**Community Health Worker Training Employer Survey**

**Introduction**

The purpose of this survey is to know if the *Community Health Worker Training Program* by the Washington State Department of Health is useful to employers of Community Health Workers. You are being contacted because an employee or volunteer at your workplace has participated in the training.

The information you provide will improve our training program. Your opinion matters! This is your chance to tell us what you think.

The survey asks about your views on the training program and about your workplace. The information collected will be stored in secure files. Answers will only be reported for everyone who takes the survey and not by each person.

This survey takes about x minutes to complete.

**For this survey Community Health Worker is an umbrella term used to describe many different community health aides and includes:**

|  |  |
| --- | --- |
| * Community Health Worker | * Patient Navigator |
| * Community Health Advisor * Community Health Advocate | * Navigator Promotoras * Peer Health Advisor |
| * Outreach Worker | * Peer Counselor |
| * Community Health Representative | * Lay Health Advisor |
| * Promotora/Promotores de Salud | * Peer Leader |

Once you start the survey, to move back to a previous page, use the Back Button. Do not use your browser back arrow; it will take you out of the survey.

If you have questions about this survey or the information being collected, please contact: [Scott Carlson](mailto:scott.carlson@doh.wa.gov), Community Health Worker Training Program Supervisor, (360) 236-3792.

Data Information collected via this survey may be subject to release in accordance with RCW 42.56 (Public Records Act), but individual respondents will not be identified.

Start

**Section 1: Views on Training Program**

Please select at least one option. *(Opinio note if left blank)*

1. Did one of your current or past employees or volunteers participate in the **Community Health Worker Training Program offered by the Department of Health**? Mark all that apply.

□1 Employees

□2 Volunteers

□3 Not sure or don’t know *– (skip to section 2: About Your Workplace)*

□4 Other. Type in box below.

Please select at least one option. *(Opinio note if left blank)*

2. How did you hear about thistraining? Mark all that apply.

□1 Other employers

□2 Your employees or volunteers

□3 Department of Health website

□4 Internet search

□5 Word of mouth

□6 File or brochure

□7 Other. Type in box below.

Please select at least one option. *(Opinio note if left blank)*

3. Why did you send your employees or volunteers to this training? Mark all that apply.

□1 No cost

□2 Offered frequently

□3 Location was convenient

□4 Included lessons on Community Health Worker Core Competencies

□5 Taught by co-trainers with one having real life experiences as a Community Health Worker

□6 Sessions given both in-person and online

□7 No other Community Health Worker training programs available or accessible

□8 Other. Type in box below.

Please select once choice per row. *(Opinio note if left blank)*

4. How important are each of the trainings **Core Competency Lessons** in the work your employees or volunteers do as a Community Health Worker? Select one answer for each item listed below.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Important | Undecided | Not Important |
| **Role and Boundaries**—understand roles and responsibilities and identify professional boundaries | ○1 | ○2 | ○3 |
| **Communication Skills**—use verbal/non-verbal, active listening, and cross-cultural communication | ○1 | ○2 | ○3 |
| **Cultural Competency**—understand and respect needs of diverse groups and develop cultural knowledge | ○1 | ○2 | ○3 |
| **Organizational Skills**—balance priorities and time, use organizational tools, and develop work plans | ○1 | ○2 | ○3 |
| **Documentation Skills**—identify and use correct procedures to document your work with people in need of services | ○1 | ○2 | ○3 |
| **Assessment Skills**— identify and use correct tools to assess needs of people | ○1 | ○2 | ○3 |
| **Service Coordination Skills**—identify, keep track of, and connect people with appropriate resources available in your organization or community | ○1 | ○2 | ○3 |
| **Case Study Skills**—develop and present case studies | ○1 | ○2 | ○3 |

*(Okay if respondent leaves blank)*

5. What other skills or information should be added to the **Core Competency Lessons**? Mark all that apply.

□1 Group facilitation skills

□2 Teaching skills

□3 Leadership skills

□4 Coaching skills

□5 Advocacy skills

□6 Safety skills

□7 Outreach skills

□8 Health literacy skills

□9 Orientation to health and social service systems

□10 Other? Type in box below.

Please select once choice per row. *(Opinio note if left blank)*

6. How important are each of the trainings **Health Specific Continuing Education Lessons** in the work your employees or volunteers do as a Community Health Worker? Select one answer for each item listed below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Health Specific Module** | Important | Undecided | Not Important |
| Breast Health and Cancer Screening | ○1 | ○2 | ○3 |
| Cervical Health and Cancer Screening | ○1 | ○2 | ○3 |
| Colorectal Health and Cancer Screening | ○1 | ○2 | ○3 |
| Prostate Health and Cancer Screening | ○1 | ○2 | ○3 |
| Cardiovascular Health and Heart Disease | ○1 | ○2 | ○3 |
| Hypertension | ○1 | ○2 | ○3 |
| Prediabetes and Diabetes | ○1 | ○2 | ○3 |
| Asthma *(in development)* | ○1 | ○2 | ○3 |
| HIV *(in development)* | ○1 | ○2 | ○3 |
| Immunizations *(in development)* | ○1 | ○2 | ○3 |
| Oral Health *(in development)* | ○1 | ○2 | ○3 |
| Nutrition/Active Living *(in development)* | ○1 | ○2 | ○3 |
| Behavioral Health | ○1 | ○2 | ○3 |
| Navigating Health Insurance | ○1 | ○2 | ○3 |
| Health Coaching and Motivational Interviewing | ○1 | ○2 | ○3 |
| Health Literacy | ○1 | ○2 | ○3 |
| Health Disparities and Social Determinants | ○1 | ○2 | ○3 |

*(Okay if respondent leaves blank)*

7. What other topics should be added to the trainings **Health Specific Continuing Education Lessons**? Mark all that apply.

□1 Accessing health services

□2 Alcohol or substance use (part of behavioral health)

□3 Tobacco use

□4 Breast feeding promotion and consultation

□5 Sexual or reproductive health

□6 Children and adolescents with special health care needs

□7 Prenatal health

□8 Child health

□9 Adolescent health

□10 Elder/Senior health

□11 Women’s health

□12 Injury control

□13 Occupational health

□14 Tuberculosis

□15 Other? Type in box below.

Please select an option. *(Opinio note if left blank)*

8. Did your employees or volunteers gain knowledge or skills from the training to perform their jobs better?

□1 Definitely yes

□2 Yes

□3 Not sure or don’t know

□4 No

□5 Definitely not

Please select an option. *(Opinio note if left blank)*

9. Would your organization be willing to pay tuition or a service fee for employees or volunteers to participate in this training program?

□1 Definitely yes

□2 Yes

□3 Undecided

□4 No

□5 Definitely no

Next

Back

**Section 2: About Your Workplace**

Please select at least one option. *(Opinio note if left blank)*

1. What type of training in addition to DOH CHW does your organization offer employees or volunteers doing work as a Community Health Worker? Mark all that apply.

□1 Use of technology

□2 Work place safety (including home visiting)

□3 HIPPA privacy rules

□4 Employer specific confidentiality

□5 Continuing education credits or requirements

□6 Other . Type in box below.

Please select an option. *(Opinio note if left blank)*

2. Are your employees or volunteers allowed to complete on-line portions of trainings while on the job?

□1 Yes

□2 No

□3 Not sure or don’t know

Please select at least one option. *(Opinio note if left blank)*

3. What are the major barriers in getting Community Health Worker training for your employees or volunteers? Mark all that apply.

□1 Employees too busy to participate

□2 Located too far away from workplace

□3 Not offered frequently enough

□4 Unable to afford financial costs

□5 Requires too much employee time off the job

□6 Content and materials not relevant to employee needs

□7 Sessions held at inconvenient times

□8 Found available trainings ineffective or not helpful

□9 Other . Type in box below.

Please select at least one option. *(Opinio note if left blank)*

4. In what setting(s) did your employees or volunteers **most often** work as a Community Health Worker? Mark all that apply.

□1 Hospital

□2 Tribal health center

□3 Migrant and community health center (not tribal health center)

□4 Doctor’s office or clinic (not a community or tribal health center)

□5 Adult Family Homes

□6 Schools or universities

□7 Community-based organization (like a social service agency, YMCA)

□8 Shelters

□9 Private insurance company

□10 Housing Authority

□11 Faith-based organization

□12 Local Health Jurisdiction

□13 Other. Type in box below.

Please select an option. *(Opinio note if left blank)*

5. Are your employees or volunteers who do work as Community Health Workers part of a health care team?

This is a team of health care providers within your organization or linked in your community that might include physicians, advanced practice nurses, physician assistants, nurses, pharmacists, nutritionists, social workers, educators, behavioral health workers, and care coordinators.

□1 Yes, all employees

□2 Yes, some employees

□3 No

Please select an option. *(Opinio note if left blank)*

6. Are you in favor of **your employees or volunteers** who do work as Community Health Workers **becoming** **certified** as Community Health Workers?

□1 Very favorable

□2 Favorable

□3 Neutral

□4 Unfavorable

□5 Very unfavorable

Please select an option. *(Opinio note if left blank)*

7. Would you be willing to participate in a workgroup or task force that helps develop Community Health Worker training policies in Washington State?

□1 Yes *– (will try to collect contact information without link to survey responses)*

□2 Maybe

□3 No

Next

Back

*LAST PAGE OF SURVEY*

Thank you for taking our survey.

If you have questions about this survey or the information collected, please contact the Community Health Worker Training Program Supervisor, [Scott Carlson](mailto:scott.carlson@doh.wa.gov), at (360) 236-3792.

After you submit this survey, you will be redirected to the Washington State Department of Health Community Health Worker training web page.

Submit