

Attachment 4: Survey Response Summary Tables

Attachment 4: Survey Response Summary

The survey will collect information on the following areas:

- a. The types of organizations that engage CHWs in their programs (Q5/6)
- b. How CHWs are paid (or if they are volunteers) (Q7/8/9/10/11/12/13)
- c. Do the CHWs work with a specific population (Q16/17)
- d. Do the CHWs focus on a specific problem or condition (e.g., maternal & child health, CVD, cancer, diabetes, etc.). Do CHWs address risk factors for disease? (Q18/19)
- e. Do the CHWs target specific geographical areas (Q27/28)
- f. Function or role served by CHWs (Q14/15/20/21)
- g. How CHW services are funded (Q25/26)
- h. Training/education levels required (Q22/23/24)
- i. Input on policy or system changes to make it easier to sustain CHWs (Q29/30)

a. What types of Organizations engage CHW?

Q6. Which response, or responses, best describe your organization? *(Mark all that apply)*

Organization description	Number (if answered survey)	Number (if using CHW)
Total	177	126
Day care or school for grades K-12	4	3
College (2- or 4-year) or post-high school training program	0	0
Faith-based organization	5	5
Health plan or insurer	0	0
Mental health agency	25	18
Inpatient facility, such as a hospital or care center	24	17
Community-based/nonprofit organization providing health, health-related, and/or social services	77	60
County or local health department	5	3
Community health center/FQHC	39	25
Private provider, including a primary care provider or physician office	11	10
Other	40	30

Other, please specify:	Number	Number
Admin Unit	1	0
Behavioral Health	1	1
Community Action	1	0
Community Action Agency	2	1
Community Action Program	1	1
Community, Housing, and Workforce Development	1	1
County government	2	2
County Government - Social Services CYS/ID/ATOD/Crisis (MH)	1	0
County mental health / developmental disabilities administrative office	1	1
County MH/ID/EI agency	1	0
County Program	1	0
County-based Area Agency on Aging	1	1

Developmental Disability Provider	1	1
Halfway House - community corrections	1	1
Head Start/Early Head Start (Early Childhood Education, Birth - 5 yrs)	1	1
Health System	5	5
Hospital department and outpatient clinic	1	1
IDD and Early Intervention Case Management Services	1	1
Integrated health care delivery system	1	1
Intellectual and Developmental Disabilities Support Services	1	1
Joinder of Counties	1	1
Local Government	1	0
Nutrition program for Women, Infants and Children	1	1
Outpatient Care facility	1	1
Outpatient Hospital Facility	1	1
Outpatient medical care facility OB/GYN dept.	1	1
Prenatal to 5 educational program with social services and family engagement	1	1
Probation	1	1
Public child welfare agency	1	0
Research University	1	1
Rural Health Clinic	1	1
Ryan White-funded Hospital Outpatient Clinic	1	1
Social Services Agency	1	0
Substance abuse clinic	1	0

Q5. Total number of employees at your organization.

Employee Total	Number (if answered survey)	Percent (if answered survey)	Number (if using CHW)	Percent (if using CHW)
20 or less	50	28.2%	35	27.8%
21-50	34	19.2%	23	18.3%
51-100	27	15.3%	22	17.5%
101-200	24	13.6%	16	12.7%
More than 200	42	23.7%	30	23.8%

b. How CHWs are paid (or if they are volunteers) ? *For those using CHW*

Q7. Does your organization engage CHWs in any of the following ways? *(Check all that apply)*

CHW types	Number	Percent
Volunteers	35	27.8%
Paid employees	109	86.5%
Independent contractors	13	10.3%
AmeriCorps and/or Vista workers	6	4.8%

Interns and/or students enrolled in service learning classes	45	35.7%
Other	7	5.6%

Other, please specify	Number
all staff work together to provide such services. Currently we do not have the resources to hire one	1
collaborative efforts with CHW in the surrounding community	1
Contract with a promotores project through university	1
Faith Community Nurse	1
Referrals	1
Serve as oversight to providers	1
Missing response	1

Q8. Estimate the number of full-time paid CHWs.

Number category	Number	Percent
0	20	15.8%
1-5	51	40.5%
6-10	16	12.7%
11 - 20	9	7.1%
21-40	9	7.1%
41-200	9	7.1%
Total paid full-time	94	74.6%
Missing + not sure	12	9.5%

Q9. Estimate of part-time CHWs

Number category	Number	Percent
0	57	45.2%
0.5 - 5	34	27.0%
6-10	10	7.9%
11 - 20	5	4.0%
21-40	2	1.6%
41-200	2	1.6%
Total paid part-time	53	42.1%
Missing + not sure	16	12.7%

Q10. On average, how many hours per week do your part-time CHWs work?

Hours	Number	Percent
Less than 10 hours	5	4.0%
10 - 20 hours	23	18.3%
21-30 hours	18	14.3%
31-39 hours	25	19.8%
Total	71	56.3%

Not applicable	37	29.4%
Missing	14	11.1%
Other	4	3.2%

Other, please specify	Number
Missing	2
40	1
none-paid 10-20 hours a week	1

Q11a. Average hourly salary for CHW

Hourly salary range	Number
Less than \$9.00 per hour	1
\$9.00 – 10.99 per hour	6
\$11.00 – 12.99 per hour	11
\$13.00 – 14.99 per hour	18
\$15.00 – 19.99 per hour	19
\$20.00 or more per hour	13
missing	58

Q11b. Average annual salary for CHW

Yearly salary range	Number
<\$18,700	0
\$18,700 – \$21,859	4
\$22,860 - \$27,019	2
\$27,020 - \$31,179	10
\$31,180 - \$41,579	17
>\$41,579	13
missing	80

Q12. Please estimate the average number of volunteer CHWs affiliated with your organization on either part-time or full-time basis.

Number category	Number	Percent
0	67	53.1%
1 - 5	24	19.0%
6-10	4	3.2%
11 - 20	6	4.8%
28	1	0.8%
1200	1	0.8%
Total with volunteer CHW	36	28.6%
Missing + not sure	23	18.3%

Q13. Do you provide some compensation for unpaid volunteers (e.g., gift cards, free meals)?

Compensation	Number	Percent
Yes	21	16.7%
No	33	26.2%
Not applicable	59	46.8%
Missing	13	10.3%

c. Do the CHWs work with a specific population?

Q16. What type of clients do CHWs at your organization serve ? (Mark all that apply).

CHW client type	Number	Percent
Adolescents	66	52.4%
Homeless individuals	67	53.2%
Income eligible (e.g., those who are uninsured and meet criteria for publicly-funded benefits)	90	71.4%
Individuals with physical disabilities	71	56.3%
Individuals with vision and/or hearing disorders	50	39.7%
Individuals with developmental/cognitive disabilities	57	45.2%
Individuals with behavioral health disorders	68	54.0%
Individuals with substance abuse disorders	60	47.6%
Individuals with a specific disease or at risk for the disease	60	47.6%
Infants/children	68	54.0%
Refugees and/or immigrants	42	33.3%
Migrant workers	27	21.4%
Military veterans	40	31.7%
Older adults/senior citizens	71	56.3%
Pregnant women	69	54.8%
Racial and ethnic minorities	77	61.1%
Rural populations or where health care clinicians are in short supply	25	19.8%
Any individual that requests assistance regardless of their status	56	44.4%
Target population not listed above.	22	17.5%
Missing	3	2.4%

Other groups served which are not listed above	Number
all of the above marked that are open with mental health	1
Community, school	1
COPD, CHF	1
Farm safety - unintentional injuries	1
HIV/AIDS	2
HIV+ individuals	1
Incarcerated females	1

Individuals with serious, persistent mental illness	1
Latina women	1
Latino immigrants	1
Live in Cumberland, Dauphin, Juniata, Mifflin or Perry County	1
Offenders	1
Oncology patients	1
Patients with cancer	1
people who self-identify as LGBT and/or MSM	1
post-partum, breastfeeding women	1
Sexual minorities	1
un- and under-insured	1
Under-insured (may not meet criteria for public funding)	1
We primarily use CHWs in our Family-Nurse Partnership and Health Beginnings Plus Program	1
We serve only those who have a ID diagnosis	1

Q17. If you answered *yes* to “racial and ethnic minorities”, please indicate specific racial and/or ethnic populations your CHWs serve. (*Check all that apply*).

Racial and ethnic minorities served	Number	Percent
American Indians/Alaska Natives	29	23.0%
Asian Americans	58	46.0%
Blacks/African Americans	95	75.4%
Hispanics/Latinos	87	69.0%
Pacific Islanders/Hawaiian Natives	30	23.8%
Not applicable	31	24.6%
Other, please specify	18	14.3%
missing	4	3.2%

Other racial and ethnic minorities served	Number
???	1
Africans	1
All	3
All ethnic	1
All populations	1
All Races as Needed	1
Any and all if referred	1
any racial/ethnic group	1
Biracial	1
Do not discriminate regardless of race or ethnicity	1
Mid-eastern	1
Nepali Refugees	1

Refugees from eastern Europe, Russia, Africa (especially eastern Africa) and Southeast Asia	1
Target groups are not based on race	1
We serve all requests for support with no specific "specialty" regarding race or ethnicity	1
Missing	1

d. Do the CHWs focus on a specific disease/condition or risk factors for disease?

Q18. On what specific diseases/conditions do CHWs focus at your organization? (Check all that apply).

Specific diseases/conditions	Number	Percent
Not applicable, no focus on specific diseases/conditions	31	24.6%
Asthma	25	19.8%
Cancer	25	19.8%
Diabetes	32	25.4%
Heart disease	31	24.6%
High blood pressure	34	27.0%
High cholesterol	25	19.8%
HIV/AIDS	28	22.2%
Mental health conditions	33	26.2%
Missing	4	3.2%
Other, <i>please specify</i>	17	1.5%

Other specific diseases/conditions	Number
All pregnancy-related factors	1
All types of cancer	1
Breast and Cervical Cancer Screening	1
breast, cervical, ovarian, testicular, prostate	1
COPD	1
Drug and alcohol	1
Intellectual Disabilities	1
Maternal and Child Health	1
Nicotine Dependence	1
Obesity - Children; Pregnancy	1
Pregnancy	1
Pregnancy,	1
pregnant and post partum women	1
reproductive cancers, STI's, unintended pregnancy prevention	1
STDs	1
STDs, reproductive & sexual health	1
Stroke	1

Q19. On what specific risk factors do CHWs focus at your organization? (Check all that apply).

Specific risk factors	Number	Percent
Not applicable, no focus on specific risk factors	27	21.4%
Nutrition	43	34.1%
Obesity	38	30.2%
Tobacco use/smoking	45	35.7%
Environmental risks (e.g., pesticides)	12	9.5%
Low community-level vaccination rates	16	12.7%
Risk of hospital re-admission	29	23.0%
Pregnancy	42	33.3%
Missing	4	3.2%
Other,	11	8.7%

Other specific risk factors	Number
Drug & alcohol history	1
drugs and alcohol for teens and other risky behaviors	1
High risk sexual behaviors, IV drug use, women living with HIV who are pregnant (risk of perinatal transmission)	1
Homelessness	1
Incarcerated, drug use	1
Physical inactivity	1
Risks for HIV	1
sexual risk taking	1
Sexually transmitted diseases	1
Social behaviors that lead to use of drugs	1
substance abuse	1
suicidality/self harm	1

e. Do CHWs target specific geographical areas?

Q27. In what counties do your CHWs provide services? (Check all that apply).

County served	Number		County served	Number
All PA Counties	1		Juniata	7
Adams	5		Lackawanna	4
Allegheny	8		Lancaster	12
Armstrong	2		Lawrence	6
Beaver	8		Lebanon	4
Bedford	3		Lehigh	6
Berks	6		Luzerne	7
Blair	7		Lycoming	7
Bradford	7		McKean	3
Bucks	3		Mercer	7
Butler	7		Mifflin	6
Cambria	7		Monroe	3
Cameron	2		Montgomery	2
Carbon	3		Montour	4
Centre	2		Northampton	5
Chester	4		Northumberland	5
Clarion	6		Perry	8
Clearfield	1		Philadelphia	8
Clinton	4		Pike	3
Columbia	3		Potter	4
Crawford	6		Schuylkill	7
Cumberland	8		Snyder	5
Dauphin	8		Somerset	1
Delaware	3		Sullivan	5
Elk	2		Susquehanna	5
Erie	2		Tioga	9
Fayette	2		Union	5
Forest	2		Venango	5
Franklin	5		Warren	3
Fulton	1		Washington	2
Greene	3		Wayne	3
Huntingdon	6		Westmoreland	1
Indiana	6		Wyoming	6

Jefferson	7		York	5
Missing	1			

Q28. Within the counties you operate, are there specific geographic regions you focus on?

Specific geographic regions	Number
???	1
10 counties	1
10 counties, 32 locations	1
all of Lebanon county	1
Allegheny County to include Moon area, Coraopolis, Airport Corridor	1
Allentown, Bethlehem, Easton	1
Berwick	1
Carlisle, Harrisburg	1
Central Bucks County	1
Central/Northeastern PA	1
Chester	1
Chester City, Upper Darby, PA (Delaware County); Coatesville, PA (Chester County)	1
City of Erie	1
City of Philadelphia	1
Coatesville, Kennett Square, Oxford, West Chester, Phoenixville	1
East shore of Hbg - primarily 17104 zip code	1
Entire County	1
Franklin County	1
Gettysburg, McSherrystown, Chambersburg, Waynesboro	1
Greater Hazelton area	1
Innercity Allentown, rural Caron County	1
Lancaster City; Columbia City	1
Lancaster County and surrounding areas	1
Lancaster, Berks, Dauphin Counties are Primaries	1
Lebanon County and surrounding areas/municipalities	1
Lower Bucks County	1
Main base is Huntingdon County but serve a portion of the surrounding counties	1
Most clients reside in Bradford County	1
Mount Union, Huntingdon, McVeytown, Lewistown, Mill Creek	1
NA	1
New Castle, PA area	1
no	1
No - our prenatal patients whom we serve elect to seek are at our facility	1
North Philadelphia	2

Philadelphia broadly, but high incidence HIV/STD impacted communities	1
Pittsburgh	1
Pittsburgh, near southern suburbs (Prospect Park)	1
Pittsburgh, Surrounding boroughs, McKeesport	1
Primary - Lancaster City	1
Punxsutawney	1
Reading PA across city 19601, 19602 and 19604	1
Scranton and Lackawanna County	1
Snyder, Unio and Northumberland are our primary service areas	1
South & Southwest Philadelphia	1
South Allison Hill community	1
Southwest Philadelphia, West Philadelphia	1
Uptown Harrisburg"" - about 60% of our patients are within walkable distance to us from this part of Harrisburg; our focus is also on all of Dauphin Co, we have a high percentage of patients from Cumb	1
We provide services to all areas of Schuylkill County.	1
We serve the entire county, but our offices are in Reading and Pottsville. We see more clients from those areas.	1
We work specifically with migrant and seasonal farmworkers wherever they are located	1
We would require a cluster of cases in any geographical setting to make outreach activities cost-effective.	1
West Waynesburg, Nemaquin	1

f. What functions/roles do CHWs serve in Pennsylvania? *For those using CHWs*

Q14. 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.

Key Function	Number	Percent
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)	63	13.5%
Providing culturally appropriate health education and information (prevention related information, managing and controlling illnesses such as diabetes and asthma)	74	15.8%
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)	86	18.4%
Providing informal counseling and social support (individuals and groups, to improve mental and physical health)	69	14.7%
Advocating for individual and community needs (serve as intermediaries between clients and bureaucratic entities)	67	14.3%
Providing direct services (basic first aid, administering some health screening tests)	46	9.8%
Building individual and community capacity (facilitate health behavior change, act as community leaders to bring about community-wide change)	49	10.5%
Other function not described above (please specify):	14	3.0%

Other functions included the following responses:

- Case management, HIV testing & counseling, STD clinician
- Case management/care coordination
- Community Education re Preventative Health
- Doula services
- Housing counselor working with mentally ill clients
- Insurance (CHIP & Medicaid) enrollment assistance
- Marketing, Advertising, Newspaper Column writing, assistance with fundraising
- Meet with new patients to determine what services they are eligible for and also recommend other age
- Provide Housing
- Providing access for medical and dental appointments
- providing basic breastfeeding information and encouragement to pregnant and breastfeeding WIC participants
- Providing professional nursing care for more than basic first aid and health screening tests – actual

Q15. 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	
Outreach	45	35.7%	32	25.4%	32	25.4%
Patient advocate	66	52.4%	34	27%	11	8.7%
Social Support, such as visiting homebound clients	37	29.4%	27	21.4%	44	34.9%
Counseling	33	26.2%	42	33.3%	33	26.2%
Transportation services	8	6.3%	29	23%	66	52.4%
Health education	70	55.6%	30	23.8%	10	7.9%
Compliance follow-up, such as observing medications are taken properly	15	11.9%	34	27%	56	44.4%
Risk assessment that might lead to referral for services	53	42.1%	41	32.5%	15	11.9%
Cultural competence training	12	9.5%	34	27%	52	41.3%
Spoken language interpretation and/or translation of written materials	14	11.1%	30	23.8%	57	45.2%

Q20. 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: 83 (65.9%)

No: 28 (22.2%)

Q21. Where do CHWs at your organization provide services? (Mark all that apply)

Location	Number	Percent
Community locations (e.g., recreation centers)	59	18.4%

Faith-based organizations	24	7.5%
Health care organizations	56	17.4%
In client/patient homes or group homes	46	49.6%
Schools	36	40.7%
Via telephone/text messaging	45	14.0%
Worksites	36	11.2%
Other	19	5.9%

Other service locations listed include the following (each with one response)

- At our sites
- At the prison
- At their facility
- FQHC
- Head Start facilities
- Here at our center
- Hospital
- In office
- Labor camps
- Medical Assistant
- Mobile medical unit
- Office
- Our office, the maternal-fetal medicine office, and the children and teen pediatric clinic
- Our offices
- Outpatient Oncology Clinics
- Recovery program; re-entry program
- Shelters, soup kitchens
- Their neighborhoods
- Where it is most convenient for consumer
- WIC Nutrition Centers

g. How CHW services are funded?

Q25. Please indicate the sources of funds your organization currently uses to support the CHW program. (Check all that apply)

Funding Source	Number	Percent
Medicaid	53	17.6%
Medicare	29	9.6%
Federal grant categorical funding	41	13.6%
Commercial health plan/insurance	32	10.6%
Research grant or contract	19	6.3%
Funding from a private foundation or entity	29	9.6%
Program fees	18	6.0%
State government	33	11.0%
Local government.	14	4.7%
Other sources. Please specify	33	11.0%

Other funding sources identified included the following:

- Community Development Block Grant (City of Pittsburgh)
- Community Health Center Funding
- Community Mental Health state funding
- Contractual & fundraising
- County MH/ID office
- Dept of Health and Dept of Public Welfare
- Dept. of Ed grant - federal
- DOH
- DOH, Centers for Schools and Communities
- DPW
- Federal funds
- Federal govt. pays for our waiver program
- Funded by health system (LG Health)
- Funding for STD Program clients and women between the ages of 40 & 49 who are enrolled in the HealthyWoman Program
- General operations
- Head Start
- Head Start, Community Block Grant
- Health Beginnings plus
- Health Promotion Council of Southeastern PA.; BPHC/HRSA Tobacco Dependence Treatment Programs
- Health system
- Health system budget
- HOPWA, United Way
- Hospital
- HRSA
- HSSAP
- HUD SSO Homeless grant
- On payroll
- Organizational budget
- Paid by Wellspan
- Reinvestment dollars
- Ryan White Part B through the Commonwealth of Pennsylvania; Ryan White Part C through HRSA
- Ryan White through the HIV/AIDS consortia
- state tobacco settlement money, state STI program
- USDA Breastfeeding Peer Counselor Program

Q26. Does your organization employ any CHWs under your core operating budget?

Yes: 32 (25.4%)

No: 75 (59.5%)

h. What training and/or educational levels are required of Pennsylvania CHWs?

Q22. What is the minimum level of education required of CHWs engaged by your organization? (*Mark only one*)

Educational Requirement	Number	Percent
No educational requirement	4	3.2%
GED/high school diploma	39	31.0%
Associate degree	19	15.1%
Bachelor degree	31	24.6%

Master degree or above	0	
Other	16	12.7%

Other requirements mentioned include the following:

- Civil Service Qualified
- Depends on position, ranges from no educational requirement to a Bachelor's degree and Masters degree
- Individually determined
- must be bilingual English/Spanish
- No educational requirements, but a minimum of 5 years experience, or minimum of bachelors degree and 3 years experience
- nursing license...LPN or RN
- Paid FT CHW is a MSW; Americorps are college graduates; promotores have no educational requirements
- Peer Support Specialist certification
- Retired RN
- RN
- RN and MSW
- RN license, regardless of degree
- RN or higher
- varies by position, usually bachelor's
- Varies with position (Bachelor degree for Healthy Beginnings Plus)

Q23. Do CHWs engaged by your organization receive training?

Yes: 107 (84.9%)

No: 5 (4.0%)

Q24. If on Question 23 you responded "Yes", what type(s) of training do CHWs at your organization receive?
(Mark all that apply)

Type of Training	Number	Percent
On-the-job training by shadowing others	89	70.6%
Structured in-house training	59	46.8%
Training provided by a formal educational institution	34	27.0%
Clinic based training	41	32.5%
Web-based training	57	45.2%
Structured external training (e.g., "Welfare to Work" program)	22	17.5%
Other	12	9.5%

Other types of training included the following:

- Conferences
- don't know
- Funder Training
- Health Department (city/state)
- PA-C, MD
- Peer Support Specialist certification
- Pertinent conference or trainings that may become available
- Structured training by OMHSAS endorsed trainers
- Taking our 10 week course
- Tobacco Cessation Certification/Training
- Training provided by the Family Health Council of Central PA

i. Respondent input on policy or system changes that would make it easier to sustain CHWs.

Q29. What kind of policy or system changes might make it easier for your organization to sustain CHW services on an ongoing basis?

- Additional funding.
- adequate funding
- Be able to bill for their services separate from physician
- Billing for necessary travel
- Electronic Health Record - Shared; Electronic Health Record - Shared across D&A and MH; Home visit collaboration
- Federal Funding for Operating Costs to cover salaries!
- Flexibility in Medicaid reimbursable services. CHWs interface more directly with people and their situations which should be a reimbursable service.
- funding
- Funding
- Funding for higher paid/qualified individuals
- funding for training and hire of dedicated CHWs instead of ad hoc provision by support staff.
- Funding is always a question with these types of positions because they do not generate revenues.
- Funding to ensure the full-time capacity of multi-lingual and multi-cultural staff
- funding to support ongoing efforts
- Getting approval to include the CHW in the list of ""job descriptions"" within the hospital
- government funding to support CHWs so that we can compensate better, including tuition
- I have not identified a problem with sustaining CHWs. Of course, we do always need to make sure there is adequate funding.
- Improvement in reimbursement from insurers.
- Increase in funding - federal and state
- Increased funding
- Insurance reimbursement for services
- Less funding cuts for human services at the state level
- make it easier to bill to an MCO
- Medicaid reimbursement for CHW services
- Monies allocate specifically for CHW on every level of service provision
- More direct funding mechanism
- More funding
- More funding opportunities
- More secure funding
- n/a
- Not cutting funding
- Our grant will end, therefore having monies dedicated to sustaining Patient Navigation would be helpful. Would also like to have para or lay professionals to do on the ground work to compliment the pro
- Patient centered medical home
- Program funding rather than unit funding
- Reimbursement for qualified/trained CHW services through MA or similar programming
- Reimbursement of CHW expenses from institutional beneficiaries such as healthcare providers and insurers
- Restore HIV/AIDS funding at higher allocations for prevention
- Standardize the P4P programs so the measurements are the same.
- The continuation of Healthy Choice funding is critical.
- Travel reimbursement when CHW transports consumer to events, appointments, or meetings
- Tuition Reimbursement, More promotion opportunities, Higher Wages
- We are currently looking at the possibility of utilizing CHWs in our high-risk superutilizer program called Care Connections. We need to look at ways to train and pay persons engaged in this work. H

- We consider our full staff as CHWs, so sustaining our operations sustains the CHWs. All four staff have some CHW
- We need this work to be included in reimbursable services for insured patients.

Q30. 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?

Total respondents answering this question: 77

Yes: 7 (5.6%)

No: 2 (1.6%)

Not Applicable, our organization already utilizes CHWs: 68 (54%)

Of those organizations answering “Yes” to Q30, they were requested to specify ways in which their organization might use CHWs. Six respondents provided the following:

- a. Care Management is using ""health coaches"" for recently discharged in patients- a new model
- b. CHWs would be used for defined patient education and coordination of support services.
- c. Peer support
- d. transportation, community outreach, translation
- e. We could utilize more CHWs due to an increasing need for mental health presentations in the community
- f. With changes in health care the need to connect physical and mental health as the same value and look at the needs of the individual as a whole