
Attachment 3: Environmental Scan Survey Instrument

Pennsylvania Department of Health Community Health Worker Survey

Instructions: Please write the answer on the line or fill in the circle of the answer that best applies to you. The circle should be marked like this: ● Not like this: ✓ ✗ /

1. Name of your organization: _____

2. Name of your program/department: _____

3. Street address (line 1): _____

Street address (line 2): _____

Town/City: _____

State: _____ Zip Code: _____

4. Please indicate your primary role(s) in your organization. (*Mark all that apply*)

- Executive director or senior manager
- Manager or supervisor of CHWs and/or other staff
- Administrator, such as human resources and/or trainer
- Clinical staff, for example, nurse or other licensed medical clinician
- Administrative assistant
- Other, please specify: _____

5. Select the response that best reflects the total number of employees at your organization.

- 20 or less
- 21-50
- 51-100
- 101-200
- More than 200



6. Which response, or responses, best describe your organization? (Mark all that apply)

- Day care or school for grades K-12
- College (2- or 4-year) or post-high school training program
- Faith-based organization
- Health plan or insurer
- Mental health agency
- Inpatient facility, such as a hospital or care center
- Community-based/nonprofit organization providing health, health-related, and/or social services
- County or local health department
- Community health center/FQHC
- Private provider, including a primary care provider or physician office
- Other, please specify: _____

7. Does your organization engage CHWs in any of the following ways? (Mark all that apply)

- Not applicable: our organization does not engage CHWs or employees serving in similar capacities. **SKIP to Question 30**
- Volunteers
- Paid employees
- Independent contractors
- AmeriCorps and/or Vista workers
- Interns and/or students enrolled in service learning classes
- Other, please specify: _____



8. Please estimate the number of full-time (40 hours/week) paid CHWs in your organization. If none, enter '0': _____

9. Please estimate the number of part-time (less than 40 hours/week) paid CHWs in your organization. If none, enter '0': _____

10. On average, how many hours per week do your part-time CHWs work? (Mark only one)

- | | |
|---|--|
| <input type="radio"/> Not applicable (we do not have any part-time CHWs) | <input type="radio"/> 21 – 30 hours |
| <input type="radio"/> Less than 10 hours | <input type="radio"/> 31 – 39 hours |
| <input type="radio"/> 10 – 20 hours | <input type="radio"/> Other, please specify: _____ |

11. What is the **average wage** for your CHWs? (Answer either hourly or annually. Mark only one)

- | Hourly wage | | Annual salary |
|---|-----------|---|
| <input type="radio"/> Less than \$9.00 | | <input type="radio"/> Less than \$18,699 |
| <input type="radio"/> \$9.00 – \$10.99 | | <input type="radio"/> \$18,700 - \$21,859 |
| <input type="radio"/> \$11.00 – \$12.99 | OR | <input type="radio"/> \$22,860 - \$27,019 |
| <input type="radio"/> \$13.00 – \$14.99 | | <input type="radio"/> \$27,020 - \$31,179 |
| <input type="radio"/> \$15.00 – \$19.99 | | <input type="radio"/> \$31,180 - \$41,579 |
| <input type="radio"/> \$20.00 or more | | <input type="radio"/> \$41,580 or more |

12. If you use VOLUNTEER CHWs, please estimate the number of volunteer CHWs affiliated with your organization, regardless of how many hours they volunteer. If none, enter '0': _____

13. Do you provide some compensation for unpaid volunteers (e.g., gift cards, free meals, travel reimbursement, etc.)?

- Yes No Not applicable – we do not use unpaid volunteer CHWs



14. CHWs provide a wide array of services in the community. The National Community Health Advisor Study categorized their functions or roles into seven core areas. If the CHWs at your organization perform any of the functions or roles described below, mark the appropriate box. Mark all that apply.

Functions/Roles

- Providing cultural mediation between communities and the health and social services system (how to use these systems, increase use of preventive care and decrease urgent or emergency care)
- Providing culturally appropriate health education and information (prevention related information, managing and controlling illnesses such as diabetes and asthma)
- Assuring that people get the services they need (care coordination, case finding, motivating and accompanying patients to appointments and follow-up care, making referrals and promoting continuity of care)
- Providing informal counseling and social support (individuals and groups, to improve mental and physical health)
- Advocating for individual and community needs (serve as intermediaries between clients and bureaucratic entities)
- Providing direct services (basic first aid, administering some health screening tests)
- Building individual and community capacity (facilitate health behavior change, act as community leaders to bring about community-wide change)
- Other function not described above (please specify): _____

15. Following is a list of activities CHWs might perform. Please indicate whether an activity is a *core function*, a *secondary function*, or is *not a function* performed by CHWs at your organization at this time.

Activity	Core Function	Secondary Function	Not a Function	Don't Know
Outreach, such as "on the street" health education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient advocate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social support, such as visiting homebound clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation, such as taking people to appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Activity	Core Function	Secondary Function	Not a Function	Don't Know
Health education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compliance follow-up, such as visiting clients to observe that medications are taken	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Risk assessment that might lead to a referral for services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural competence training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spoken language interpretation and/or translation of written materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Please indicate what **types of clients** the CHWs at your organization serve. *(Mark all that apply)*

Types of clients served

- | | |
|--|---|
| <input type="radio"/> Adolescents | <input type="radio"/> Refugees and/or immigrants |
| <input type="radio"/> Homeless individuals | <input type="radio"/> Migrant workers |
| <input type="radio"/> Income eligible (e.g., those who are uninsured and meet criteria for publicly-funded benefits) | <input type="radio"/> Military veterans |
| <input type="radio"/> Individuals with physical disabilities or special needs | <input type="radio"/> Older adults/senior citizens |
| <input type="radio"/> Individuals with vision and/or hearing disabilities | <input type="radio"/> Pregnant women |
| <input type="radio"/> Individuals with developmental/cognitive disabilities | <input type="radio"/> Racial and ethnic minorities |
| <input type="radio"/> Individuals with behavioral health disorders | <input type="radio"/> Areas where health care clinicians are in short supply |
| <input type="radio"/> Individuals with substance abuse disorders | <input type="radio"/> Any individual that requests assistance regardless of their status |
| <input type="radio"/> Individuals with a specific disease or at risk for a disease | <input type="radio"/> Target population not listed above. Please specify groups/populations served: |
| <input type="radio"/> Infants and/or children | _____ |
| | _____ |



17. If your CHWs serve clients from racial and ethnic minorities, please indicate the specific racial/ethnic populations that are served. (Mark all that apply)

- American Indians/Alaska Natives
- Blacks/African Americans
- Asians
- Hispanics/Latinos
- Pacific Islanders/Hawaiian Natives
- Other, please specify: _____
- Not applicable - no racial/ethnic minorities are served

On what specific diseases/conditions and/or risk factors do CHWs focus at your organization? (Mark all that apply)

18. Disease/Condition

- Not applicable - we don't focus on specific diseases or conditions
- Asthma
- Cancer, please specify type:

- Diabetes
- Heart disease
- High blood pressure
- High cholesterol
- HIV/AIDS
- Mental health conditions
- Other, please specify:

19. Risk Factor

- Not applicable - we don't focus on specific risk factors
- Nutrition
- Obesity
- Tobacco use/smoking
- Environmental risks (e.g., pesticides)
- Low community-level vaccination rates
- Risk of hospital re-admission
- Pregnancy
- Other, please specify:



20. Do CHWs at your organization work directly with clinical professionals? For example, do clinical professionals refer patients to CHWs for services such as diabetes education or do CHWs report specific information to clinical professionals?

- Yes No

21. Where do CHWs at your organization provide services? *(Mark all that apply)*

- | | |
|--|---|
| <input type="radio"/> Community locations (e.g., recreation centers) | <input type="radio"/> Schools |
| <input type="radio"/> Faith-based organizations | <input type="radio"/> Via telephone / text messaging |
| <input type="radio"/> Health care organizations | <input type="radio"/> Worksites |
| <input type="radio"/> In client / patient homes or group homes | <input type="radio"/> Other, please specify:
_____ |

22. What is the minimum level of education required of CHWs engaged by your organization? *(Mark only one)*

- | | |
|--|---|
| <input type="radio"/> No educational requirement | <input type="radio"/> Bachelor degree |
| <input type="radio"/> GED/high school diploma | <input type="radio"/> Master degree or above |
| <input type="radio"/> Associate degree | <input type="radio"/> Other, please specify:
_____ |

23. Do CHWs engaged by your organization receive training?

- Yes No

24. If on Question 23 you responded "Yes", what type(s) of training do CHWs at your organization receive? *(Mark all that apply)*

- | | |
|---|---|
| <input type="radio"/> On-the-job training by shadowing others | <input type="radio"/> Web-based training |
| <input type="radio"/> Structured in-house training | <input type="radio"/> Structured external training (e.g. "Welfare to Work" program) |
| <input type="radio"/> Training provided by a formal educational institution | <input type="radio"/> Other, please specify:
_____ |
| <input type="radio"/> Clinic based training | |



25. To gain a better understanding of how CHW services are funded, please indicate the sources of funds your organization currently uses to support the CHW program. *(Mark all that apply)*

- Medicaid
- Medicare
- Commercial health plan/insurance
- Research grant or contract
- Funding from a private foundation or entity
- Program fees
- Federal grant categorical funding, e.g., maternal child health, diabetes, heart disease
- State government. Please specify: _____
- Local government. Please specify: _____
- Other, please specify: _____

26. Does your organization employ any CHWs under your CORE OPERATING budget for the purpose of cost saving, revenue generation, or other outcomes valued by the organization?

For example, do you employ a CHW to educate a client on chronic disease management to avoid higher cost services such as an emergency department visit?

[Core operating budget does NOT include funding received specifically for implementing a CHW program.]

- Yes No



To help us gain a better understanding of where CHWs work within PA, please answer the next two questions.

27. In what counties do your CHWs provide services? (Mark all that apply)

- | | | |
|---------------------------------------|----------------------------------|--------------------------------------|
| <input type="radio"/> All PA Counties | <input type="radio"/> Delaware | <input type="radio"/> Montgomery |
| <input type="radio"/> Adams | <input type="radio"/> Elk | <input type="radio"/> Montour |
| <input type="radio"/> Allegheny | <input type="radio"/> Erie | <input type="radio"/> Northampton |
| <input type="radio"/> Armstrong | <input type="radio"/> Fayette | <input type="radio"/> Northumberland |
| <input type="radio"/> Beaver | <input type="radio"/> Forest | <input type="radio"/> Perry |
| <input type="radio"/> Bedford | <input type="radio"/> Franklin | <input type="radio"/> Philadelphia |
| <input type="radio"/> Berks | <input type="radio"/> Fulton | <input type="radio"/> Pike |
| <input type="radio"/> Blair | <input type="radio"/> Greene | <input type="radio"/> Potter |
| <input type="radio"/> Bradford | <input type="radio"/> Huntingdon | <input type="radio"/> Schuylkill |
| <input type="radio"/> Bucks | <input type="radio"/> Indiana | <input type="radio"/> Snyder |
| <input type="radio"/> Butler | <input type="radio"/> Jefferson | <input type="radio"/> Somerset |
| <input type="radio"/> Cambria | <input type="radio"/> Juniata | <input type="radio"/> Sullivan |
| <input type="radio"/> Cameron | <input type="radio"/> Lackawanna | <input type="radio"/> Susquehanna |
| <input type="radio"/> Carbon | <input type="radio"/> Lancaster | <input type="radio"/> Tioga |
| <input type="radio"/> Centre | <input type="radio"/> Lawrence | <input type="radio"/> Union |
| <input type="radio"/> Chester | <input type="radio"/> Lebanon | <input type="radio"/> Venango |
| <input type="radio"/> Clarion | <input type="radio"/> Lehigh | <input type="radio"/> Warren |
| <input type="radio"/> Clearfield | <input type="radio"/> Luzerne | <input type="radio"/> Washington |
| <input type="radio"/> Clinton | <input type="radio"/> Lycoming | <input type="radio"/> Wayne |
| <input type="radio"/> Columbia | <input type="radio"/> McKean | <input type="radio"/> Westmoreland |
| <input type="radio"/> Crawford | <input type="radio"/> Mercer | <input type="radio"/> Wyoming |
| <input type="radio"/> Cumberland | <input type="radio"/> Mifflin | <input type="radio"/> York |
| <input type="radio"/> Dauphin | <input type="radio"/> Monroe | |



28. Within the counties you operate, are there specific geographic regions you focus on? Feel free to name a specific city, town, or area such as "the east side of..." if relevant.

29. What kind of policy or system changes might make it easier for your organization to sustain CHW services on an ongoing basis?

30. If your response to question 7 was "Our organization does not engage CHWs or employees serving in similar capacities", would your organization consider or be interested in utilizing CHWs in the future?

Yes. If so, please specify in what way you see your organization using CHWs:

No

Not applicable - our organization already utilizes CHWs

31. If you know of any other organizations that engage CHWs, please provide the organization's name, a contact person, and a phone number so that we can contact them. If not, please continue to the next question.

32. Please provide any additional thoughts or comments you have regarding CHWs.



33. We may be conducting follow-up interviews with some of the survey respondents. Would you be willing to participate in a follow-up interview?

Yes No

34. Contact information:

First and last name: _____

Email address: _____

Phone number: _____

Thank you for completing this survey – We appreciate your input!

Please return the completed survey to:

Linda Snyder, DrPH
Adagio Health Inc.
960 Penn Avenue, Suite 600
Pittsburgh, PA 15222

Fax (412) 288-9036
Email: lsnyder@adagiohealth.org

