

An Analysis of Community Health Worker Experiences and Training Needs in Louisville, Kentucky

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DEPARTMENT OF
PUBLIC HEALTH
AND WELLNESS

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Summary of Findings and Recommendations

1. Policy Oriented Recommendations

- a. Community Health Workers (CHWs) reported that they faced high caseload burdens and received compensation that did not reflect this burden.
 - i. Efforts should be made to reduce caseload burden through increasing the number of Community Health Workers (CHWs) in the community.
 - ii. Efforts should be made to ensure that CHWs are compensated commensurate with their workload, and able to earn overtime when needed.

2. Training Oriented Recommendations

- a. Training and policy efforts should be aimed at increasing the availability of affordable housing options in Louisville and making the process of applying for housing assistance accessible and easy for CHWs.
- b. Training and policy efforts should be aimed at increasing the availability and accessibility of transportation services supports, and products in Louisville.
- c. CHW training should focus on understanding the rights, policies, and procedures as they pertain to clients who may be disenfranchised or otherwise marginalized—for example: clients who lack English language proficiency, immigrants, and clients who might have a criminal record. Policy should be developed and supported, which ensures access to services for these groups.
- d. Efforts should be made to standardize the systems used for finding resources and services across CHW organizations.
- e. CHW training efforts should offer several formats and types of training opportunities, keeping in mind elements that were most important to respondents, namely:
 - i. content that is applicable to current clients;
 - ii. opportunities to connect with other CHWs;
 - iii. accessible tools or training resources;
 - iv. hands-on and interactive trainings with real-world examples;
 - v. and instructors who are subject-matter experts, who reflect the clients and communities that CHWs serve, and who are personable and available to answer questions.

The outlined recommendations are important steps in addressing the needs of CHW clients. However, greater financial resources and addressing gaps in services alone will not solve all the problems that CHW clients face. Policy attention and resources should be focused upstream on the root causes and systems that affect the lives and health needs of CHW clients.



Background

In Fall 2022, the Louisville Metro Department of Public Health and Wellness (LMPHW) through its' Center for Health Equity (CHE) analyzed experiences of a number of Louisville's Community Health Workers' (CHW) to understand their training needs and interests and any resource limitations that they face when referring their clients to services. The results of this investigation will inform the development of LMPHW's CHW training budget (which is grant funded through the CDC). The audience for this report is primarily organizations that are familiar with and regularly work with and employ community health workers.

The research team developed and conducted an online survey, which was distributed via established email lists of CHWs and promoted at CHW meetings hosted by LMPHW. After an initial analysis of survey results, the research team conducted a focus group with five CHWs and related staff to expand on themes revealed in survey data. Data analysis was performed by the epidemiology staff at CHE.

This report outlines the findings.

A Note About What We Mean by Community Health Workers (CHWs)

Per the Bureau of Labor Statistics, CHWs:

- “Promote health within a community by assisting individuals to adopt healthy behaviors.
- Serve as an advocate for the health needs of individuals by assisting community residents in effectively communicating with healthcare providers or social service agencies.
- Act as liaison or advocate and implement programs that promote, maintain, and improve individual and overall community health.
- May deliver health-related preventative services such as blood pressure, glaucoma, and hearing screenings.
- May collect data to help identify community health needs.
- (Excludes ‘Health Education Specialists’)¹.”

We also know that not all workers in the community who do the work of a CHW are licensed CHWs. As such, this report does not focus on any specifically licensed professional, but rather a group of employees who identify the work that they do with clients as community health work.

The group of workers whose experiences we are analyzing here self-identified as community health workers and opted into our sample. Thus, our analysis is built around workers who identify as community health workers.

The Caseload Burden

CHWs that we heard from perceived their own caseload as unmanageable and reported that this caseload contributed to feelings of burnout. This affects the time that CHWs can commit to professional development opportunities and can lead to high levels of turnover which can significantly impact institutional knowledge.

Efforts should be made to reduce this caseload by increasing the number of CHWs in the community. CHWs in our focus group discussed the effects of high caseloads. Caseloads were described as heavy, both because of the high number of people who CHWs were expected to serve, but also due to the highly intimate and involved nature of the work that CHWs do with clients. For example, one CHW reported having a caseload of more than 70 clients. They reported that this caseload was manageable during the (COVID-19) pandemic, when they were unable and not expected to directly meet with clients. But since the transition back to in-person work, this caseload had since become unmanageable. One CHW reported they weren't really sure what a caseload should look like, but their caseload was heavy and made it hard to step away for self-care and or use vacation time.

"I'll just say that I'm not really sure what a caseload should look like. I feel like my caseload is really heavy. And it has been a struggle. Like, I am planning on going on vacation after today. And I feel like I probably shouldn't because it's [the workload] a lot."

Another CHW who primarily serves immigrant populations reported that some of their work involved traveling and learning bus routes with their clients.

"Well, for me it's a necessity to be out there. Because there are just certain things that you can't do virtually. In the community that I serve, you have to go in person a lot of the time. And you have to help them with things like for example, like learning bus routes and things like that have to be in person. And take a lot of time."

Our focus group generally felt supported by their managers, but also felt managers could only do so much. Managers encouraged CHWs to focus on self-care, but CHWs felt that they were unable to effectively do this because of the amount of need in the community and high caseloads. For instance, one CHW offered:

"They are very encouraging, and they do try to tell us to focus on self-care and to do that. But there is also the caseload that is pretty heavy. And there is only so much you can do. So, I think that it's just a situation of where we are and how much need is out there."

Efforts should be made to ensure that CHWs are compensated commensurate with their workload and provided the ability to earn overtime when needed.

We also heard from CHWs that they felt that their compensation did not match their high workloads and there were constraints on CHW time that did not permit them to receive overtime pay for the work that they do.

CHWs in our focus group shared that high caseloads and time constraints affected their ability to engage in professional development opportunities and even participating in our focus group. High caseloads with relatively low levels of compensation can also lead to burnout, fatigue, and turnover. Turnover leads to loss of vital institutional knowledge and expertise gained in professional development and training that can lead to success and improved health outcomes for residents.

Experiences Connecting Resources and Services

We asked CHWs about some of the most common different types of resources for their clients based on the recommendation of CHW serving CHE personnel, who were themselves CHWs. CHWs answered survey questions about how easy or difficult it was to find and connect clients to resources and support in: housing / shelter, individual / family support, transportation, employment, and food assistance.

Survey participants and focus group reported a high degree of difficulty connecting clients to housing / shelter. CHWs frequently reported they encountered resources that were at capacity, stringent qualification requirements and a lengthy application process when trying to connect clients to housing services and resources. When we asked CHWs about the content of professional development that they wanted to see in the next year, the most requested content category was for trainings focused on “housing services and programs.” **Training and policy efforts should be aimed at increasing the availability of affordable housing options in Louisville and making the process of applying for housing assistance accessible and easy for CHWs.**

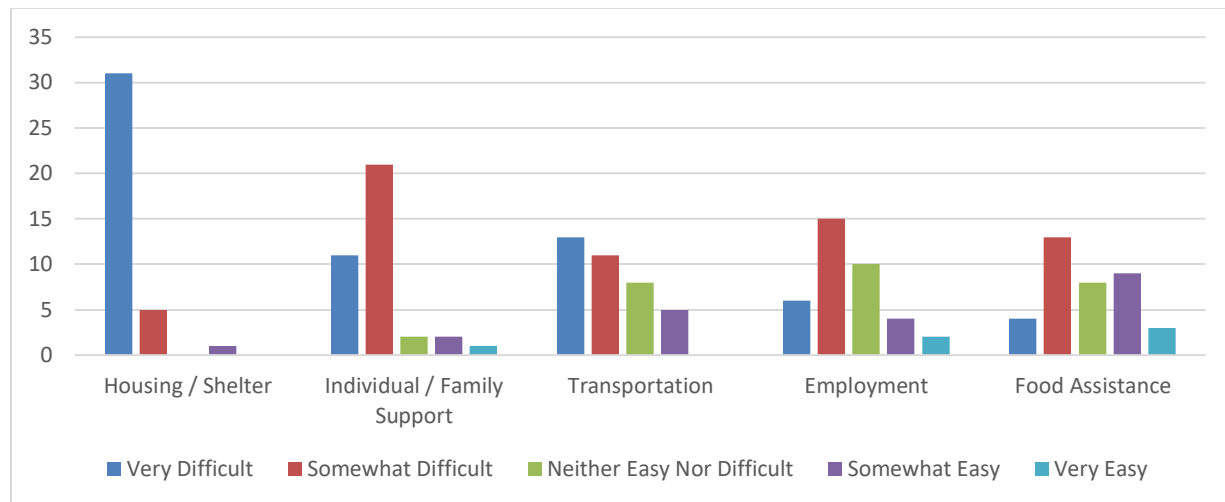
Transportation was also an important theme in the survey and focus group feedback from our respondents. Thirteen survey respondents reported that connecting clients to transportation services was “very difficult” and 11 reported that it was “somewhat difficult”. In our focus group we also heard that CHWs were unable to connect clients to transportation services for nonmedical purposes (such as employment), appointments with specialists, and transportation supports such as car seats for infants. **Training and policy efforts should be aimed at increasing the availability and accessibility of transportation services supports, and products in Louisville.**

We received expanded feedback on barriers for clients who lack English language proficiency, immigrants, and clients who might have a criminal record during our focus group and some of our open response questions on surveys. For example, group conversations focused on the lack of resources for non-English clients and clients who are **immigrants. We also heard from several survey respondents that background checks and criminal history prevented some clients from being able to secure employment. CHW training should focus on understanding the rights, policies, and procedures as they pertain to clients who may be disenfranchised or otherwise marginalized—for example: clients who lack English language proficiency, immigrants, and clients who might have a criminal record. Policy should be developed and supported, which ensures access to services for these groups.**



Table 1: How easy or difficult is it to find services that support your clients in each of the following areas?

(Housing / Shelter, Individual / Family Support, Transportation, Employment, Food Assistance)



*Survey specified Individual / Family Support (i.e., disability assistance, caregiver support, respite care)

Housing / Shelter

Most survey participants (31 / 37) reported that it was “very difficult” to connect clients to housing and shelter services.

When we asked CHWs in survey participants about what types of challenges they face when trying to connect clients to services for housing and shelter, four causes stood out from others in terms of their response rate:

- CHWs most frequently reported they encountered resources that were at capacity (32).
- Twenty-five CHWs reported that they encountered stringent qualification requirements when trying to connect clients to housing services and resources.
- Twenty-three CHWs reported they were unable to locate resources and when they did, they encountered a lengthy application process.
- Notably, everyone reported at least some degree of challenge when trying to connect clients to housing resources.

CHWs in our focus group reaffirmed that housing was a difficult resource to connect clients to. One CHW reported the feeling that finding housing is a complex and unknown search process. Additionally, some CHWs reported having struggled with finding housing for themselves.

“Mine is, I know that there are a lot of us here that need more training in regard to housing issues. We identified that that was going to be a problem. But then, like even for us personally, that’s an issue that Louisville is facing. Even sometimes the resource that we do know about, it’s like “Call here. Do this.” And I think that we need to maybe have a better system than that.”

Individual / Family Support

According to survey participants individual and family support and transportation are the second and third most difficult resources and services to connect clients to in Louisville.

Eleven respondents reported that connecting clients to individual and family support was “very difficult” and 21 reported that it was “somewhat difficult.”

When we asked CHWs about what types of challenges they face when trying to connect clients to services for individual and family support (i.e. disability assistance, caregiver support, respite care), four causes stood out from others in terms of their response rate:

- Twenty-two reported being unable to locate resources.
- Twenty reported that resources were at capacity.
- Sixteen reported a lengthy application process.
- Fifteen reported stringent qualification requirements.
- Two respondents wrote-in responses that lack of insurance coverage created barriers to connecting clients to resources.

Transportation

Thirteen survey respondents reported that connecting clients to transportation was “very difficult” and 11 reported that it was “somewhat difficult.”

When we asked CHWs in our survey sample what types of challenges they face when trying to connect clients to services for transportation, three causes stood out from others in terms of their response rate though these trends were not as pronounced as the ones for housing:

- Seventeen respondents reported that stringent qualification requirements created barriers to connecting clients to transportation services.
- Eleven reported they were unable to locate resources.
- Eleven reported that resources were sometimes at capacity.
- Several respondents selected other and write-in responses. These responses varied, but many were related to transportation infrastructure being built around individual means of transportation.
- Two respondents reported that traveling via public transportation with children can prove difficult.

Participants in our focus group reiterated what we heard in survey data about transportation being troublesome. CHWs reported that they faced difficulty connecting clients to reliable transportation options for non-medical and specialist appointments. Amenities that allow parents with young children to travel. For example, car seats were also difficult to obtain.

“My current one is just transportation to employment. Like, my people want to work. That is stressful for them to not have a job. But they have no transportation to employment. I can get them transportation to medical appointments. Sometimes I can get them signed up through TARC to get them to the grocery store or routine community places. But we all push employment and there’s no resolution for transportation.”



We also heard in survey and focus group data that supports for transportation can be difficult to obtain in Louisville, particularly for parents who do not speak English are unable to complete required trainings only offered in English to qualify for these resources.

“For our moms... almost all of them need car seats. And there’s hardly anywhere to send them to get car seats. There is Little Way Pregnancy Resource Center. They have a car seat and crib program. But again, a majority of our members are not English-speaking, so they can’t go through the program. So, it’s a struggle to find car seats a lot of the time.”

Our sample also reported difficulty connecting clients to employment and food assistance services.

Employment

When we asked CHWs in our survey sample about what types of challenges they face when trying to connect clients to services for employment, two causes stood out from others in terms of their response rate:

- Twenty-one reported that obtaining resources required internet access and that this presented barriers to connecting clients to services and resources.
- Fifteen reported stringent qualification requirements.
- Five respondents noted that background checks and felony convictions presented barriers to accessing employment.
- A few others reported that available work is not always appropriate for clients’ needs or physical abilities.

Food Assistance

When we asked survey respondents about what types of challenges they face when trying to connect clients to services for food assistance, thirteen reported stringent qualification requirements were an issue. Ten respondents reported that resources were at capacity. And although eleven respondents reported that they did not have issues connecting clients to food services the write-in responses point to some issues with the comprehensiveness or

appropriateness of food assistance in Jefferson County. Participants reported that accessing healthy, culturally appropriate food, and enough food to make full meals could be troubling, and that access was not equal across Louisville.

Additional Focus Group Findings

During our focus group there was a discussion around finding and connecting clients who were immigrants or who were limited English language speakers to a variety of resources. One CHW offers:

“[A] good majority of the population that I serve is Spanish-speaking or not English-speaking. And they’re, we give them these resources and they try to call and there is no one to help them because there is no one that speaks this other language. That’s a really big issue for us.”

Multiple CHWs revealed that health providers did not provide timely translation services to patients. Though failure to provide such services is against the law, it appears that several of the CHWs in our focus group were unaware of its illegality. **We recommend trainings focus on the rights of clients to translation services.**



Aside from language access, we also heard from CHWs who provide services to immigrant populations. They reported that one of the barriers that they routinely encounter was that many resources and services are not available to people of all types of immigration status. Thus, they must frequently negotiate the search for resources while determining what resources are and are not available to clients.

“Yes, well there is definitely a lot of barriers that do not apply to other groups, like immigration status. And sometimes, I have come across a lot of resources that are available for other people are not available to the people that I serve because of immigration status. And it just makes what I do so much harder. And I have to look for resources. And a lot of times it’s just a dead end because it’s not available to them.”

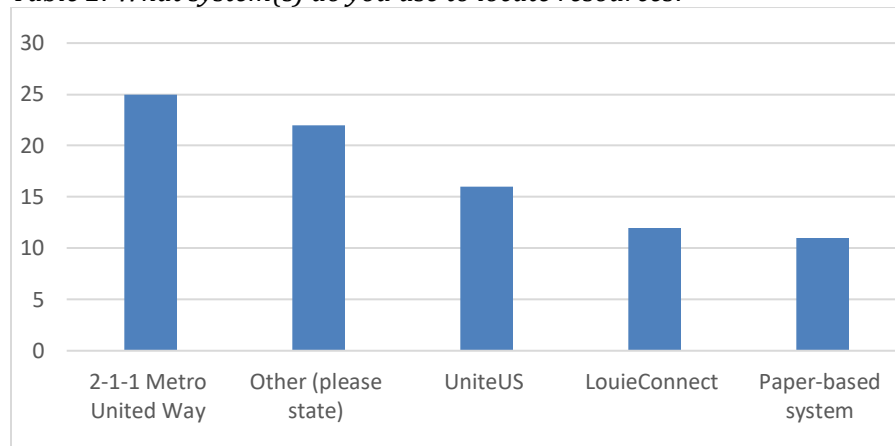


Systems for Navigating Resources

We found a high degree of variability as to the systems and types of systems the CHWs used. It seems that there are several high-quality systems for navigating resources. However, it is evident that there is not uniformity across organizations and not all systems are interoperable. This variability could pose a potential risk because the lack of centralized and standardized information about programs and services could result in some CHWs providing their clients with inaccurate and inconsistent information or inequitable experience in access to services or resources based on CHW’s institutional knowledge. **Efforts should be made to standardize the systems used for finding resources and services across CHW organizations.**

Most of our survey respondents reported they use Metro United Way’s 2-1-1 resource referral service. However, a large portion of our sample also reported using “Other (please state)” resources and UniteUs. Most of the twenty-two “other” responses in our survey involved write-ins that could be characterized as using personal and professional networks and networking knowledge, internet searches that were described as using CHW-specific search engines and random internet searches, and organizational resources such as connections or communications. Another cause for concern is the high number of respondents (11) who reported using paper-based systems for locating resources.

Table 2: What system(s) do you use to locate resources?



CHWs in the focus group reported they encountered an ever-changing landscape of services and resources that ebb and flow with funding streams and cycles. As such, control over the accuracy and timeliness of information is vital.

“I think it’s just a cycle. It comes. It goes. A resource gets depleted. Funding runs out. Things like that. So, for me it’s a case-by-case situation.”

One CHW shared an experience that searching for resources on the internet led them to send clients to a resource that was no longer available, which resulted in frustration for them and their clients.

“[W]e just had something—a turkey drive—that we sent people to. And it was three years ago. But we found it on google—trying to be helpful—and it was three years ago.”



Trainings and Professional Development

We asked survey participants open and closed questions about the characteristics important to them for having positive experiences with professional development and trainings. We received a range of feedback about the types of training they preferred. Based on the feedback that we received, **CHW training efforts should offer several formats and types of training opportunities, keeping in mind elements that were most important to respondents, namely: content that is applicable to current clients; opportunities to connect with other CHWs; accessible tools or training resources; hands-on and interactive trainings with real-world examples; and instructors who are subject-matter experts, who reflect the clients and communities that CHWs serve, and who are personable and available to answer questions.**

Desired Format of Professional Development

We asked survey respondents about the format of professional development that they would prefer. Most survey respondents reported wanting:

- Content that was applicable to current clients (30).
- The ability to connect with other CHWs (28).
- Handouts and materials are available (23).
- Instructors are available to answer questions (21).
- Presenters come from backgrounds similar to clients (20).
- Sessions include opportunities for discussion (19).
- Instructors have experience as CHWs themselves (17).

Open-ended survey responses confirmed these trends and individual responses outlined what CHWs envisioned training sessions would look like. Additional responses suggested training administrators consider amenities like snacks and comfortable seating when planning in-person training sessions. CHWs in our survey wanted high-quality instructors and collaborative opportunities.

We also asked whether respondents preferred virtual or in-person trainings. The responses ranged, but the strongest selections were at the extremes for “no preference,” “a strong preference for in-person,” and “a strong preference for online.” **We recommend offering a variety of options and trainings that can be attended in-person, virtually or in a hybrid format.**

Desired Content of Professional Development

When asked about their desired content of professional development and training opportunities, survey participants most frequently reported wanting more training on:

- housing services and programs (30)
- Waiver services and policies (20)
- Advocacy skills (17)
- Managing chronic conditions (14).



Based on this feedback and the responses received about difficulty connecting clients to housing resources, **we recommend that significant professional development and training resources be committed toward training that focuses on connecting clients to housing services and programs.**

Focus group participants also noted the importance of skills in motivational interviewing, advocacy, communication, interpersonal skills, relationship building, organizational skills, teaching, and time management. To some extent, they felt CHWs needed to have these skills already before they began work as a CHW. **We recommend that some training and professional development be devoted to developing and honing these skills because of their importance to CHW work.**



References

1. U.S. Bureau of Labor Statistics. Occupational Employment and Wage Statistics: 21-1094 Community Health Workers. U.S. Bureau of Labor Statistics. Updated 3/31/2022. Accessed 3/14/2023. <https://www.bls.gov/oes/current/oes211094.htm>



Appendices

CHW Survey Demographics

Table 3: Age

Age range: 24 to 70

Median age: 45.5

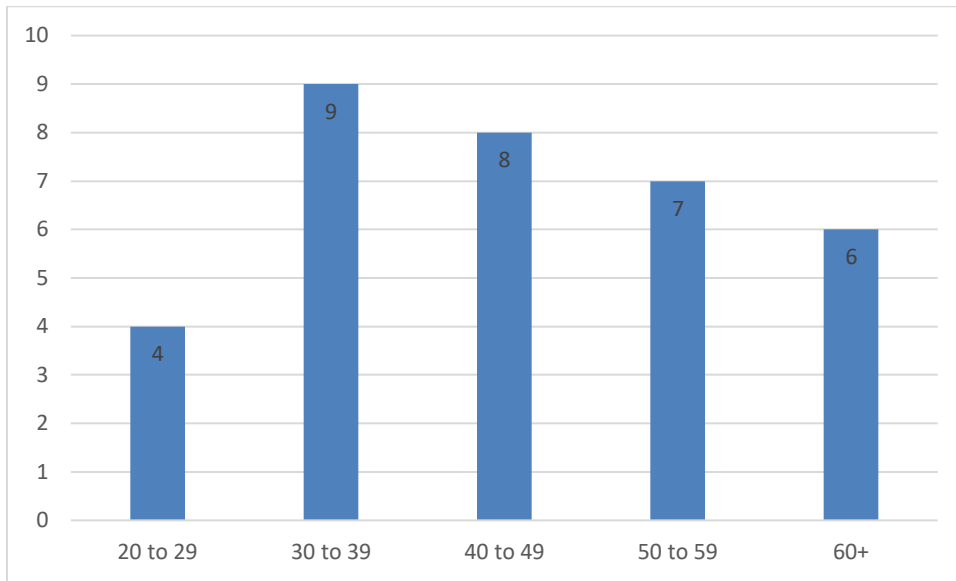


Table 4: Gender

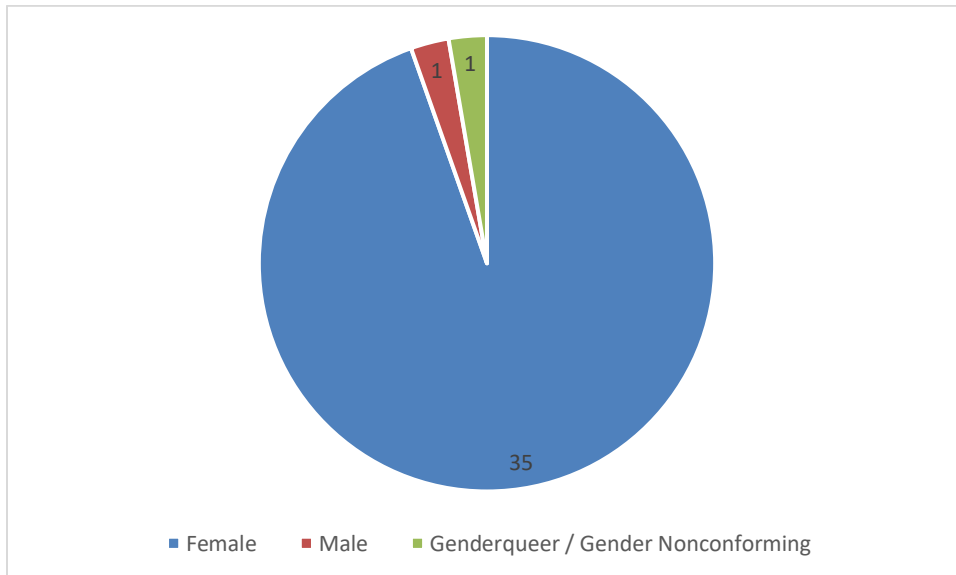


Table 5: Ethnicity

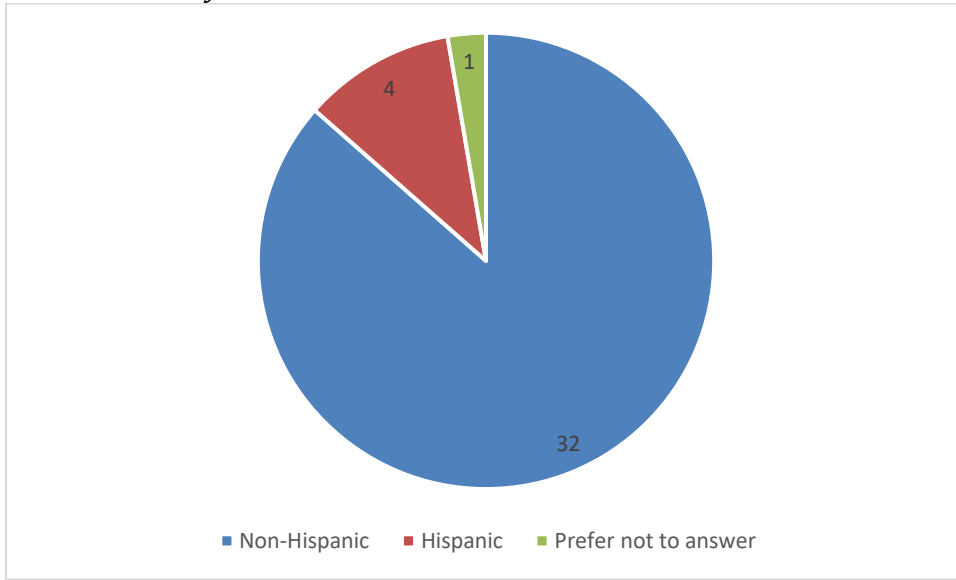


Table 6: Race

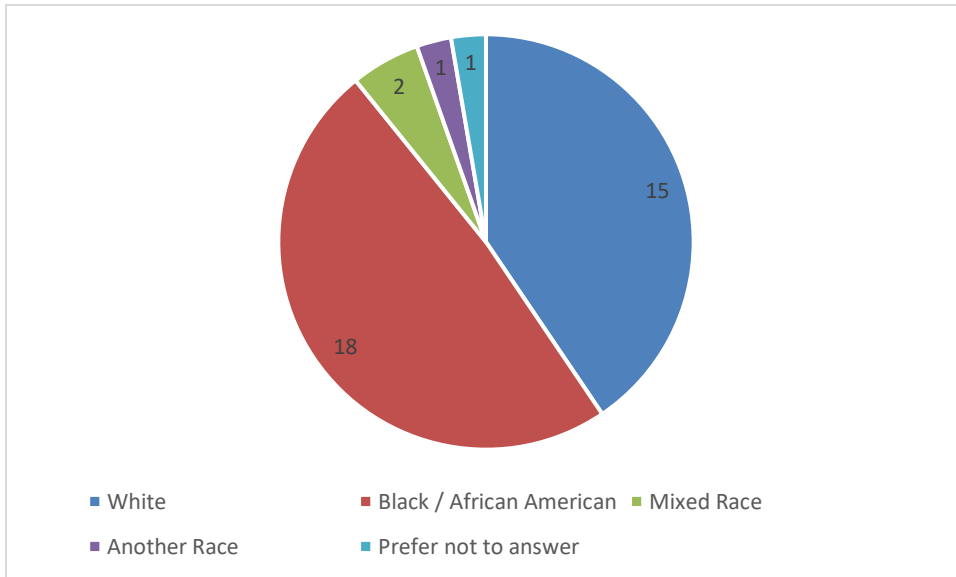


Table 7: In a typical month, how many clients do you see?

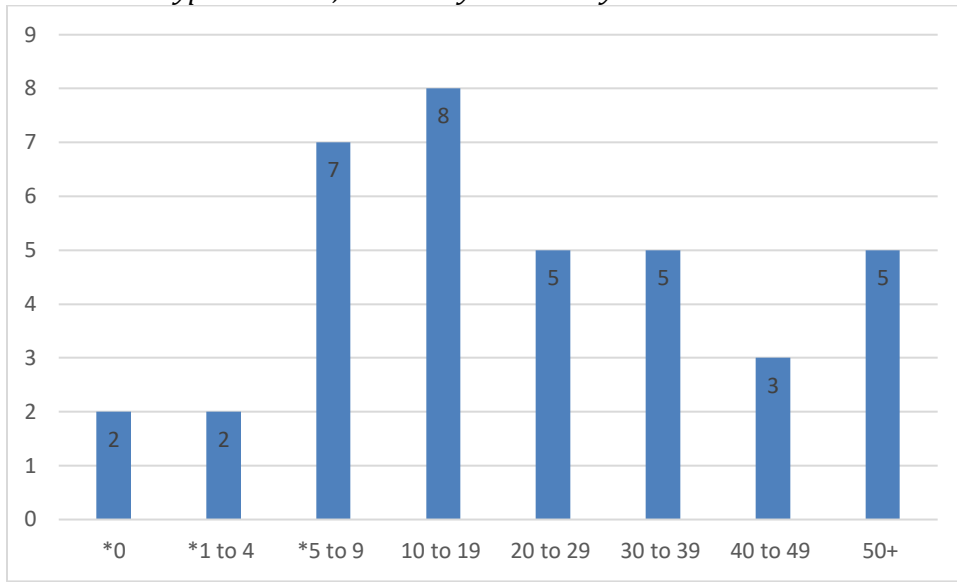


Table 8: How would you describe the characteristics of your clients?

