MAINE COMMUNITY HEALTH WORKER 2025 WORKFORCE REPORT

EXECUTIVE SUMMARY

Community Health Workers (CHWs) are frontline public health professionals who are members of the communities they serve. University of Maine & University of Southern Maine researchers collaborated with the Maine Community Health Worker Initiative (MECHW) to survey CHWs and Employer Organizations. 19 Employer Organizations and 91 CHWs completed the surveys in Spring 2025. The study findings show the critical roles CHWs play in communities and organizations and help us understand the diversity of the roles and contexts where CHWs contribute to the health and well-being of Maine communities.

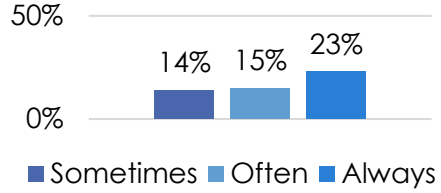
WHO ARE CHWS?

CHWs are working in all 16 Maine Counties and diverse organizational settings, including Federally Qualified Health Centers (26%), Large Health Systems (16%) and Community-based Organizations (16%). CHWs are more diverse than the Maine population (67% white and 78% women). More than half of CHWs reported serving people with mental health conditions, unhoused community members, or people in recovery/SUD, or seniors. 73% of CHWs reported that their programs supported children and families' developmental needs, and 29% of CHWs work directly with children or adolescents.

CHWs play a significant role in communicating with multilingual Mainers (Figure 1). More than 38% reported communicating with community members in languages other than English, including Spanish, French, Other (Lingala, Somali, or Creole), Portuguese & Arabic.

CHWs are highly educated. While only 19% of CHW Employers require a college degree, 49% of CHWs have a bachelor's degree or higher. 87% have completed CHW Core Competency Training.

Figure 1: CHWs communicate in multiple languages

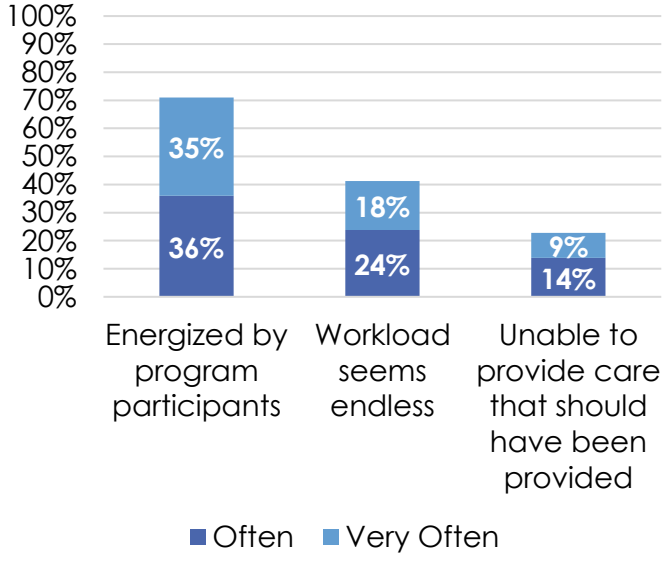


CHWS' WORK IS REWARDING BUT CHALLENGING

CHWs and Employers observed challenging work experiences that can push CHWs to burn out (Figure 2). Structural barriers facing community members "weigh heavily" on CHWs: 45% of CHWs rated low levels of Secondary Traumatic Stress (STS), 54% rated average levels, and 1% rated high STS. Employers report that most CHWs (69%) stay in their frontline roles for less than 3 years, and many recognized that low pay and burn out create challenges for CHW recruitment, retention and well-being.

While most organizations (69%) reported that their job descriptions "closely" or completely" matched

Figure 2: Burn out indicators among CHWs



the official CHW definition, 23% of CHWs reported being asked to fulfill tasks outside of their role in the last month. One CHW described the role as a "catch-all position".

Overall, CHWs reported very supportive supervision and 65% reported that providers and professionals often/always respect their work and role as CHWs. However, only about half strongly agreed (51%) that their supervisor understands CHWs "face similar challenges as program participants".

> "…there is minimal support for the role organizationally and we are asked to do a lot. [CHW roles are] are viewed as a sort of catch-all position to fill in a lot of gaps and barriers to care. Everyone is burnt out, underpaid, driven to do the work, but ultimately unable to sustain it for long."

CHWS ARE FIGHTING FOR A LIVING WAGE & SUSTAINABLE CAREERS

Though the overwhelming majority of CHWs work full-time (79%) in hourly positions (86%), fewer than half of CHWs earn a living wage ($23) based on data from the MIT Living Wage Calculator. The mean hourly wage for CHWs is $23.39.

About half of employers (53%) and 65% of CHWs reported opportunities for promotion and career advancement (e.g. career ladders). However, more CHWs need "job ladders" and there is no clear link between educational attainment and higher wages among CHWs (Table 1).

> "…I was promised a job ladder that has yet to be developed…I make cents more than the new person and have been here more than 10 years."

Table 1: Average Wages by Education	% of CHWs	Mean $/Hr
High School	9%	$21.93
Some community college	13%	$20.52
Associate's degree	17%	$22.90
Some university	12%	$24.21
Bachelor's Degree	32%	$23.40
Masters/Graduate Degree	17%	$24.86

30% of CHWs screened positive for lifetime job discrimination, and nearly 1 in 4 (24%) reported chronic workplace harassment or discrimination.

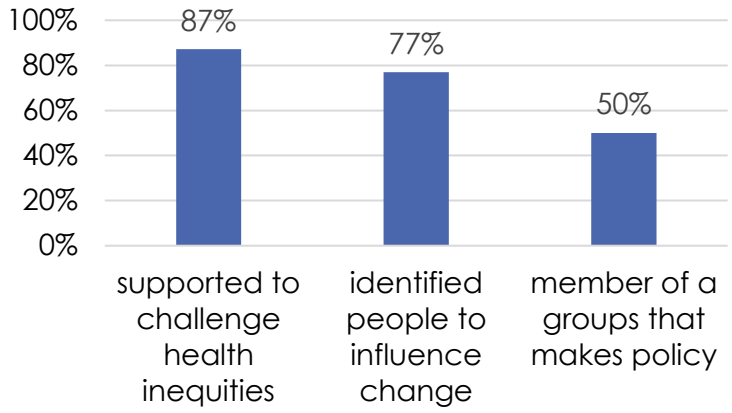
Looking across organizations, CHWs in FQHCs were approximately twice as likely to be salaried (16%) compared to those working in Large Health Systems or Community-based Organizations (8%).

CHWs earning a salary were twice as likely to have a master's degree (20% vs. 11%).

CHWS ARE LEADERS & ADVOCATES

CHWs are leaders in their organizations and communities and often use advocacy skills. Advocacy ranks highest among the C3 roles CHWs play, and capacity building (e.g. community organizing), advocacy skills, and education and facilitation skills are among the skills CHWs wanted to improve or strengthen through professional development opportunities. Figure 3 shows a gradient of policy leadership and involvement based on the percentage of CHWs who agree/strongly agreed with each statement.

Figure 3: CHWs leadership in policymaking



POLICY CHANGE TO SUPPORT CHWS

CHWs identified many policy changes that could support the workforce and the communities they serve.

Voluntary certification is strategic priority for MECHW. 50% of organizations are "very likely" to support CHW certification, 19% of organizations are likely supporters, and 86% of CHWs support voluntary certification. 63% of organizations would be "very likely" to require or expect CHWs to become certified if voluntary certification becomes available.

CHWs recognized that all Social Determinants of Health (SDOH) impact the health of their communities, especially housing affordability and safety (37%) and transportation (13%), and basic needs (9%). Advocacy priorities shared by CHWs included: higher wages and sustainable career pathways, more program funding, insurance reimbursement for CHW roles, access to education and training, and policies to expand access to affordable housing, food, transportation and healthcare for all Maine communities.

> "The connection I build with patients allows me to truly understand their struggles, advocate for their needs and celebrate their successes. However, it also means that their pain, hardships and systemic barriers can weigh heavily on me."

ACKNOWLEDGEMENTS

The 2025 CHW Workforce Study was designed and analyzed by Dr. Katherine Weatherford Darling (Assistant Professor of Health Science, University of Maine) and Dr. Tara Casimir (Associate Professor of Nursing, University of Southern Maine), Joseph Lougee (MPH Student, School of Public Health, University of Southern Maine) and Hailey Blanchett (BA Student, Communication Sciences & Disorders, University of Maine) in partnership with the Maine CHW Initiative.

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FOR MORE INFORMATION

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