

Community Health Workers Survey

SURVEY PURPOSE:

This survey is designed to help the State of Indiana to assess the status of the Community Health Worker (CHW) workforce. This survey is directed to CHWs.

WHO IS A COMMUNITY HEALTH WORKER?:

Community Health Workers (CHWs) work with individuals, families, and community members to improve access to care and health through providing a range of services including health education, information and referral, and informal counseling. They are usually paid for their work but sometimes they contribute their time as volunteers. They serve in different health areas including clinical and community settings.

There are many names for Community Health Workers including:

Community Health Worker
Outreach Worker
Peer Educator
Lay Health Advisor
Patient Navigator
Community Health Representative
Community Health Advisor
Certified Recovery Specialist
Promotor / Promotora

If your work activities and/or your title closely matches the description above, we invite you to answer YES to the question below and take the survey.

***1. C 1.0 Should I Take This Survey?**

- YES, I am a Community Health Worker and would like to participate in the State of Indiana Assessment of Community Health Workers
- NO, I am not a Community Health Worker

Purpose

Thank you for agreeing to take this survey.

A few things to know before you begin:

HOW LONG WILL THE SURVEY TAKE? We estimate this survey will take 10 to 15 minutes of your time. You may come and go as needed from the survey though we encourage you to take the survey in one sitting.

ARE MY ANSWERS CONFIDENTIAL? All the responses you provide will be confidential. Any quotes shared from the survey responses will be done so as to keep the survey respondent's identity and their organizational affiliation private.

About You

*2. C 1.1 How long have you served as a Community Health Worker?

- Less than 1 year
- 1 - 5 years
- 6 - 10 years
- 11 - 20 years
- More than 20 years

3. C 1.2 What is your age?

- Under 18 years
- 19 - 24 years
- 25 - 30 years
- 31 - 35 years
- 36 - 40 years
- 41 - 45 years
- 46 - 50 years
- 51 - 55 years
- 56 - 60 years
- Over 60 years

4. C 1.3 What is your gender?

- Female
- Male

5. C 1.4 What is your race/ethnicity? Check ALL that apply.

- American Indian / Alaskan Native
- African American, Black
- Asian
- Hawaiian or Pacific Islander
- Hispanic / Latino
- White (non-Hispanic)

Other (please specify)

6. C 1.5 What is the highest level of education have you completed?

- 8th Grade or less
- Some High School, but did not graduate
- High School graduate or GED
- Some College or 2 - year degree
- 4 - year College Degree
- Other

Other (please specify)

7. C 1.6 Were you born in the United States?

- YES
- NO, please specify the country where you were born below.

Country:

8. C 1.7 We want to know how you relate to the individuals and families you serve.

Please finish the following statement:

“I am connected to the community I serve because we share the same...:”

Check ALL that apply.

- Spoken language: Other than English
- Race / Ethnicity
- Health condition: Diabetes, hypertension, cancer, etc.
- Neighborhood
- Socio economic status
- Other

Other (please specify)

About Your Organization

*9. C 2.1 Which response below BEST describes the type of Organization that your work with as a CHW?

- Government / Public
- Private not for profit
- Private for profit / Commercial
- Tribal
- Other

Other (please specify)

*10. C 2.2 Which response below BEST describes the Organization where you work?

- Health Plan: Managed Care Organization
- Hospital
- State Health Department
- Local Health Department
- Medium or Large Medical Practice or Clinic
- Small Medical Practice: 1 - 3 full-time providers
- University or Community College
- School or School System
- Other

Other (please specify)

11. C 2.3 In which Department of your Organization are CHW services primarily housed?

12. C 2.4 What is your job title in the Organization where you work as a Community Health Worker?

- Community Health Worker
- Community Health Educator
- Certified Recovery Specialist
- Lay Health Advisor
- Promotor / Promotora
- Patient Navigator
- Outreach Worker
- Peer Educator
- Community Health Representative
- Other

Other (please specify)

*13. C 2.5 Where is the main office of your Organization located?

City / Town

Zip Code

On the Job

14. C 3.1 How important are the following to you in your choice to work as a CHW?

	Highly Important	Moderately Important	Not Very Important	Not At All Important	Not At All Important
Job Quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flexible Schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Autonomy / Independence on the Job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to help the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Career growth as a CHW	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Career goals for a new job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To prepare for future study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

15. C 3.2 What services or resources are most needed by individuals and families you serve? Check ALL that apply.

	High Need	Medium Need	Low Need	No Need	Not Applicable
Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disease Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food Aid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Activity Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Management Skills: Substance Abuse Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

Work Performed

16. C 4.1 How would you rate importance of the following ROLES / ACTIVITIES in terms of their relevance to your work as CHW?

	Highly Important	Moderately Important	Not Very Important	Not At All Important	Not Applicable
Cultural Mediation: Cultural bridge between providers and patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Education / Health Promotion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assuring Access to Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Informal Counseling and Social Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individual and Community Advocacy: Speaking up for those served	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provision of direct services. Example, diabetic foot care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individual and Community Capacity Building: Teaching those served to speak up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facilitator / Assistant for Research Effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General Office Assistance / Administrative support duties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

17. C 4.2 How would you rate the importance of the following SKILLS in terms of enabling you to be effective in your work as a CHW?

	Highly Important	Moderately Important	Not Very Important	Not At All Important
Advocacy skills (speaking up)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bilingual skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Capacity Building skills (helping other speak)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confidentiality skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge Base skills. Example, diabetes, cancer, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organizational skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Service Coordination skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teaching skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

18. C 4.3 What HEALTH AND SOCIAL issues do you address as a CHW? Check ALL that apply.

- | | |
|--|--|
| <input type="checkbox"/> Alzheimer's Disease or Dementia | <input type="checkbox"/> Injuries |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Lead Poisoning |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Low Birth Weight Prevention / Follow-up |
| <input type="checkbox"/> Breastfeeding | <input type="checkbox"/> Men's Health |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Cardiovascular Disease | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Child Health | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Children with Special Health Care Needs | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Pregnancy / Prenatal Care |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Premature Birth Prevention / Follow-up |
| <input type="checkbox"/> Emergency Response / Preparedness | <input type="checkbox"/> Sexual Behavior |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Gay / Lesbian / Bisexual / Transgendered Issues | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Tobacco Control |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> HIV / AIDS | <input type="checkbox"/> Violence (youth gang) |
| <input type="checkbox"/> Housing / Homelessness | <input type="checkbox"/> Violence (domestic) |
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> Women's Health |
| <input type="checkbox"/> Infant Health | |

Other (please specify)

19. C 4.4 In what NEW AREAS would you like to work as a CHW?

Area:

Area:

20. C 4.5 In which venues / locations do you perform your work as a CHW? Check ALL that apply.

- | | |
|---|--|
| <input type="checkbox"/> Households | <input type="checkbox"/> Shelters |
| <input type="checkbox"/> Community Center(s) | <input type="checkbox"/> Migrant Camps |
| <input type="checkbox"/> Clinic or Hospital | <input type="checkbox"/> Schools |
| <input type="checkbox"/> Community Based Organization: Not a clinic | <input type="checkbox"/> Worksites |
| <input type="checkbox"/> Religious Organizations: Churches, etc. | <input type="checkbox"/> Other |

Other (please specify)

21. C 4.6 What methods do you use to work with the individuals and families you serve as a CHW? Check ALL that apply.

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Community Meetings / Forums | <input type="checkbox"/> Texting |
| <input type="checkbox"/> Group Class | <input type="checkbox"/> Phone |
| <input type="checkbox"/> One to One | <input type="checkbox"/> Other |

Other (please specify)

22. C 4.7 On average, how many individuals/families did you serve LAST month? (count a "family" as one)

- 1 - 5
- 6 - 10
- 11 - 15
- 16 - 20
- More than 20

Education / Capacity Building

23. Where did you you receive the majority of your education to be a CHW?

- On the job
- CHW trainer
- Community college CHW classes
- Other

Other (please specify)

24. C 6.1 What was the total number of initial hours of training / education you had in preparing to serve as CHW? (Please include hours in-class, formal training or on-the-job, training)

- Under 40 hours
- 41 - 80 hours
- 81 - 120 hours
- 121 - 160 hours
- More than 160 hours
- Other

Other (please specify)

25. C 6.2 What kind of recognition did you get at the end of your training as CHWs? Check ALL That Apply.

- Graduation Ceremony
- Certificate from Trainers
- Certificate from another Institution
- Academic Credit
- Pay Increase
- Other

Other (please specify)

26. C 6.2.a If you received academic credit, please indicate how many credits:

Credits

27. C 6.2.b If you received a pay increase, please specify the increase (Example: 20 cents per hour):

Increase \$

28. C 6.3 What source covered the MAJORITY of your expenses for your initial CHW education/training? Choose BEST answer.

- Self
- Employer
- Scholarship
- Support from another source

Other Source (please specify)

29. C 6.4 What other health and social issues, if any, would you like to receive additional education/training?

Topic:

Topic:

Work Characteristics

30. C 7.1 How many hours do you work each week as a CHW?

	Less than 5 hours per week	5- 10 hours per week	11 - 20 hours per week	21 - 30 hours per week	31 - 40 hours per week
Paid Hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Volunteer Hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. C 7.2 What is your current hourly wage, if any, as a CHW?

\$ Per Hour

32. C 7.3 What benefits do you receive as a CHW? Check ALL that apply.

- | | |
|--|--|
| <input type="checkbox"/> Mileage reimbursement | <input type="checkbox"/> Education stipend |
| <input type="checkbox"/> Tuition | <input type="checkbox"/> Health insurance |
| <input type="checkbox"/> Sick leave | <input type="checkbox"/> Retirement plan / Pension |
| <input type="checkbox"/> Vacation | <input type="checkbox"/> Other |

Other (please specify)

33. C 7.4 How would rate the security of CHWs jobs within your Organization?

- Highly Secure
- Moderately Secure
- Not Very Secure
- Not Secure At All

Accomplishments

34. C 8.1 We invite you to share an example of something you have accomplished in your role as a CHW that you feel has made an important difference for the individuals, families, organization, or community you serve:

35. C 8.2 Has this success been documented by your Organization?

- YES
- NO
- Don't Know

36. C 8.3. If YES, please describe if your Organization documented and shared this success with others.(Example: presentation to community, article in a journal, etc).

Working with Other Professionals

Please answer the following questions about your professional development

37. I regularly participate in staff meetings at my Organization.

- Always
- Usually
- On Occasion
- Never

38. C 9.1 My supervisor understands my role as a Community Health Worker.

- Definitely True
- Mostly True
- Mostly False
- Definetely False

39. C 9.2 My supervisor supports me in my work as a CHW.

- Definitely True
- Mostly True
- Mostly False
- Definitely False

40. C 9.3 Other health professionals understand my role, that of a CHW.

- Definetely True
- Mostly True
- Mostly False
- Definitely False

41. C 9.4 Other health professionals accept my role as a CHW member of a provider team.

- Definitely True
- Mostly True
- Mostly False
- Definitely True
- Not Applicable

Professional Networking

Please answer the following questions about professional networking and field development

42. C 10.2 I have access to the following through my Organization?

Check ALL that apply.

- Email address
- Telephone
- Cell Phone
- Computer
- Vehicle
- Other

Other (please specify)

43. C 10.3 Please indicate the number (#) of times in the past twelve months that you participated with other CHWs in training and/or professional networking activities (virtually and in-person)?

City

State

National

44. C 10.5 I am able to participate in CHW networking and other professional development activities as part of the hours that I work for my Organization.

- Definitely True
- Mostly True
- Mostly False
- Definitely False

45. C 10.6 Do you support the development of a CHW Certification for Indiana? Feel free to add comments below.

- YES
- NO
- NOT SURE

Other (please specify)

46. C 10.7 Would you like to be INFORMED about efforts to develop the CHW workforce in Indiana?

- YES
- NO
- NOT SURE

47. C 10.8 Would you like to be ACTIVE in a CHW network and/or efforts to develop a certification for Indiana CHWs?

- YES
- NO
- NOT SURE

**48. C 10.9 OPTIONAL CONTACT INFORMATION FOR THE INDIANA CHW COALITION.
If you answered yes to either or both of the two questions above, please add your name and contact information below.**

NOTE: This information will not be linked to the survey database.

First Name	<input type="text"/>
Last Name	<input type="text"/>
Title	<input type="text"/>
Address	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip Code	<input type="text"/>
Telephone	<input type="text"/>
Cell Number	<input type="text"/>
Email	<input type="text"/>
Email	<input type="text"/>

Thank You

49. Thank you for your time.

Please contact the Indiana Community Health Worker Coalition for more information.

Please enter any questions or comments you have for the Coalition below. Feedback on the Survey is also welcome.