

# Idaho Community Health Worker Interactive Listening Sessions Summary Report



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# Executive Summary

## Introduction

This report summarizes the themes collected in four virtual focus group discussions with Idaho Community Health Workers (CHWs). The focus groups, marketed as “interactive listening sessions”, were conducted in May 2023. The purpose of the listening sessions was to collect input from CHWs to inform future work to help advance the profession in Idaho. This work was hosted by the Idaho Community Health Worker Association (ICHWA) and funded by the Idaho Department of Health & Welfare.

Thirty-two participants were asked about barriers to providing services to their clients, new issues they are facing in doing their work, ideas for improving their work, and suggested priorities for helping the CHW profession.

## Input Collected

The barriers and new issues participants identified fell into four major categories: social determinants of health, client challenges, issues with the CHW role or job, and access to and lack of resources.

- Social Determinants of Health – Participants shared that many of their clients struggle to access care and needed support services due to a lack of reliable transportation. Others highlighted that some clients do not have housing and many affordable housing options have extremely long waitlists. Finally, they shared that clients and their families struggle with food insecurity. All these issues were said to have become more significant in the past few years.
- Client Challenges – CHWs said that clients sometimes do not fully engage with the various services and programs that could help them. They postulated there could be several reasons why, including a lack of trust in the medical field, lack of personal agency, and other confounding issues like those listed under social determinants of health.
- The CHW Role & Responsibilities – Participants shared that the workload is a barrier to helping clients. Many said they have heavy caseloads and are understaffed. Some expressed guilt about “clocking out” when there are people who need help. CHWs said that their role is misunderstood and undervalued. This leads to being asked to do work outside the role, referrals when they are not needed, or no referrals when clients could use CHW support.
- Access / Lack of Resources – Participants said that many areas in Idaho lack the services needed including medical and dental care, mental health services, affordable housing programs, food programs, and programs serving those who are non-English speakers. They stated that coordination of care is challenging due to programmatic silos, lack of communication, and instability of many programs meant to serve those in need.

CHW participants also shared ideas for improving care and priorities for the profession. Many of the responses fell into two high-level categories, the CHW role and improving resources.

- Clarifying the CHW Role & Value – Participants said that they want to have a defined role in the medical profession with data to show their value to the field and the community. They said that compensation needed to be increased to pay a livable wage and reduce turnover. They expressed a desire for more professional development to improve their work and raise the standard of the profession.
- Improving Resources – Participants shared the need for more well-funded programs that provide services for people in need. Many CHWs said that having access to a reliable, integrated, timely resource database would help them be more effective and efficient when working with clients. This solution would help new CHWs become proficient more quickly and help established professionals connect clients with resources efficiently.

### **Potential Next Steps**

The input received from CHWs could be utilized in a variety of ways. Some potential next steps include:

- Share this input with strategic partners, including CHWs, their employers, key programs within Idaho Health & Welfare, the Idaho State University (ISU) CHW Training Academy, and legislators.
- Have stakeholders come together for strategic planning to advance the contributions of CHWs and the profession in Idaho.
- ICHWA could partner to sponsor professional development via training, mentoring programs, and collaborative events as suggested by participants.

## Introduction

This report summarizes the themes collected in four virtual focus group discussions with Idaho Community Health Workers (CHWs). This work was hosted by the Idaho Community Health Worker Association (ICHWA) and funded by the Idaho Department of Health & Welfare. ICHWA organized the initiative, which was designed and overseen by a steering committee of CHWs. The focus groups, marketed as “interactive listening sessions”, were conducted in May 2023. The purpose of the listening sessions and the shared goal of all involved is that the input collected can be used by a variety of organizations and agencies to support, improve, and advance the work of CHWs in Idaho.

### **What are Community Health Workers?**

According to the American Public Health Association, “A community health worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A community health worker also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy.” CHWs in Idaho help clients access health and social services to stabilize challenging life circumstances, foster personal growth and wellness, and reduce the need for acute care in the future.

CHWs come from various backgrounds, have a variety of job titles, and provide a broad array of services, all with the goal of helping Idaho clients with the greatest need. They are trusted community members who serve a valuable role in the medical profession and community.

### **Clarification of Terminology**

CHWs work in a variety of settings. While they are important contributors to the medical profession, they also play a role in other community-based programs and organizations. Throughout this document, the term “client” will be used to refer to the people whom Community Health Workers help and provide service. While many CHWs use the term “patient”, as is common in the medical profession, the term “client” was chosen as it was deemed more inclusive for the work of all CHWs in the variety of settings they work in.

## Methods

Four, 90-minute, interactive listening sessions were held virtually with a total of 32 CHWs. Potential participants were contacted via an email that was sent to a group of CHWs in Idaho. Participants volunteered and were chosen based on their role (only self-identified CHWs) and representation by Idaho region and types of populations served. CHWs were offered a \$100 stipend for their participation in the interactive listening session.

During the session, participants were asked four questions:

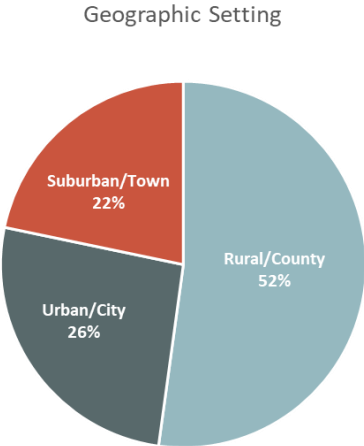
1. What are the biggest barriers to providing services to your clients in your area?
2. What ideas do you have that would help you do your job better?
3. If you have experienced new issues in the past year to doing your work, what are they?
4. What priorities would you like to see addressed to help the community health worker profession in Idaho?

Participants could share their thoughts by typing responses on the screen for each question. After everyone had shared, the group discussed the responses and their additional thoughts. Participants also completed a pre-session survey to share information about themselves and their work.

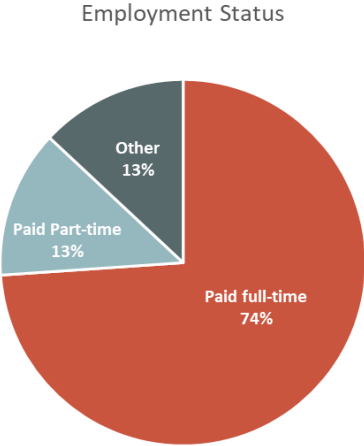
# Information About the Participants

Twenty-three of the 32 participants shared their work-related demographic information via a pre-session survey. The details about the participants' work and responses were kept confidential. This is an overall view of the participants' responses to better understand their background, experience, and employment status.

1. In what geographic setting do you do most of your CHW work?

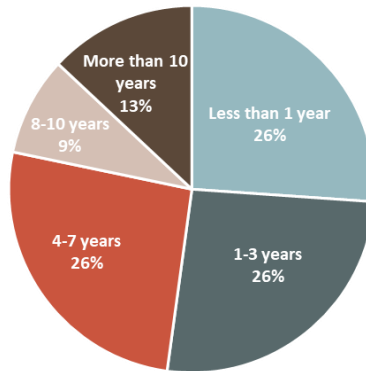


2. What is your current employment status as a CHW?



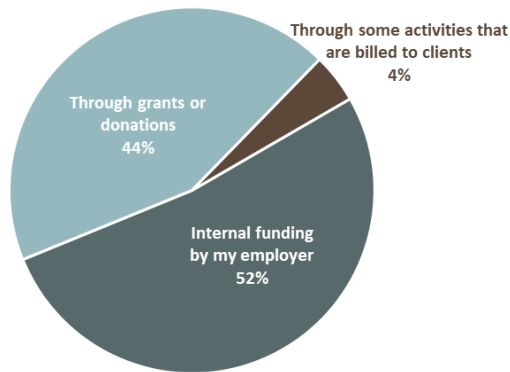
3. How long have you worked in your current position?

LOS in Current Position



4. To the best of your knowledge, which best describes how your position is funded?

Position Funding





## Input Collected

The input collected was organized into three main sections.

1. **Barriers & New Challenges** – The input provided by participants about barriers and new issues they faced showed a high degree of overlap within and across listening sessions. Responses were combined into one overall summary highlighting the challenges CHWs face when trying to help clients.
2. **Ideas For Improvement** -- This section examines CHWs' ideas for improving care and the profession. The overarching themes from the Barriers & New Challenges section were used to organize their answers.
3. **Priorities** – CHWs were asked what priorities should be addressed to help the profession in Idaho. Their input focused on two of the overarching themes from earlier sections.

### 1. Barriers & New Challenges

Community health workers were asked about barriers that impede their ability to provide services to their clients and new issues and changes from the past year impacting their role. Their responses focused on four main themes: social determinants of health, client challenges, issues with the CHW role and job-related issues, and access and a lack of resources within systems that serve clients.

#### A. Social Determinants of Health

CHWs identified issues their clients face that undermine their ability to receive services and live healthy lives. These issues clearly fall into defined social determinants of health (SDOH) according to the Office of Disease Prevention and Health Promotion under the U.S. Department of Health and Human Services. Social determinants of health are defined as, “the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.” CHWs participating in the Interactive Listening Sessions highlighted the following barriers in this category.

##### Transportation

Transportation was the social determinant of health most frequently mentioned by CHWs. They shared that transportation challenges exist in both rural and suburban/urban areas, impacting clients' ability to access medical care, food, and other services. Overall, CHWs said the transportation services for their clients are not reliable, are more expensive than in the past, and are not expanding to meet a growing community need.

CHWs said that in rural areas clients have a hard time getting to doctor visits and shopping for food. They said that those without Medicaid struggle to get to doctor appointments. Yet, they shared that Medicaid transportation services seem to be unreliable. In some cases, Medicaid transportation services do not have drivers when needed. CHWs shared they see that some transportation services are having a hard time keeping enough drivers employed. Others cited drivers being late and then clients missing their doctor's appointments. This causes friction with doctors who see a pattern of missed appointments.

*“When I started as a CHW five years ago, I set a goal to find transportation for non-Medicaid patients, and I’m still trying to find a solution.”*

In suburban and urban areas, CHWs said the bus system is less effective than it could be, with stops that are more than 20 minutes walking distance from clients, and a system that is inefficient for getting clients where they need to go because it has cut back stops and routes.

CHWs resort to workarounds to help with transportation. Many discussed contracting with Lyft or Uber to provide services. This solution seemed to have mixed results and was less than ideal. Some talked about contracted drivers refusing to pick up a client when they use a wheelchair. Others said the drivers will end their shift before the client is finished with an appointment, leaving the client stranded. Another factor was the higher cost associated with using those providers. CHWs shared that they sometimes rely on community member volunteers to drive clients to appointments.

Finally, CHWs shared that some people who need transportation assistance cannot get help because they fall into a “middle space” where they do not qualify because many services are targeted at the elderly or disabled.

## **Housing**

CHWs shared that the lack of affordable housing is a problem for many clients they work with. They shared that rising housing costs in Idaho have created “new insecurities” and that waitlists for affordable housing are very long. One CHW shared, “When we get a referral and they’re looking for housing, our hearts break. There’s a two-year waitlist.” The participants shared that both home and rent prices are too high for many families, with wages lagging behind the rising costs families are experiencing. Several said they see this

*“When we get a referral and they’re looking for housing, our hearts break. There’s a two-year waitlist.”*

issue especially impacting elderly clients. CHWs shared that housing has become a more significant issue in the past few years.

## Food Insecurity

CHWs shared that food insecurity is another issue that has become more significant in the past few years. They cited that food prices have increased significantly while wages have lagged. They pointed to the lack of long-term solutions for food insecurity, sharing that Supplemental Nutrition Assistance Program (SNAP) payments have not increased sufficiently with inflation. They again mentioned that this issue is impacting the elderly, with many not being able to access the right food for their medical conditions. Other CHWs noted that some programs are only for the elderly, leaving other food-insecure clients without good options. One CHW who focuses on food insecurity said that her program provides for one year and then clients are, “on their own again”, with some having an income just above the threshold to receive SNAP benefits.

## B. Client Challenges

CHWs said they perceive that sometimes clients’ attitudes and experiences can form a barrier to their own progress. In some cases, clients do not trust health professionals; therefore, they do not seek help until their issues are more acute. In other cases, clients do not engage and utilize the services recommended, again leading to more serious health issues or a lack of progress. Participants shared that some clients have been in the system for so long that they have been “trained” that others need to help them, resulting in a lack of ownership and realization “that they control their own lives.”

## C. The CHW Role & Job-related Issues

The participants in the Interactive Listening Sessions shared aspects of the job that are barriers to helping their clients. Most discussions were related to the workload, its impacts, and how the CHW role is seen and defined.

### Workload

CHWs shared the workload is high due to the number of clients with needs and the lack of staffing. Many pointed to the challenges such as a heavy caseload of clients, the amount of follow-up with clients and programs required to do the job well, the variety of tasks they

*“We are dealing with human tragedy and sometimes we cannot help.”*

are asked to take on, and the time that some program documentation (like Medicare applications) takes to complete. Many shared they have

recently seen more demand for services given the population growth in Idaho. Some added there is high turnover in the role, leading to a lack of staffing or time needed to train new staff.

Many participants cited burnout as a significant issue within the profession. Some explained it was due to the workload while others shared it was due to the intensity of the

work. One shared, “We are dealing with human tragedy and sometimes we cannot help.” Another shared they experience guilt when “clocking out” of the job knowing there are more clients to help. Another factor contributing to burnout is the lack of time for self-care on the job.

## **Role**

CHWs shared there is often misunderstanding about their role and its impact. Some feel like their role in the healthcare field is misunderstood or undervalued. Sometimes they are asked to do administrative work or other “fill-in” work because they are seen as catch-all staff and not medical professionals. Other times people do not refer to CHWs because they are unaware of the services CHWs provide or make referrals to CHWs when it is not needed. Participants shared that more education is needed within the medical field to clarify their role. One noted, “We are doing the back-end work which is taking away from the direct care of the clients.” Finally, others note the impact of their work is often long-term, where it may take years to see the major difference they make in someone’s life.

## **D. Access & Lack of Resources**

CHWs shared a range of issues about the inability to locate or access resources for their clients. These issues included a lack of providers or services, coverage challenges, system and coordination challenges, and language barriers.

### **Lack of Providers or Services**

Many CHWs stated there is a lack of services or providers in their area. Some shared there seems to be insufficient funding to offer the support needed. This issue is being exacerbated by federal COVID-19 funds “drying up.” They indicated some partners they refer to have to cut back due to limited funding. One pointed out they perceived that the state is not contributing sufficiently so programs rely on federal dollars or grant money. Since that federal/grant money is not always consistent, they said you lose the potential long-term benefit of the work for clients. *“The waitlist for mental health counseling is nearly inhumane”*

CHWs shared that the lack of providers in their area is concerning. They said this was true for all provider types but especially mental health providers. One said, “The waitlist for mental health counseling is nearly inhumane”, and another added, “Our clinic just opened a new behavioral health clinic four months ago and now there’s a waitlist that is three months long.” Several others shared finding dental providers that take Medicaid is challenging too. They mentioned some of the free dental clinics do not provide for people who qualify for Medicaid, leaving those that cannot find a Medicaid dentist without services. A CHW said those clients end up in the emergency room for dental issues that have not been addressed.

Some shared the need is growing in rural areas, but the services are not. They said so many people are moving to rural areas but expecting the services of a more urban environment. Others shared some federal funding is not available to certain rural communities, but they were not sure why.

The past few years have seen an increase in these challenges. CHWs described some programs changed or improved with Covid-19 funding only to see them disappear. They shared Medicaid coverage unwinding means that many will lose coverage and be without needed services. They shared that many of those clients losing coverage do not understand the insurance marketplace. CHWs said there are many clients who are losing coverage or do not have any and cannot afford it on their own. One CHW highlighted how significant this can be by sharing that their clinic is for people without insurance but if there is a reason that a potential client is “out of scope” for their services, they may not be able to access medications that help maintain their brain chemistry.

Finally, CHWs shared the challenges of helping specific populations. They said working with veterans is challenging because “VA healthcare is a nightmare.” Many said there is a lack of resources and services for undocumented clients. Also, some mentioned they are seeing more children needing services, especially for mental health issues.

### **System and Coordination Challenges**

CHWs said coordinating handoffs between clients and services is challenging. They said there are a variety of communication challenges related to this issue. In some cases, CHWs get referrals who did not know that they were referred. In other situations, program services are not responsive to clients. Some CHWs said they need to “handhold” the client to make sure they actually hear back from the program. One said sometimes they, “can’t reach someone on the other end of a referral, so how is the client supposed to reach them?”

In addition to the communication and coordination challenges, there are also challenges with coordinating services between programs. CHWs said services operate “in their silos” which can lead to disconnects, redundancies, and confusion.

*“(I) can’t reach someone on the other end of a referral, so how is the client supposed to reach them?”*

### **Language Barriers**

CHWs said there are limited services to help non-English speakers. Many shared it is hard to find services that will serve non-English speakers. Others said they cannot access important information or materials because they are not available in other languages. CHWs said finding interpretation resources and services is also challenging. In addition, if a client has complicated needs it adds to the language barriers that are already challenging.

## 2. Ideas For Improvement

CHWs were asked what ideas they have that would help them do their jobs better. Their responses focused on three main themes: social determinants of health, changes to the CHW role or job itself, and ideas to address access and a lack of resources within systems that serve clients.

### A. Social Determinants of Health

CHWs shared some ideas for improving the quality of clients' lives. The ideas addressed food insecurity, transportation, and providing support.

- Create meal programs for diabetic clients or those of have restricted diets. *Make it easier for individuals to provide transportation for others.*
- Make it easier for individuals to provide transportation for others. "How do we help people interested in transporting others get insurance or grants for a vehicle?"
- A CHW said they have utilized local high school students and juveniles who need community service hours to help clients who need assistance with yard work or other chores. They asked how they can create opportunities for youth, so they stay in their local communities to provide services.

### B. The CHW Role & Job-related Issues

The participants had a lot of ideas about how to improve the CHW role and the job-related challenges they face. Their solutions targeted their workload and capacity, ways to collaborate within the profession, compensation, clearer role definition, and professional development.

#### Workload & Capacity

- Many CHWs think they need more staff to meet the demand for help and services.
- Some discussed bringing back home assessments. "Home assessments were valuable. We used to do them before the pandemic. It was our first point of contact. Bring them back."
- One CHW shared that adding an assistant to staff would make a big difference. They shared that they are the only department at their agency without a paid assistant. This could help address the barrier CHWs report related to being asked to do administrative/clerical tasks.
- Some CHWs said they see an opportunity to employ local citizens as CHWs to help in rural areas. They asked how to support healthcare career development for rural communities to retain local community talent.

## **Professional Collaboration**

Among all the discussions of ideas and future priorities, it was clear that most CHWs desire to be a part of a professional network for information sharing, learning, and support.

- Many said that networking among Idaho CHWs would be helpful. They suggested adding discussions with groups offering similar services so they can learn from each other. Some CHWs stated they would like to participate in peer mentoring. Some added that these ideas would help address the isolation they feel in the role.
- Participants suggested collaborating across organizations. One example was if an organization needed a home visit with a new client, but the staff did not have time, they would reach out to another organization with CHWs who could assist. This “CHW hotline” idea could lead to better client service. Some included that they do collaborate like this now.

## **Compensation**

Many CHWs said the pay for their role needs to increase. Pay increases would reflect their value to the community and reduce turnover in the position. They said this should be a priority for future work to stabilize and improve the profession in Idaho.

- For some CHWs, their role is funded through grants. They said that the role needs consistent funding to maintain a stable profession.
- Some CHWs said that tracking their value could lead to being able to bill insurance for their services, which would in turn fund their positions more consistently.

## **Infrastructure**

Some CHWs had suggestions for adding tools to help them do their jobs.

- Several suggested a centralized system for tracking referrals. Many mentioned [www.findhelpidaho.org](http://www.findhelpidaho.org) but said it had flaws and limitations.
- Some asked for consistent, reliable office space to meet with clients at the hospital.
- Participants said that updating their work technology, like computers, would help them do their job better.
- A company vehicle would help with our work-related transportation.
- Some said they would like their program to use telehealth to get clients the care they need when they cannot come to the facility.

## The CHW Role

Participants shared that improving the CHW role was important to the profession. Many ideas were about recognition of the importance of the CHW's role in the medical field and its value in the community.

- Participants said they thought it would be helpful and important for organizations that use CHWs to better define and understand the role.
- Several participants mentioned that there should be training for staff or other information sharing to help clarify the CHW role.
- One CHW shared that in Oregon, CHWs were paired with chronic care management. By tying CHWs to other programs, like chronic care management, behavioral health, and coordinated care organizations, it created opportunities to measure CHWs' impact.

## Professional Development

There were many ideas for improving professional development within the field.

- Many said to add more training, preferably free training, on topics related to the role. Suggested training content included how to assist clients struggling with chronic mental health issues, how to address addiction, how to assist offenders with reentry services, assisting those with chronic diseases, mental health first aid, and CHW self-care. *“Watching videos does not train you for crisis intervention. There needs to be more crisis intervention training. You’re dealing with people in stressful situations.”*
- Participants also said it is important for employers to make sure CHWs have time and resources for ongoing training.
- There were mixed thoughts about the idea of CHW certification in Idaho. Some thought it could be helpful to bring greater consistency, improved & required professional development, and recognition to the profession. Others were concerned about whether that would limit access to the role for some individuals and whether it was necessary to achieve those listed desired outcomes.

## C. Ideas to Address Access & Lack of Resources

The participants had a lot of ideas about how to improve access to resources for clients, coordinate information for accessing services, and the need for funding across programs.



## Improve Access to Resources

There was agreement that all areas in the state need more community health services to serve the growing need. Some pointed out that while it is helpful to focus on the community level, it is helpful to have flexibility for those who live just across county borders but need help. Many shared that the solutions should focus on social determinants of health.

## Information Resources

It was clear that CHWs desire to have better access to information about program resources. Some shared that their organization has community resource listings, but they aren't always helpful. Others said that [www.findhelpidaho.org](http://www.findhelpidaho.org) is somewhat helpful but could be improved. They shared that an up-to-date resource list would accelerate new CHW training and make their work more efficient.

- Participants said to improve [www.findhelpidaho.org](http://www.findhelpidaho.org). “Make sure community partners sign up and stay current on that site.” “It seems that many organizations aren't committed to their listing.” “They think it's not beneficial to them.” CHWs said that they want to use it as a referral and tracking platform but cannot because providers are not committed to it. Many said it would streamline referrals if it were a platform everyone used.
- CHWs shared they'd like a centralized list or database of resources that are current. They suggested one that is easily searchable or sortable.
- Participants also said a flowchart that provided a roadmap based on the needs of the client would be helpful for navigating new issues, training new CHWs, and working efficiently without missing steps or required paperwork. *“Get more community partners to use Findhelp, this would help streamline some referral processes.”*
- CHWs asked for a list of services that were safe for undocumented clients.

## Funding

There were clear calls for more funding to help provide services for clients. The suggestions included more funding to meet the community's needs and consistent funding for continuity of care.

### 3. Priorities for Future Work

CHWs were asked what priorities they would like to see addressed to help the community health worker profession in Idaho. Their responses focused on two main themes: changes to the CHW role or job itself, and ideas to address access and a lack of resources within systems that serve clients.

#### A. The CHW Role & Job-related Changes

Participants shared suggested priorities that included role clarity & value, better compensation, and professional development.

##### Role Clarity & Value

Many CHWs feel that their role needs to be clarified in the medical profession and the community. They also stated a desire for recognition of the value they provide to clients and the community.

- Participants said to promote the role and the work they do via community education so that people know who the CHWs are and what they can do for them. Others added to educate public health and healthcare leadership, legislators, and independent providers.
- Many CHWs shared that they wanted to be seen as a valuable part of the medical team. Some offered that there should be consistent success metrics to establish the value of the role and help hold the job scope true to the profession. Metrics and long-term studies could also show “the importance of full-person care improving health outcomes and ultimately decreasing the cost burdens on our healthcare system.” One CHW said, “It would answer the question, what are they doing for us?”
- Many CHWs shared the importance of the lived experience they bring to the role. They often feel it garners less respect than other medical professionals’ certifications or education, but they stated it is essential to their success in the role. “We live in the community.” “We get stopped in the community. They value us.” “Value our lived experience that helps us help our clients.” “We can help in ways that others cannot.” “There are people who are refugees who are helping the refugee community and they are very helpful. While they cannot read or write English well, they are very helpful to others.”

*“Value our lived experience that helps us help our clients.”*

## Compensation

Many CHWs said the pay for the role needs to increase. Pay increases would reflect their value to the community and reduce turnover in the position. They said that this should be a priority for future work to stabilize and improve the profession in Idaho.

- One CHW shared she has a college degree but can barely afford her rent while working this job. *“We can help in ways that others cannot.”*
- “We don’t make a living wage. We should make a living wage.” “We need to invest in making a CHW career one that pays well, that will keep people motivated and encouraged to stay on it.”
- Some CHWs pointed out that many people doing CHW work are volunteers.
- One CHW bravely shared their candid response to the issue of CHW compensation. *“Sometimes I feel like a huge poser because I know so much about these resources because I’m taking advantage of them myself. I don’t make enough money to pay my rent.”*  
“Sometimes I feel like a huge poser because I know so much about these resources because I’m taking advantage of them myself. I don’t make enough money to pay my rent. So that’s why I know how to go through the application of getting us rental assistance. I don’t make enough money to fill my refrigerator with food. So I know how to go and pick up food boxes....I feel awful when one of my clients doesn’t qualify for something that I take advantage of because I’m here helping you but it’s awful to know I’m taking up space in that world too because I need that help.”

## Professional Development

CHWs wanted to make their professional development a priority. That included training opportunities, funding for development, and time for development activities. They said making development a priority was critical to help set CHWs up for success and reduce burnout. Many also said it will be important for the future of the profession, maintaining a high quality of care for the role and securing the future by, “catch(ing) the attention of the next generation of CHWs.” Much of the feedback was about securing funding for training, through grants or other financing options. Finally, CHWs said that training was an important part of self-care, which they said is needed due to the challenges and workload of the position.

## B. Access and Lack of Resources

Most of the priorities shared by CHWs about resources were focused on helping them have better information programs that could help their clients. Many shared ideas about a shared system that provided up-to-date information about programs and services. Some said that it

would be helpful if it included ways for CHWs to connect with each other to be able to share resources, information, best practices, advice, and support. While many mentioned [www.findhelpidahoh.org](http://www.findhelpidahoh.org), most said it needed more work to be as useful as it could be. Participants shared that a universally used system could allow the profession to track and aggregate data, which could be used for advocacy, policy decisions, and tracking trends.

## Potential Next Steps

This study was intended to provide input for a variety of potential future work to support, improve, and advance the work of CHWs in Idaho. With that intent in mind, here are some potential next steps for utilizing the information collected.

- Share this input with stakeholders, including community health workers, their employers, key programs within Idaho Health & Welfare, the Idaho State University (ISU) CHW Training Academy, and legislators. Sharing this information could help raise awareness about the challenges facing Idaho CHWs and citizens, elevate the conversations about medical care in Idaho, and inform decision-making by stakeholders. *“We need to invest in making a CHW career one that pays well, that will keep people motivated and encouraged to stay on it.”*
- Have stakeholders come together for strategic planning to advance the contributions of CHWs and the profession in Idaho. The community health worker profession has the potential to make a much bigger positive impact in Idaho. For that potential to be met, a group of stakeholders will need to thoughtfully plan and implement steps to educate partners about the profession, create a standard role definition and training programs, and stabilize the profession with funding and compensation.
- Many participants desire further education and collaborative support. Idaho Community Health Worker Association could partner to sponsor professional development via training, mentoring programs, and collaborative events. Such activity could help advance professional development for the position, improve new CHW success rates by offering support, and reduce turnover.

To learn more about this work or to become involved in future efforts, contact the Idaho Community Health Workers Association by visiting their website: <https://www.idahocommunityhealthworkersassociation.com>