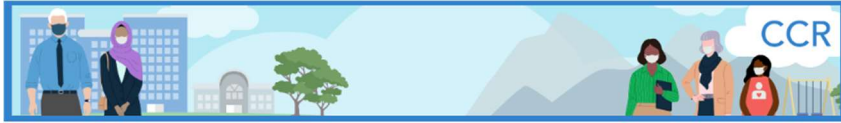


## Attachments 5 – DP21-2109 Community Health Worker (CHW) Survey (screenshots)

Form Approved  
OMB No. XXXX-XXXX  
Expiration Date: XX/XX/XXXX



English

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

#### Introduction of project and survey purpose

Community Health Workers (CHWs) for COVID Response and Resilient Communities (CCR) is a program that supports communities across the United States hardest hit by COVID-19 to train and deploy CHWs. CHWs are known by other titles, including Community Health Representatives (CHR) and Promotores/as de Salud. In this survey, we use the term CHW to include these other titles.

We understand that you work as a CHW to conduct activities as part of the CCR. The aim of this survey is to understand the working conditions of CHWs in the CCR and how CHWs have contributed to the program. Survey results can be used to improve CHW working conditions and policies. Results may also provide evidence about the contributions of CHW-led and community-based responses to combating COVID-19.

The Centers for Disease Control and Prevention (CDC), in collaboration with [CCR-Evaluation and Technical Assistance \(ETA\) recipients](#), is evaluating the implementation and outcomes of the CCR program. This survey asks about your work and working conditions as a CHW in CCR. Your feedback is extremely important to us.

If you have any questions about the survey content, please contact Mary-Ellen Brown at 520-884-5507 or [maryellen.brown@asu.edu](mailto:maryellen.brown@asu.edu) or Ada Wilkinson-Lee at (520) 626-7766 or [adaw@arizona.edu](mailto:adaw@arizona.edu). If you have technical problems completing the survey, please contact Mattea Pezza at (602) 543-1092 or [mpezza@asu.edu](mailto:mpezza@asu.edu).

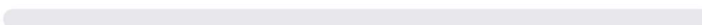
**Please respond to this survey based on your work in the CCR program since the program began in August of 2021 or, if later, the date you were hired to work on the CCR.**

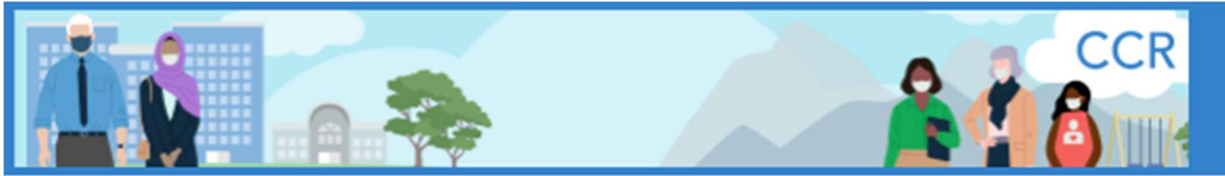
**The survey should take approximately 30 minutes to complete.**

**Thank you for your participation.**

Public reporting burden of this collection of information is estimated to average 30 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).



0%  100%



## Instructions and Definitions

**Who should complete this survey?** CHWs/CHRs/Promotores/as who have worked on CCR for at least one year and whose salaries were fully or partially funded by the CCR. CHWs may be hired directly by a CCR recipient or hired through another organization that received CCR funding.

**What time period is being assessed?** We are collecting information about the implementation of CCR since it began in August of 2021 or, if later, the date you were hired to work on the CCR.

**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.”

**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 to directly connect the participant with such services.

### Confidentiality and 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. All information you share will be kept confidential and will not be associated with you by name. Survey results will be kept in a secure location in our offices and only the CCR 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. De-identified data will be shared with CDC. Data collected as part of the current study will not be shared with other investigators for future research purposes.

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 am eligible to complete the survey



Thank you for your participation. Let's get started!

### Section 1. Organizational Information

1.1. Is your employer organization a DP21-2109 CCR recipient organization? *(your employer organization is the organization that pays your salary fully or partially for CCR activities and provides supervision for your work)*

Yes

No, my employer received funds from the CCR recipient organization to participate in the CCR

I am not sure/I do not know

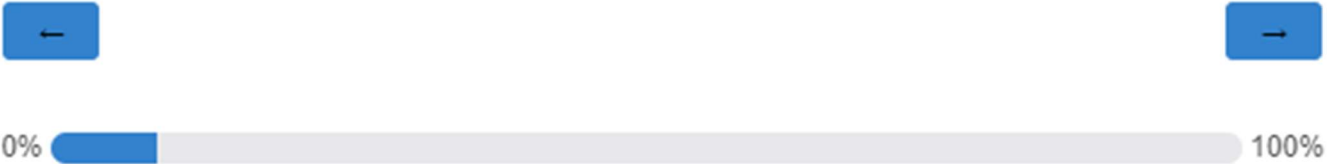
1.3. What is the name of your employer organization *(that is, the organization that pays your salary fully or partially for CCR activities and provides supervision for your work)?*

Name of employer organization:

1.4. In what zip code is your employer organization's office located?

1.5. What type of organization is your CCR employer organization (that is, the organization that pays your salary fully or partially for CCR activities and provides supervision for your work)? (Please check ALL that apply.)

Federally Qualified Health Center (FQHC)	Private Health System	Indian Health Service
Primary Care Clinic (not FQHC)	Public Health System	Tribal Health Department
School-Based Health Center	Hospital	Urban Indian Health Center
Rural Health Clinic (not HRSA-funded)	Local Health Department	University
Community-Based Organization	State Health Department	Other: (Please specify)
		<input type="text"/>
Health Insurance Provider		





## Section 2. CHW Core Competency Training and Roles in CCR

The eleven core competency areas listed below were identified by the CHW Core Consensus (C3) Project. You can learn more about each of these skill areas at [this link](#) in Table 2. These core competencies are general CHW skills and are not specific to CCR activities on COVID-19.

2.1. In the table below, please indicate the total number of hours of training you have received in each of the following core competency areas since you started working on CCR activities.

Select one option for each core competency area to indicate the total number of hours of training you received for each core competency area.

	0 hrs.	1-5 hrs.	6-10 hrs.	11-20 hrs.	>20 hrs.
Communication Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal and Relationship-Building Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Service Coordination and Navigation Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Capacity Building Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	0 hrs.	1-5 hrs.	6-10 hrs.	11-20 hrs.	>20 hrs.
Advocacy Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education and Facilitation Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individual and Community Assessment Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outreach Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	0 hrs.	1-5 hrs.	6-10 hrs.	11-20 hrs.	>20 hrs.
Professional Skills and Conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluation and Research Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge Base	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next question is about **CHW roles** or functions that CHWs serve in communities and the health care system. The ten **CHW roles** listed below were identified by the CHW Core Consensus (C3) Project. You can learn more about each of these roles at [this link](#) in Table 1.

2.2. In the table below, please indicate how often you conducted each of 10 CHW core roles as part of your CCR activities. (Select one option for each CHW core role)

	Often	Sometimes	Never
<a href="#">Providing Cultural Mediation Among Individuals, Communities, and Health and Social Service Systems</a>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<a href="#">Providing Culturally Appropriate Health Education and Information</a>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<a href="#">Providing Care Coordination, Case Management, and System Navigation</a>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<a href="#">Providing Coaching and Social Support</a>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<a href="#">Advocating for Individuals and Communities</a>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Often	Sometimes	Never
<a href="#">Building Individual and Community Capacity</a>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<a href="#">Providing Direct Service</a>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<a href="#">Implementing Individual and Community Assessments</a>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<a href="#">Conducting Outreach</a>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<a href="#">Participating in Evaluation and Research</a>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

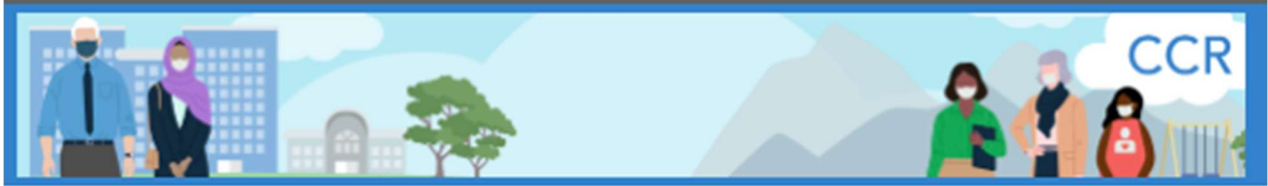
2.3. Have you either trained or been trained by other CHWs as part of a “train the trainers” model in your CCR program?

Yes

No







### Section 3. Referrals to Social and/or Health Services

3.1. Do you have access to record information about the people/clients/patients you serve (for example, name, address, phone number) in systems so that you and your employer organization can track your participants (clients/patients) and follow-up/recontact them if needed?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

*For the following two questions, think about what helped you (i.e., made it easier) and what made it difficult for you as a CHW to make referrals to social and health services while you carried out CCR activities.*

3.2. Please indicate which of the following helped you as a CHW make referrals to social and health services while you carried out CCR activities. (Check ALL that apply.)

- Existence of available services in the community
- State policies/regulations that support CHWs to make direct referrals to health and social services
- Existence of culturally-centered services
- Existence of services provided in appropriate language(s)
- Availability of necessary software and systems to make and track referrals
- Knowledge of referral options
- Support from supervisor
- Networking with other CHWs
- Availability of time to make referrals
- Other (please describe only if applicable, do not enter 'N/A' or 'NONE'):

3.3. Please indicate which of the following made it difficult for you as a CHW to make referrals to social and health services while you carried out CCR activities. (Check ALL that apply.)

Lack of health and/or social services available in the community

State policies/regulations that do not permit CHWs to make direct referrals to health and social services

Lack of trust from the community in the organizations providing services

Lack of culturally-centered services

Lack of services provided in appropriate language(s)

Lack of necessary software or systems to make referrals

Lack of knowledge about referral options

Lack of support from supervisor

Lack of networking with other CHWs

Lack of time to make referrals

Other (please describe only if applicable, do not enter 'N/A' or 'NONE'):



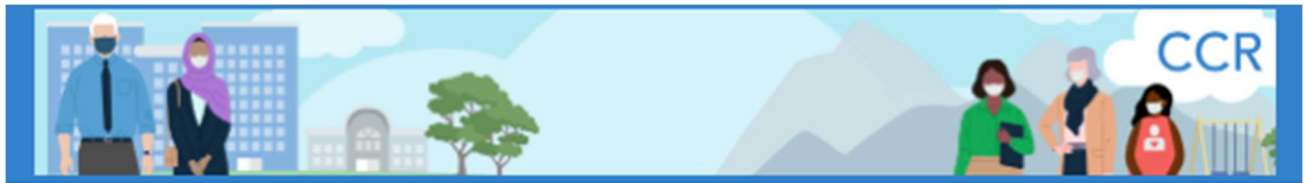
3.4. Please indicate which of the following helped individuals (e.g., such as the clients/patients/people you referred) USE the social and health services you referred them to while you carried out CCR activities. (Check ALL that apply.)

- Existence of available services
- Existence of culturally-centered services
- Existence of services in appropriate language(s)
- CHW accompaniment to access the service
- Support to pay or to obtain coverage for the service
- Help with transportation options to the service
- Other (please describe only if applicable, do not enter 'N/A' or 'NONE'):

3.5. Please indicate which of the following made it hard for individuals (e.g., such as the clients/patients/people you referred) to USE the social and health services you referred them to while you carried out CCR activities. (Check ALL that apply.)

- Lack of culturally-centered services
- Lack of services provided in appropriate language(s)
- Mistrust in organizations providing social and health services
- Cost of service and/or lack of insurance
- Lack of transportation
- Lack of childcare
- Other (please describe only if applicable, do not enter 'N/A' or 'NONE'):





## Section 4. CHW Integration into Care Teams and Engagement

4.1. Thinking about other healthcare, social service, and/or education providers with whom you work on CCR activities, please indicate how much you agree or disagree with the following statements:

	Strongly disagree	Disagree	Agree	Strongly agree
I feel isolated from them because of my race/ethnicity or culture.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like I have to be the only voice for my race/ethnicity or culture among them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They understand my roles and what I do as a CHW.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel comfortable going to them to talk about participants/clients/patients' needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel dismissed or devalued by them because of my racial/ethnic or cultural background.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel they make assumptions about me because of my race/ethnicity or culture.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4.2. Thinking about your job as a CHW while you carried out CCR activities, please indicate how much you agree or disagree with the following statements:

	Strongly disagree	Disagree	Agree	Strongly agree
As part of my job, I have identified the people or organizations that influence change in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As part of my job, people who influence change in my community seek my opinion and participation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As a part of my job, I am a member of one or more groups/organizations that make (that is, develop and/or enact) policy for my community, city, county, state, or tribe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My employer/supervisor supports my involvement in policy-making on work time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am a member of one or more groups that influence policy in my employing organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that as a CHW, I have influenced policy in my organization or community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4.3. Are you currently working remotely, or do you go in person to an office at your employer's organization to complete your CCR administrative job duties?

I am currently working remotely

I go in person to an office at my employer's organization

4.5. How involved are you with the following:

	Very involved	Somewhat involved	Not involved at all
One or more local, state, regional or national CHW associations or networks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Policy work of those local, state, regional or national CHW associations or networks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





## Section 5. CHW Compensation and Benefits

5.1. What is your current hourly rate of pay or annual salary? *(Just provide one or the other, not both.)*

Hourly rate

Annual salary

5.2. **How many hours per week do you typically work on CCR activities?** Include all CCR-related work such as outreach, paperwork for CCR activities, and so forth. *If you work a differing number of hours each week, then provide the average number of hours you typically work on CCR activities per week.*

5.3. Does your employer currently offer you the following benefits? (Please check ALL that apply.)

Health insurance	Hazard pay
Dental insurance	Overtime pay
Disability insurance	Education reimbursement/stipend
Family leave	Professional development funds (e.g., funds or paid time for participation in external professional associations and attending conferences and trainings)
Sick leave	Professional development opportunities (within your organization)
Vacation	Cost-of-living adjustment (COLA)
Transportation or mileage reimbursement	Employee assistance program
Retirement/pension fund	Cell phone plan subsidy/reimbursement
Bonuses	Internet service subsidy/reimbursement

5.4. Are you eligible for promotions/step-ups with pay increases at your place of employment?

Yes	No	I'm not sure
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5.5. Would you like to see changes in the benefits you receive (or do not receive) as part of your employment as a CHW?

	Yes	No
Would like changes in pay	<input type="radio"/>	<input type="radio"/>
Would like changes in benefits	<input type="radio"/>	<input type="radio"/>
Would like changes in hours	<input type="radio"/>	<input type="radio"/>
Would like changes in whether I work part-time or full-time	<input type="radio"/>	<input type="radio"/>





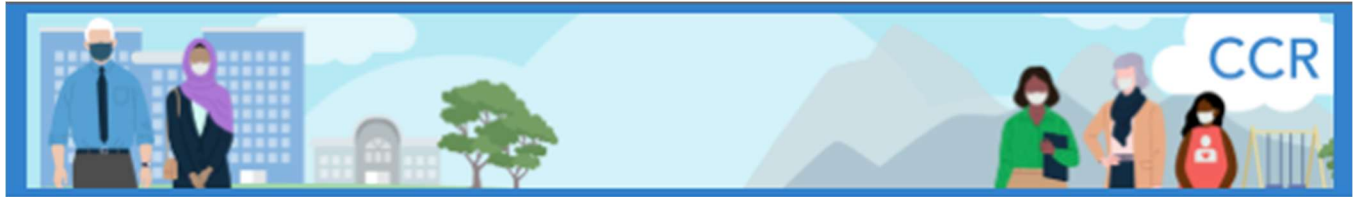
## Section 6. CHW Supervision

6.1. Thinking of the person you consider to be your primary supervisor for your CCR work during the past 30 days, please indicate how much you agree or disagree with the following statements:

	Strongly disagree	Disagree	Agree	Strongly agree
My supervisor appreciates my role as a CHW.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My supervisor advocates for the role of CHWs with upper management (staff who rank above the supervisor).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My supervisor has participated in training about the CHW profession.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My supervisor encourages my professional growth (e.g., by regularly encouraging me and/or accepting my suggestions in supervision sessions to pursue training opportunities, attend conferences, develop leadership skills, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Strongly disagree	Disagree	Agree	Strongly agree
My supervisor understands the strengths and needs of the community/ies we serve.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My supervisor understands that improving health requires addressing racism and other forms of oppression.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In my organization, CHWs participate on hiring panels when CHW supervisors are selected.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>







## Section 7. Populations of Focus

7.1a. Please select the populations of focus/communities you work with for the implementation of CCR activities. *Please select all that apply.*

### Racial/Ethnic Communities

Native Hawaiian / Pacific Islander	Afro-Caribbean
Native Hawaiian / Pacific Islander	African
White	Middle Eastern
American Indian / Alaska Native	Asian
African American/Black	Not listed. Please specify:
	<input type="text"/>

7.1b. Please select the populations of focus/communities you work with for the implementation of CCR activities. *Please select all that apply.*

Communities Defined in Other Ways

Men	People who are justice-involved (e.g., people who have experienced incarceration)
Women	People experiencing homelessness (or are houseless without shelter)
Gender non-conforming/non-binary/transgender/two-spirit people	People with psychiatric or mental health disabilities
LGBTQ+ people	People with substance use disorder
Older people	Non-English-speaking people
Children	People with physical disabilities
People who are economically-disadvantaged	Not listed (please describe):
	<input type="text"/>

7.2. Do you consider yourself to be a member of the populations/communities you work with?

Yes	No
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**Section 8. Characteristics of CHWs working on CCR**

8.1. How long have you been a CHW?

Years   
Months

8.2. How long have you worked with your employer organization on CCR activities? *(This initiative to address COVID-19 began in September 2021.) Please enter number of years and months.*

Years   
Months

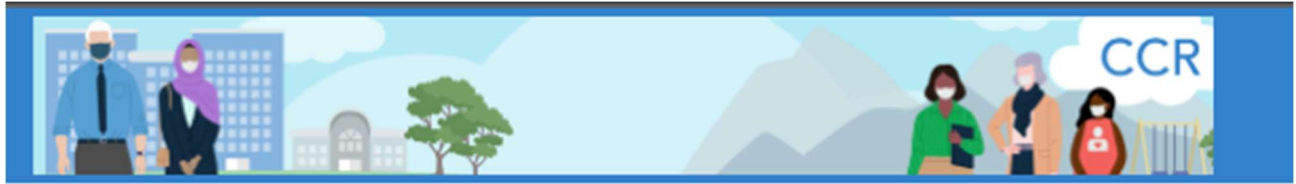
8.3. Which of the following describes your own racial/ ethnic identity? *(Please check ALL that apply.)*

Hispanic/Latino/a/x	African
Native Hawaiian/Pacific Islander	Middle Eastern
White	Asian
American Indian/Alaska Native	Not listed. Please specify
	<input type="text"/>
African American/Black	I don't want to answer
Afro-Caribbean	

8.4. What other communities do you consider yourself to be a member of? (Please check ALL that apply.)

Men	People experiencing homelessness (or have been houseless without shelter)
Women	People with psychiatric or mental health disabilities
Gender non-conforming/non-binary/transgender/Two-Spirit people	People with substance use disorder
Lesbian, Gay, Bisexual, Transexual, Queer, or persons of other sexual identity (LGBTQ+) people	Non-English-speaking people
Older people	People with physical disabilities
People who are economically-disadvantaged	Not listed (please describe):
	<input type="text"/>
People who are justice-involved (e.g., who have experienced incarceration)	I don't want to answer





Thank you VERY MUCH for your time in completing this survey.  
Please note that in constructing this survey, we have attempted to use language that is positive and affirming. We apologize for any language which may cause harm or have negative effects. If you would like to give us feedback, or have any questions related to this survey, please contact Mary-Ellen Brown at 520-884-5507 or [maryellen.brown@asu.edu](mailto:maryellen.brown@asu.edu).

END OF SURVEY

