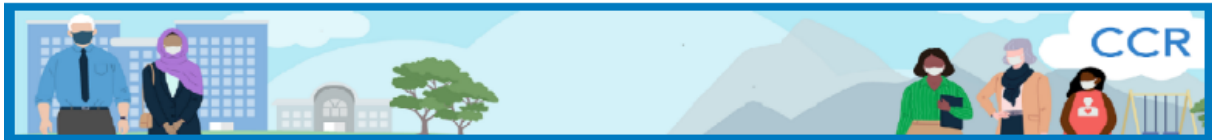


Attachments 4 – DP21-2109 Recipient Survey (screenshots)



English ▾

Form Approved OMB No. XXXX-XXXX

Expiration Date: XX/XX/XXXX

Community Health Workers (CHWs) for COVID Response and Resilient Communities (CCR) Recipient Survey

The Centers for Disease Control and Prevention (CDC), in collaboration with CCR-Evaluation and Technical Assistance (ETA) recipients, are evaluating the implementation and outcomes of the CCR program among DP21-2109 CCR recipients. This survey asks about your CCR program implementation since it began in August 2021.

The aim of this survey is to better understand the administration and implementation of CCR programs. Results will help CDC to understand programmatic challenges and facilitators for implementation of CCR activities; therefore, your feedback is extremely important to us.

If you have questions about the content of the survey, please contact Tabeth Jiri at 617-385-3618 or tabeth_jiri@jsi.com. If you have technical issues in completing the survey, please contact Mihaly Imre at 617-385-3767 or mihaly_imre@jsi.com.

Please respond to this survey based upon the work conducted by your program during the three years of CCR implementation (i.e., from August 2021 until today).

The survey should take approximately 25 minutes to complete.

Thank you for your participation.

Public reporting burden of this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (XXXX-XXXX).



English ▼

Who should complete this survey?

The individual who is most familiar with the day-to-day operations of the CCR program (e.g., Project Director, Project Manager).

Consent

Your participation in this survey is completely voluntary. If you decide to participate, you may skip any question that you do not wish to answer. Survey results will be kept in a secure location in our offices and only the evaluation team will have access to the responses. The information will be analyzed and reported by geographic region, in such a way that no individual person can be identified.

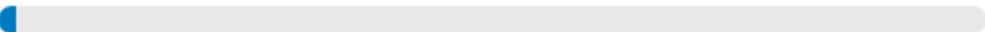
Would you like to complete the survey?

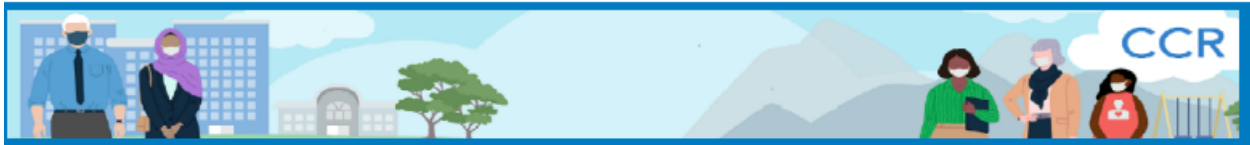
Yes, I consent to complete the survey

No, I do not want to complete the survey

No, I do not think I'm eligible to complete the survey



0%  100%



English ▾

Instructions and Definitions

What time period is being assessed? We are collecting information about the full implementation of CCR since its inception in August 2021. All responses should reflect implementation from August 2021 to today (or the date when you were contracted if the date is after August 2021).

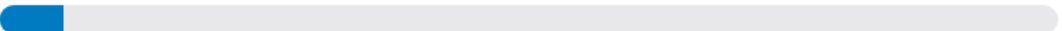
What do we mean by “Community Health Worker” or “CHW”? A frontline public health worker who is a trusted member of the community and/or has an unusually close understanding of the community served (American Public Health Association, 2022). The Community Health Worker title also includes people with related titles including “Promotor/a de Salud” and “Community Health Representative”.

When answering survey questions, which CHWs should respondents report on? Respondents should report on CHWs who are or were funded (fully or in part) by the DP21-2109 CCR program for at least one year. Include CHWs who were funded and worked for your agency directly and those who were subcontracted (either directly or through another agency).

What do we mean by “FTEs”? FTE refers to full-time equivalent. A 1.0 FTE refers to a 40-hours per week position, whereas a 0.5 FTE refers to a 20 hours per week position.

What do we mean by “referral”? By “referral,” we mean to recommend or to direct a program participant’s attention to a source of help or information, such as medical care or social services, or directly connect the participant with such services.



0%  100%



English ▼

Respondent Information

1. Which CCR recipient organization do you represent?

2. What is your current position with the CCR program?

Program Director

Program Coordinator/Manager

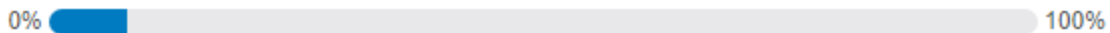
Principal Investigator

Other (please describe)

3. How long have you worked with your organization? This could be longer than you have worked with the CCR program. Please enter number of years and months.

Years

Months



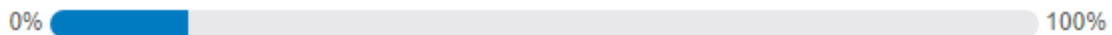


English ▾

CCR Management

4. Please list the amount of Federal (do not include CCR funds), State, Tribal, non-profit, university and other funding that contributed to your CCR program during the 3-year funding period. Do not include in-kind resources. Please include cumulative funding received since August 2021. If you did not receive any funding from a listed funding source, please enter "0" in the 'amount received' column.

| Funding Source | Amount received for all program years |
|--|---------------------------------------|
| Federal Funds (Do not include CDC CCR funds) | <input type="text"/> |
| State funds | <input type="text"/> |
| Tribal fund | <input type="text"/> |
| Local funds (other than non-profit) | <input type="text"/> |
| Nonprofit (e.g., local foundation) | <input type="text"/> |
| University (e.g., other grant funds, internal university funds) | <input type="text"/> |
| Other funding sources – please specify or enter "0" if no other funding sources: | <input type="text"/> |
| <input type="text"/> | |





English ▼

5. What factors helped you to implement your CCR program? Include factors that helped your organization and/or your funded partners.

Please check all that apply.

We had a CHW program in place prior to receiving CCR funding.

We had staff with experience supervising CHWs prior to receiving CCR funding.

We had a CHW job description in place prior to receiving CCR funding.

We had existing relationships with partners that are now part of our CCR efforts.

We had CHW training available in our state that was established prior to receiving CCR funding.

We had COVID-19 training in our state that was established prior to our receiving CCR funding.

We had experience working with the populations of focus we selected for our CCR program.

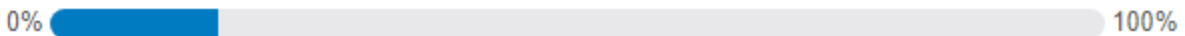
We had an established relationship with an evaluator or evaluation partner.

We had mechanisms in place to hire CHWs quickly.

We had cultural and linguistic expertise necessary to engage our populations of focus for the CCR program.

We had an existing connection to regional or local CHW associations.

Other (please describe):





English ▾

6. What management and programmatic challenges have hindered the implementation of your CCR program? Include challenges experienced by your organization and/or your funded partners.

Please rate how challenging were the following programmatic issues for your organization and/or your funded partners?

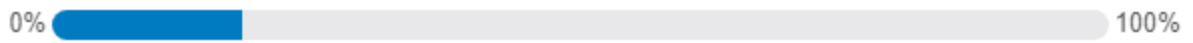
If you did not experience a specific challenge, select “not a challenge”.

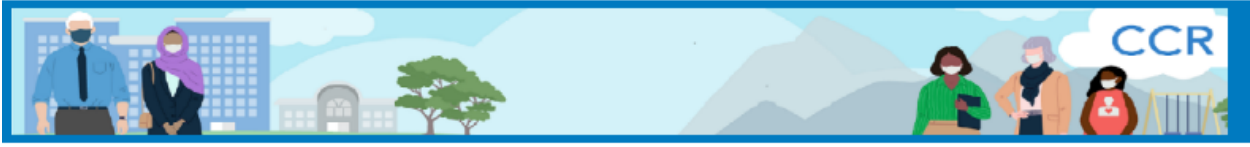
| | Not a Challenge | Minor Challenge | Moderate Challenge | Serious Challenge |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Recruiting and hiring CHW CCR staff | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Recruiting and hiring non-CHW CCR staff | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| CHW CCR staff turnover | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Non-CHW CCR staff turnover | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Spending CCR grant funds | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Agency reorganization | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Putting contracts in place with partner organizations | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Training staff on COVID-19 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Training staff on CHW core competencies | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Collaborating with partners | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Identifying social and medical services that we can refer participants/ clients/patients to for help.” | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Linking participants/clients/patients to services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Tracking referrals made by CHWs to see if they are completed | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Developing an evaluation and performance measurement plan | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Evaluating your program | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Collecting and reporting performance measures to CDC | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Changing nature of the COVID pandemic | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Identifying and developing success stories | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Internet connectivity/technology | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Integrating CHWs into public health teams | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Integrating CHWs into health care systems/teams | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ensuring staff safety in the context of COVID | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Other (please describe):

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|-----------------------|-----------------------|-----------------------|-----------------------|





English

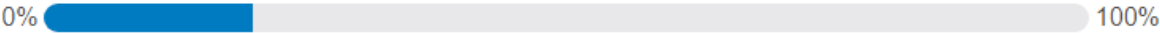
7a. Are there reimbursement mechanisms for CHW services in your area/state, not including CCR grant funding?

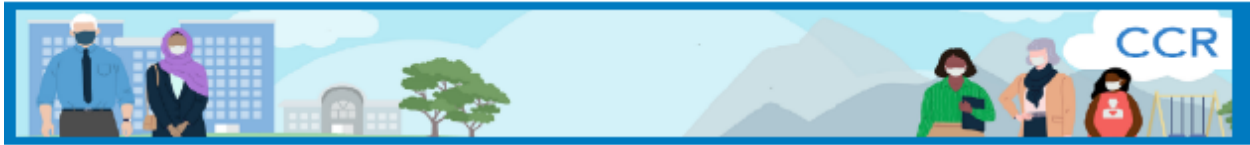
Yes

No

I Don't Know

Please explain:

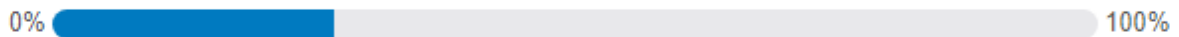


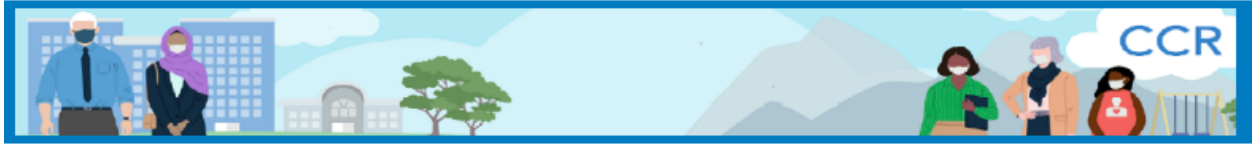


English 

7b. Please indicate the entities that provide reimbursement for CHW services in your area/state.

| | Yes | No | I'm Not Sure |
|--|-----------------------|-----------------------|-----------------------|
| State Medicaid program | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Managed care organizations | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Voluntary coverage by private health plans | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Federally Qualified Health Centers (FQHCs) prospective payment systems | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| State general funds | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| County or State tax millage funds | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Tribal 638 Clinics | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Indian Health Service | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |





English ▾

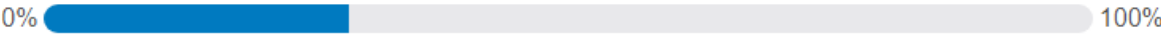
Organizational Infrastructure

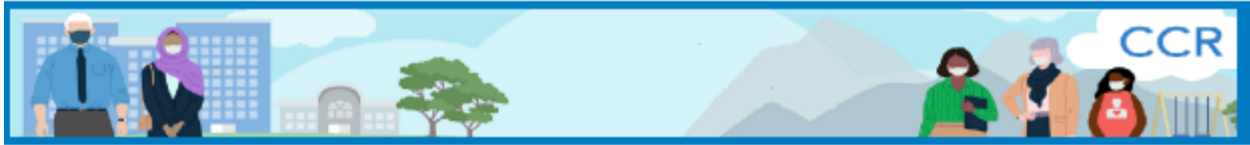
8a. How many CHW supervisors do you fund either directly or indirectly (e.g., by contract)? By “fund” we mean supervisors who are either fully or partially funded through your CCR funds and regardless of whether they work part-time or full-time on the CCR. Please enter the total number of CHW supervisors.

Insert #

8b. What is the total number of supervisor FTEs represented by those supervisors? Please add the number of FTEs. For example, if your program has three 1.0 FTEs and two 0.5 FTEs, please enter 4.0.

Insert #





English ▾

8c. Please indicate the number of CHW supervisors engaged in your CCR that possess the following characteristics (please note that one CHW supervisor may be counted in multiple categories):

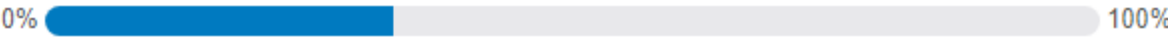
Number of supervisors who have been or currently are CHWs

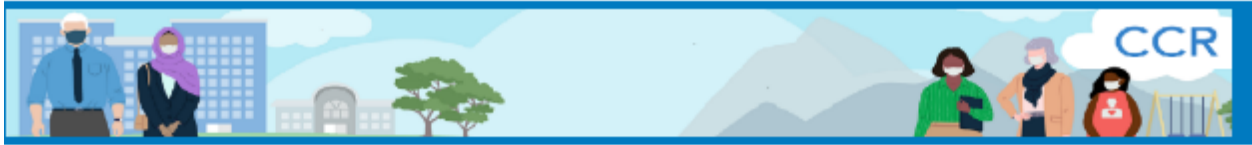
Number of supervisors who had prior experience supervising CHWs (prior to the start of CCR)

Number of supervisors who have prior experience (prior to the start of CCR) working with CHWs

Number of supervisors who have received training related to the CHW profession

Number of supervisors who have received training on how to work with or supervise CHW's





English ▾

Populations of Focus

9. Please select the populations of focus/communities you work with or have worked with for the implementation of CCR activities. Please select all that apply.

Racial/Ethnic Communities (Select all that apply)

- Hispanic/Latino/a/x
- Native Hawaiian / Pacific Islander
- White
- American Indian/Alaska Native
- African American
- Afro-Caribbean
- African
- Middle Eastern
- Asian
- Not listed. Please specify:

Communities Defined in Other Ways (Select all that apply)

Men

Women

Gender non-conforming/non-binary/transgender people

Older people (65 or older)

Children

People who identify as LGBTQ+

People who are economically disadvantaged

People who are involved with the justice system

People experiencing homelessness (or are houseless without shelter)

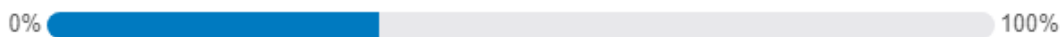
People with psychiatric or mental health disabilities

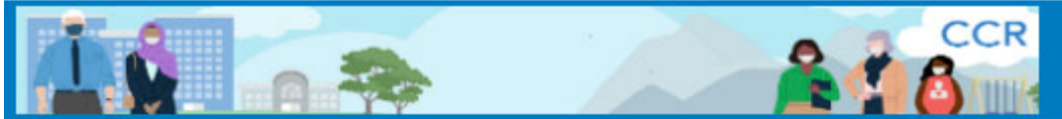
People with substance use disorder

Non-English-speaking people

People with physical disabilities

Other (please describe):



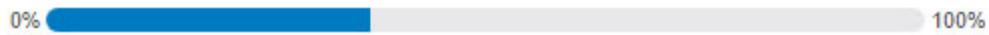


English

10a. Is it possible for you to report the geographic areas where you implement the CCR by zip code?

Yes

No

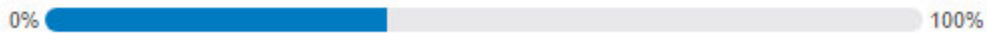


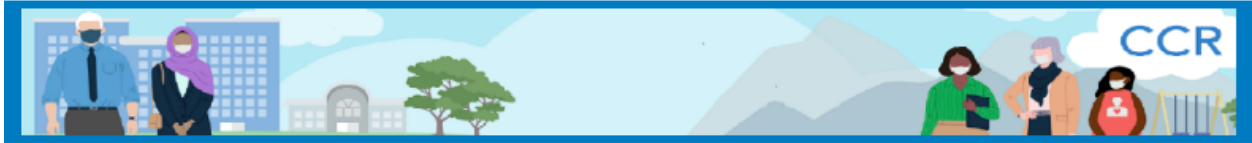


English

10b. Please list the zip codes in which you are implementing or have implemented CCR activities to reach populations of focus. Please list all zip codes for all populations of focus combined. *Note: The following website might be useful to locate zip codes: <https://www.unitedstateszipcodes.org/>

10c. Please list the counties in which you are implementing or have implemented CCR activities to reach populations of focus. Please list all counties for all populations of focus combined.





English ▾

CHW Definition and Core Roles in CCR

11a. Does your organization have a written definition of a CHW? Choose one of the following:

Verbatim or similar to [American Public Health Association's \(APHA\) definition](#). By similar, we mean that the APHA definition was the basis for your organization's definition, but some wording has been changed.

Other definition (not based on APHA definition). Please describe:

No definition at all

11b. Do your funded CCR partners have a written definition of a CHW?

None of our partners

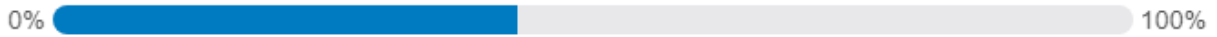
Some of our partners

Most of our partners

All of our partners

We do not fund any partners for the CCR

I do not know



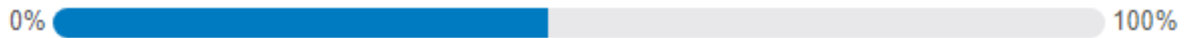


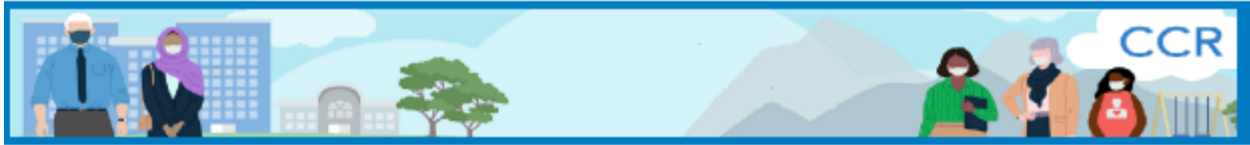
English ▾

12a. Do you have a defined and documented scope of work and/or job description for CHWs that you use for your CCR program?

Yes

No

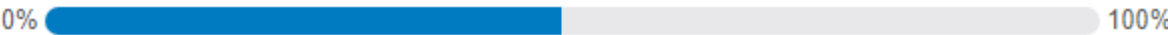




English ▾

12b. In the table below please indicate which of the following 10 core roles are included in the scope of work and/or job description for the CHWs working on your CCR program. (Select one option, Yes or No, for each CHW core role). Please note that the ten roles below were defined by the Community Health Worker Core Consensus Project (C3 Project). You can learn more about each of these roles on page 1 of [this link](#).

| Core Role | Yes | No |
|--|-----------------------|-----------------------|
| Cultural Mediation Among Individuals, Communities, and Health and Social Service Systems | <input type="radio"/> | <input type="radio"/> |
| Providing Culturally Appropriate Health Education and Information | <input type="radio"/> | <input type="radio"/> |
| Care Coordination, Case Management, and System Navigation | <input type="radio"/> | <input type="radio"/> |
| Providing Coaching and Social Support | <input type="radio"/> | <input type="radio"/> |
| Advocating for Individuals and Communities | <input type="radio"/> | <input type="radio"/> |
| Building Individual and Community Capacity | <input type="radio"/> | <input type="radio"/> |
| Providing Direct Services | <input type="radio"/> | <input type="radio"/> |
| Implementing Individual and Community Assessments | <input type="radio"/> | <input type="radio"/> |
| Conducting Outreach | <input type="radio"/> | <input type="radio"/> |
| Participating in Evaluation and Research | <input type="radio"/> | <input type="radio"/> |





English ▾

13a. Does your CCR program offer a CHW “train the trainer (ToT)” model? By ToT model, we mean that your CCR is training CHWs who then serve as trainers themselves and train other CHWs.

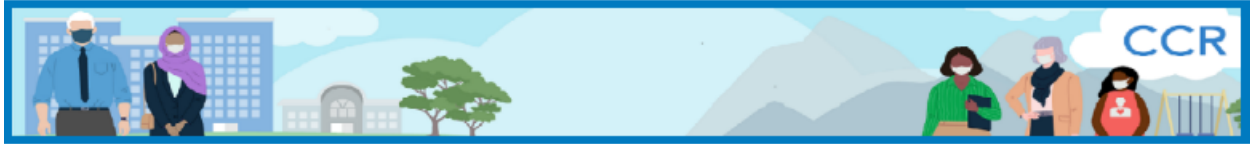
Yes

No:

I don't know.

Please explain:



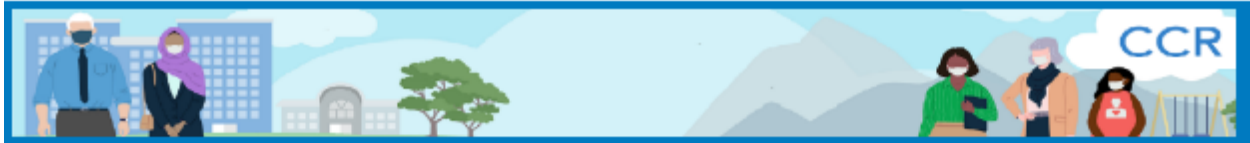


English ▾

13b. How many CHWs have you trained to be trainers of other CHWs as part of your CCR program since the start of the program (August 2021)?

(insert #) CHW trained to be trainers of other CHWs





English 

CHW Retention

For this question please enter the total number of CHWs positions, including positions filled directly by your organization using CCR funds and positions filled by partner organizations using CCR funds. Please count "positions" not people. For example, say that one person fills a CHW position and then leaves that position for another job. Then a new person is hired for that position. You would report this as 1 CHW position. Include part-time and full-time positions. For example, if one person fills a full-time position and another person fills a part-time position, you would report this as 2 CHW positions. Please only count positions that are supported in full, or in part, with CCR funds. For example, if a full-time position is funded using 50% CCR funds and 50% State funds, then still count this as 1 position. If you or your partners do not hire any CHWs with CCR funds, enter "0".

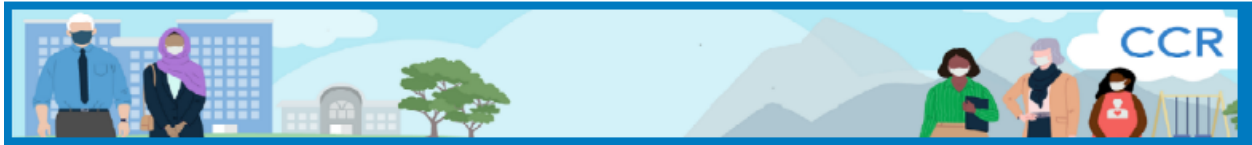
14a. For the CCR, how many CHW positions were filled using CCR funds?

(insert #) CHW positions

14b. How many full-time equivalents (FTEs) do these CHW positions represent? For example, if your program has three 1.0 FTEs CHW positions and two 0.5 FTEs CHW positions, please enter 4.0 CHWs positions. If no CHW positions were funded, enter "0".

(insert #) FTEs





English

15a. Will your organization/partners continue to employ any of the CHWs currently supported with CCR funds after the CCR initiative ends? Please check only one box.

Yes

No.

I Don't Know

Not Applicable (We did not hire any CHWs for CCR).

Please explain:





English ▾

15b. How many CHWs will be retained after the CCR initiative ends? Please enter the number of CHWs.

(insert #)

I Don't Know. Please explain:

15c. What financial resources or payment models will support these CHWs after the CCR initiative ends? Please describe.





English ▾

16. How many CHWs working on the CCR program and supported with CCR funds left their positions, regardless of the reason, since the start of the program? Please enter the number of CHWs and the number of FTEs they represent. For example, if two 1.0 FTEs and three 0.5 FTEs left their positions, please enter 5 for the number of CHWs and 3.5 for the number of FTEs.

(insert #) CHWs

(insert #) FTEs



0%



100%



English ▾

17a. In how many states does your organization operate?

(insert #) Number of States



English ▾

17b. Many states have statewide CHW Certification. Does the state (or states) in which your organization operates have Statewide CHW certification available? If your organization operates in multiple states, please provide this information for each of those states.

Please List State 1



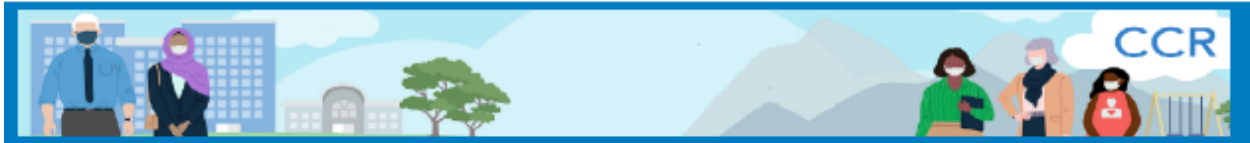


English ▾

17c. How many CHWs* obtained Statewide CHW Certification/Re-Certification during or in preparation for CCR implementation? *Only include CHWs that are: (1) hired by your organization with CCR funds, (2) hired through a partner organization you funded, and/or (3) hired directly through a personal contract funded with CCR dollars. Please enter the number of CHWs.

(insert #)





English 

Tracking and Referral

18. How did CHWs funded by your CCR program document their referrals to clinical, social, or other services? Please describe.

19. Did you document whether a referral was completed for your CCR program? That is, did you track whether an individual referred for a social and/or health service **ACCESSED** and **USED** that service?

Yes

No. Please explain:





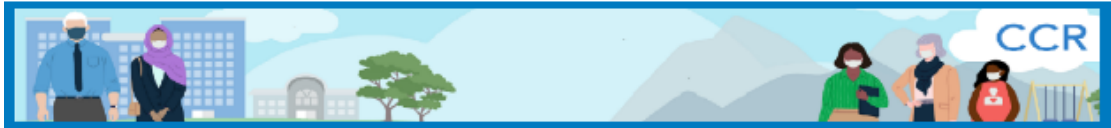
English ▾

20. How did you track referral completion for CCR? Please select all that apply.

- Electronic
- Paper
- Other system

Please describe:





English

CCR referrals and training efforts are being evaluated through performance measures reported by your organization, therefore, please do not report on those efforts here. Here we are asking about activities other than referrals and training such as media efforts (e.g., social media) or interventions (e.g., lifestyle programs, mobile health unit programs) that are directed to your populations of focus.

**21. Which of the following health conditions and social determinants of health have been addressed by your CCR program?
Please check all that apply.**

Health Conditions (Select all that apply)

- Lifestyle interventions/strategies
- Hypertension management
- Arthritis management
- Diabetes management
- Management of respiratory conditions
- Maternal/child health
- Improving physical activity
- Improving healthy eating
- Mental health and addictions
- Other

Social Determinants of Health (Select all that apply)

Housing Insecurity

Food Insecurity

Economic Instability

Lack of access to healthcare

Lack of access to nutritious food

Racism and/or other forms of discrimination

Transportation

Other





English ▾

This is the end of the survey. If you would like to make any changes, please do so now.

**Once you have clicked "Submit" you will not be able to return to the survey.
Thank you!**

