

Community Health Worker Training Program Evaluation Report



Washington State Department of Health Office of Healthy Communities



October 2015



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EXECUTIVE SUMMARY

This report summarizes feedback received from participants and employers about The Community Health Worker (CHW) Training Program sponsored by the Washington State Department of Health (DOH). Online surveys were conducted to gather information on how useful the training was to participants who completed the core training and to employers who sent staff to participate in the training.

Main Findings:

CHW Training Participant Survey

- About 9 out of 10 participants would recommend the CHW Training Program sponsored by the Washington State Department of Health to other CHWs.
- A majority of participants who worked as a CHW in the past year reported applying information and skills learned from each of the Core Competencies at least sometimes in their work as CHWs. Participants most frequently cited applying information about communication (85%), cultural competency (79%), and CHW roles and boundaries (79%).
- Participants most frequently applied information and skills from the *Prediabetes and Diabetes* optional module in their work as CHWs (48%), followed by *Health Literacy* (42%), *Behavioral Health* (39%), and *Navigating Health Insurance* (38%).
- About two-thirds of participants had an employer or supervisor who suggested or required them to attend the DOH-sponsored training.
- Over a quarter of participants who completed the training did not do work as a CHW in the past year. These participants may not identify themselves as a CHW or may be taking training to help them secure a CHW position in the future.
- Many participants (75%) performed the CHW role as part of a health care team.
- The top 5 health issues participants worked on as CHWs included accessing health services, women's health, nutrition, diabetes prevention and management, and physical activity.
- A little over a third of participants completing the survey were Hispanic. Hispanics accounted for 10% of the adult population in Washington State.

CHW Training Employer Survey

- Most frequent ways employers heard of training was through the DOH website (32%), their own staff (26%), or word of mouth (21%).
- Most frequent reasons employers gave for sending their staff to the training were no cost (55%), lessons on CHW core competencies were included (53%), and location was convenient (43%).
- Over 90% of employers felt 7 of the 8 Core Competency Lessons were important in the work their staff does as CHWs. Three-quarters of employers felt case study skills were important.
- Employers considered most of the optional Health Specific Continuing Education Lessons important in the work their staff does as CHWs, especially health disparities and social determinants, behavioral health (mental health and substance abuse/addiction), health literacy, and nutrition/active living.

- Most employers saw improvement in staff core competencies skills and knowledge after the training (22% reported substantial improvement and 72% reported some improvement).
- Four out five employers allowed their staff to complete online portions of trainings while on the job.
- Most common barriers for employers in getting training for their staff doing work as a CHW included employees were too busy to participate (50%) and training located too far away from their workplace (41%).
- Most common barriers for employers in recruiting, hiring, and retaining staff doing work as a CHW included limited or lack of funding (47%) and lack of ability to bill insurers for their services (34%).
- Almost three fourths of employers had CHW staff who served as a liaison or link between health care team and individuals from community to facilitate access to services and manage care. Over half had CHW staff who received client referrals or assignments from health care team staff.
- Almost three fourths of employers considered CHWs as a very important strategy for eliminating health disparities among vulnerable populations served by their organization.

Questions regarding this report can be forwarded to Scott Carlson, CHW Training Program Supervisor at scott.carlson@doh.wa.gov or (360) 236-3792.



BACKGROUND

Community Health Workers (CHWs) are frontline public health worker who apply their unique understanding of the experiences, language, and culture of the populations they serve in order to carry out some of the following roles:

- Make sure people get access to health and social services they need through service coordination, referral, and follow-up.
- Provide informal counseling, coaching, or social support to people.
- Provide culturally appropriate health education and information.
- Provide basic services and screening tests (such as support with blood pressure monitoring).
- Provide a cultural link between organizations and communities.
- Advocate for the needs and perspectives of the community members served.
- Help community members increase health knowledge and be self-sufficient.

CHWs may serve under a variety of titles in Washington including:

- Community Health Worker
- Community Health Advisor
- Community Health Advocate
- Community Health Promoter
- Outreach Worker
- Out Reach Advocate
- Community Health Representative
- Patient Navigator
- Promotora/Promotores de Salud
- Peer Health Advisor
- Peer Counselor
- Lay Health Advisor
- Peer Leader

CHW Training Program Overview

The CHW Training Program sponsored by the WA DOH offers standardized training to support CHWs in both clinical and non-clinical settings throughout state. Trainings are offered regionally across the state on a quarterly basis with a capacity to provide training to up to 500 CHWs annually.

The 30-hour core curriculum training series is spread out over eight weeks and includes two in-person training days wrapped around six weeks of online curriculum. The core sessions address CHW roles and boundaries, communication skills, cultural competency, organization skills, documentation skills; assessment skills; service coordination skills; and a case study presentation during the final in-person session of the class. An expanding list of online health specific continuing education modules with an additional 60 plus hours of curriculum is available to participants who successfully complete the core training. Current topics include:

- Breast Health and Cancer Screening
- Colorectal Health and Cancer Screening
- Prostate Health and Cancer Screening
- Cervical Health and Cancer Screening
- Cardiovascular Health and Hypertension
- Diabetes & Pre-Diabetes
- Behavioral Health
- Navigating Health Insurance
- Health Literacy
- Understanding Health Disparities
- Health Coaching and Motivational Interviewing
- Policy, Systems and Environmental Approaches to Healthy Eating and Active Living

New modules in development include: Oral Health, Improving Asthma Outcomes, HIV, Immunizations across the Lifespan, and Tobacco Cessation.

The CHW training program relies on funding from multiple grants to support operations within DOH, Prevention and Community Health Division, Office of Healthy Communities including: the Preventative Health and Health Services Block Grant, Comprehensive Cancer Prevention and Control, Coordinated Chronic Disease Grant, and the State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease grants.

The training program is nearing the end of its third full year in providing training and education to CHWs with over 1,000 participants trained as of August 2015. No other state-sponsored training system in the nation has reached this many CHWs and their allies with a standardized training curriculum.

Looking forward, the CHW training program continues to explore innovative training strategies with a variety of state and local partners, including alignment with the Healthier Washington Initiative- Washington State's plan for Healthcare Reform. The project is developing the capacity to support train the trainer activities in local regions and has recently partnered with the Heart Disease, Stroke, and Diabetes Prevention Program to incorporate a hands on, in-person training for CHWs to support patients who have coordinated with their health care providers regarding the self-monitoring of blood pressure. Specific information relating to the training program including training schedule, course objectives and frequently asked questions are listed on the project web site www.doh.wa.gov/chwts.

Acknowledgement: The impending implementation of the Affordable Health Care Act prompted the need for WA DOH to lean forward in identifying innovative training opportunities for CHWs, who were emphasized as an important strategy for reducing health disparities. In 2010, discussions began with the Massachusetts Department of Public Health about the viability of utilizing a version of their newly created Patient Navigator training curriculum- which had successfully incorporated an online component for delivering training content across their state. In 2011, WA DOH contracted with the e-learning development firm Talance and began work on incorporating a Washington State specific version of the Massachusetts Patient Navigator training curriculum for CHWs in general. In the summer of 2012, staff from the Massachusetts Women's Health Network Care Coordination Program provided a train the trainer training for select program staff from the WA DOH Breast, Cervical and Colorectal Health Program, which led to the full implementation of the WA DOH-sponsored training project in October 2012. The WA DOH would like to acknowledge this partnership in making our CHW training program a success.

PURPOSE

The intent of this evaluation was to understand how useful the CHW Training Program is to participants who completed the core training and to employers who sent staff to participate in the training.

Phase 1: An on-line survey was developed to ask participants about their training experiences, work history, and demographics. Answers from participants were used to determine how often information and skills from the training were being used, what were the perceived benefits of the training, what may be done to improve the training program, and whether the training program reached a diverse group. (See Attachment 1 for a copy of the survey)

Phase 2: An on-line survey was developed to ask employers about their views on the training program, perceived benefits of the training, what may be done to improve the training, and how their organizations utilize CHWs. (See Attachment 2 for a copy of the survey)

METHODS

Phase 1:

- About 375 participants who completed the CHW Training Program in 2014 were contacted via Email to take the online survey developed in Opinio, which was accessible through a link in the email message. The participants name and Email address was not linked to the survey or their answers, or collected as part of the survey. The survey was open for five weeks with two follow-up Emails sent at weeks 4 and 5.
- A total of 94 participants initiated the survey for a response rate of 25%. A total of 83 participants finished the survey for a completion rate of 88%. This report includes information from all participants who initiated the survey. Seventeen percent of participants took the training in January, 28% in April, 26% in June/July, and 30% in September/October 2014.

Phase 2:

- About 80 employers who sent staff to the CHW Training Program were contacted via Email to take the online survey developed in Opinio which was accessible through a link in the Email message. The employers name and Email address was not linked to the survey or their answers, or collected as part of the survey. The survey was open for five weeks with two follow-up Emails sent at weeks 2 and 4.
- A total of 47 employers initiated the survey for a response of 59%. A total of 30 employers finished the survey for a completion rate of 64%. This report includes information from all employers who initiated the survey.

Answers were reported for everyone who took the survey and not by individual participants or organizations. An Institutional Review Board (IRB) Exemption Request Application was submitted for the collection of information from the participants and employers. DOH received exemption approval from the Washington State IRB on 1/26/2015 for the participant survey and 5/6/2015 for the employer survey.

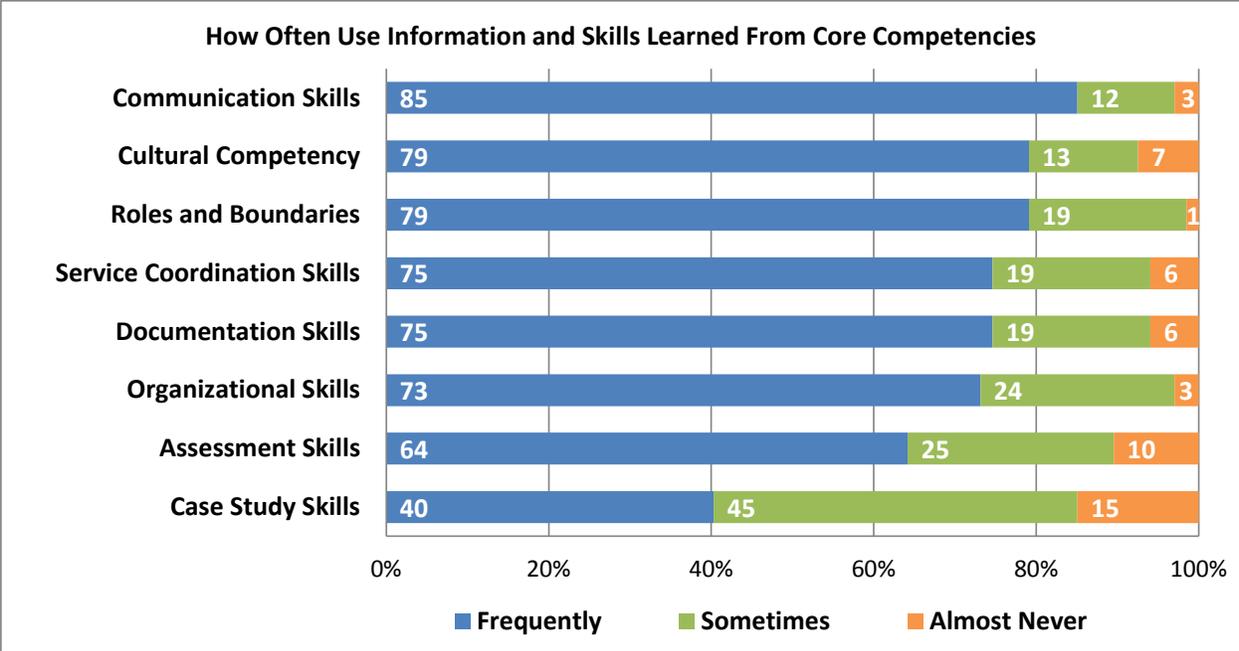
RESULTS SUMMARY—CHW Training Participant Survey

A) CHW TRAINING EXPERIENCES

To determine the usefulness of the main Core Competency Lessons, participants who did work as a CHW in the past year were asked how often they used the information and skills they learned in their work. To help trigger participant's memories about these lessons, a brief description was provided on the survey as follows:

- Role and Boundaries—understand roles and responsibilities and identify professional boundaries
- Communication Skills—use verbal/non-verbal, active listening, and cross-cultural communication
- Cultural Competency—understand and respect needs of diverse groups and develop cultural knowledge
- Organizational Skills—balance priorities and time, use organizational tools, and develop work plans
- Documentation Skills—identify and use correct procedures to document your work with people in need of services
- Assessment Skills— identify and use correct tools to assess needs of people
- Service Coordination Skills—identify, keep track of, and connect people with appropriate resources available in your organization or community
- Case Study Skills—develop and present case studies

Participants most frequently used information and skills from the following core competency lessons in their work as CHWs: communication skills (85%), followed by cultural competency (79%) and roles and boundaries (79%). Around three-quarters frequently cited using service coordination skills, documentation skills, and organization skills in their work. Fewer, but still two-thirds frequently used assessment skills. While case study skills were least often used by participants compared with the other core competencies, only 15% reported never using these skills in their work.

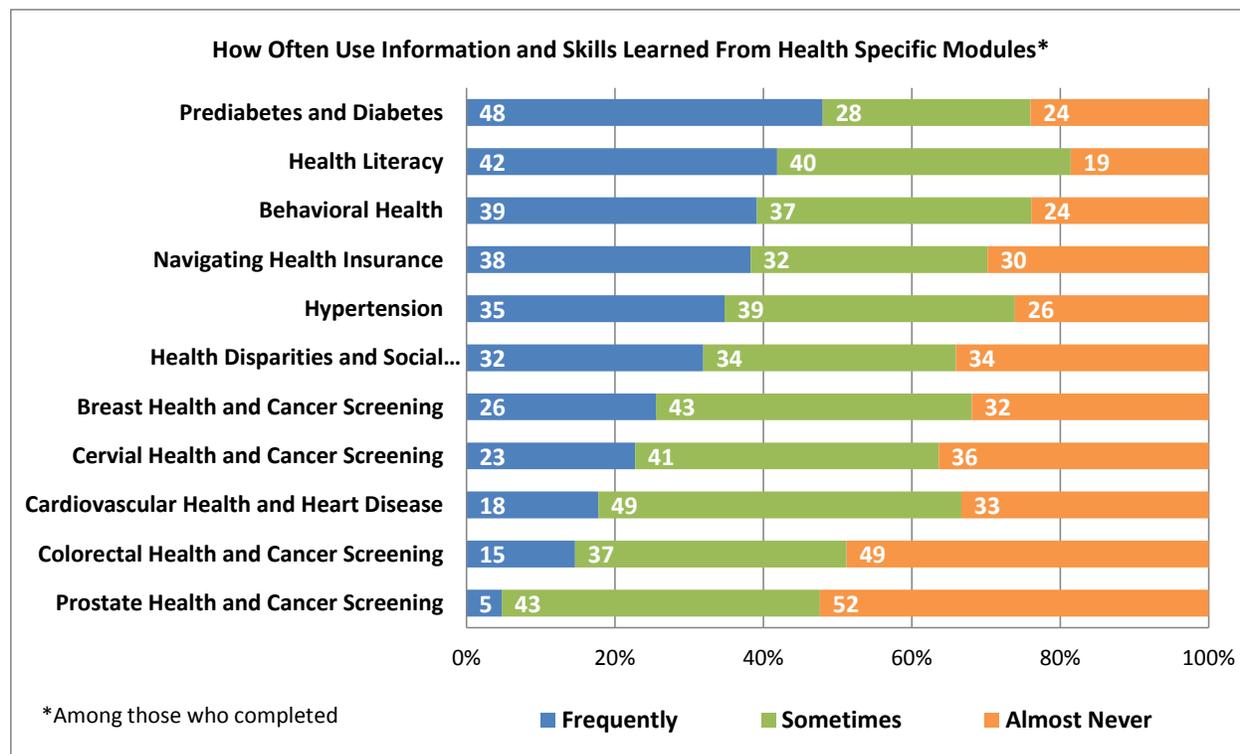


About half of survey respondents completed the optional health-specific modules. Over a third had not attempted to take a module, suggesting that more promotion of these optional lessons may be needed in the future.

Optional Health-Specific Modules	Completed		Didn't Complete		Didn't Take	
	Number	Percent	Number	Percent	Number	Percent
Breast Health and Cancer Screening	47	50	11	12	35	37
Cervical Health and Cancer Screening	44	47	15	16	34	36
Prostate Health and Cancer Screening	42	45	15	16	36	38
Colorectal Health and Cancer Screening	41	44	16	17	36	38
Cardiovascular Health and Heart Disease	45	48	14	15	33	35
Hypertension	46	49	10	11	37	39
Prediabetes and Diabetes	50	53	10	11	33	35
Health Literacy	43	46	12	13	36	38
Navigating Health Insurance	47	50	12	13	34	36
Health Disparities and Social Determinants	47	50	11	12	35	37
Behavioral Health	46	49	11	12	35	37

To determine the usefulness of the optional Health-Specific Modules, participants who did work as a CHW in the past year and completed a module were asked how often they used the information and skills they learned in their CHW work.

Participants most frequently used information and skills from the *Prediabetes and Diabetes* optional module in their work as CHWs (48%), followed by *Health Literacy* (42%), *Behavioral Health* (39%), and *Navigating Health Insurance* (38%). Around half of participants who completed the *Colorectal and Prostate Health and Cancer Screening* modules almost never used the information and skills in their work.



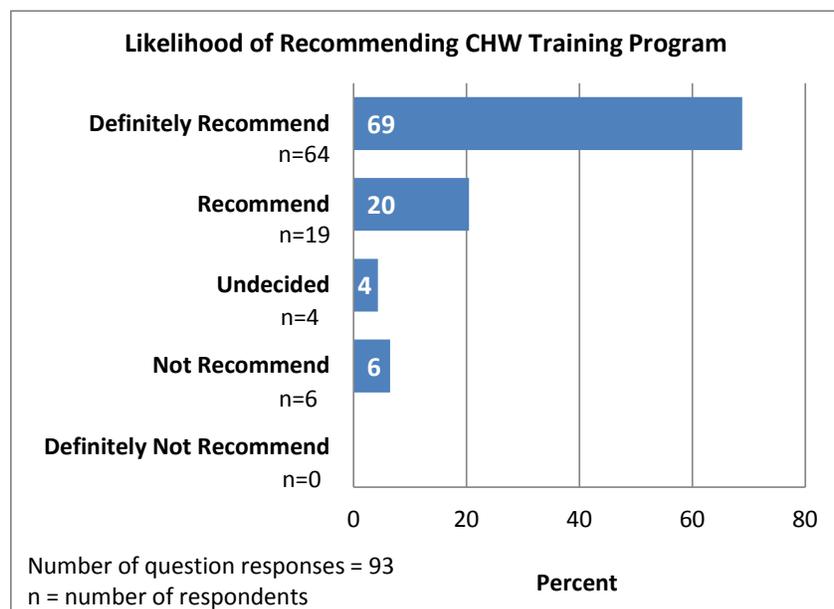
The following lists additional topics participants would like to see addressed by the training program.

Health Issues (number of participants)	Skills and Resources (number of participants)	Other Topics (number of participants)
<ul style="list-style-type: none"> • Nutrition* (5) • Women's and Maternal Health--pregnancy, equity birth outcomes, OBGYN (5) • Mental Health--depression, anxiety (4) • Asthma* (4) • Oral Health* (4) • Kidney Health (3) • Child Health (3) • Brain and blood cancer (2) 	<ul style="list-style-type: none"> • Help finding CHW jobs-- locations and how to present oneself (2) • More training using online program (1) • Any classes to further education (1) • Resources for low-income clients (1) • Tools to increase appointment adherence (1) 	<ul style="list-style-type: none"> • ACA and health insurance coverage (2) • Implementation of Technology--Telecare, Home Monitoring, Telehealth, electronic health record progress notes (2) • Motivational interviewing (2) • Education and Diversity (1) • More on Cultural Competency (1)

<ul style="list-style-type: none"> • Obesity (2) • Tobacco use and cessation (2) • Arthritis, gout (2) • Gerontology (1) • Substance Abuse (1) • Memory Loss (1) • Immunizations* (1) • Elder/Senior Health (1) • Alternative (holistic) Health (1) • Communicable disease (1) • HIV* (1) • COPD (1) • Prenatal health (1) • Hygiene and sanitation (1) • Fever, high temperature (1) • Chronic Disease Self-Management (1) • Shortness of Breath (1) • Liver Disease (1) • High cholesterol (1) • Abuse or sexual assault (1) 	<ul style="list-style-type: none"> • Interactions with Home Caregivers (1) • Best way to compile referral list (1) • Spanish for medical professionals (1) • Working with faith-based groups (1) • Case studies (1) • Supervision (1) • Child care (1) • Non-written health communications (1) • CPR (1) • Identify people that may be contacted to help with issues (1) • Pets for clients (1) • Dealing with burn-out (1) • Self-care for health care workers (1) 	<ul style="list-style-type: none"> • Home visiting safety (1) • Cultural Mediation (1) • Communication skills (1) • Teen Advocacy (1) • Grant writing (1) • Case management (1) • How health system works (1) • Lesbian, Gay, Bisexual, Transgender sensitivity (1) • More indepth coverage of subjects (1)
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*Optional Module already in development during time survey administered.

To determine the overall usefulness of the CHW Training Program, participants were asked if they would recommend this training to other CHWs. Most participants (89%) would recommend the training to other CHWs.



This question was followed with another one to elicit comments on perceived benefits and additional needs. The feedback from participants was summarized into key themes below.

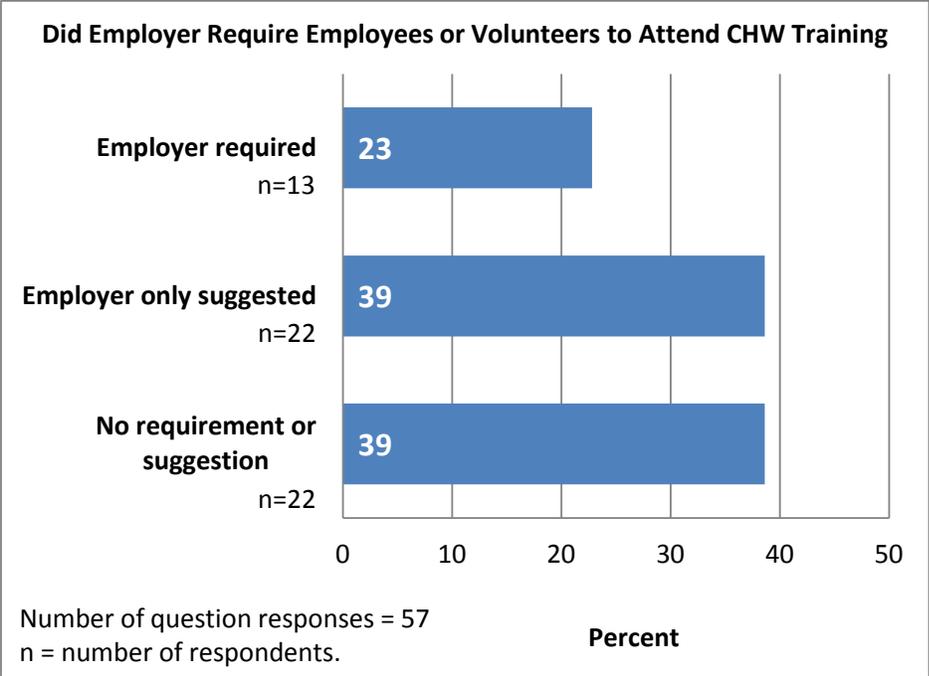
Perceived Benefits

- Increased ability to connect people to information and resources in communities served.
- Gained knowledge, skills, tools, and resources to be applied to job (specifically mentioned: cultural competency, case study skills, organizational skills, workload prioritization, effective connections with community members, and roles and boundaries of CHWs).
- Provided a good introduction and solid foundation of knowledge and skills for newer CHWs.
- Provided opportunity to network with others working in CHW field and gain contacts in field.
- Provided helpful, useful, important, relevant, current, and applicable information and materials for on and off the job.
- Format of training was easy and understandable and on-line classes enjoyable and convenient.
- Increased knowledge of specific health issues faced by communities served.
- Shared information with co-workers, supervisors, and others.
- Recommended training to co-workers, supervisors, and others.
- Suggested training be required for CHWs in their organization.
- Learned how to navigate health care system and keep up with changing health care environment.
- Good and professional instructors.

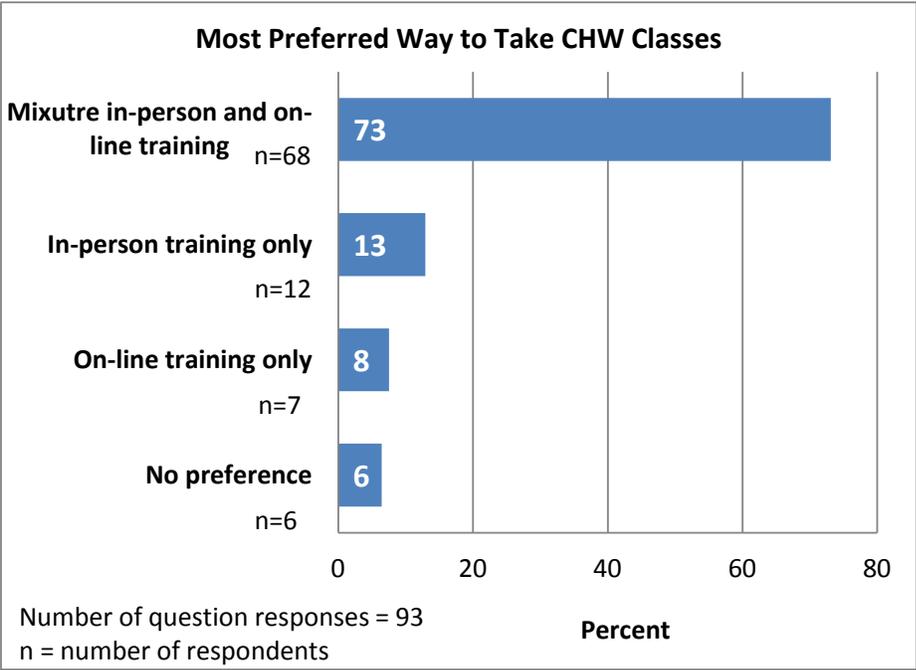
Additional Needs

- Help participants understand how information and materials apply to their work even if they do not identify as a CHW.
- Help make connections with people in communities served.
- Help remind participants about optional trainings that can be completed.
- Create certification from training that is relevant to employers.
- Create more in-depth training for more advanced CHWs.
- Provide information and resources specific to communities and regions participants serve.
- Emphasize CHW work outside of medical care.
- Provide more information on inner workings of health care system that CHWs are trying to bridge.
- Provide more information on common barriers for community members.

About two-thirds of participants had an employer or supervisor who suggested or required them to attend the training. Only 9% of participants (5 out of 57) received a promotion, pay raise, or better job as a result of participating in the CHW Training Program.



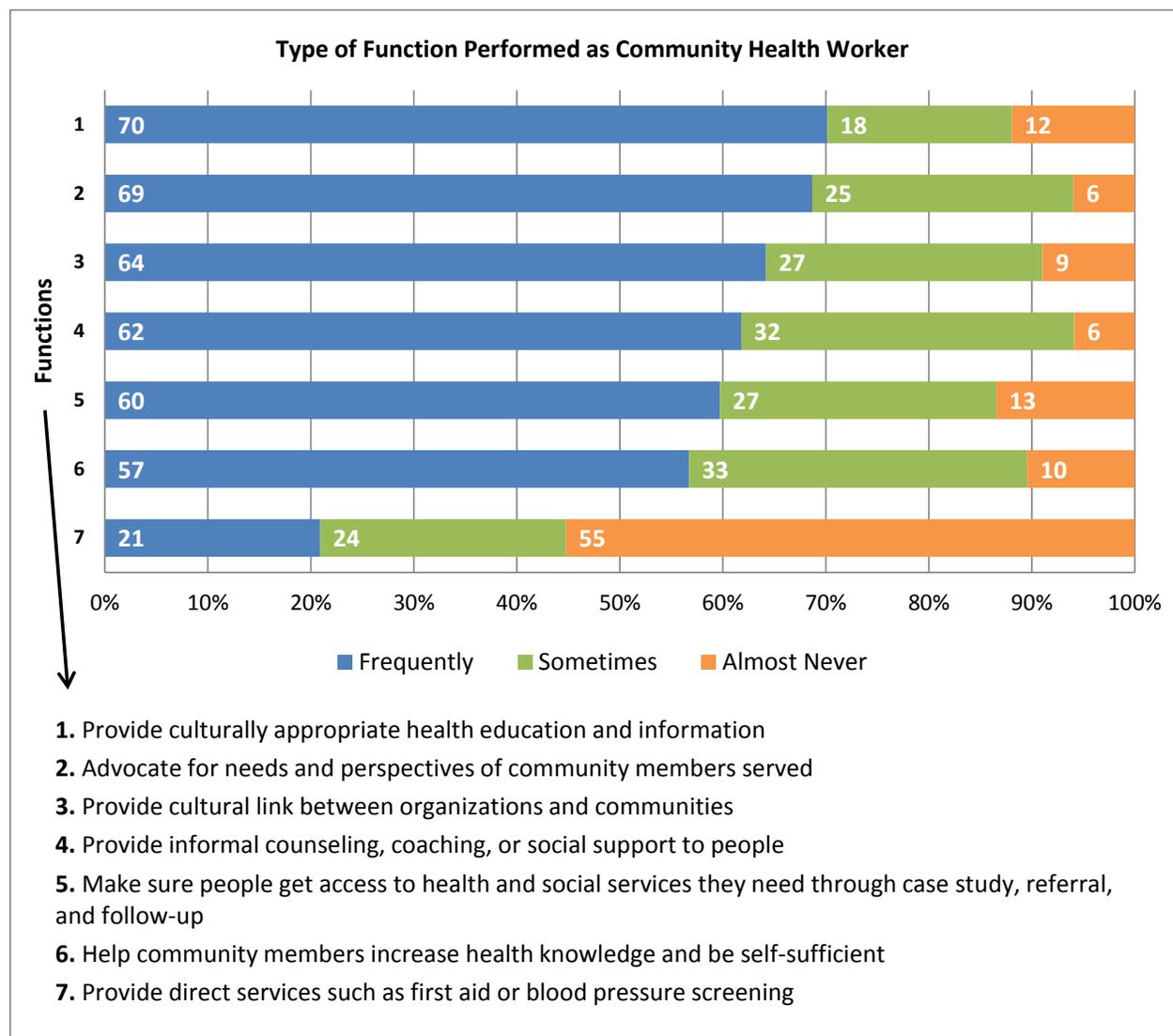
When participants were asked what type of training they preferred, a majority selected a mixture of in-person and on-line training.



B) PARTICIPANT CHARACTERISTICS AND WORK SETTINGS

Around 75% of participants who completed the training did work as a CHW in the past year. While a majority of participants held positions as CHWs either paid (43%), volunteer (26%), or supervisors/managers of CHWs (5%); over a quarter (26%) had not held a CHW position in the past year. These participants may not identify themselves as a CHW or may be taking training to help them get a CHW position in the future.

CHWs can function under numerous job titles and perform multiple roles. The chart below shows the types of functions performed by participants who did work as a CHW in the past year. Most participants performed each function listed below at least frequently or sometimes. Noticeably fewer participants were less likely to provide direct services such as first aid or blood pressure screening.



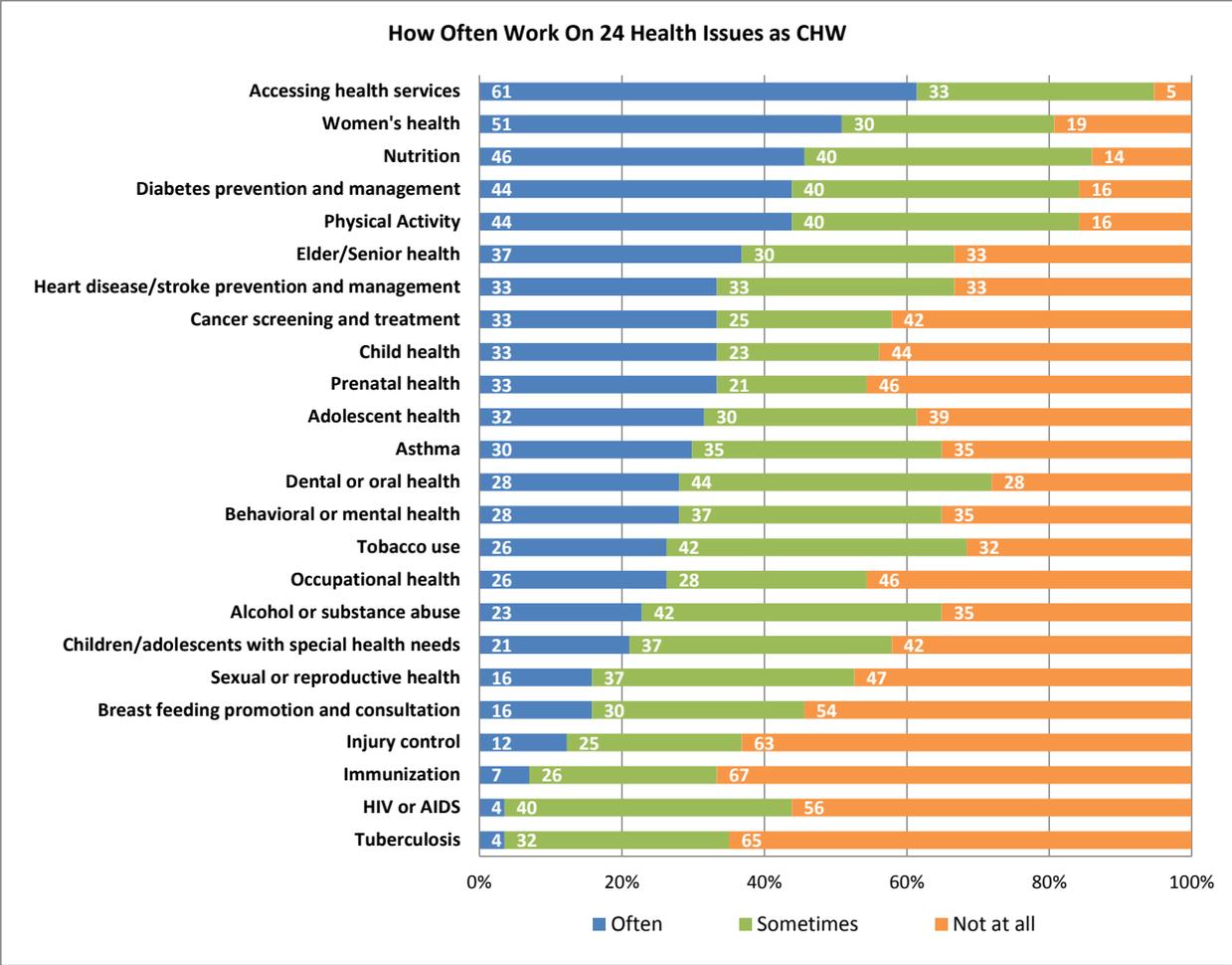
The following table shows the settings participants most often worked as a CHW. Participants could select more than one setting.

Work Setting	Number	Percent
Community-based organization*	23	40
Doctor's office or clinic	15	26
Other	12	21
Hospital	11	19
Migrant or Community Health Center	8	14
Faith-based organization	7	12
Schools or universities	5	9
Local Health Jurisdiction	4	7
Housing Authority	3	5
Adult Family Homes	2	4
Shelters	2	4
Private insurance company	1	2
Tribal Health Center	0	0

*Social service agency, YMCA, etc.

A large proportion of participants (75%) worked as part of a health care team. For this survey, a health care team is defined as 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, and care coordinators.

The following chart shows how often participants work on health issues as a CHW. The top 5 health issues participants worked on included accessing health services, women's health, nutrition, diabetes prevention and management, and physical activity.



Participants were asked about their demographics and socioeconomic status to determine if the training has reached a diverse population. Since many CHWs advocate for the needs and perspectives of community members, a participant’s background may be a reflection of the groups they often serve

Respondents to the survey had the following characteristics:

- A majority (86%) were female.
- A third were between the ages of 25-44 years (33%) and almost half were between the ages 45-64 years (47%).
- Almost half identified as being non-Hispanic white (49%) and little over a third were Hispanic (34%). Much fewer (between 1-8%) were from other racial/ethnic groups (including non-Hispanic blacks, Asians, Native Hawaiians or other Pacific Islanders, and American Indians or Alaska Natives).
- A majority reported having incomes below \$50,000 in the past year (36% reported less than \$25,000 and 54% reported between \$25,000 and \$49,999).
- 61% had a college degree or more, 29% had some college, and only 10% had a high school degree or less. This high level of education was unexpected. Additional

information is needed to see if this truly reflects the level of education of participants from the training.

- 12% identified as having a disability.
- 5% identified as lesbian, gay, bisexual, or transgendered.

The sample size for this survey did not allow for reliable comparisons in experiences and perceived benefits by participant characteristics and work settings. The ongoing collection of information on participant characteristics and work settings, possibly during registration for the training would provide a richer understanding of differences in training experiences and benefits among individual groups. Almost all participants were willing to provide answers on the more sensitive topics even though a “prefer not to answer” response category was included in the survey.

RESULTS SUMMARY—CHW Training Employer Survey

A) EMPLOYER VIEWS ON DOH-SPONSORED CHW TRAINING

Employers reported sending a mixture of staff to participate in the DOH-sponsored CHW Training Program including employees (57%), supervisors or coordinators of CHWs (21%), and CHW volunteers (17%).

Employers heard about the DOH-sponsored CHW training in the following ways:

How Employers Heard About Training	Number	Percent
Washington State DOH website	15	32%
Your employees, contractors, or volunteers	12	26%
Word of mouth	10	21%
Other employees	4	9%
Internet search	3	6%
File or brochure	3	6%
Other: supervisor, instructor, Email, local health jurisdiction, accountable communities of health	6	13%

Multiple reasons affected an employer's decision to send staff to the training. The most frequent responses were because there was no cost, it included lessons on CHW core competencies, and the location of the training was convenient.

Reason	Number	Percent
No cost	26	55%
Included lessons on CHW core competencies	25	53%
Location was convenient	20	43%
Offered by WA DOH	18	38%
Sessions given both in-person and online	17	36%
No other CHW training programs available or accessible	8	17%
Offered frequently	7	15%

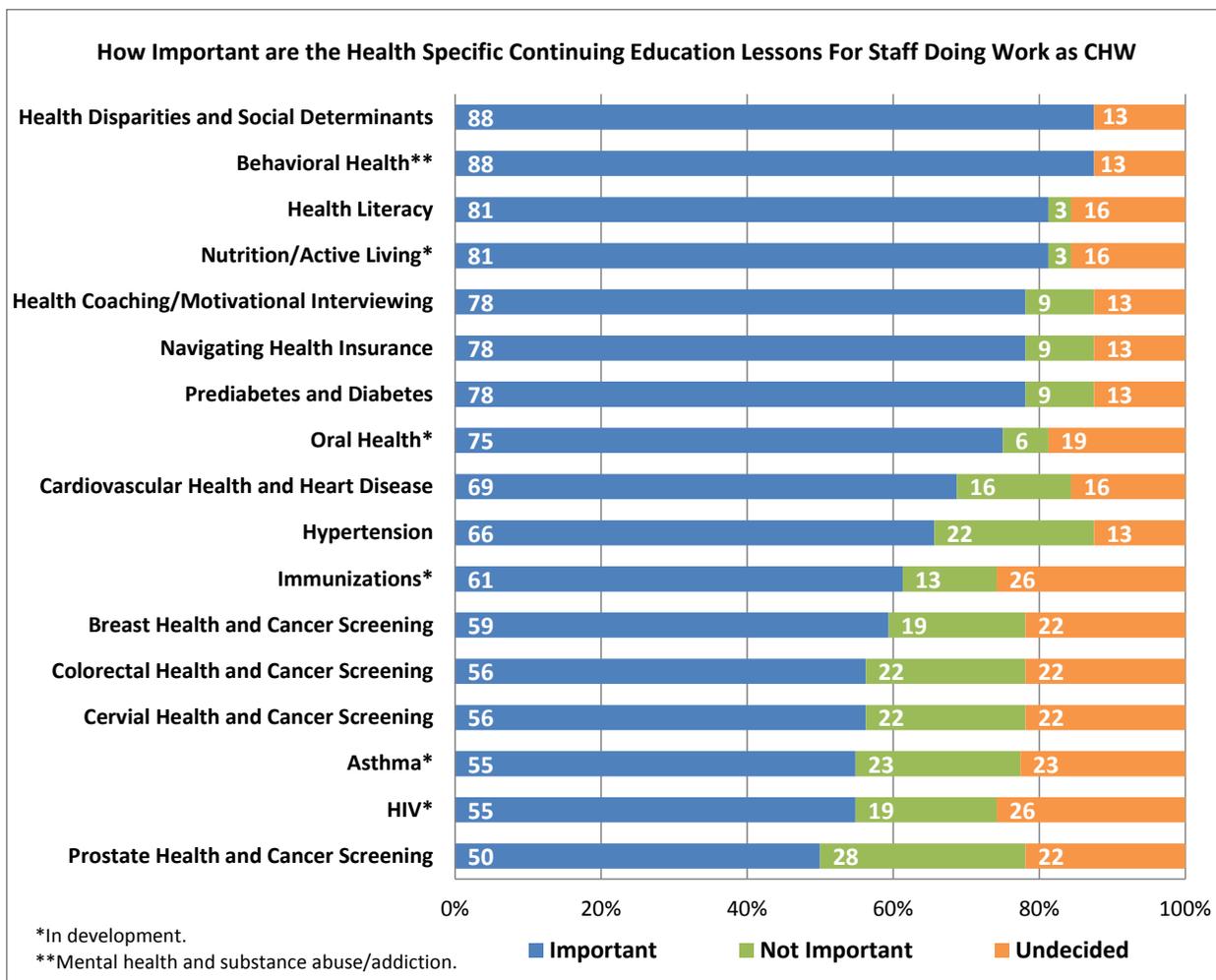
Employers were asked how important each of the Core Competency and Health Specific Continuing Education Lessons were in the work their employees, contractors, or volunteers do as CHWs. They could select important, not important, or undecided. Over 90% of employers felt 7 of the 8 Core Competency Lessons were important in the work their staff does as CHWs. Three-quarters of employers felt case study skills were important.



When asked, employers would like to see advocacy, outreach, and coaching skills and information on health and social services systems to be added to the Core Competency Lessons.

Additional Core Competency Skills and Education	Number	Percent
Advocacy skills	19	58
Outreach skills	18	55
Orientation to health and social services systems	18	55
Coaching skills	17	52
Safety skills	15	45
Leadership skills	13	39
Group facilitation skills	9	27
Teaching skills	7	21

Many of the optional Health Specific Continuing Education Lessons were considered to be important by employers in the work their employees, contactors, or volunteers do as CHWs. The most important were *Health Disparities and Social Determinants*, *Behavioral Health* (mental health and substance abuse/addiction), *Health Literacy*, and *Nutrition/Active Living*.

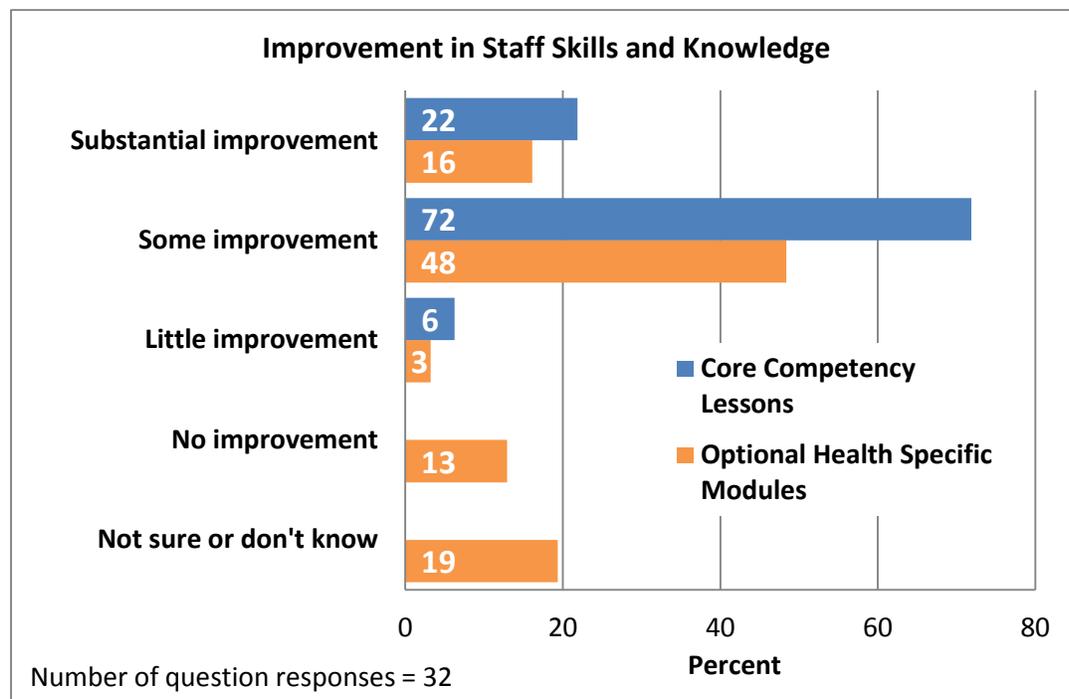


When asked, employers would like to see accessing health services, tobacco use, and elder/senior health added to the Health Specific Continuing Education Lessons.

Health Topics	Number	Percent
Accessing health services	20	63
Tobacco use	18	56
Elder/Senior Health	17	53
Children and adolescents with special health care needs	12	38
Sexual and reproductive health	10	31
Prenatal health	10	31
Child health	9	28
Adolescent health	9	28
Women's health	9	28
Injury control	9	28
Breast feeding promotion and consultation	8	25
Tuberculosis	7	22

Occupational health	5	16
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The chart below shows the extent employers felt their employees, contractors, or volunteers improved their skills or knowledge from the Core Competency Lessons and the optional Health Specific Continuing Education Lessons. Majority employers reported improvement in staff core competency skills and knowledge, with 22% seeing substantial improvement and 72% seeing some improvement. Half of employers saw some improvement in health specific skills and knowledge, with 16% seeing substantial improvement.



Around 30% of Employers would be willing to pay tuition or a service fee for employees, contractors, or volunteers to participate in DOH-sponsored CHW Training Program in the future; while 48% were undecided and 22% would not want to incur this cost.

B) EMPLOYER EXPERIENCE WITH CHW TRAININGS

Around half of the employers reported that their employees, contractors, or volunteers doing work as a CHW were required to attend formal external training after they were hired.

Majority of employers (81%) reported that their employees, contractors, or volunteers were allowed to complete online portions of trainings while on the job.

Employers were given a list of barriers and challenges in getting training for their staff doing work as a CHW. More than one option could be selected. The most common barriers selected included employees were too busy to participate (50%) and training located too far away from their workplace (41%).

Barriers/Challenges in Getting CHW Training for Staff	Number	Percent
Employees too busy to participate	16	50
Located too far away from workplace	13	41
Unable to afford financial costs	10	31
Requires too much employee time off the job	9	28
Not offered frequently enough	6	19
Content and materials not relevant to employee needs	5	16
Found available trainings ineffective or not helpful	2	6
Sessions held at inconvenient times	1	3
Other: Not enough notice to plan for trainings, limited computer access and ability, need time to develop CHW roles in organization	3	9

Employers were also given a list of barriers and challenges in recruiting, hiring, and retaining staff doing work as a CHW. More than one option could be selected. The most common barriers selected was limited or lack of funding (47%) and lack of ability to bill insurers for their services (34%).

Barriers/Challenges to Recruiting, Hiring, and Retaining CHWs	Number	Percent
Limited or lack of funding	15	47
Lack of ability to bill insurers for their services (reimbursement)	11	34
Limited understanding of community health worker roles and duties	8	25
Limited connection or collaboration with organizations who have Community Health Worker services	7	22
Lack of clarity about the value of utilizing Community Health Workers	6	19
Limited leadership support for Community Health Worker Services	6	19
Limited supervisory staff for Community Health Workers	5	16
Lack of clarity about how they function as members of, or link to a health care team	4	13
Limited or lack of training programs for Community Health Workers	4	13
Individual Community Health Workers not available to hire in area	3	9
Limited access to Community Health Worker training programs	3	9
Liability	0	0
Other: Organization not ready to fully utilize CHWs, limited CHWs with language skills, get CHWs trained then move to large organizations, need for skilled and experience CHWs	3	9

Employers were asked if there were additional trainings or educational opportunities that may be offered to their employees, contractors, or volunteers doing work as CHWs. More than one option could be selected. The most common responses were employer specific confidentiality (72%), use of technology (66%), work place safety (66%), and HIPAA privacy rules (66%).

Topic of Training or Education	Number	Percent
Employer specific confidentiality	23	72
Use of technology (medical devices, patient portals, computer applications, etc.)	21	66
Work place safety	21	66
Health Insurance Portability and Accountability Act (HIPAA) privacy rules	21	66
Continuing education credits or requirements	8	25
Other: cultural competency, fair housing, harassment, ethics and boundaries, motivational interviewing, home visits, and classes offered by outside organizations on nutrition, ACES, chronic conditions, and social issues	5	16

C) EMPLOYER UTILIZATION OF CHWs

In this section employers were asked questions to determine how they utilize CHWs in their organizations.

The table below shows the distribution of current full and part-time CHWs for employers who responded to the survey. This includes staff with other job titles who perform CHW roles and functions either through employment, contract, partnerships, or volunteer work.

Number of Current Staff	Percent Full-Time	Percent Part-Time
0	12	33
1-2	16	28
3-5	40	11
6+	32	28
Range	0-24	0-30

The following table shows the variety of settings where employers have staff doing work as CHWs. Employers could select more than one setting.

Work Setting	Number	Percent
Community-based organization (like a social service agency, YMCA)	13	41
Migrant and community health center (not tribal health center)	6	19
Doctor's office or clinic (not a tribal, community, or rural health center)	6	19
Faith-based organization	6	19
Hospital	5	16
Rural Health Clinic	4	13
Schools or universities	4	13
Housing Authority	4	13
Tribal health center	3	9
Shelters	3	9

Behavioral Health Agency (mental health or addictions agency)	3	9
Local Health Jurisdiction	2	6
Adult Family Homes	1	3
Private insurance company	1	3
Other: home settings, with refugee families, community events and health fairs, affordable housing communities	5	16

Employers were asked how CHWs interact with health care teams. For this survey health care team was defined as is a team of health care providers within their organization or linked in their community that might include physicians, advanced practice nurses, physician assistants, nurses, pharmacists, nutritionists, social workers, educators, behavioral health workers, and care coordinators.

Almost three fourths of employers had CHW staff who served as a liaison or link between health care team and individuals from community to facilitate access to services and manage care. Over half of employers had CHW staff who received client referrals or assignments from health care team staff.

How CHWs Work With Health Care Teams	Number	Percent
Serving as a liaison or link between health care team and individuals from community to facilitate access to services and manage care	23	72
Receiving client referrals or assignments from health care team staff	18	56
Delivering culturally appropriate health education and information	15	47
Helping clients with self-management goal setting	14	44
Meeting regularly with health care team staff	10	31
Providing interpreting services	8	25
Other: Do not work with health care teams	2	6

Employers were asked if there was more widespread insurance reimbursement or coverage of services for CHWs, how likely they would be to maintain or hire CHWs in their organization. Less than half (40%) were likely, 33% somewhat likely, and 23% undecided.

Employers were also asked how important are CHWs as a strategy for eliminating health disparities among vulnerable populations served by their organization. All employers considered it important to some degree. Majority of employers (73%) considered it very important, 16% important, and 10% somewhat important. None felt it was not important or were undecided.

The sample size for this survey did not allow for an assessment of differences in employers responses and experiences by type of organization or work setting. Further investigation is needed to determine where and if any differences exist.

Attachment 1

Community Health Worker Training Participant 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 Community Health Workers.

The information you provide will improve our training program. **Your name will not be linked to the survey or your answers.** Your opinion matters. This is your chance to tell us what you think.

The survey asks about you, your training experiences, and work history. 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 15 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
- Community Health Advisor
- Community Health Advocate
- Outreach Worker
- Community Health Representative
- Promotora/Promotores de Salud
- Patient Navigator
- Navigator Promotoras
- Peer Health Advisor
- Peer Counselor
- Lay Health Advisor
- 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](#), Community Health Worker Training Program Supervisor, (360) 236-3792.

Information collected via this survey may be subject to release in accordance with RCW 42.56 (Public Records Act).

Start

Section 1: Training Experiences

1. When did you first participate in the Community Health Worker Training Program?

- January 2014
- April 2014
- June/July 2014
- September/October 2014

2. In the past year, what kind of job have you held as a Community Health Worker (Outreach Worker, Patient Navigator, Health Advocate, etc.)? Mark all that apply.

- ₁ Paid position
- ₂ Volunteer
- ₃ Supervisor or manager of Community Health Workers
- ₄ I have not held a Community Health Worker position
- ₅ Other . Type in box below.

3. How often do you perform the following **functions** as a Community Health Worker? Select one answer for each item listed below.

	Frequently	Sometimes	Almost Never
Make sure people get access to health and social services they need through case study, referral, and follow-up.	O ₁	O ₂	O ₃
Provide informal counseling, coaching, or social support to people.	O ₁	O ₂	O ₃
Provide culturally appropriate health education and information.	O ₁	O ₂	O ₃
Provide direct services such as first aid or blood pressure screening.	O ₁	O ₂	O ₃
Provide a cultural link between organizations and communities.	O ₁	O ₂	O ₃
Advocate for the needs and perspectives of the community members you serve.	O ₁	O ₂	O ₃
Help community members increase health knowledge and be self-sufficient.	O ₁	O ₂	O ₃

4. How often have you **used the information and skills** you learned from the main *Core Competency Lessons* in your work as a Community Health Worker? Select one answer for each item listed below.

	Frequently	Sometimes	Almost Never
Role and Boundaries —understand roles and responsibilities and identify professional boundaries	O ₁	O ₂	O ₃
Communication Skills —use verbal/non-verbal, active listening, and cross-cultural communication	O ₁	O ₂	O ₃
Cultural Competency —understand and respect needs of diverse groups and develop cultural knowledge	O ₁	O ₂	O ₃
Organizational Skills —balance priorities and time, use organizational tools, and develop work plans	O ₁	O ₂	O ₃
Documentation Skills —identify and use correct procedures to document your work with people in need of services	O ₁	O ₂	O ₃
Assessment Skills — identify and use correct tools to assess needs of people	O ₁	O ₂	O ₃
Service Coordination Skills —identify, keep track of, and connect people with appropriate resources available in your organization or community	O ₁	O ₂	O ₃

Case Study Skills —develop and present case studies	O ₁	O ₂	O ₃
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5. How often have you **used the information and skills** you learned from the *Health Specific Module Lessons* in your work as a Community Health Worker? Select one answer for each item listed below.

	Frequently	Sometimes	Almost Never	Did not complete	Did not take
Breast Health and Cancer Screening	O ₁	O ₂	O ₃	O ₄	O ₅
Cervical Health and Cancer Screening	O ₁	O ₂	O ₃	O ₄	O ₅
Prostate Health and Cancer Screening	O ₁	O ₂	O ₃	O ₄	O ₅
Cardiovascular Health and Heart Disease	O ₁	O ₂	O ₃	O ₄	O ₅
Colorectal Health and Cancer Screening	O ₁	O ₂	O ₃	O ₄	O ₅
Pre-Diabetes and Diabetes	O ₁	O ₂	O ₃	O ₄	O ₅
Hypertension	O ₁	O ₂	O ₃	O ₄	O ₅
Health Literacy	O ₁	O ₂	O ₃	O ₄	O ₅
Navigating Health Insurance	O ₁	O ₂	O ₃	O ₄	O ₅
Health Disparities And Social Determinants	O ₁	O ₂	O ₃	O ₄	O ₅
Behavioral Health	O ₁	O ₂	O ₃	O ₄	O ₅

6. Are there other core competencies, health topics, or other information we should include in the training program?

Type in at least one thing, but no more than three things.

- 1) _____
- 2) _____
- 3) _____

7. Overall, would you recommend this training to other Community Health Workers? Select one.

- ₁ Definitely recommend
- ₂ Recommend
- ₃ Undecided
- ₄ Not recommend
- ₅ Definitely not recommend

8. Please tell us why you chose your answer to question #7. Type in box below.

9. How do you prefer to take classes to develop your skills as a Community Health Worker? Select one.

- ₁ In-person training only
- ₂ On-line training only
- ₃ Mixture of in-person and on-line training
- ₄ No preference

Back	Next
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Section 2: Work History

Your answers will let us know if our training is reaching a diverse workforce.

Did you work as a Community Health Worker (Outreach Worker, Patient Navigator, Health Advocate, etc.) **in the past year?**

- ₁ Yes ([Continue to Question 1 in this section](#))
- ₂ No ([Skip to Section 3: About You](#))

Back	Next
------	------

1. In the **past year**, in what city or town(s) did you **most often** work as a Community Health Worker? If your city or town is not on the list, select the closest city or town.

- 1) Click on this drop down list and choose your **first** city or town: [Drop-down list of cities/towns](#)
- 2) Click on this drop down list and choose your **second** city or town: [Drop-down list of cities/towns](#)
- 3) Click on this drop down list and choose your **third** city or town: [Drop-down list of cities/towns](#)

2. In the **past year**, in what setting(s) did you **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)
- ₈ Shelters
- ₉ Private insurance company
- ₁₀ Housing Authority
- ₁₁ Church or faith-based organization
- ₁₂ Local Health Jurisdiction
- ₁₃ Other. Type in box below.

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3. Did your employer or supervisor **suggest** or **require** you to attend the Community Health Worker training offered by the Department of Health?

We include the term "supervisor" even if you volunteer in your position.

- ₁ Yes, employer required that I attend
- ₂ Yes, employer only suggested that I attend
- ₃ No

4. Did you receive a promotion, pay raise, or better job as a result of participating in the Community Health Worker training?

₁ Yes

₂ No

5a. How often do you work on the following **health issues** as a Community Health Worker? Select one answer for each item listed below.

	Not at all	Sometimes	Often
Accessing health services	O ₁	O ₂	O ₃
Nutrition	O ₁	O ₂	O ₃
Physical activity	O ₁	O ₂	O ₃
Diabetes prevention and management	O ₁	O ₂	O ₃
Heart disease and stroke prevention and management	O ₁	O ₂	O ₃
Cancer screening and treatment	O ₁	O ₂	O ₃
Asthma	O ₁	O ₂	O ₃
Alcohol or substance use	O ₁	O ₂	O ₃
Tobacco use	O ₁	O ₂	O ₃
Breast feeding promotion and consultation	O ₁	O ₂	O ₃
Dental / Oral health	O ₁	O ₂	O ₃
Sexual or reproductive health	O ₁	O ₂	O ₃

5b. How often do you work on the following **health issues** as a Community Health Worker? Select one answer for each item listed below.

	Not at all	Sometimes	Often
Children and adolescents with special health care needs	O ₁	O ₂	O ₃
Prenatal health	O ₁	O ₂	O ₃
Child health	O ₁	O ₂	O ₃
Adolescent health	O ₁	O ₂	O ₃
Elder/Senior health	O ₁	O ₂	O ₃
Women's health	O ₁	O ₂	O ₃
Behavioral or mental health	O ₁	O ₂	O ₃
Injury control	O ₁	O ₂	O ₃
Occupational health	O ₁	O ₂	O ₃
Immunization	O ₁	O ₂	O ₃
HIV/AIDS	O ₁	O ₂	O ₃
Tuberculosis	O ₁	O ₂	O ₃

6. Do you work as 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, and care coordinators.

₁ Yes

₂ No

8. We need your help contacting employers to find out from them how we can improve the Community Health Worker Training Program offered by the Department of Health.

We would like to talk to someone you worked for as a Community Health Worker. This person may be your existing supervisor or employer, or a supervisor or employer you worked for during the training. **No individual answers from this survey will be shared with employers or supervisors.**

Please complete the information for your employer or supervisor below.

Organization or clinic: _____
Supervisor Name: (First and Last) _____
Supervisor Phone: _____
Supervisor Email: _____
Supervisor Address: _____

Back	Next
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Section 3: About You

Your answers will let us know who is taking our training.

1. What is your gender?

- Male
- Female
- Prefer not to answer

2. In which of these age categories do you belong?

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75 or older
- Prefer not to answer

3. Are you of Hispanic, Latino/Latina, or Spanish origin?

- No, not of Hispanic, Latino/Latina, or Spanish origin
- Yes, Mexican, Mexican American, Chicano/a
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino/a, or Spanish origin (for example Argentinean, Columbian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on). Type in box below.
- Prefer not to answer

4. Which of these groups would you say **best** represents your race or origin?

- White
- Black or African American

- _3 American Indian or Alaska Native
- _4 Asian Indian
- _5 Chinese
- _6 Filipino
- _7 Japanese
- _8 Korean
- _9 Vietnamese
- _10 Other Asian (for example Hmong, Thai, Laotian, Pakistan, Cambodian, and so on) Type in box below.
- _11 Native Hawaiian
- _12 Guamanian or Chamorro
- _13 Samoan
- _14 Other Pacific Islander (for example Fijan, Tongan, and so on) Type in box below.
- _15 Some other race or origin. Type in box below.
- _99 Prefer not to answer

5. What is the highest grade or year of school you completed?

- _1 Never attended school or only attended kindergarten
- _2 Elementary school (grades 1 through 8)
- _3 Some high school (grades 9 through 11)
- _4 High school graduate (grade 12 or GED)
- _5 Some college or technical school (college 1 year to 3 years)
- _6 College graduate
- _7 Post graduate
- _99 Prefer not to answer

6. In which group does your income from last year fit best?

- _1 Below \$10,000
- _2 Between \$10,000 and \$14,999
- _3 Between \$15,000 and \$19,999
- _4 Between \$20,000 and \$24,999
- _5 Between \$25,000 and \$34,999
- _6 Between \$35,000 and \$49,999
- _7 Between \$50,000 and \$74,999
- _8 \$75,000 or more
- _99 Prefer not to answer

7. Do you identify as a person with a disability?

- _1 Yes
- _2 No
- _99 Prefer not to answer

8. Do you identify as lesbian, gay, bisexual, or transgender?

- _1 Yes
- _2 No
- _99 Prefer not to answer

Back	Next
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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](#), 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

Attachment 2

Community Health Worker Training Employer Survey

The purpose of this survey is to tell us what you think about the Community Health Worker Training Program sponsored by the Washington State Department of Health and how your organization utilizes Community Health Workers. The information you provide will be used to improve our training program.

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](#), 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

1. Who in your organization has participated in the Community Health Worker Training Program sponsored by the Department of Health? This may have been over a year ago. Mark all that apply.

- Employees who perform Community Health Worker roles and functions
- Volunteers who perform Community Health Worker roles and functions
- Contractors who perform Community Health Worker roles and functions
- Supervisors or Coordinators of staff who perform Community Health Worker roles and functions
- Not sure or don't know
- Other—Please explain in box below.

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

- Other employers
- Your employees, contractors, or volunteers
- Washington State Department of Health website
- Internet search
- Word of mouth
- File or brochure
- Other—Please explain in box below.

3. Which of the following affected your decision to send your employees, contractors, or volunteers to this training? Mark all that apply.

- No cost
- Offered frequently

- Location was convenient
- Included lessons on Community Health Worker Core Competencies
- Sessions given **both** in-person and online
- Offered by the Washington State Department of Health
- No other Community Health Worker training programs available or accessible
- Other—Please explain in box below.

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

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

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

- Group facilitation skills
- Teaching skills
- Leadership skills
- Coaching skills
- Advocacy skills (support and promote services and policies communities need)
- Safety skills
- Outreach skills
- Orientation to health and social service systems
- Other—Please explain in box below.

6. To what extent did your employees, contractors, or volunteers improve their skills or knowledge from the **Core Competency Lessons**?

- ₁ Substantial improvement
- ₂ Some improvement
- ₃ Little improvement
- ₄ No improvement
- ₅ Not sure or don't know

7. How important are each of the trainings optional **Health Specific Continuing Education Lessons** in the work your employees, contractors, or volunteers do as Community Health Workers? Select one answer for each item listed below.

	Important	Not Important	Undecided
Breast Health and Cancer Screening	O ₁	O ₂	O ₃
Cervical Health and Cancer Screening	O ₁	O ₂	O ₃
Colorectal Health and Cancer Screening	O ₁	O ₂	O ₃
Prostate Health and Cancer Screening	O ₁	O ₂	O ₃
Cardiovascular Health and Heart Disease	O ₁	O ₂	O ₃
Hypertension	O ₁	O ₂	O ₃
Prediabetes and Diabetes	O ₁	O ₂	O ₃
Asthma (<i>in development</i>)	O ₁	O ₂	O ₃
HIV (<i>in development</i>)	O ₁	O ₂	O ₃
Immunizations (<i>in development</i>)	O ₁	O ₂	O ₃
Oral Health (<i>in development</i>)	O ₁	O ₂	O ₃
Nutrition/Active Living (<i>in development</i>)	O ₁	O ₂	O ₃
Behavioral Health—mental health and substance abuse / addiction	O ₁	O ₂	O ₃
Navigating Health Insurance	O ₁	O ₂	O ₃
Health Coaching and Motivational Interviewing	O ₁	O ₂	O ₃
Health Literacy	O ₁	O ₂	O ₃
Health Disparities and Social Determinants	O ₁	O ₂	O ₃

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

- ₁ Accessing health services
- 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—Please explain in box below.

9. To what extent did your employees, contractors, or volunteers improve their skills or knowledge from the optional **Health Specific Continuing Education Lessons**?

- ₁ Substantial improvement
- ₂ Some improvement
- ₃ Little improvement
- ₄ No improvement
- ₅ Not sure or don't know
- ₆ Does not apply – employees or volunteers did not take optional health specific lessons

10. Would your organization be willing to pay tuition or a service fee for employees, contractors, or volunteers to participate in this training program in the future?

- ₁ Definitely yes
- ₂ Yes
- ₃ No
- ₄ Definitely no
- ₅ Undecided

(Opinio programming note: Okay if respondent leaves response blank)

Please tell us why you chose your answer to question.

Back	Next
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11. How many individual Community Health Workers are currently utilized by your organization either through employment, contract, partnerships, or volunteer work? This includes staff with other job titles who perform Community Health Worker roles and functions.

- ₁ Number of current full-time individuals: _____
- ₂ Number of current part-time individuals: _____

12. Does your organization require that employees, contractors, or volunteers doing work as a Community Health Worker attend formal external training after they are hired?

- ₁ Yes
- ₂ No
- ₃ Not sure or don't know

13. What other types of ongoing training or education does your organization offer employees, contractors, or volunteers doing work as Community Health Workers? Mark all that apply.

- ₁ Use of technology (medical devices, patient portals, computer applications, etc.)
- ₂ Work place safety
- ₃ Health Insurance Portability and Accountability Act (HIPAA) privacy rules
- ₄ Employer specific confidentiality
- ₅ Continuing education credits or requirements
- ₆ Other—Please explain in box below.

14. Are your employees, contractors, or volunteers allowed to complete online portions of trainings while on the job?

- ₁ Yes
- ₂ No
- ₃ Not sure or don't know

15. What are the barriers or challenges in getting training for your Community Health Worker employees, contractors, 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—Please explain in box below.

16. In what setting(s) do your employees, contractors, 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 Rural Health Clinic
- ₅ Doctor's office or clinic (not a tribal, community, or rural health center)
- ₆ Adult Family Homes
- ₇ Schools or universities
- ₈ Community-based organization (like a social service agency, YMCA)
- ₉ Shelters
- ₁₀ Private insurance company
- ₁₁ Housing Authority
- ₁₂ Faith-based organization
- ₁₃ Local Health Jurisdiction
- ₁₄ Behavioral Health Agency (mental health or addictions agency)
- ₁₅ Other—Please explain in box below.

17. For this next question, **health care team** is defined as 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.

Do employees, contractors, or volunteers who perform Community Health Worker roles and functions work with a health care team by:

Mark all that apply.

- ₁ Meeting regularly with health care team staff
- ₂ Receiving client referrals or assignments from health care team staff
- ₃ Serving as a liaison or link between health care team and individuals from community to facilitate access to services and manage care
- ₄ Providing interpreting services
- ₅ Delivering culturally appropriate health education and information
- ₆ Helping clients with self-management goal setting
- ₇ Other—Please explain in box below.

18. What barriers or challenges does your organization face in recruiting, hiring, and retaining Community Health Worker employees, contractors, or volunteers? Mark all that apply.

- ₁ Limited or lack of funding
- ₂ Lack of ability to bill insurers for their services (reimbursement)
- ₃ Lack of clarity about the value of utilizing Community Health Workers
- ₄ Limited understanding of community health worker roles and duties
- ₅ Lack of clarity about how they function as members of, or link to a health care team
- ₆ Limited or lack of training programs for Community Health Workers
- ₇ Liability
- ₈ Limited supervisory staff for Community Health Workers
- ₉ Limited leadership support for Community Health Worker Services
- ₁₀ Limited connection or collaboration with organizations who have Community Health Worker services
- ₁₁ Individual Community Health Workers not available to hire in area
- ₁₂ Limited access to Community Health Worker training programs
- ₁₃ Other—Please explain in box below.

19. If there was more widespread insurance reimbursement or coverage of services for Community Health Workers, how likely would you be to **maintain** or **hire** Community Health Workers in your organization?

- ₁ Likely
- ₂ Somewhat likely
- ₃ Somewhat unlikely
- ₄ Unlikely
- ₅ Undecided

20. How important are Community Health Workers as a strategy for eliminating health disparities among vulnerable populations served by your organization?

- ₁ Very Important
- ₂ Important
- ₃ Somewhat Important
- ₄ Not Important

Undecided

21. Please type in your Email address below if you would like to be contacted in the future about a workgroup or taskforce that helps develop Community Health Worker training policies in Washington State. Your answers to the other survey questions will not be linked to your contact information.

Back	Next
------	------

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](#), 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
