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By Sarah Polk, Monica Guerrero Vazquez, and Kiara Álvarez

Uniendo Voces

Uniting Voices: Community Health Workers Serving Baltimore's Latine Immigrant Community

> *"They want our help because we have deep roots into the Latine community to get the message out. We're happy to do that because that is in our mission, but there is no sustainability. And there is no exchange of compensation for the services. It's only about asking for a favor. And they come to us because they know that we are successful. We have CHWs in our communities doing outreach and education, seven days a week, year-round."*
>
> Mariana Serrani, Latino Health Initiative

Executive Summary

Advancing and Sustaining the Community Health Worker Workforce Serving Baltimore's Latine Communities

This report presents a comprehensive analysis of the challenges and opportunities encountered by community health workers (CHWs) who serve Baltimore City's Latine population. Authored by a multidisciplinary team of clinicians, public health practitioners, lawyers, and advocates, the report is based on a literature review, key informant interviews, and a participatory photovoice project with local CHWs.

Background and Impact

Originating in Latin America in the 1950s and gaining formal U.S. recognition in the 1960s, community health workers, or *promotores de salud* in Spanish, have long connected marginalized populations to health systems. CHWs now play vital roles in both public health and clinical care. Their cultural knowledge and linguistic skills enable them to build trust, improve chronic disease management, and reduce costly emergency care. States like California and New York have led the way in sustaining CHW programs through certification and stable funding models.

Current Challenges

Our findings highlight two major categories of structural barriers limiting the sustainability of the CHW workforce:

Human Resources

- **Recruitment:** Current strategies are ineffective in attracting Spanish-speaking CHWs.
- **Hiring:** Immigration status, language barriers, and rigid hiring requirements hamper and/or exclude qualified candidates.
- **Training and Supervision:** Training programs often do not account for the diverse educational backgrounds and lived experiences of Latine CHWs. Supervisors often lack the tools to support linguistically and culturally diverse teams.

- **Retention and Promotion:** Many CHW roles are dependent on short-term grants and do not offer advancement opportunities, leading to high turnover and burnout.

Financing

- **Unstable Funding:** Maryland Medicaid does not currently reimburse for CHW services, leaving programs reliant on grant funding.
- **Misaligned Incentives:** Current financing models undervalue prevention and the broader social determinants of health that CHWs address, limiting long-term impact.

Recommendations

We propose actionable recommendations to address these challenges from a culturally appropriate lens.

Human Resources

- Launch culturally and linguistically inclusive recruitment efforts, including internships and technical school partnerships.
- Permit conditional hiring of immigrant CHW candidates while credentials are verified.
- Expand CHW training opportunities in Spanish and tailor content for diverse learning needs.
- Provide supervisors with training in cultural humility, vicarious trauma, and equity-centered leadership.
- Establish clear career pathways and support continuing education and credentialing programs.

Financial

- Expand Maryland Medicaid coverage to include CHW services through State Plan Amendments or 1115 Demonstration Waivers.
- Create a State Office of Community Health Workers to lead strategy, funding disbursement, and coordination.
- Encourage philanthropic investment in certification, program innovation, and evaluation.
- Extend Medicaid eligibility to all income-qualified Marylanders, regardless of immigration status.

Foreword: Dr. Chidinma Ibe

Four years ago, my colleague, Dr. Obie McNair, and I authored *"Advancing and Sustaining the Community Health Worker Workforce in Baltimore"* at the behest of the Abell Foundation. We began our work in 2020 as the COVID-19 pandemic unfolded. It was a time of financial instability, heartache, and great uncertainty. It highlighted the fragility of our public health infrastructure. Yet, this period illuminated the incomparable work performed by community health workers (CHWs) and revealed the need to support this burgeoning workforce. Our report contextualized local and national policies that advanced the CHW profession and elucidated common challenges faced by CHWs—namely, professional resources and sustainable financing.

Our report was published at the height of the COVID-19 pandemic. This period marked a turning point in our collective awareness of the critical work spearheaded by CHWs. It also underscored the vital role of investments from government agencies, health systems, and philanthropic foundations in strengthening the CHW workforce. While these efforts yielded a range of socioeconomic and health benefits, many marginalized communities—including communities of color, immigrant communities and other under-resourced populations—suffered differential harms from the pandemic. We have yet to fully recover from the pandemic's impact. Alas, we are on the verge of watching health disparities escalate further due to an emerging national crisis that threatens health equity and our public health infrastructure. Reductions in Medicaid resulting from Congressional Bill H.R.1 will have profound, long-term consequences for the health of Baltimore City's residents.

At this pivotal time for our city, state, and country, I am honored to introduce a new report that complements and extends our 2021 report by focusing on Latine CHWs serving Baltimore's Latine immigrant community. *"Uniting Voices: Community Health Workers Serving Baltimore's Latine Immigrant Community,"* written by a multidisciplinary group composed of CHW advocates, clinicians, lawyers, and public health practitioners, summarizes the unique challenges and opportunities facing Latine CHWs working in Baltimore City. It presents insights gleaned from the literature, as well as key informant interviews and a photovoice project conducted in partnership with local Latine CHWs. Our previous report and the one presented herein share common themes and propose practical, achievable solutions. Taken together, these reports paint a more complete picture of the compelling potential of CHWs and provide a hopeful vision for a healthier Baltimore.

Some might argue that the current policy crisis precludes discussions of the work of CHWs or community-centered healthcare innovations designed to improve health equity. My response is that current threats make this work even more critical. This report uplifts the voices and experiences of Latine CHWs. It begins to fill a gap in our understanding of how best to support Baltimore's Latine communities. Importantly, this report affirms that we must work today to plan for a healthier future.

Chidinma A. Ibe, Ph.D.

Assistant Professor of General Internal Medicine and Health, Behavior and Society
Johns Hopkins University School of Medicine
Associate Director of Community Engagement
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Foreword: Centro SOL

Our team started the following report during a time of upheaval for our city, state, and nation and a time of menace and hardship for Latine immigrants. As we finalized the report, Renee Good and Alex Pretti were recently killed by U.S. Immigration and Custom Enforcement (ICE) agents in Minnesota; 4,000 people in Minnesota had been detained, including a five-year-old boy; an ICE memo outlining illegal detention processes had just been leaked and the majority of Americans agree that federal anti-immigrant tactics are excessive and excessively cruel.

Even if Baltimore does not become the next Minneapolis, ICE has done great harm here. In my pediatric practice, we hear of the detention or deportation of a mother, father, or family member almost every day. The most common scenario is the capture of a father on his way to or from work, leaving his children and his household emotionally bereft and financially insecure. Damage to the city extends beyond the most important individual harms to include loss of population and loss of trust.

At this moment of crisis, it is essential to work towards a system that serves rather than harms immigrant families. We need CHWs to rebuild trust, to extend the reach of programs to immigrants who have lost faith or become fearful of engaging with others in their communities, to attend to defrayed health care needs, and to treat the depression and anxiety for which fear of deportation is a potent risk factor.

Standby Guardianship

One way CHWs can help ease the anxiety of this moment is by helping parents set up *Standby guardianship*. La Ley de Tutela de Reserva (Md. Code, Estates and Trusts Section 13-901, 13-904 and 13-907) extended standby guardianship to cover parents subject to an adverse immigration action. Standby guardianship reduces a child's risk of being placed in the Maryland child welfare and foster care system and parents' risk losing their parental rights. Importantly, standby guardianship requires neither a lawyer nor a notary.

In late fall 2025, a CHW began supporting parents in our pediatric practice with the standby guardianship paperwork, providing important information to parents and helping maintain trust between parents and clinicians by demonstrating awareness and responsiveness. A common response from parents is that completing the standby guardianship process provides a welcome sense of relief and a modicum of control at a time of fear and chaos.

Standby Guardianship Project

As we turn to CHWs to build trust and community, we must in turn support CHWs who have personally suffered the consequences of anti-immigrant federal policies and/or the vicarious trauma of supporting individuals and families struggling with deportation or the threat thereof. The work of CHWs supporting Baltimore's Latine community has never been harder.

Thank you for engaging in the topic of the promise and potential of CHWs. The work ahead requires collaboration and collective action. Immigrants have given so much to Baltimore. We can repay our debt by investing in CHWs and in the communities they serve, building systems worthy of their trust.

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Story: María Xochitl, a certified Latina Community Health Worker in Maryland

Spanish [original]

Soy de México y tuve que venir aquí por mi seguridad y la de mi familia. Cuando ya estás aquí, uno tiene que mirar en qué trabaja. Mis papás pueden venir a visitarnos, pero yo no puedo ir a verlos. Es difícil dejar de ver gente a la que quieres.

Estamos divididos entre quedarnos aquí o regresar. Conozco personas que viven aquí por más de 25 años. Si tuviera papeles me quedaría para siempre, pero no sé si mañana va a llegar alguien y me va a sacar de aquí. Sé que soy buena persona pero [ellos] no saben cómo somos los inmigrantes. A veces me asusta porque es una vida incierta.

Mi motivación más grande es que quiero aprender más para ayudar a más personas. Mi motivación es poder aprender más para ayudar más, incluso si no me permiten trabajar con un salario.

> *"No sé si podré trabajar en una organización después de la certificación."*

Desde que empecé a hacer voluntariado aprendí a colaborar con las organizaciones que podrían ayudar. Empecé a escuchar que era importante ser una trabajadora de salud comunitaria o promotora. Cosas como ayudar a alguien a encontrar una clínica comunitaria es lo que hace una promotora. Eso es algo que yo hago regularmente, decirles dónde pueden conseguir alimentos o ayuda con recursos, o en otros lugares.

Photo courtesy of Centro SOL

Alguien me dijo que yo podía ser CHW porque las cosas que yo hacía es en lo que ellos trabajaban. Me hacía falta hacerlo más formal. Yo busqué y me dijeron que podía hacerlo en la Alianza Latina. Aquí en Baltimore no pude encontrar nada en español. Me dijeron que Alianza Latina estaba en Montgomery County.

Para inscribirme, me pidieron pruebas de cómo ayudaba a la comunidad—con la distribución de comida, ayudando a pacientes con cáncer. Siempre lo hice con gusto, no sabía que podía estudiar para hacerlo. Ahora he aprendido que no es así, que puedo aprender que se puede formalizar. Es mejor tener una certificación. Quiero saber qué hay en la certificación que me ayude a ser más fuerte para ayudar a otras personas.

Trabajo los fines de semana de camarera, y asisto a los entrenamientos en Montgomery County, tardo entre dos punto cinco a tres horas en el traslado cada vez que tengo los talleres. El taller para obtener la certificación es de seis meses, y asistimos a talleres en persona cada dos semanas.

No hay compensación. Al final puedes aplicar al estado para conseguir la licencia por tres años. La escuela nos da la información para aplicar a la licencia. No importa si no hay SSN para estudiar o para la licencia. Pero nadie nos garantiza un empleo después de certificarnos.

> *¿Cómo planificas utilizar tu certificación? ¿Qué oportunidades conoces para usar tu certificación?*

Yo no sé si puedo trabajar en eso. Yo planeo seguir trabajando como voluntaria, pero no sé si puedo conseguir un pago. Porque no me pueden contratar.

Es importante que este taller exista en español porque va a ayudar mucho para que aprendamos cómo ayudar a la comunidad, pero es importante que podamos ayudarlos en nuestro idioma, el idioma de la gente.

Actualización: María Xóchitl completó entrenamiento y obtuvo certificación en Marzo 2025.

[English translation]

I'm from Mexico, and I had to come here for my safety and that of my family. When you come here [the US], you need to find work in anything. My parents can visit us, but I can't go see them. It's hard to stop seeing people you love.

We are torn between staying here or going back. I know people who have lived here for more than 25 years. If I had papers, I'd stay forever, but I don't know if tomorrow someone will come and take me away from here. I'm a good person, but [they] don't know what immigrants are like. Sometimes it's frightening because it is such an uncertain life.

My biggest motivation [to get certified as a community health worker] is to learn more so I can help more people, even if I'm not allowed to work for pay.

> *"I'm not sure if I'll be able to work in an organization after I get certified."*

Since I started volunteering, I learned to collaborate with organizations that offer support. I realized it was important to become a certified Community Health Worker, like helping people find community clinics—things a *promotora* does regularly. That's something I often do, telling people where they can get food or help with resources, and get to other places.

Someone told me that I could become a CHW because I was already doing that work. I just needed to formalize it. I found out that I could do that through Alianza Latina but it was challenging because there's nothing like it in Spanish here in Baltimore, Alianza Latina is in Montgomery County. To sign up, they asked me for proof of my community work—things like food distribution and helping cancer patients. I always did these happily, not knowing I could study for it. Now I've learned that it's not like that, it's better to have a certification. I'm curious to know what's in the certification that will allow me to be stronger to help other people.

I work weekends as a waitress and attend training in Montgomery County, which takes me two and a half to three hours each way. The CHW certification takes six months, with in-person workshops every two weeks.

There's no compensation [to take the training]. At the end, you can apply to the State for a three-year license. It doesn't matter if you don't have an SSN for school or for your license. But no one can guarantee us a job after we get certified.

> *How do you plan to use your certification? What opportunities do you know of to use your certification?*

I don't know if I will be able to have a job with it. I plan to continue working as a volunteer, but I'm not sure if I will ever get paid since they can't hire me.

It's important that this workshop is offered in Spanish because it will help us support our communities—it's important that we help them in our language, the language of the people.

Update: María Xóchitl completed the training and received the certification in March 2025.

Introduction

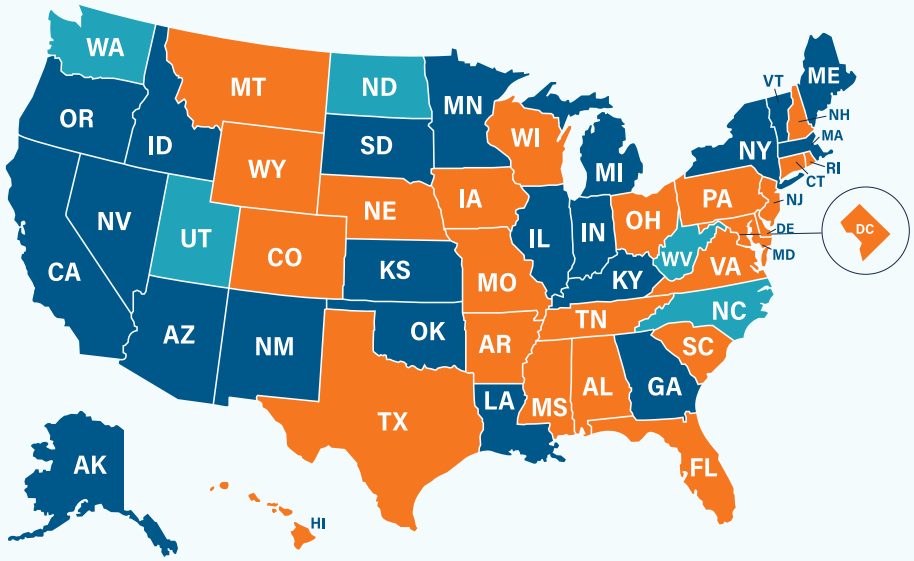
In this report, a multidisciplinary team of clinicians, lawyers, public health practitioners, and advocates report on the challenges and opportunities facing community health workers (CHWs) who serve Baltimore City's Latine community. We based our findings on a literature review, key informant interviews, and a photovoice project.

Photo by Wide Angle Productions, a social enterprise of Wide Angle Youth Media.

History of Latine and Latine-serving Community Health Workers

Community health workers emerged in Latin America during the 1950s and 1960s, inspired by liberation theology movements and China's barefoot doctors model, to address health disparities in underserved regions. In the United States, CHWs gained prominence during the War on Poverty era and expanded significantly following the 1978 Alma-Ata Declaration's call for strengthened primary care. The profession has steadily evolved from grassroots health outreach to formal recognition, with Minnesota securing the first Medicaid reimbursement for CHWs in 2007 and the Affordable Care Act further integrating them into preventive care. Today, CHWs—often called *promotoras/es de salud* in Latine communities—are increasingly recognized through state certification programs and Medicaid reimbursement policies. For a complete history of CHWs, see Appendix A.

National Landscape of Medicaid Reimbursement for CHWs



The map above shows which states allow Medicaid reimbursement for CHW activities. Some states allow Medicaid payment for specific services provided by CHWs, typically under the supervision of a licensed provider. Other states require that CHWs be part of networks serving Medicaid beneficiaries or engaged in contracts with entities responsible for care delivery. Such networks may employ CHWs to provide services to their members to meet quality and outcome targets tied to incentive payments.

Impact

The integration of CHWs into healthcare delivery has been associated with positive outcomes that align with the triple aim of healthcare improvement: **enhancing patient experience, improving population health, and reducing healthcare costs**. Many examples come from CHWs' successes in diabetes prevention and management in Latine communities.

Enhancing patient experience

Community health workers enhance patient satisfaction by providing culturally relevant, personalized care that addresses psychosocial needs. For example, in a pediatric primary care trial of 937 parents of infants, care provided by a pediatric clinician with a CHW was rated as more helpful than care delivered without a CHW.[1]

Improving population health

CHWs contribute to better health outcomes by offering education and support tailored to the needs of their communities. In a qualitative evaluation of a CHW-led diabetes program, Latine participants reported improved self-care and disease management. Similarly, in Texas, 5,600 Latine adults with difficult-to-control diabetes experienced sustained improvements in their condition with CHW coaching and support, with greater engagement leading to better results.[2] CHWs have also improved early cancer detection through increased awareness, better screening rates, and the promotion of preventive measures.[3,4]

Paloma

Centro SOL developed **PALOMA (Partnering with Parents of Adolescent Latines on Mental Health Assistance)** to help Spanish-speaking parents support their adolescents and promote safety planning. The program is a five-session telephone-based psychosocial intervention delivered by CHWs to parents of adolescents experiencing self-injurious thoughts and behaviors (SITBs), following referral from pediatricians at partnering clinics. Early PALOMA cases highlighted the complex immigration-related stressors affecting participating families, including a case where a youth engaged in self-harm due to fear of parental deportation, and past or current prolonged parent-child separation due to immigration. After the first 50 referrals, and amid heightened ICE surveillance in the local immigrant community, the team developed two-additional, optional immigration-related stress intervention sessions focused on familly preparedness planning and mental health.

Reducing healthcare costs

Hospital-based care accounts for a third of U.S. healthcare costs. Economic models suggest that better outpatient management of patients with complex needs could reduce high-cost care. Most importantly, the integration of CHWs into clinical practices may be more cost-effective than asking clinicians to reduce their patient panels in order to address patients' unmet social needs directly. CHWs in Latine communities reduce healthcare costs by managing patient care at a lower cost than traditional healthcare providers. In a trial of a Spanish-language diabetes self-management program, CHWs delivered care as effectively as nurses, and sometimes outperformed nurses in training youth to support family diabetes management.[5] These outcomes suggest that integrating CHWs into care teams can be a more cost-effective and scalable approach, especially considering the relative scarcity of nurses with relevant linguistic skills and cultural knowledge.

Photo by Wide Angle Productions, a social enterprise of Wide Angle Youth Media.

Policies

The work of CHWs in health promotion and healthcare has been supported through federal, state, and municipal policies.

Federal Policies

2010 Affordable Care Act

- Acknowledged the need for innovation in managing patients' transition from hospital to home in order to prevent hospital re-admissions and reduce healthcare costs.[6,7,8]
- Authorized grants to organizations to support CHW activities.[9,10]

2014 Medicaid Coverage of Community Health Worker Services

- Allowed states to require Medicaid Managed Care Organizations to add specific CHW-delivered services to their coverage via State Plan Amendments or 1115 Demonstration Waivers.[11]

State Policies

2014 Maryland House Bill 856/Senate Bill 592[12]

- Created a representative group to develop recommendations for the CHW workforce.

2018 Maryland State Bill 163

- Established the State Community Health Worker Advisory Committee.

2019 Code of Maryland Regulations (COMAR) 10.68.02[13]

- Designated the State Community Health Worker Advisory Committee members as advisors to the Maryland Health Department on CHWs certification process and parameters.

2021 Senate Bill 172/House Bill 463[14]

- Established a Pathways to Health Equity Program to advise on creation of a permanent Health Equity Resource Community program to address health disparities in designated areas through grants "to reduce health disparities, improve health outcomes, improve access to primary care, promote primary and secondary prevention services, and reduce health care costs."[15]

2025 House Bill 871

- Clarified in Maryland's Hospital Community Benefit statute that nonprofit hospitals may include investments in developing a CHW workforce program with community-based organizations in their state community benefit report. The law allows nonprofit hospitals and community-based organizations to establish a CHW workforce program through a Memorandum of Understanding which must describe specific elements of the program, including program design, goals for patient health outcomes, evaluation and impact measurements, and data collection.

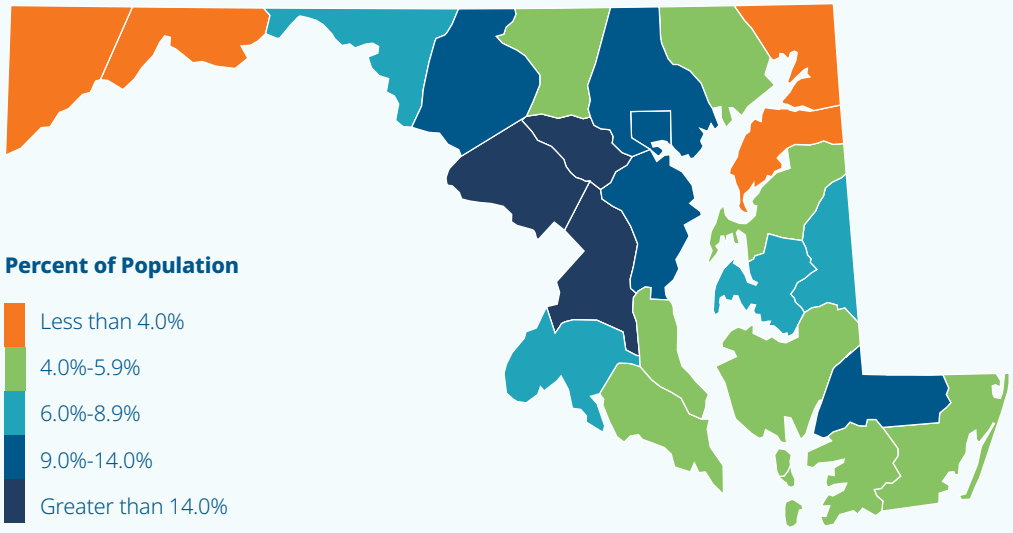
Maryland Immigration Landscape

Growing Diversity

Maryland is home to an exceptionally diverse population. Between 2016 and 2022, the state's population grew by 2%, largely driven by migration.[16] The Latine community has seen remarkable growth, increasing by over 55% since 2010 and now represents 18% of the state's population.

In Baltimore, while the overall population declined between 2010 and 2022, the share of foreign-born residents increased by 13.8% between 2010 and 2019. The Latine population in Baltimore City experienced a 77% growth from 2010 to 2020 and now comprises 8% of the city's population. While historically concentrated in Southeast Baltimore, Latine communities are expanding into neighborhoods such as Brooklyn, Lakeland, and Fallstaff, signaling a broader integration throughout the city.

Share of Population that is Foreign Born by Md. County



Source: Maryland Department of Planning

Challenges Facing CHW Workforce

To understand persistent challenges facing CHWs serving Baltimore City's Latine population and identify actionable solutions, we collected data from various sources. We conducted a photovoice project engaging 12 local Latina CHWs visually document their experiences and advice. The photovoice project was complemented by semi-structured interviews with local and regional experts in CHW training, healthcare service delivery, and health policy. The insights gathered from these diverse perspectives have been integrated into our findings below. Challenges are categorized as related to human resources or financing.

Human Resources Challenges

We have categorized human resources challenges as related to recruitment, hiring, training and supervision, or retention and promotion.

Recruitment

A one-size-fits-all approach to CHW recruitment is not effective. Recruitment methods that work for English-speaking CHWs serving non-Latine communities in Baltimore have not produced enough Spanish-speaking CHWs to meet the needs of Latine communities.

Hiring

Validating educational credentials & background checks

For candidates trained outside the United States, obtaining, translating, and validating required transcripts or certificates can delay hiring and create financial barriers, as these steps must be completed before a CHW candidate begins paid employment.

Background checks and other parts of the hiring process may be more intricate at large organizations or government agencies. As a result, many state and local health departments, nonprofit organizations, and academic institutions hire CHWs to work as independent contractors.[17] While contract work tends to have a shorter hiring process, contract workers are usually excluded from traditional employment benefits and professional development resources.

Citizenship requirements

Many CHW positions, particularly those funded by the government, require citizenship or permanent resident status. Spanish-speaking immigrants with temporary work permits, valuable lived experiences and cultural competence are often unable to enter the workforce. A temporary work permit allows its holder to work legally throughout the US, except for positions within the federal government.

> *The demand for CHWs often exceeds the available supply of qualified candidates, a situation exacerbated by legal restrictions preventing individuals with critical lived experiences from working due to immigration status.*
>
> **M. Serrani, Latino Health Initiative**

Training and Supervision

CHWs need and deserve training and supervision commensurate with their lived experience, linguistic and educational diversity. CHW training often occurs exclusively in English, using college-level reading materials that may not be accessible to those with non-traditional educational paths or emerging English proficiency.

Job performance, professional advancement, and a supportive and inclusive work environment all require effective communication between supervisors and their staff members. Communication barriers limit the effectiveness of supervision.

Supervisors and co-workers sometimes take advantage of those with proficiency in non-English languages. CHWs are frequently tasked with additional responsibilities, such as interpretation and translation. Extra duties, combined with a lack of structured career pathways, can lead to feelings of stagnation, dissatisfaction, and result in attrition.

Finally, CHWs often work with individuals experiencing great hardship and constrained choices. A great asset of CHWs is their deep understanding of the circumstances of those they serve, including often firsthand experience with the same exposures or traumas. Persistent vicarious trauma, also known as compassion fatigue or the cost of caring, can result from repeated exposure to others' traumatic experiences and empathic engagement with their distress. Supervisors play a critical role in preventing burnout, attrition, and re-traumatization by providing careful and consistent support.

Retention and Promotion

Threats to CHW retention include:

- Job insecurity as much CHW work is funded through time-limited public and private grants,
- Low wages,
- Lack of benefits for contractual workers, and
- Lack of a path to promotion.

Many CHWs continuously search for more stable and better paid opportunities, which may distract them from their current positions and deter them from pursuing further career development.

Foreign-Trained Health Professionals

The needs of CHWs should not be conflated with the need to license and employ foreign-trained health professionals. While some foreign-trained health professionals may pursue CHW roles when they are new to the area, treating CHW work as a default employment pathway for these professionals creates several complications. First, health professionals may share the language and culture of immigrants from their countries of origin, but they may not share the same socioeconomic background, educational experiences, or lived experience navigating US systems as community members. Second, this approach may set unrealistic expectations for CHWs, including those related to medical knowledge, health system navigation, and digital literacy. Third, the supervisory needs of an English-proficient foreign-trained health professional may differ substantially from those of CHWs who bring vital lived experience and may prefer to work in a language other than English. Fourth, conflating these roles can undervalue the importance of shared lived experiences, including the ongoing challenges of navigating a new environment in a foreign language, often without legal protections or financial stability. Foreign-trained health professionals may work as CHWs while pursuing professional licensure, which may undermine efforts to train, retain, and sustain a stable workforce of professional CHWs who are committed to the field.

Creating pathways for foreign-trained health professionals to enter and support the US health system is essential, and should be addressed as a separate workforce development priority from strengthening and sustaining the CHW workforce. In Maryland, organizations such as the Welcome Back Center of Suburban Maryland are already active in supporting licensure pathways for foreign-trained health professionals.[18]

> Having immigration status is very important. People come with the idea of working and without papers they can't do anything. Sometimes doctors, nurses, teachers cannot practice their profession. My biggest dream is to go back to work in a hospital, a clinic. In my country I worked for several years in the hospital and I loved it. Here I am a certified community health worker by the State of Maryland and this way. by preparing myself from the bottom up. I will be able to achieve it. I would like to go back to work in the hospital. In my country I worked in the hospital and I miss it.
>
> **CHW photovoice participant**

Courtesy of Shutterstock

Funding and Financial Sustainability Challenges

The need is clear for a more cohesive and reliable funding structure that aligns with the holistic and preventive ethos of CHW work and extends support to all communities, including the underserved Latine population.

Among the obstacles to the goal of sustainably funding CHW work is the contrast between the prevailing goals of healthcare financing and the goals of CHW work.

Comparison of Healthcare Financing Goals and CHW Goals

Healthcare Financing Goals	CHW Goals
Short-term cost containment	Future cost savings
Disease management	Disease prevention (primary & secondary)
Healthcare-based	Healthcare- & community-based
Health-focused	Focus extends beyond health to social determinants of health

> We need a place that represents us, a place in the health department offices that ensures that clients are treated with respect and allows them to report their experiences.
>
> Currently there is a lack of interdisciplinary collaboration. We need to work with other health professionals: doctors, nurses, and social workers, to promote health in the community.
>
> **CHW photovoice participant**

Courtesy of Shutterstock

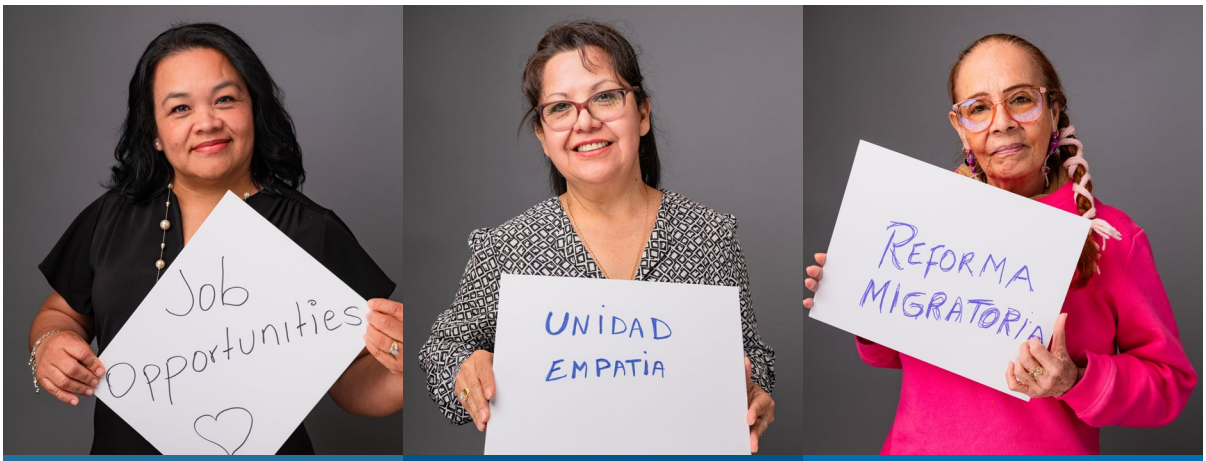
Community Health Workers Empowerment Coalition of Maryland

The Community Health Workers Empowerment Coalition of Maryland is a group of CHWs and those who train, employ, and support them with the goal of centering and uplifting the voices of Maryland' s CHW Workforce. The Coalition's mission is to:

1. Reduce disparities in healthcare access and outcomes for Marylanders by expanding access to CHWs.
2. Ensure that the voices of Maryland's CHWs are represented in the creation of laws and policies that impact the profession
3. Advocate with CHWs for solutions that address systemic inequities that they experience in the field, including a lack of Medicaid reimbursement for their services.

Founded by the Public Justice Center in summer 2023, the Coalition advocates not only to expand Maryland's Medicaid program to cover CHW services, but also to develop sustainable reimbursement models that will cover CHW's for low-income patients who are not eligible for Medicaid, including patients who do not have an immigration status eligible for coverage. Existing research has established the efficacy of CHWs in addressing racial and economic disparities in healthcare outcomes and reducing hospital readmissions.[19] Every dollar invested in CHWs yields $2.47 in returns for the average Maryland Medicaid patient. Despite this, 70-80% of CHW positions are funded by inconsistent or time limited sources like grants and pilot programs, which presents a significant obstacle to CHWs trying to build a sustainable career and remain in their field.

What We Need as a Community



Job Opportunities | **Unity Empathy** | **Immigration Reform**

Photo by Wide Angle Productions, a social enterprise of Wide Angle Youth Media.

The CHW's Empowerment Coalition of Maryland uses a variety of advocacy strategies to advance its goals, including education for policymakers and CHW employers, grassroots organizing, and legislative and administrative advocacy.

During the 2024 Maryland General Assembly, the Coalition introduced HB 568, championed by Delegate Health Bagnall and Robbyn Lewis. HB 568 would establish May 8th as Community Health Worker Appreciation Day. It would also urge educational and cultural organizations to promote the work of CHWs with informative programs and activities. HB 568 provided a valuable opportunity to educate the state legislators on the value of CHWs in advancing health equity in Maryland. The bill passed the Maryland House of Delegates with bipartisan support and significant stakeholder support, including supportive testimony from the Maryland Department of Health. While HB 568 did not pass the Maryland Senate, the bill laid the groundwork to gather support for pursuing CHW reimbursement in a future year.

In March 2024, the coalition organized its first CHW Appreciation Rally in Annapolis in support of Maryland's CHW workforce. The rally was well attended by CHWs and those who hire, train and support them. The rally features several practicing CHWs who shared their personal story about the path to becoming a CHW and why the profession is so important to them.

In 2025, the coalition experienced its first legislative win through its priority legislation House Bill 871, which was sponsored by Delegate Heather Bagnall and co-sponsors. Now law, House Bill 871 expanded Maryland's Community Benefit law to allow nonprofit hospitals to include investments made in developing CHW workforces with community-based organizations in their state community benefit report. The coalition's primary goals for the legislation were to incentivize nonprofit hospitals in Maryland to invest in the profession through a funding source that is more sustainable than short-term grants.

The coalition continues to be rooted in the voice and priorities of Maryland's CHWs, natural advocates and bridges to good health for the communities they serve.

Recommendations

We offer recommendations in the areas of human resources and financing in response to the challenges outlined in the previous section. The recommendations are not mutually exclusive and can be used in any number of combinations simultaneously or sequentially to improve workplace conditions for CHWs and their inclusion in the healthcare workforce.

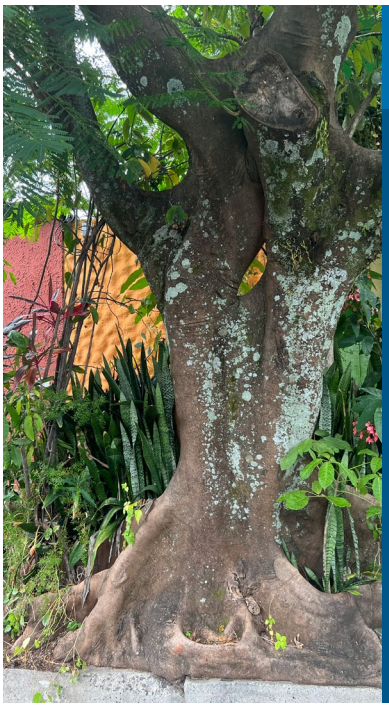


Photo courtesy of Centro SOL

Facilitators

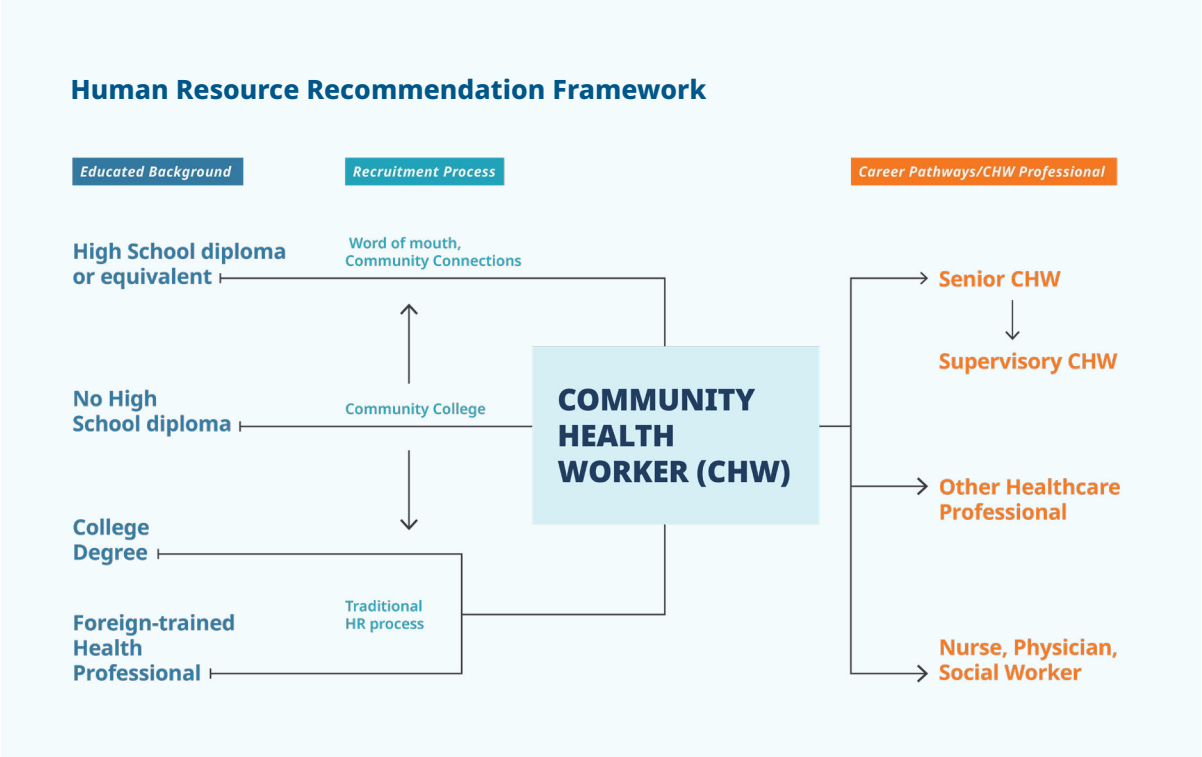
I feel like this tree and the other species are like the community. The tree giving shelter, protection, listening and accompanying people in various situations. I see that we can live in symbiosis and learn from each other.

When I was little I saw my grandmother in the HIV-affected community, I never thought I would work like my grandmother, and have the comfort of being able to do the work I do. There are always opportunities and education open to us and the community.

2025 Photovoice participant

Human Resources Recommendations

A CHW advocacy organization should develop a presentation for HR leadership at healthcare organizations in Baltimore and beyond to increase awareness and understanding of the value that Latine and/or immigrant workers bring to the workforce and the barriers they face.



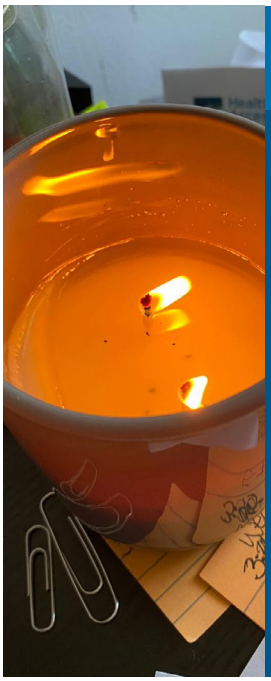
Recruitment

- A Latine-specific recruitment strategy is essential, including targeted community-based outreach at sites familiar to and trusted by the Latine community.
- Recruitment efforts should be conducted by individuals who are culturally and linguistically aligned with the community, using Spanish-language materials, including flyers, digital content, and application forms.
- Recruiters need to establish relationships with community organizations and networks already engaged with the Latine community.
- Establishing pre-apprenticeship programs, in-language orientation sessions, and peer-to-peer referrals can help build trust and increase Latine participation in CHW roles.
- Organizations seeking to hire CHWs could partner with technical schools that offer CHW certification programs, English courses, or other relevant programs to create CHW internships.

> *"We are partnered with one of the technical schools in the state to have CHW interns. I think that is a great pathway into formal jobs. It allows the organization to have a pre-review of work abilities, work ethics, etc., so we've been able to hire or not hire people through that internship position. There's some opportunity there to work with schools or associations who are training and certifying CHWs to build that pathway."*
>
> **Lisa Adkins, Nemours**

Comparison of Healthcare Financing Goals and CHW Goals

Institution	CHW Program Type	Credential & Requirements
Community College of Baltimore County (CCBC)	Continuing Education Certificate	100 hours classroom and 40-hour practicum; accredited by MD Dept. of Health; eligible for state CHW certification Community Health Worker
Montgomery College	Credit Certificate	Approved by MD Dept. of Health; includes four health science courses and 40-hour practicum Community Health Worker Certification | Montgomery College, Maryland
Prince George's Community College (PGCC)	Continuing Education Program	Three-course series culminating in a 40 hour practicum; accredited by the state Prince George's Community College
Maryland AHEC / UM School of Medicine	MAHEC CHW Training	Competency-based 140-hour program (100 hour theory and 40 hour field) through regional AHECs Maryland Area Health Education Center (MAHEC) Program | University of Maryland School of Medicine
Johns Hopkins Howard County Medical Center	Institutional Training Program	100 hour online and 40-hour in-person practicum, accredited; scholarships available Community Health Worker Training Program | Johns Hopkins Howard County Medical Center



Keeping that flame alive

Keeping that flame alive—maintaining a passion for the work—is different every day. I wake up and ask myself what my purpose is in this job, what the reason is that I do this work. Because every day is not going to be a good day; not every day you're going to want to get up and help someone who doesn't even want help. Every day I reflect on that, we want to help people we know are in a position where they need help, but we can only do so much.

This flame never goes out because we're always ready. Sometimes clients call us in emergencies. They call us because we're known in the community and we're part of the community.

CHW photovoice participant

Photo courtesy of Centro SOL

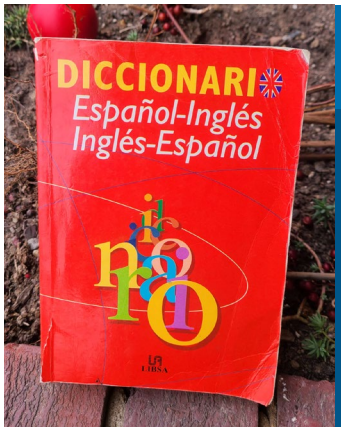
Hiring

Validating educational credentials & background checks

- Hiring organizations should anticipate longer credential verification timelines for immigrant applicants.
- Organizations should create pathways for CHWs to work in an interim capacity while their credentials are being validated, including conditional hiring models recommended by the National Association of Community Health Workers.[20]

Citizenship requirements

- Individuals who are not U.S. citizens but who hold temporary work authorizations can be hired using non-governmental funding, such as grants or private funding.
- Organizations with a vested interest in CHW work should advocate for immigration reform.



> Sometimes not knowing the **language** makes you feel helpless, I felt useless because no one understood me. I've been there and I understand what people who don't speak English go through. It's a relief when you find someone who can help you.
>
> **CHW photovoice participant**

Photo courtesy of Centro SOL

Training and Supervision

CHW Training and Tools

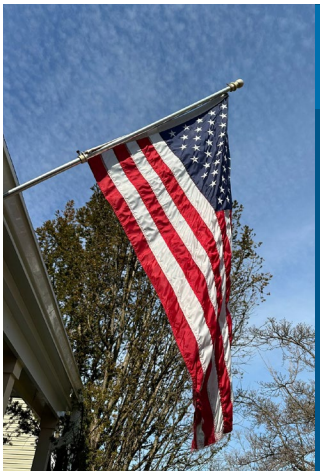
- Specialized training programs can enhance CHW employability and effectiveness in addressing specific public health challenges. Specialized training in areas such as mental health, prenatal care, and chronic disease management can provide CHWs with expertise that aligns with the evolving needs of healthcare systems and communities.

> *"There is such a huge need right now around specialty training topics. Maryland has a training program which gives you the nine competencies of a community health worker that was established through legislation and policy, which ultimately went into the regulations of accredited training. What's happening now is accredited training programs have the ability and flexibility to integrate certain topics in their training."*
>
> **Kelly Umaña, Maryland's CHWAC, SMO Maryland Latinos Unidos**

> *"To start working in the field of public health...I think that for advancement purposes, our program requires students to specialize in one area so that they are more attractive in the labor market. They would take our CHW course, specialize in X area and then they'd go on for additional training that would make them more attractive to potential employers."*
>
> **Aaron Sydor, COO Heritage Care**

CHW training should match their specific needs. For example, CHWs with cultural and linguistic expertise may need training on computer literacy and healthcare navigation. CHWs with office experience but without lived experience need training on cultural competence and effective use of interpretation and nuances of the social determinants of health specific to the Latine community.

Training materials need to be available in Spanish and at a reading level accessible to CHWs with diverse educational backgrounds and language preferences and proficiencies.



> We come to this country with many expectations, but many times, we lose focus on our self-care because of our work. Because we come here only to work, to strive to try to pursue a better life, but in doing that, we forget our care. **Because we focus on working 24 hours a day part-time, full-time, all the time, but we neglect ourselves.**
>
> **CHW photovoice participant**

Photo courtesy of Centro SOL

Supervisor Training and Tools

- Supervisors need tools and resources to support, retain, and promote CHWs, particularly when working with populations whose language or cultural background differs from their own. For example, a supervisor may be well versed in healthcare navigation but need training on healthcare access challenges specific to Latine and immigrant populations.
- Vicarious trauma is not unique to Latine CHWs and requires consistent supervisory support.

Recognizing and Mitigating Vicarious Trauma

Vicarious trauma is a well-documented occupational hazard for healthcare professionals engaging with individuals who have experienced significant life adversity. As liaisons between parents, youth, and clinicians, CHWs witness firsthand the impact of trauma on families, placing them at heightened risk for secondary traumatic stress.[21] Risk of vicarious trauma or may increase among CHWs embedded in immigrant and marginalized communities with sustained exposure to clients' stories of violence, displacement, and systemic inequities. Available studies focused on CHWs describe emotional exhaustion, anxiety, fatigue, feelings of burnout and hopelessness consistent with the emotional toll of repeated trauma exposure.[22,23,24]

CHWs may carry their clients' trauma with them without access to the supervision, debriefing, and organizational care shown to buffer emotional harm. In this way, vicarious trauma becomes not only a psychological consequence of frontline engagement but also a reflection of systemic inequities that constrain CHWs' professional potential. Latine CHWs have described themselves as committed to their communities but also as "unrecognized and undervalued frontline public health workers.[25] "Investing in organizational and structural strategies, including reflective supervision, career growth, and recognition of CHWs' expertise, may sustain the workforce and advance equity in the communities they serve.

SABER Circle

Centro SOL established SABER Circle to support CHWs in response to increased work-related stress secondary to increased immigration enforcement. Saber means "to know" in Spanish and SABER stands for Sabiduría, Apoyo, Bienestar, Escucha y Reflexion (Knowledge, Support, Wellbeing, Listening, Reflection). SABER Circle is a safe, welcoming virtual space where CHWs and other staff from community-based organizations and schools can connect with peers who understand the unique challenges of their work. SABER Circle consists of guided discussions focused on:

- Reflecting on how work affects emotional well-being
- Sharing challenges and successes with trusted colleagues
- Exchanging practical tools, expert insights, and helpful resources
- Strengthening sense of purpose and connection to the community

What We Need as a Community

Financial Support to Obtain Medications	Equity	Medical Insurance	Legal Status

Photos by Wide Angle Productions, a social enterprise of Wide Angle Youth Media.

Retention and Promotion

Improving retention and promotion requires the recognition of CHWs as integral members of the healthcare team. As part of the team, they deserve opportunities to provide input on decision-making processes related to community health initiatives. When CHWs feel valued and have room to grow, they are more likely to remain in their positions.

- Create promotion ladders for CHWs as outlined in the figure below.
- Invest in ongoing professional development[26]

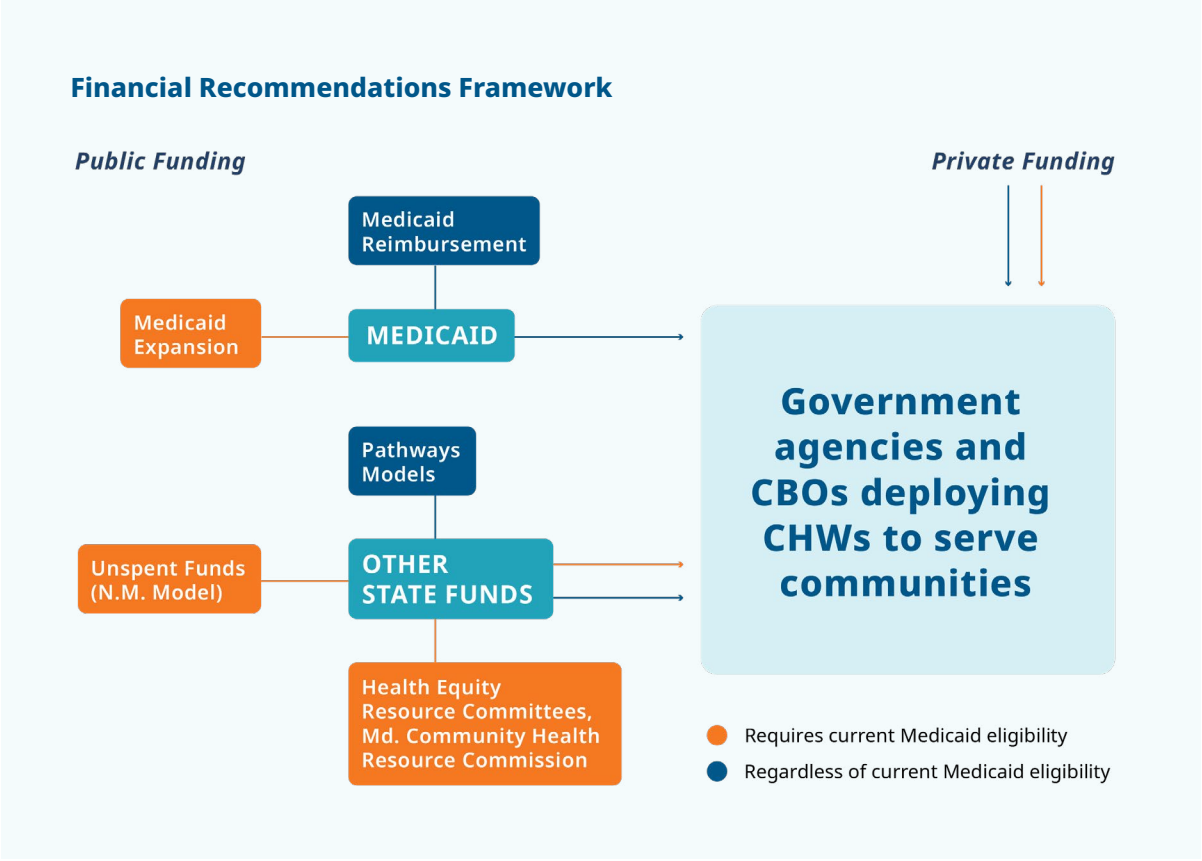
Offer training and certification in specialized areas such as chronic disease management, mental health, maternal and child health, and health systems navigation.

Establish connections between community-based organizations, healthcare systems, and community colleges for CHWs whose promotion will require additional education. As community colleges offer certification and train other health professionals, it seems like a natural fit for them to host post-certification opportunities. We are not aware of local examples but note two regional resources—The Institute for Public Health Innovation CHW Leadership Institute and the Mid Atlantic Regional Public Health Training Center.[27,28]

Identify and promote scholarship programs or financial aid initiatives for CHWs who wish to advance their education.

Provide CHWs with opportunities to attend conferences, workshops, and seminars in order to stay updated on the latest public health practices and policies, which can improve their effectiveness in the field and deepen their job satisfaction.

Financial Recommendations



Medicaid Options

Expand Maryland Medicaid Reimbursement to Include CHW Services:

Via State Plan Amendment

Maryland could expand its Medicaid program to reimburse CHW services as described in *Advancing & Sustaining the CHW Workforce in Baltimore City*.[29] Federal law mandates coverage of certain benefits and populations in state Medicaid programs and states can voluntarily expand their Medicaid programs through State Plan Amendments. The Maryland Department of Health could submit a State Plan Amendment to the Centers for Medicare and Medicaid Services to cover services provided by certified CHWs for Medicaid beneficiaries. Changes to the state's Medicaid program may create opportunities for federal matching funds, if available for the service. CHW services should be reimbursed at a rate that is sustainable for the workforce and reflects the breadth of work CHWs perform.

Via an 1115 Demonstration Waiver

Alternatively, the state could conduct a pilot program to determine whether offering coverage for CHW services improves health

outcomes among specific beneficiary populations prior to incorporating coverage expansion in its State Plan for all beneficiaries. To conduct a pilot, Maryland could submit an amendment to the Centers for Medicaid and Medicare Services for an 1115 Demonstration Waiver, the HealthChoice waiver, for coverage of CHW services. Covered CHW services could be limited by population, such as individuals who are dually eligible for Medicare and Medicaid, beneficiaries with a specific chronic illness, certain age groups, or other criteria.

> *"As a vision takes shape for a system of primary care and community health in Baltimore, community health workers should play a central role. Specific models of care should incorporate community health workers and document their contribution to health promotion and reduction of preventable hospital utilization—opening the door to multiple funding pathways."*
>
> **Josh Sharfstein, MD**
> **Vice Dean for Public Health Practice and Community Engagement, Johns Hopkins Bloomberg School of Public Health**

Expand Maryland Medicaid to All Income-Eligible Marylanders[30]

An important step forward for health equity would be to follow in the footsteps of the seven states that provide state-funded health insurance for low-income residents regardless of documentation status.

Options beyond Medicaid

Establish a State Office of Community Health Workers[31]

Maryland could follow the example of New Mexico and establish a State Office of Community Health Workers within the Department of Health. This office should be developed in collaboration with Maryland's existing State Community Health Worker Advisory Committee, which advises the Maryland Department of Health on CHW certification and training. While the Advisory Committee plays an important role in guiding certification-related matters, a State Office of Community Health Workers could provide additional infrastructure to support workforce development, funding coordination, strategic partnerships, and capacity-building initiatives.

The office could receive unspent funds from the state budget each year and reallocate those funds to community-based organizations to strengthen the CHW workforce and support community health initiatives. A state office could also foster collaboration among CHWs, community-based organizations, healthcare systems, training programs, and policymakers, enhancing the overall impact of community health efforts across the state.

Economic stability

The balance between what I am giving and what I am receiving, the hours of work I am investing, my knowledge, my experience, professionalism. I need to be well compensated to dedicate myself full time to this job. But I have to generate more income doing activities besides working as a community health worker. We give our time and knowledge and we deserve to be well compensated.

CHW photovoice participant

Courtesy of Shutterstock

Foundations and Grants

Sustained investment from grantmakers will be needed for the foreseeable future to support CHWs and their work, including efforts to:

- Drive innovation by funding the design and implementation of new programs
- Support CHW services for low-income Marylanders who are not eligible for Medicaid or Medicare
- Subsidize CHW certification to reduce financial barriers for applicants who cannot afford unpaid work or study, thereby broadening the workforce to include individuals from diverse economic and cultural backgrounds
- Fund comprehensive evaluations to understand and optimize CHW effectiveness and justify future investments
- Sponsor CHW coalitions to engage in grassroots organizing
- Finance CHW services that promote and support health and wellbeing beyond the healthcare setting, such as by addressing food insecurity and housing instability

Conclusion

CHWs are indispensable to advancing health equity in Baltimore. Fully leveraging their impact requires investment in sustainable workforce development and financing mechanisms. Our report offers an evidence-based roadmap for policymakers, healthcare leaders, and community advocates to strengthen and sustain the CHW workforce as a cornerstone of equitable, community-driven healthcare.

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Ashley Woolard, Esq.: The Managing Attorney for the Public Justice Center's Health and Benefits Equity Project. Her extensive legal and policy advocacy has expanded the rights of low-income individuals and families navigating Maryland's healthcare system and safety net services.

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Special thanks are due to the partnering organizations whose participation, collaboration, and commitment to the community have been essential to the development of this report.

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Appendix A

1950s-1960s: Beginnings

CHWs, the term *Promotoras/es* de Salud is often used in Spanish, emerged in Latin America during the labor rights and liberation theology movements of the 1950s to address health disparities in low-income areas.[32,33] In Brazil, Venezuela, and Mexico, CHWs focused on preventive care in underserved regions inspired by China's barefoot doctors model.[34,35]

1960s-1970s: Introduction in the U.S.

CHWs gained prominence during the 1960s War on Poverty aiming to reduce health disparities in minority and low-income communities.

Early CHW programs, such as the Indian Health Service's Community Health Representative (CHR) Program (1968) emphasized cultural competence.[36]

1980s-1990s: Expansion and Global Recognition

CHW programs grew globally and especially in Africa and South America after the 1978 Alma-Ata Declaration called for strengthening primary care in order to achieve "Health for All."[37] In the U.S., CHWs gained recognition for bridging gaps in the healthcare system for marginalized populations, specifically assisting in HIV/AIDS, interventions, immunizations, health education campaigns, and maternal and child health interventions in Latine communities.[38] One specific example is the Camp Health Aide Program, which originated in rural Michigan to address the health and health information needs of Latine farmworkers and having proved successful, was extended throughout the Midwest and then in South Texas.[39]

2000s: Professionalization and Policy Development

Globally, CHWs played key roles in achieving the Millennium Development Goals (MDG)—a set of eight international development targets established by the United Nations in 2000 to address issues such as poverty, education, gender equality, and health. CHWs were particularly instrumental in maternal and child health outcomes.[40] In the U.S., the 2000s marked the beginning of efforts to professionalize CHWs as states began developing certification programs. In 2007, Minnesota became the first state to secure Medicaid reimbursement for CHWs who were recognized to provide culturally appropriate health education, informal counseling, advocacy, and basic services.[41,42,43]

2010s: Formal Recognition and Integration

The Affordable Care Act in 2010 boosted CHW utilization in the U.S., emphasizing their role in preventive care and expanding CHW employment in primary care settings. Texas and New Mexico passed bills to define CHWs as *promotoras* or tribal health representatives.[44]

Health and Human Services announced the *Promotores de Salud* Initiative as a means of strengthening outreach and education regarding the availability of health services and insurance coverage to underserved Hispanic/Latine communities.

The Centers for Disease Control recommended several policy initiatives to support the CHW workforce, including formalizing state-level definitions for CHWs.[45]

2020s: Growing Impact and Challenges

The COVID-19 pandemic revealed the ability of bilingual/bicultural CHWs to reach marginalized populations for testing, vaccination, and health education.[46]

In 2021, the Texas Department of State Health Services established a CHW program that included training and certification.[47] In 2022, Rhode Island developed a CHW certification process managed by the state.[48]

By 2023-24, more states integrated CHWs into Medicaid services via State Plan Amendments, including Arizona, Kansas, Kentucky, Michigan, New Mexico, and New York.[49,50,51,52,53,54]

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