



Non-Traditional Health Worker Survey

Esta encuesta está disponible en español. Llamé a Carol Cheney, Office of Multicultural Health and Services, 503-602-9441

The Oregon Health Authority is collecting information from various “non-traditional” health workers currently practicing in Oregon. This non-traditional health workforce includes:

- Community Health Workers (CHWs)/Promotoras
- Peer Wellness Specialists (PWS)
- Peer Support Specialists (PSS)
- Personal Health Navigators (PHN) also known as Patient Navigators
- Homecare Workers
- Or other health care workers who are not regulated or certified by the state of Oregon

This 18-question survey takes approximately 10 minutes to complete. Your answers are anonymous and will help us establish the roles and education and training standards for these various workers in Oregon.

If you have any questions or concerns, or need any additional support/resources, to complete the survey, please contact Rachel Gilmer, Policy Analyst for the Office of Multicultural Health and Services via email, Rachel.B.Gilmer@state.or.us or by phone, 503.688.0362.

Please complete the survey and return to Rachel.B.Gilmer@state.or.us by Friday, October 21st.

Thank you very much!

Background:

1. In which categories do you consider your work?
 - ☐ Community Health Worker(CHW)/Promotora
 - ☐ Personal Health Navigator/Patient Health Navigator (PHN)
 - ☐ Peer Wellness Specialist (PWS)
 - ☐ Peer Support Specialist (PSS)
 - ☐ Homecare Worker
 - ☐ Other (please specify)_____
2. How many years have you worked in your field?

<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 10-15 years
<input type="checkbox"/> 1-2 Years	<input type="checkbox"/> 15-20 years
<input type="checkbox"/> 2-5 Years	<input type="checkbox"/> 20 + years
<input type="checkbox"/> 5-10 years	
3. What type of organization do you work or volunteer for? (Please check one)

<input type="checkbox"/> Clinic	<input type="checkbox"/> General Hospital
<input type="checkbox"/> Indian Health Service	<input type="checkbox"/> Tribal Health Center
<input type="checkbox"/> County Health Department	<input type="checkbox"/> Psychiatric Hospital
<input type="checkbox"/> Correctional Facility	<input type="checkbox"/> Substance abuse treatment agency
<input type="checkbox"/> Community Based Clinic	<input type="checkbox"/> Peer Support Center
<input type="checkbox"/> Community Organization	<input type="checkbox"/> Juvenile Treatment Facility
<input type="checkbox"/> Employed directly by your client	<input type="checkbox"/> Educational organization
<input type="checkbox"/> Hospital Emergency Rooms	
<input type="checkbox"/> Court System	
<input type="checkbox"/> Other (please specify)_____	
4. In what city is your employer located?

5. In what setting do you mostly work? (Please select one)

<input type="checkbox"/> Homes	<input type="checkbox"/> Clinics/Hospitals
<input type="checkbox"/> Migrant Labor Camps	<input type="checkbox"/> Worksites
<input type="checkbox"/> Religious Organizations	<input type="checkbox"/> Correctional Facilities
<input type="checkbox"/> Schools	<input type="checkbox"/> Substance Treatment Agencies
<input type="checkbox"/> Community Centers	<input type="checkbox"/> Psychiatric Facilities
<input type="checkbox"/> Shelters	
<input type="checkbox"/> Other (please specify)_____	

Scope of Work:

6. How many hours do you work in a typical week?

Paid:	<input type="checkbox"/> 0	<input type="checkbox"/> 1-10	<input type="checkbox"/> 10-20	<input type="checkbox"/> 20-40	<input type="checkbox"/> 40+
Volunteer:	<input type="checkbox"/> 0	<input type="checkbox"/> 1-10	<input type="checkbox"/> 10-20	<input type="checkbox"/> 20-40	<input type="checkbox"/> 40+

7. My job includes (Please check all that apply):

- | | | |
|---|------------------------------|-----------------------------|
| Working with individuals | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Working with groups | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Working with community leaders | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Working on projects with others in my field | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

8. What are the top 5 services you provide to your clients? (please check only 5)

- | | |
|--|---|
| <input type="checkbox"/> Support Groups | <input type="checkbox"/> Communication, including language interpretation, among Client, patients family members, survivors and healthcare providers. |
| <input type="checkbox"/> Recreation/Social Activities | <input type="checkbox"/> Coordinating care among providers. |
| <input type="checkbox"/> Peer Counseling/Mentorship | <input type="checkbox"/> Arranging financial support and assisting with paperwork. |
| <input type="checkbox"/> Client Advocacy | <input type="checkbox"/> Ensuring that appropriate medical records are available at medical appointments. |
| <input type="checkbox"/> Training | <input type="checkbox"/> Facilitating follow-up appointments. |
| <input type="checkbox"/> Educational Supports/Assistance | <input type="checkbox"/> Community outreach and building partnership with local agencies and groups |
| <input type="checkbox"/> Information and Referral | <input type="checkbox"/> Direct services to manage chronic conditions or health screenings |
| <input type="checkbox"/> Policy Advocacy | <input type="checkbox"/> Direct services to meet basic needs to continue to live in community |
| <input type="checkbox"/> Transportation Assistance | |
| <input type="checkbox"/> Navigating the System | |
| <input type="checkbox"/> Paperwork | |
| <input type="checkbox"/> Physician Selection/Advice | |
| <input type="checkbox"/> Treatment Selection/Advice | |
| <input type="checkbox"/> Employment Assistance | |
| <input type="checkbox"/> Arranging Childcare | |

☐ Other (please specify): _____

9. Do you provide clinical services? (Some examples include: taking blood pressures and temperatures, giving injections, and changing dressings)

☐ Yes ☐ No

If yes, what type of clinical services do you provide?

Clientele:

10. Do you typically speak a language other than English when providing services?

☐ Yes ☐ No

11. Are you and others in your program from the same racial/ethnic group(s) as the people you serve?

☐ Yes ☐ No ☐ In some cases but not all

12. Do you share the same life experience as the people you serve?

☐ Yes ☐ No ☐ In some cases but not all

Qualifications:

13. What are the best ways for a person to develop the skills s/he needs to be effective in your field? (Please check up to three)

- ☐ Life experience (i.e., similar life experience as client)
- ☐ Training designed specifically for people in my field
- ☐ Certification program in my field
- ☐ "Shadowing" or being mentored by an experienced
CHW/Promotora/PSS/PWS/PHN/Homecare Worker
- ☐ Receive an undergraduate degree
- ☐ Receive a graduate degree
- ☐ Take some college courses
- ☐ On the Job Training
- ☐ Other (please specify) _____

14. What training topics are important to have for your position? (Please check all that apply)

- ☐ Ethics and Boundaries
- ☐ Recovery Basics
- ☐ Communication Skills
- ☐ Using/Telling Your Story
- ☐ Conflicts in the Workplace
- ☐ Care Coordination
- ☐ Patient Resources
- ☐ Health Promotion
- ☐ Patient and Caregiver Support
- ☐ Advanced Patient Education and health information
- ☐ Motivation interviewing/patient coaching/behavior change
- ☐ Physical Aspects of Disease
- ☐ Barriers to Healthcare
- ☐ Patient Centered and Provider Centered Care
- ☐ Roles of healthcare team members
- ☐ Patient Rights and responsibilities
- ☐ Self-Care
- ☐ Cultural Competency
- ☐ Social Stigma of recovery and mental illness
- ☐ Community Organizing and Assessment
- ☐ Individual Advocacy skills

- Please list any other topics that were covered in your training: _____

15. Age:

16. Gender:

17. Sexual Orientation:

18. Race/Ethnicity (select all that apply):

Ethnicity:

- Primary Race Identity: _____

Preferred Language:

- ☐ American Sign Language (ASL)
 ☐ Arabic
☐ Bosnian
 ☐ Burmese
☐ Cantonese
 ☐ Chinese (Other)

☐ English
☐ Hmong
☐ Korean
☐ Mandarin
☐ Romanian
☐ Spanish
☐ Teochew

☐ Farsi
☐ Khmer (Cambodian)
☐ Lao/Laotian
☐ Mien
☐ Russian
☐ Somali
☐ Vietnamese

☐ Other (please specify): _____

19. Are you enrolled in an American Indian/Alaska Native Tribe? ☐ Yes ☐ No

Some individuals join the non-traditional health care workforce as part of a personal recovery plan. Because of their life experience, such persons have expertise that professional training cannot replicate.

20. Do you currently, or have you previously, received services around personal disability, mental health or chemical dependency issues?
☐ Yes ☐ No

**Thank you very much for taking the time to
complete this survey!**