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## UC Irvine-led study stresses the importance of community health workers to remove healthcare barriers

Cuts to pandemic-related funding strain community organizations amid rising community health challenges

October 21, 2025



A new UC Irvine Joe C. Wen School of Population & Public Health study highlights how terminating pandemic-related funding has created a “benefits cliff” for both community members and the organizations that serve them, stressing the importance of coalition building.

During the COVID-19 pandemic, government agencies expanded safety net programs to ease widespread economic hardship. Yet many low-income, immigrant, and racially minoritized communities faced structural barriers that limited access to these resources. Community-based approaches, including community health workers addressing systemic inequities, proved essential in helping residents navigate these barriers.

In an analytic essay published in the *American Journal of Public Health*, Alana M.W. LeBrón, PhD, MSc corresponding author and associate professor of health, society, and behavior at Wen Public Health, and colleagues spotlight Latino Health Access (LHA), a community-based organization that employed more than 60 community health workers, or *promotores/as*, during the pandemic.

Building on data and methods from the CATALYST project, a UC Irvine effort that showed how community health workers were central to the region’s COVID-19 response, the team combined interview and focus groups data, trend analyses, and practice-based data from Latino Health Access. Their analysis revealed what the researchers call a “dual post-pandemic benefits cliff.”

As the pandemic unfolded, Latino Health Access experienced massive and rapid workforce and revenue growth to meet growing community demands. But when federal emergency declarations ended in May 2023, foundation grants and pandemic-related funding dried up — while community hardships persisted or even worsened. Economic inequities, housing insecurity, worsened mental health, and stigma remained pressing concerns, compounded by interconnected crises such as racial, environmental, and climate injustices. At the same time, Latino Health Access faced rising demand for services with sharply reduced resources.

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*Promotores* were the backbone of the pandemic response, and they continue to accompany and facilitate access for communities to systems that often overlook them,” said Alana M.W. LeBrón. “Without sustained support, the very organizations that kept people afloat during the crisis are now situated on a cliff at risk of collapse.”

*Promotores* were the backbone of the pandemic response, and they continue to accompany and facilitate access for communities to systems that often overlook them,” said LeBrón who also has an appointment with the Department of Chicano/Latino Studies at the UC Irvine School of Social Sciences. “Without sustained support, the very organizations that kept people afloat during the crisis are now situated on a cliff at risk of collapse.”

*Promotores/as* emphasized that trust built during the pandemic continues to draw residents in: “People may have come in from COVID-19 or the food bank, but they keep coming back because they got to know us.”

Even with limited resources, *promotores/as* remain critical in helping residents navigate overburdened systems that too often exclude low-income and immigrant communities. The findings underscore the urgent need for coalition-building and sustained governmental and nongovernmental investment in *promotores/as* models and CBOs to advance long-term health equity.

Additional authors include Melina Michelen, MPH, a research manager at Wen Public Health; Gloria Itzel Montiel, PhD, with AltaMed Health Services Corporation; Patricia J. Cantero, PhD, Loreta Ruiz, BA, Kory Razaghi, MS, MBA, Laura Pantoja, Josefina Jimenez, Marisela Ramirez, and America Bracho, MD, MPH, CDE, all with Latino Health Access; and John Billimek, PhD, an associate professor at the UC Irvine School of Medicine.

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