

Final Proposal

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Reducing Community Health Worker Turnover at ThriveBridge Community Wellness Center: A Comprehensive Retention and Workforce Well-Being Strategy

Executive Summary

ThriveBridge Community Wellness Center is a fictional nonprofit public health and integrative wellness organization in central Illinois with 28 staff members, eight of whom are community health workers who provide health education, resource navigation, care coordination, outreach, and social-support referrals for medically underserved adults. Three of the organization's eight community health workers resigned voluntarily in the past 12 months, resulting in an annual turnover rate of 37.5%. The departures disrupted client relationships, increased the workloads of remaining employees, delayed services, and required the organization to recruit and train replacements repeatedly.

Management recommends the development of a comprehensive employee retention and workforce well-being strategy to be implemented over the next 12 months. Four options were reviewed: status quo, 8% salary increase, contracting out community health worker services, and a comprehensive retention strategy. We chose a comprehensive strategy because it addresses multiple drivers of turnover, rather than a single intervention. Key components include clearer job descriptions, reasonable caseload standards, a 90-day structured onboarding program, mentorship, supportive supervision, quarterly stay interviews, flexible scheduling, employee recognition, professional development, a community health worker career ladder, and a review of compensation and benefits.

The proposal includes an evidence-based decision-making process and measurable performance standards. Performance will be measured by turnover, time to fill vacancies, job satisfaction, intent to remain in employment, onboarding completion, caseload compliance, supervisor contact, participation in professional development, and continuity of client services. The overall goal is to reduce voluntary turnover of community health workers from three departures in the baseline year to no more than one voluntary departure in the 12-month implementation period.

Organizational Background

ThriveBridge Community Wellness Center was established to enhance health outcomes and access to preventive services for adults and families facing healthcare disparities in central Illinois. The organization provides chronic disease education, wellness coaching, nutrition education, behavioral-health referrals, benefits navigation, community outreach, and referrals to housing, food, transportation, and other social services. At the core of this work are community health workers who often have critical lived experiences with the communities they serve and are well-acquainted with the social, cultural, and economic conditions affecting clients.

Community health professionals are trusted links between community members and the health or social-service system. They help the clients understand health information, identify appropriate resources, connect with health professionals, and address barriers that may interfere with adherence to treatment or prevention advice. Community health workers enhance access to culturally appropriate services and health outcomes, especially for populations suffering from health disparities. However, the success of these programs is contingent upon the employee's enjoyment of their job, a sense of belonging with the organization, and sufficient support and opportunities for career growth (Smithwick et al., 2023).

ThriveBridge has only eight community health workers, so when one person leaves, it doesn't take much to create a large disruption in operations. When a community health worker leaves, active client cases have to be reassigned to remaining employees and existing relationships may be severed. Remaining workers pick up more outreach, documentation, follow-up, and care-navigation work while the vacant position is posted and filled. The result is a cycle where turnover creates increased workloads, increased workloads create increased stress, and increased stress creates increased turnover risk.

Statement of the Management Problem

For the previous year, ThriveBridge's attrition rate was 37.5%, with three of the eight community health workers taking voluntary leave. Employees' feedback and internal exit interview data identified a host of factors contributing to the turnover, which include inconsistent onboarding, unclear job responsibilities, heavy and inconsistent caseloads, limited access to supervisors, lack of recognition, limited opportunities for advancement, concerns regarding compensation and job security, and difficulty balancing irregular work schedules and family responsibilities.

The turnover problem is more than a human resources concern. It affects the organization's productivity, service quality, continuity, employee morale, and the organization's ability to fulfill its mission. New employees require time to learn documentation requirements, community resources, referral procedures, confidentiality standards, program expectations, and the needs of individual clients. Frequent turnover therefore reduces the amount of experienced workforce capacity available for direct community service.

Research in the United States indicates the importance of the organizational culture for community health worker retention. Kirkland, Dill, and Karnik (2024) found that community health workers' satisfaction with pay, job security, and organizational support had an impact on their desire to remain in the public health workforce. The results suggest that retention strategies should be based on employees' perceptions of the organization and not only on the availability of job positions.

Workload ought to be regarded as an organizational concern rather than a shortcoming of the individual employee; as evidenced by a national research involving over 43,000 healthcare professionals, Rotenstein et al (2023). Excessive workload was the contributing factor to burnout and the desire to depart across both clinical and nonclinical occupational categories, which is relevant to ThriveBridge, where employees are anticipated to assume extra responsibilities in the

absence of a designated role. The study, however, was not aimed at community health professionals.

Olden (2019) explains that managers should distinguish the visible symptoms of a performance problem from its underlying causes. Managers can use root-cause analysis, process mapping, and cause-and-effect diagrams to determine whether performance problems result from organizational structures, procedures, equipment, environmental conditions, or people. In this case, chronic turnover should not be viewed only as a failure of individual commitment; the organizational systems surrounding the community health worker role should be examined.

Decision-Making Approach

The community health worker turnover problem is a nonprogrammed management decision as it is complex, has no single predetermined solution, and requires management judgment. Olden (2019) describes rational decision-making as a process in which managers monitor the environment, define the problem, establish objectives, diagnose causes, develop alternatives, evaluate alternatives, select an option, and implement it. Evidence-based management strengthens this process by incorporating scientific research, internal organizational information, professional expertise, and stakeholder perspectives.

ThriveBridge will therefore use an evidence-based and participatory decision-making process. Input will be obtained from community health workers, their supervisor, human resources, finance, quality improvement staff, program managers, and the executive director. Community health workers must be included because they understand the daily requirements of the position and can identify workload and workflow problems that may not be visible to senior management. This approach also reduces the risk that management will design a retention program without adequately considering the experiences of the employees it is intended to support.

Alternative Courses of Action

Alternative 1: Continue Existing Employment Practices

The first alternative is to make no major organizational changes and continue replacing community health workers when they resign. This approach would require little immediate financial investment and would avoid the administrative work associated with redesigning employment practices. It is nevertheless unlikely to reduce turnover because it does not address the factors identified through exit interviews and employee feedback. Recruitment would remain reactive, remaining employees would continue to absorb vacant caseloads, and new employees would enter the same working conditions that contributed to prior departures.

Alternative 2: Provide an 8% Salary Increase

The second option is to give all community health workers an 8% raise in pay. If workers feel that their pay does not reflect their position or responsibilities, they may believe that the company does not value employees and this can influence their decision to remain with the

company. Jones et al. (2022) confirm that certification policies for community health workers were linked to higher hourly wages but not necessarily lower turnover. This confirms that pay is important, but it doesn't explain every reason a worker might decide to quit.

For ThriveBridge an increase in salary by 8% may increase employee satisfaction and make the organization competitive. However, the increase would not change many of the concerns such as inconsistent onboarding, heavy caseloads, limited supervision, unclear responsibilities, scheduling problems, and few opportunities for advancement. For that reason, salary should be considered part of the retention strategy rather than the complete solution.

Alternative 3: Outsource Community Health Worker Services

The third alternative is to contract with an external agency to provide community health worker services. Outsourcing could reduce some internal recruitment and supervision responsibilities and might provide access to a larger pool of workers. It may also create new problems. Contract personnel may not know ThriveBridge's programs, referral relationships, organizational culture, or clients as well as full-time employees do. An external staffing model may weaken continuity, reduce employee identification with the organization, and make it more difficult to build long-term relationships between workers and community members.

Outsourcing would also transfer rather than solve the underlying workforce problem. ThriveBridge would continue to rely on community health workers but would have less control over their compensation, training, supervision, career development, and working conditions. Hence, this option is inconsistent with the organization's goal to establish a stable, community-oriented workforce.

Alternative 4: Implement a Comprehensive Retention and Workforce Well-Being Strategy

The fourth option brings together a review of compensation and improvements in onboarding, role clarity, workload, supervision, professional development, scheduling, recognition, communication, and career advancement. Evidence from community health workers and their allies suggests that better pay, continuing education, recognition of lived experience, mentoring experience, leadership opportunities and clearly defined career pathways are important for professional growth and retention (Smithwick et al., 2023).

This is in line with the larger evidence on retention in healthcare identified by De Vries et al. (2023), who identified key areas for retention interventions as onboarding, social support, staffing, stress management, work relationships, development opportunities, job design, workplace resources, and organizational conditions. For workforces or organizations, one size does not fit all, and the data suggest that coordinated packages of interventions are needed rather than a stand-alone benefit.

Table 1**Weighted Decision Matrix for Alternative Courses of Action**

Scoring scale: 1 = very poor, 2 = poor, 3 = moderate, 4 = good, and 5 = excellent.

Decision criterion	Weight	Maintain current practices	8% salary increase	Outsource CHW services	Comprehensive strategy
Likely reduction in turnover	30%	1	3	2	5
Operational feasibility	20%	5	4	3	4
Financial sustainability	15%	5	2	3	3
Alignment with organizational mission	15%	2	4	2	5
Employee acceptability	10%	1	4	1	5
Long-term sustainability	10%	1	2	2	5
Weighted total	100%	2.55	3.20	2.25	4.50

Selected Alternative and Justification

Alternative 4, the comprehensive employee retention and workforce well-being strategy, is recommended. It received the highest weighted score because it is the only alternative that addresses the major causes identified by employees while remaining consistent with ThriveBridge's community-centered mission. The strategy acknowledges that compensation is important but does not assume that compensation alone will correct workload, supervision, role clarity, scheduling, or professional-development concerns.

The proposed approach will generate revised job descriptions that clearly identify required roles as opposed to optional or short-term assignments. Caseload standards will define a reasonable range of active clients and a process for adjusting workload based on case complexity. This does not mean employees in positions being filled will be asked to do unlimited extra work. Additional help or temporary relief from workload will be provided.

A standardized 90-day onboarding program will include organizational orientation, job-specific competency training, supervised field experience, documentation instruction, community-

resource education, and scheduled progress reviews at 30, 60, and 90 days. Every new community health worker will be assigned an experienced mentor who is separate from the person conducting the employee's formal performance appraisal whenever possible.

Monthly supportive-supervision meetings will focus on problem solving, caseload review, professional development, safety, emotional demands, and resource needs. The Centers for Disease Control and Prevention's guidance on professional well-being recommends supportive supervision, two-way communication, flexible working arrangements when possible, adequate staffing, and meaningful worker involvement in decisions that affect working conditions

We will conduct quarterly stay interviews to learn why employees stay, what would cause them to leave, and what changes to the work environment would improve their experience. Stay interviews are different from exit interviews because management has an opportunity to act before an employee resigns. Aggregate results will be shared with leadership, without identifying individual employees.

The organization will also develop a career ladder with at least three levels: Community Health Worker I, Community Health Worker II, and Senior Community Health Worker or Lead. Advancement will be based on relevant experience, demonstrated competencies, additional training, mentoring, project leadership, community feedback and performance, rather than academic credentials alone. This approach recognizes that lived experience and community trust are important forms of expertise.

Finally, management will review compensation and benefits, provide paid time for professional development, craft flexible scheduling guidelines, institute a consistent employee recognition process, and maintain a confidential process for reporting workload, safety, harassment, ethical, or supervisory issues. The World Health Organization recommends that effective community health worker programs should not be perceived as an informal or unconnected workforce, but rather use evidence-based approaches to education, deployment, management, supervision, integration and resource planning.

Implementation Plan

The human resources and operations manager will lead the implementation under the sponsorship of the executive director and will take place over 12 months. The Community Health Worker Retention Task Force will include two community health workers elected by their peers, the community programs supervisor, a human resources representative, the quality improvement coordinator, a finance representative, and one senior program manager.

During Months 1 and 2, the task force will develop baseline metrics, review exit interview findings, conduct confidential stay interviews, analyze wages and benefits, analyze caseload distribution, and map current onboarding and supervision processes. The organization will apply root-cause analysis to distinguish immediate complaints from underlying organizational conditions.

During Months 3 and 4, the task force will develop recommendations for revised job

descriptions, caseload standards, onboarding materials, mentor guidelines, stay interview questions, supervision expectations, flexible scheduling procedures, and a proposed career ladder. Finance and human resources will finalize the compensation review and determine what compensation adjustments can be made immediately and what adjustments will need to be phased into future budgets.

During Months 5 and 6, supervisors and mentors will be trained, the new onboarding process will begin, and current employees will receive individual meetings to review job expectations, career interests, caseloads, and professional-development needs. The first round of formal stay interviews will be completed during this phase.

During Months 7 through 9, management will review performance data monthly. Employees will provide feedback on whether supervision, scheduling, mentoring, and caseload standards are functioning as planned. The task force will make incremental changes where an intervention is not possible or does not have the desired effect.

Months 10 through 12 will be the time period for the quality improvement coordinator to conduct the formal outcome evaluation. The task force will compare results with baseline data, identify remaining weaknesses, prepare sustainability recommendations, and present findings to the executive director and governing board.

Table 2

Twelve-Month Implementation Timeline

Phase	Time frame	Major activities	Responsible parties
Assessment and planning	Months 1–2	Form task force; collect baseline data; conduct stay interviews; review turnover, compensation, caseloads, supervision, and onboarding	Executive director, HR/operations manager, task force
Program development	Months 3–4	Revise job descriptions; establish caseload standards; develop onboarding, mentorship, career ladder, supervision, and scheduling procedures	HR, CHW representatives, supervisors, finance
Initial implementation	Months 5–6	Train supervisors and mentors; launch onboarding process; review existing employee caseloads and development plans	HR, supervisors, mentors
Monitoring and improvement	Months 7–9	Review monthly dashboard; collect employee feedback; correct workflow and implementation problems	Quality improvement coordinator, task force

Phase	Time frame	Major activities	Responsible parties
Evaluation and sustainability	Months 10–12	Analyze outcomes; compare with baseline; present results; incorporate successful practices into policies and budgets	Quality improvement coordinator, executive director, governing board

Managing Resistance and Conflict

Some resistance is to be expected. Supervisors may be concerned that the monthly supervision and quarterly stay interviews will take more time. Finance staff may be concerned that the cost of the compensation adjustments or paid training is too high. Employees may be concerned that surveys and interviews will not be kept confidential or that frank feedback could jeopardize their employment.

The preferred conflict-resolution method will be collaboration. Olden (2019) explains that collaboration involves exchanging information, carefully examining differences, and developing a solution that seeks to satisfy the major concerns of all parties. This style is appropriate because the retention problem affects management, employees, clients, finances, and program performance. The organization needs employee commitment to the final strategy rather than simple compliance with a decision made by senior management.

Management will communicate the purpose of the proposal, explain how information will be used, provide regular progress updates, and document decisions. Community health workers will have meaningful participation in the task force rather than being consulted only after policies have been written. When disagreement occurs, the group will focus on one issue at a time, clarify the reasons for the disagreement, provide each participant with an opportunity to respond, and formally document the resolution.

Evaluation of Success and Organizational Impact

Evaluation will follow Olden's three-step management-control process: establish performance standards, measure actual performance and compare it with the standards, and improve performance when results do not meet expectations. The evaluation will also distinguish structure, process, and outcome measures. Structure measures will determine whether the organization created the resources and systems required for retention. Process measures will determine whether those systems were actually used. Outcome measures will determine whether turnover and employee experience improved.

The primary outcome will be voluntary community health worker turnover. ThriveBridge will seek to reduce turnover from three voluntary departures during the baseline year to no more than one voluntary departure during the 12-month implementation period. Because the department includes only eight workers, the evaluation will report both the number of departures and the percentage. A small change in the number of departures can otherwise produce a large percentage change.

Human resources will also measure average vacancy duration, 90-day and one-year retention, absenteeism, employee job satisfaction, intention to remain employed, and reasons for departure. Employee surveys will be administered before implementation, at Month 6, and at Month 12. Survey findings will be supplemented by confidential interviews and open-ended comments so that management can understand why scores changed.

Program-level measures will include caseload distribution, missed client contacts, delayed follow-up, reassignment of clients after a departure, and client satisfaction with continuity and responsiveness. These measures are necessary because lower turnover should ultimately improve service stability, not merely produce better human resources statistics.

A monthly dashboard will display the selected indicators. Run charts will show trends in turnover, length of time a vacancy is open, caseloads, completion of supervision and employee satisfaction. If performance is not meeting a target, the task force will use root-cause analysis or a cause-and-effect diagram rather than immediately assigning blame to individual employees. Corrective actions may include redistributing the workload, additional supervisor training, revising the onboarding process, revising documentation procedures, or revising the career ladder.

Table 3

Evaluation Framework and Performance Targets

Measure type	Indicator	Baseline	12-month target	Data source
Outcome	Voluntary CHW departures	3 of 8 employees	No more than 1 voluntary departure	HR employment records
Outcome	Annual voluntary turnover	37.5%	No more than 12.5% during implementation year	HR dashboard
Outcome	Favorable intention-to-stay responses	Established during Month 1	Increase by at least 20 percentage points	Anonymous employee survey
Outcome	Average vacancy duration	Established during Month 1	Reduce by at least 25%	Recruitment records
Process	Completion of 90-day onboarding	Inconsistent	100% of new CHWs	Onboarding checklist
Process	Monthly supportive-supervision meetings	Not standardized	At least 90% completed	Supervision logs
Process	Quarterly stay interviews	Not conducted	At least 90% completed	HR records
Process	Caseloads within approved standard	Established during Month 2	At least 85% each month	Caseload report

Measure type	Indicator	Baseline	12-month target	Data source
Structure	Updated job descriptions	Outdated or inconsistent	100% approved by Month 4	HR policy records
Structure	Formal CHW career ladder	None	Approved and communicated by Month 6	HR compensation plan
Service outcome	Clients receiving timely reassignment or warm handoff after staffing change	Established during Month 1	At least 90% within five business days	Client-service records

Sustainability

Successful practices will be institutionalized through formal human resources policies, supervisor performance expectations, annual budgets, job descriptions, and quality improvement plans. Onboarding, mentorship, supportive supervision, and stay interviews should be routine operations, not temporary project activities. Compensation and pay-equity reviews should be performed annually, and caseload standards should be reviewed each time the organization implements a new program or experiences a significant increase in client demand.

Paid education and career advancement should be incorporated into future grant applications. ThriveBridge can identify external training opportunities and partnerships with community colleges, public health associations, and community health worker organizations. Employees who complete advanced training may assume mentoring, training, outreach leadership, or program-development responsibilities within the career ladder.

De Vries et al. (2023) systematically reviewed retention interventions and found strongest effects when interventions were well matched to actual needs and circumstances of the workforce . ThriveBridge therefore needs to continue to get employee feedback and not assume the initial approach will work without modification.

Conclusion

Community health worker turnover threatens ThriveBridge Community Wellness Center's workforce stability, service continuity, organizational effectiveness, and ability to maintain trusted relationships with underserved communities. Continuing current practices would allow the problem to persist. A salary increase could address one important concern but would not correct other organizational causes. Outsourcing would reduce organizational control over the quality and stability of the community health worker workforce.

The best way forward is to implement the recommended comprehensive retention and workforce well-being strategy because it addresses compensation, workload, role clarity, onboarding, supervision, scheduling, recognition, professional development, employee voice, and career

advancement. Its 12-month implementation plan can provide ThriveBridge the opportunity to systematically change the organization, monitor the results, and adapt the intervention through evidence-based quality improvement. ThriveBridge values community health workers as trained professionals and valued organizational partners. This enables ThriveBridge to reduce turnover, improve employee well-being, maintain relationships with clients, and expand its capacity to deliver on its public health mission.

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