

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)

2. How many years have you worked as a CHR? _____

3. 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) _____

4. While serving as a CHR, which trainings or learning opportunities have you completed to improve your skills as a CHR?
 - i. Please describe any required trainings that you have completed for your role as a CHR. _____

 - ii. Please describe any other trainings or learning opportunities that you participated in to improve your skills as a CHR. _____

 - iii. 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. _____

5. What skills do you currently have as a CHR? Select all that apply.

Health Services

- Recognizing and treating disease
- Providing First Aid or CPR
- Increasing client knowledge of health
- Scheduling health services for patients
- Helping clients access services

One-on-One Interactions

- Protecting confidentiality of clients
- Advocating for client needs
- Working with youth
- Working with elders
- Visiting patients at home

Administrative Tasks

- 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

6. 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

7. As of today, how many CHRs (including you) work in the tribal organization or community for which you provide services for?

1-3 4-6 7-9 10-12 13-15 16 or more

8. 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

9. 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				A Large

	Difference				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	1	2	3	4	5

in my community is:					
Explain your answer -					

10. 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

11. 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): _____				

12. 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

13. 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

a. If yes, how often does this happen?

Always Usually Sometimes Rarely Never

14. 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

15. What types of health issues have your current or past patients/clients had? Select all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Alzheimer's disease/Dementia | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Immunizations |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Infant Health |
| <input type="checkbox"/> Breastfeeding | <input type="checkbox"/> Injuries |
| <input type="checkbox"/> Cancer (specify type): | <input type="checkbox"/> Lead poisoning |
| <input type="checkbox"/> All | <input type="checkbox"/> Low birth weight prevention/follow-up |
| <input type="checkbox"/> Breast | <input type="checkbox"/> Men's health |
| <input type="checkbox"/> Cervical | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Colorectal | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Leukemia/
Lymphoma | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Lung | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Mouth/Throat | <input type="checkbox"/> Physical activity |
| <input type="checkbox"/> Ovarian/
Uterine | <input type="checkbox"/> Pregnancy/Prenatal care/postpartum
care |
| <input type="checkbox"/> Prostate | <input type="checkbox"/> Premature birth/ prevention/follow-up |
| <input type="checkbox"/> Skin | <input type="checkbox"/> Sexual behavior |
| <input type="checkbox"/> Stomach | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Cardiovascular disease | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Child health | <input type="checkbox"/> Tobacco control |
| <input type="checkbox"/> Children with special health care needs | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Violence Define: domestic/child/ |
| <input type="checkbox"/> Family planning | <input type="checkbox"/> Women's health |
| <input type="checkbox"/> Gay/Lesbian/Bisexual/Transgendered
issues | <input type="checkbox"/> Emergency response |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Dental /Oral Health |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Preventive Services |
| | <input type="checkbox"/> Other issues (specify):
_____ |

16. 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

17. 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

18. 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

19. Do you see a need for services provided to patients/clients beyond those listed on assignment sheets? Yes No

Impact Exploration

20. Would you say you build relationships with your patients/clients? Yes No

21. Once you have established a relationship with your patient/client,

a. do you notice a change in their behavior concerning their health? Yes No
i. If yes, please explain the observed changes in behavior.

b. do your patients/clients share more information? Yes No

c. Do you feel your patients/clients are more receptive to services? Yes No

22. Do you feel you understand tribal culture? Yes No

23. Do you feel you are more effective in providing services as a CHR because you understand tribal culture? Yes No

a. If yes, please provide an example.

Demographics (We would like to understand the CHR workforce)

24. To which gender do you most identify?

Female

Male

Prefer to self-identify _____

Prefer not to answer

25. What is your current age? _____

26. 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_____

27. 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_____