so, please describe those barriers.
If answered “no barriers” skip to onboarding section-question 10.
8. What strategies have been most successful?
9. What strategies have been least successful?

Onboarding

This next set of questions will focus on your health center’s experience with onboarding hired CHWS.

10. What is your onboarding or orientation process for hired CHWs? *If steps to integrate CHWs (question 11) is mentioned within this response, skip to professional development section-question 12.*
11. Do you take steps to integrate your new CHWs into your organization and care team? If so, what are they?

Professional Development

The next set of questions will focus on CHW professional development at your health center.

12. Have you identified any gaps in knowledge or skills after CHWs are hired? If so, what are they?

If answered, "no gaps" skip to question 14.

13. What steps does your organization take to address the gaps in knowledge among newly hired CHWs?

14. Are there any opportunities for professional growth within the Health Center? If so, what are they?

15. Please discuss opportunities for CHW career advancement within your organization.

Retention

This next set of questions will focus on your health center's experience retaining CHWs.

16. Has your Health Center experienced barriers retaining CHWs? If so, please describe those barriers.

If answered "no barriers for retaining CHWs" skip to question 21.

17. How have you addressed these barriers?

18. What strategies have been most successful?

19. What strategies have been least successful?

20. Are there any strategies that you would like to try but have not been able to due to a lack of resources or other reasons? Please explain.

21. What specific activities, incentives or structures help you retain your CHW workforce? Please be specific.

CHW and HC Outcomes/Successes

We would like to ask you a final question about your overall experience integrating CHWs at your health center.

22. Tell us how the CHW profession has impacted your Health Center?

Visit us on the web!
mhpsalud.org

Facebook

Twitter

Instagram

LinkedIn



mhpsalud.org

HRSA Disclaimer: This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$617,235 with 0 percent financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit <https://www.HRSA.gov>
