IHS CHR Evaluation Survey

Introduction

1. Are you currently a Community Health Representative (CHR)? Yes No

Yes – (continue with survey)

No – How long ago were you a CHR? \_\_\_\_\_ (skip to demographic questions, end survey)

1. How many years have you worked as a CHR? \_\_\_\_\_\_\_\_\_\_\_
2. In the past month, what has been your main job as a CHR? (For example:

transporting patients to their health appointments, reminding patients about their health appointments, conducting administrative duties in the IHS facility or the tribal health offices) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. While serving as a CHR, which trainings or learning opportunities have you completed to improve your skills as a CHR?
   * 1. Please describe any required trainings that you have completed for your role as a CHR. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
     2. Please describe any other trainings or learning opportunities that you participated in to improve your skills as a CHR.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
     3. Please describe any learning opportunities that were not offered to you and if offered, you feel would have helped you improve your skills as a CHR.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What skills do you currently have as a CHR? Select all that apply**.**

|  |  |  |
| --- | --- | --- |
| **Health Services** | **One-on-One Interactions** | **Administrative Tasks** |
| • Recognizing and treating disease  • Providing First Aid or CPR  • Increasing client knowledge of health  • Scheduling health services for patients  • Helping clients access services | • Protecting confidentiality of clients  • Advocating for client needs  • Working with youth  • Working with elders  • Visiting patients at home | • Managing data on patient health service use  • Keeping notes on patient conditions or services provided  • Reporting data about patient services provided  • Using electronic health records |

1. Which Indian Health Service (IHS) Area do you provide services for? Select one. (*Will use map for this question with a drop-down list of the options below*)

Portland, Billings, Great Plains, Bemidji, California, Phoenix, Navajo, Tucson, Albuquerque, Oklahoma, Nashville

1. As of today, how many CHRs (including you) work in the tribal organization or community for which you provide services for?
   1. 4-6 7-9 10-12 13-15 16 or more
2. Please think of your roles as a CHR over the last week. On average, how many patients/clients did you spend 15 minutes or more providing services?Services can include making home visits, providing transportation, providing treatment, reviewing case notes, making phone calls to check in, etc. (If you are unsure, it may be helpful to review your calendar, schedule, or electronic health record system to come up with your answer.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Overall Program Impact

1. We’d like to know how you feel about being a **CHR**. For each statement, select the number on a scale from 1 to 5 that best fits how you feel. Please select only one number for each statement.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Statement | No Impact |  |  |  | High Impact |
| The level of impact my work as a CHR has on American Indian/Alaskan Native health is: | 1 | 2 | 3 | 4 | 5 |
| Explain your answer – | | | | | |
| Statement | Not Accessible |  |  |  | Completely Accessible |
| My role as a CHR allows healthcare for the people in my community to be: | 1 | 2 | 3 | 4 | 5 |
| Explain your answer - | | | | | |
| Statement | No Challenges |  |  |  | Many Challenges |
| The CHR program in my community has: | 1 | 2 | 3 | 4 | 5 |
| Explain your answer – | | | | | |
| Statement | No Difference |  |  |  | A Large  Difference |
| As a CHR, my role in the health of my community makes: | 1 | 2 | 3 | 4 | 5 |
| Explain your answer – | | | | | |
| Statement | Not Impacted by My Role |  |  |  | Highly Impacted by My Role |
| Medical teams in other programs and facilities I work with are: | 1 | 2 | 3 | 4 | 5 |
| Explain your answer – | | | | | |
| Statement | No  Problems |  |  |  | Many Problems |
| As a CHR, when I provide services to my community, I face: | 1 | 2 | 3 | 4 | 5 |
| Explain your answer – | | | | | |
| Statement | Not at All |  |  |  | All of the Time |
| The CHR services I provide benefit the youth in my community: | 1 | 2 | 3 | 4 | 5 |
| Explain your answer – | | | | | |
| Statement | Not at All |  |  |  | All of the Time |
| The CHR services I provide benefit the elders in my community: | 1 | 2 | 3 | 4 | 5 |
| Explain your answer – | | | | | |
| Statement | None of the Time |  |  |  | All of the Time |
| As a CHR I work with other programs in my community: | 1 | 2 | 3 | 4 | 5 |
| Explain your answer – | | | | | |
| Statement | No Impact |  |  |  | High Impact |
| The level of impact the CHR program has on other programs in my community is: | 1 | 2 | 3 | 4 | 5 |
| Explain your answer - | | | | | |

1. What are the top three challenges that limit the positive impact of your CHR program?
   * + - CHRs need more skills or experience.
       - CHRs have a difficult workload.
       - CHRs need more resources, such as computers, medical equipment, or cellphone minutes.
       - Administrators of the CHR program do not accept or understand what CHRs do for patients.
       - Other health care workers do not accept or understand what CHRs do for patients.
       - CHRs do not receive consistent training (or training is not available).
       - The CHR program in your community does not work with CHR programs in other communities.
       - CHR services are not reimbursed and are not billable.
       - CHRs receive low wages.
       - There is high turnover among CHRs.
       - The CHR program needs more qualified applicants.
       - The native community does not know about the services that CHRs offer.
       - Other (please specify): \_\_\_\_\_\_\_\_\_

CHR Impact

1. What services do you provide to your patients/clients? Will use slider scale of 0 to 100.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 25% | 50% | 75% | 100% |
| Provide access to medical services or programs (e.g., doctor’s appointments, medical procedures) |  |  |  |  |
| Provide access to non-medical services or programs (e.g., Meals on Wheels, housing, clothing, senior services, home maintenance) |  |  |  |  |
| Help clients become more involved in the community |  |  |  |  |
| Help clients become more self-sufficient (e.g., cook for themselves, bathe themselves, leave the house) |  |  |  |  |
| Update case paperwork or keep notes on patients |  |  |  |  |
| Listen to patients or support them in seeking treatment (e.g., emotional support, suggestions for feeling better) |  |  |  |  |
| Listen to or support patients’ family members (e.g., emotional support, provide a break to a caretaker) |  |  |  |  |
| Check in with patients after a hospital stay, illness, or clinic visit |  |  |  |  |
| Measure height/weight, perform lab tests, or take vital signs |  |  |  |  |
| Identify risks of harm to patients (e.g., poor diet, risks of falling, sharp objects, abusive family) |  |  |  |  |
| Attend community events or programs with patients |  |  |  |  |
| Help patients understand the terms used by their medical providers and feel empowered to ask questions |  |  |  |  |
| Provide or coordinate transportation for clients |  |  |  |  |
| Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |

1. Where have you provided services over the past year? Mark all that apply.

|  |  |
| --- | --- |
| **General Category** | **Examples** |
| Community health center | Community health clinic, a clinic at your agency or organization’s location, or Indian health facility |
| Service provider’s office | Doctor’s office, specialist’s office, hospital, or private clinic |
| Center for recreation or community events | Community center, teen center, veteran’s center, senior citizen center, pow wow or other type of community events |
| Home setting | Patient/client’s home, my home, shelter or safe place for domestic violence, migrant camp, public housing unit |
| Work or educational setting | Patient/client’s worksite, school, or tribal college/university |
| Government site | Jail, court, or social service office |

1. Typically, after a patients/client is provided medical care (for example: seen at a doctor’s office, goes through a surgery, or visits the emergency room), is the CHR the next person they see? Yes No
   1. If yes, how often does this happen?

Always Usually Sometimes Rarely Never

1. How often do you reach out on behalf of your patients/clients for things like social services, contact tribal service offices, etc.?

Always Usually Sometimes Rarely Never

1. What types of health issues have your current or past patients/clients had? Select all that apply.
   * Alzheimer’s disease/Dementia
   * Arthritis
   * Asthma
   * Breastfeeding
   * Cancer (specify type):
     + All
     + Breast
     + Cervical
     + Colorectal
     + Leukemia/

Lymphoma

* + - Lung
    - Mouth/Throat
    - Ovarian/

Uterine

* + - Prostate
    - Skin
    - Stomach
  + Cardiovascular disease
  + Child health
  + Children with special heath care needs
  + Diabetes
  + Family planning
  + Gay/Lesbian/Bisexual/Transgendered issues
  + Heart disease
  + High blood pressure
  + HIV/AIDS
  + Immunizations
  + Infant Health
  + Injuries
  + Lead poisoning
  + Low birth weight prevention/follow-up
  + Men’s health
  + Mental health
  + Nutrition
  + Obesity
  + Osteoporosis
  + Physical activity
  + Pregnancy/Prenatal care/postpartum care
  + Premature birth/ prevention/follow-up
  + Sexual behavior
  + Stroke
  + Substance Abuse
  + Tobacco control
  + Tuberculosis
  + Violence Define: domestic/child/
  + Women’s health
  + Emergency response
  + Dental /Oral Health
  + Preventive Services
  + Other issues (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Among your current or past patient/client panel, have you had to provide services that respond to the opioid crisis? Yes No

If you answered yes to (Among your current or past patient/client panel, have you had to provide services that respond to the opioid crisis?), how often have you provided these services within the past year?

Always Usually Sometimes Rarely Never

1. Among your current or past patient/client panel, have you had to provide services that respond to mental health issues? Yes No

If you answered yes to (Among your current or past patient/client panel, have you had to provide services that respond to mental health issues?), how often have you provided these services within the past year?

Always Usually Sometimes Rarely Never

1. Activities of daily living are basic activities a person must perform during a normal day to remain independent. These daily activities can include getting in and out of bed, dressing, bathing, eating, walking, and using the bathroom. Do you provide Activities of Daily Living (ADL) services for your patients/clients? Yes No
2. Do you see a need for services provided to patients/clients beyond those listed on assignment sheets? Yes No

## Impact Exploration

1. Would you say you build relationships with your patients/clients? Yes No
2. Once you have established a relationship with your patient/client,
   1. do you notice a change in their behavior concerning their health? Yes No
      1. If yes, please explain the observed changes in behavior.
   2. do your patients/clients share more information? Yes No
   3. Do you feel your patients/clients are more receptive to services? Yes No
3. Do you feel you understand tribal culture? Yes No
4. Do you feel you are more effective in providing services as a CHR because you understand tribal culture? Yes No
   1. If yes, please provide an example.

## Demographics (We would like to understand the CHR workforce)

1. To which gender do you most identify?

Female

Male

Prefer to self-identify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prefer not to answer

1. What is your current age? \_\_\_\_\_\_\_
2. What is the highest level of education you have completed?

* High School Diploma/GED
* Associate Degree
* Some college
* Bachelor’s Degree
* Master’s Degree
* Professional Degree
* Doctoral Degree
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What race/ethnicity do you identify with? Please select one.

* American Indian
  + Tribal Affiliation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Hawaiian/Pacific Islander
* Asian
* Hispanic or Latino (a)
* Black or African American
* White
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_