



Michigan Community Health Worker Alliance Evaluation Advisory Board

MiCHWA CHW Curriculum: Data from Cohort 4 Training, Macomb

FINAL REPORT

May 5, 2016

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EXECUTIVE SUMMARY

BACKGROUND

In 2015, the Michigan Community Health Worker Alliance (MiCHWA) and its partners launched Michigan's first ever standardized Community Health Worker (CHW) training. The MiCHWA CHW Curriculum is an endeavor among MiCHWA partners to standardize CHW training in Michigan, with a long-term goal to pursue sustainable financing and recognition of the profession. Using the Minnesota CHW curriculum as a base, MiCHWA's 126-hour curriculum covers eight core competencies.

This report provides the results of an analysis of the pre- and post- training questionnaires completed by participants of training Cohort 4, held September 1, 2015 to October 6, 2015, in St. Clair Shores, Michigan. This training was MiCHWA's first training held after pilot trainings were completed. Out of the 20 participants who began the training, 18 finished training successfully.

EVALUATION TOOLS AND METHODS

Participants in Cohort 4 completed a pre-training questionnaire on the first day of training, September 1, and a post-training questionnaire on the last day of training, October 6. Two pre-questionnaires were completed after the first day due to participant late arrivals. The pre-questionnaire collected information on demographics, work experience, and education. The questionnaire also included Skillset Confidence Scales. The Skillset Confidence Scales asked participants to rank their level of confidence in performing sub-tasks of each core competency in the training curriculum. The post-questionnaires collected information on participants' experiences in training overall, training tools, aspects of instruction, and the Skillset Confidence Scales.

DATA

Key Findings: Pre-and Post-Questionnaires

Note: MiCHWA analyzed data from 20 participants in Cohort 4. However, the number of respondents to each question varied, and all participants did not complete training. One participant completed a pre-questionnaire but did not complete the training and, therefore, does not have a post- questionnaire. Two participants entered the training later and did not complete a pre-questionnaire but completed a post-questionnaire. The total number of respondents is specified per question.

Demographics

What are the demographic characteristics of participants in the training?

Demographic information was collected on the pre-training questionnaire administered to participants on the first day of training.

- Of the 16 participants who reported their race/ethnicity, the majority identified as

Black/African American (n=10, 62.5%), 31.3% (n=5) identified as Non-Hispanic White, and 6.3% (n=1) identified as Other.

- The majority of participants indicated their sex as female (n=16, 94.1%), with one person identifying as male (5.8%).
- The average age of participants when training began was 41 (n=15).
- At the start of training, three participants had obtained a High School diploma or GED (16.7%), four had obtained an Associate's Degree (22.2%), eight had obtained a Bachelor's Degree (44.4%), two had obtained a Master's Degree (11.1%), and one indicated Other (5.5%).
- The majority of respondents were not currently enrolled in school (n=16, 88.8%), while two indicated that they were currently enrolled in school (11.1%).

What are the work experiences of participants?

Information on work experience was collected on the pre-training questionnaire administered to participants on the first day of training.

- Eight participants (44.4%) indicated they were currently working as CHWs and ten participants (55.6%) indicated they were not currently working as CHWs.
- All participants currently working as CHWs reported working 40 hours per week (n=7, 100%). Five participants indicated working as a CHW for less than one year (55.6%) and four participants reported working for three years or longer (44.4%).
- Over half of the participants (n=5, 56%) had received CHW-specific training in the past.

What roles do the participants play in their programs?

This information was collected on the pre-questionnaire administered to participants on the first day of training. (Note: For this question, participants could choose multiple roles; therefore, the total number of responses may be greater than the total number of respondents.)

- The most frequent role CHWs play in their programs is *Outreach and Community Mobilization* (n=14, 26.4%). The next two frequent roles were *Health Promotion and Health Coaching* (n=12, 22.6%) and *Community/Cultural Liaison* (n=11, 20.8%).

Results

What were the participants' experiences with the training tools?

Information on training experience was collected on the post-training questionnaire administered to participants on the last day of training. *Participants were asked to rank the training tools (quizzes, rubrics, textbook, homework, printed materials, guest speakers) on a scale of 1-5, with 1 indicating "Not at all helpful to my learning" and 5 indicating "Extremely helpful to my learning".*

- Guest speakers were ranked the most helpful, with an average score of 4.6.
- The rubrics were ranked the least helpful, with an average score of 3.4.
- The remaining training tools had average scores as follows: printed materials, 4.4; quizzes, 4.2; homework, 4.1; CHW textbook, 4.

Table 1 : Comments on Learning Tools

Theme	Examples/Quotes
Tools worked well (n=6)	<p>“The two big homework assignments/presentations were very informative and helpful.”</p> <p>“The textbook was informative in regards to organization of the material and definitions.”</p> <p>“The binder was the most helpful, lots of resources that can be used in my work.”</p> <p>“The class structure is conducive to learning.”</p> <p>“I can see clearly, at the end of my CHW training that all of the tools were put well tightly together to come up with sculpting the candidates to become better CHWs at their workplace.”</p> <p>“Everything worked good together, even though it was overwhelming at times.”</p>
Enjoyed guest speakers (n=5)	<p>“The speakers provided real-life context for course info. Especially the motivational interviewing speaker.”</p> <p>“Guest speakers were a wonderful part of the program.”</p> <p>“The guest speakers are a great tool to apply the CHW training to everyday life.”</p> <p>“More guest speakers.”</p> <p>“I think the choice of the first guest speaker was perfect because it really gave awareness into racial cultural and community disparities.”</p>
Book and rubrics were less useful (n=2)	<p>“The book was rough to follow along with and didn't always go along with the printed materials binder.”</p> <p>“I felt the rubrics were redundant because the expected outcome was already listed in the beginning of each section.”</p>
Instructor was helpful (n=1)	<p>“The instructor was extremely helpful.”</p>

What instruction methods were most and least helpful for participant learning?

Information on instruction methods were collected on the post-training questionnaire administered to participants on the last day of training. For the data below, n=17.

- The majority of respondents indicated that group discussions were the most helpful to their learning (n=9, 52.9%).
- Six participants reported role-playing as the least helpful instruction method (35.9%).

Table 2: Instruction Methods

Theme	Examples/Quotes
Role-playing (n=3)	<p>“It's hard to role play if the material is new or you are limited to a certain situation.”</p> <p>“They were all helpful but sometimes it is hard to take on the role of what is being asked in the exercise.”</p> <p>“I hate role-playing exercises.”</p>

Table 2: Instruction Methods

Quizzes (n=1)	"The quizzes helped summarize what we learned. They did not add or take away anything from the course."
Games (n=1)	"I believe each one of us has his/her own way of learning and "games" were not my style of learning!"

What competencies were most and least helpful for participant learning?

Information on instruction methods were collected on the post-training questionnaire administered to participants on the last day of training. For the data below, n=17.

- Six participants reported that Communication Skills and Cultural Competence was the most helpful to their learning (24%), with four participants each (16%) reporting Role Advocacy and Outreach and Teaching and Capacity Building as most helpful.
- Healthy Lifestyles and Teaching and Capacity Building tied as the last valuable competency with 26.7% of the responses (n=4).

Table 3: Most Valuable Competency

Competency	Examples/Quotes
Everything (n=2)	"All topics are very valuable." "I think each competency was very helpful and made great conversation."
Role, Advocacy and Outreach (n=1)	"This course provided the resources I can utilize to be a better advocate for my clients and community."
Communication Skills and Cultural Competence (n=1)	"Emphasizing on the checked topic is highly in demand all the time as this is a melting-pot country and we want it to be always succeeding."
Teaching and Capacity Building (n=1)	"I learned how to teach/coach others."

Table 4: Least Valuable Competency

Competency	Examples/Quotes
Everything (n=3)	"All valuable." "They were all important in some aspect." "All were good."
Teaching and Capacity Building (n=2)	"Good information, but I'm already knowledgeable in this area." "I believe other topics are more to the need of lots of social groups than the topic that was checked."
Mental Health (n=2)	"Only because I currently do not work with clients on mental health, but the info was still great." "It was valuable, just not as much as the others...most of it felt like a review."
Coordination, Documentation and Reporting (n=1)	"Only because I had to choose something. I was already knowledgeable of this topic."

What were the participants' experiences with instruction?

Information on instruction experience was collected on the post-training questionnaire administered to participants on the last day of training.

Participants were asked to rank the instructor on her knowledge, engagement, and feedback on a scale of 1-5, with 1 indicating the least amount of satisfaction and 5 indicating the most amount of satisfaction.

- All respondents (n=19) gave the instructor scores of 5 for knowledge, engagement, and feedback.

Table 5: Comments on Instructor

Theme	Examples/Quotes
Knowledgeable (n=5)	<p>"Instructor breath's and eats community health."</p> <p>"...the knowledge level of being informative and involving the group (with no exceptions) was undescribed. It was well prepared and presented with full generosity and knowledge."</p> <p>"Her wealth of knowledge was so amazing to me. I am truly grateful to have had such an open and well-rounded instructor."</p> <p>"Great energy and knowledge."</p> <p>"Her knowledge of the material makes it easy to learn."</p>
Overall praise (n=5)	<p>"The course would not been as amazing if we didn't have Ms. Guzman."</p> <p>"Great!"</p> <p>"She is amazing. Wouldn't change anything about her."</p> <p>"I was informed of the instructor prior to attending class. The great ratings were not misleading. Her level of expertise has helped sculpt me into a better individual."</p> <p>"Ms. Guzman was extremely helpful, held my interest and engaged the whole class."</p>
Good teaching style (n=4)	<p>"Ms. Guzman facilitated the training and discussions well. She provided useful information from her professional and life experiences, she challenged us to learn and evaluate."</p> <p>"Great instructor, she accepted criticism well and catered to the class."</p> <p>"Loved Mrs. Guzman, very nice and helpful. Taught at a good pace and engaged the class."</p> <p>"The instructor was great at getting us all to participate."</p>
Energetic/Passionate (n=3)	<p>"Ms. Guzman was very energetic and passionate about the subject matter."</p> <p>"...engaging, caring"</p> <p>"Great energy"</p>

What were the participants' experiences with training logistics?

Information on experience with training logistics was collected on the post-training questionnaire administered to participants on the last day of training.

Participants were asked to rank the location of in-person training, the setting/classroom of in-person training, on a scale of 1-5, with 1 indicating the least amount of satisfaction and 5 indicating the most amount of satisfaction. For the number of people in the class, participants were asked to select the best fitting answer from

“Too Few,” “Just Right,” and “Too Many.” For the length of each individual training day and the entire training, participants were asked to select the best fit answer from “Too Short,” “Just Right,” and “Too Long.” For the data below, n=19 for each question.

- Participants gave the location of the training an average score of 3.6 and the setting of the classroom an average score of 2.8.
- All participants (n=19) ranked the number of people in the class as “Just Right.”
- The majority of respondents (n=16, 84.2%) felt the length of the entire training, from beginning to end, was “Just Right” and three respondents (15.7%) felt it was “Too Long.”
- The majority of respondents (n=15, 78.9%) felt the length of the entire training day, from beginning to end, was “Just Right”, one respondent (5.3%) felt it was “Too Short”, and three respondents felt it was “Too Long” (15.7%).

Table 6: Comments on Location of Training/Classroom

Theme	Examples/Quotes
Classroom was too cold (n=6)	<p>“Too cold.”</p> <p>“The classroom was FREEZING! It's hard to concentrate when you need space heaters and blankets to stay warm in the summer.”</p> <p>“The classroom was too cold.”</p> <p>“Classroom was extremely cold.”</p> <p>“The room was very cold.”</p> <p>“The classroom was very cold.”</p>
Length – good and bad (n=5)	<p>“Because the class was held during work hours the length of the class was acceptable.”</p> <p>“Time consuming while being a full time grad student and employee however the time was well spent.”</p> <p>“The timing could have been broken up into two days maybe.”</p> <p>“Maybe have class time shorter and extend length of training as a whole.”</p> <p>“Shorten training day and extend entire training.”</p>
Location – good and bad (n=3)	<p>“The training was far from house.”</p> <p>“Location was perfect.”</p> <p>“Also, having the training based in Macomb County was very far to travel for those of us who live/work in the city.”</p>
Other (n=1)	<p>“I complained initially but things turned out just right.”</p>

What topics were not covered in the curriculum that participants feel should have been?

- Four participants reported that they did not think there were any material missing from the curriculum while others noted that they would have liked more coverage on topics such as substance abuse, different cultures, and disabled populations.

Table 7: Suggestions for curriculum

Theme	Examples/Quotes
Nothing (n=4)	“I believe a variety of topics along with the in-class discussions covered all of the curriculum and the topics that are in need without jobs as CHWs.” “The class was great and I think we covered it all!” “All things were covered in detail.” “I feel this course covered everything.”
Substance Abuse (n=1)	“More about substance abuse.”
Different Cultures (n=1)	“More cultural topics on different cultures and beliefs.”
Disabled Populations (n=1)	“I would have liked more on the disabled population and dealing with issues concerning them.”

What suggestions do participants have for future trainings?

- Suggestions for future trainings relate to logistics, such as change in classroom temperate and location, improved materials and schedule of class, more guest speakers and no suggestions.
- Some participants also used this question to express praise for the instructor and networking opportunities.

Table 8: Suggestions for future trainings

Theme	Examples/Quotes
Warmer classroom (n=4)	“Warmer room” “Warmer classroom” “Climate control in the classrooms.” “Choose a classroom with warmer temperatures.”
Nothing (n=3)	“I don't have any suggestions as the training itself was well knit all together for the benefit of sculpting the trainees.” “This was great. Keep it the same.” “I enjoyed the training”
Improved materials (n=2)	“Need more visuals like videos.” “Have a schedule set before the class begins. The first few days were rough because of the activities/tests needing to be done outside of class. Second week on was perfect.”
More guest speakers (n=2)	“More speakers.” “More guest speakers”
Different location (n=1)	“Alternative locations throughout training.”
Enjoyed instructor (n=1)	“The instructor made it fun and worthwhile of my time.”
Networking (n=1)	“It was great to get to know such wonderful people. Wish I could have gotten to know others better.”

What additional comments did the participants share about training?

- All of the additional comments included in the post-questionnaires were praise for the course as a whole or different aspects of the course, such as the group or the instructor.

Table 9: Other comments

Theme	Examples/Quotes
Praise for instructor (n=6)	<p>"I loved the instructor the way she taught. She is very wise and makes you love to listen to her experiences."</p> <p>"I would like to share what is really meaningful for the training is to have a smart calm instructor that knows how to handle things on site. It is amazing and right to the point. Very brilliant instructor. I'm just saying what it should be said."</p> <p>"Thank you for letting our group have Ms. Guzman. What a wonderful person she is."</p> <p>"Our instructor was amazing. She provided insight that anyone can utilize on a daily basis."</p> <p>"Ms. Guzman, That's it!!"</p> <p>"Ms. Guzman is amazing. I will take everything I have learned from her and apply everything possible in my life and career. I am truly inspired to be an amazing CHW and advocate."</p>
Overall praise (n=3)	<p>"I enjoyed the training and the learning environment."</p> <p>"I hope this class pays off where it will be a mandatory training to get some jobs. Great info for all people."</p> <p>"Overall, I feel this is a great class to teach to CHWs. It was really an eye opener to all the different topics discussed. The speakers were also a great tool to have knowledge on everyday duties of a CHW role."</p>
Personal change (n=2)	<p>"I feel much more confident in my role since training began. I'm extremely grateful to have had this experience early in my new position."</p> <p>"This training changed my thinking, way of approaching, and mindset when assisting patients."</p>
Participants (n=1)	<p>"The group helps make the class time go fast."</p>
Learning (n=1)	<p>"I enjoyed the class and learned a great deal more than I thought I was going to."</p>

How did the scores on the confidence scales change from pre-training to post-training?

The following Dot Plot represents the mean score for each competency on the pre-training and post-training Skillset Confidence Scales. Participants were asked to self-report how confident they were that they could perform each objective within a competency. Participants could select from a scale of "Not Confident," "Low Confidence," "Confident," or "High Confidence." For evaluation purposes, responses were assigned a number 1 through 4, with 1 representing "Not Confident" and four representing "High Confidence." The mean score for each competency was computed by averaging the mean score for each objective within the competency. To reflect the gains made by individuals, aggregate averages were calculated using one-to-one matches of completed pre- and post-questionnaires, meaning each pre-questionnaire was matched with its corresponding post-questionnaire. For the following Dot Plot, n=15.

Cohort 4, Macomb: Confidence scales increased between pre-questionnaire and post-questionnaire



Competencies from greatest to least gain in confidence:

Mental Health, 1

Healthy Lifestyles, Coordination, Documentation, & Reporting, and Organization & Resources, .9

Teaching & Capacity Building, .8

Role, Advocacy, & Outreach, and Legal & Ethical Responsibilities, .7

Communication Skills & Cultural Competence, .6

Skillset Confidence Scales: Methods

On Skillset Confidence Scales, participants could select from a scale of “Not Confident,” “Low Confidence,” “Confident,” or “High Confidence.” For evaluation purposes, responses were assigned a number one through four, with one representing “Not Confident” and four representing “High Confidence.”

For the purposes of this report, the Skillset Confidence Scale scores were aggregated for the participants that completed the Skillset Confidence Scales on both the pre-questionnaire and the post-questionnaire. Participants that did not complete training (and thus did not complete the post-training Skillset Confidence Scales) and participants with missing data were excluded from this analysis to ensure a one-to-one match for the Confidence Scales of all participants included in this report.

Appendix A: Skillset Confidence Scales pre- and post-training averages and percent changes.

Fifteen participants completed both pre-training and post-training Skillset Confidence Scales. A one-to-one match was made for the all participants' Skillset Confidence Scales; therefore for Appendix A, n=15. Objectives are listed in order of greatest gain from pre-training to post-training. Pre-Q = Pre-Questionnaire, and Post-Q = Post-Questionnaire.

	Pre-Q Average	Post- Q Average	Percent Change
Role, Advocacy, and Outreach			
j. Expand on the concept of liaison to consider the CHW role in the Community.	2.2	3.5	59%
a. Identify the components of the Community Health Worker role and explain and define the Community Health Worker role.	2.5	3.5	40%
b. Critique scenarios of the CHW role with appropriate and inappropriate boundaries.	2.6	3.4	31%
h. Recognize and report discrepancies between the service provided to and the actual experiences of the client.	2.7	3.5	30%
e. Describe measures to ensure personal safety while in the community.	2.9	3.7	28%
f. Identify personal time management styles and develop strategies for setting goals, prioritizing and organizing work.	2.8	3.5	25%
i. Advocate for individuals and communities.	3	3.6	20%
g. Demonstrate the skills necessary to be an effective liaison between provider and client and the client and agency.	2.9	3.4	17%
c. Identify an emergency and the appropriate response, which may include calling 9-1-1.	3.2	3.7	16%
d. Identify potentially dangerous situations that may arise and cause an accident, illness or injury.	3.3	3.6	9%
Organization and Resources: Community and Personal Strategies	Pre-Q Average	Post- Q Average	Percent Change
g. Describe effective home visiting strategies and understand the importance of home visits and their principles and strategies.	2.1	3.4	62%
c. Incorporate health determinants when applying principles of health promotion and disease prevention.	2.4	3.5	46%
e. Distinguish outreach from formal planning and how to use it effectively in the community.	2.5	3.5	40%
h. Use networking skills to ensure proposer engagement for services and resources for clients and their families.	2.6	3.6	38%
i. Identify the skills and strategies needed to secure services and resources in the community through networking.	2.6	3.6	38%

b. Navigate and continue the process of locating resources in the community and add new information to the community map.	2.7	3.5	30%
j. Increase the capacity and wellbeing of the community through health promotion activities and disease prevention.	2.7	3.5	30%
d. Identify and use outreach strategies effectively in the community.	2.8	3.6	29%
f. Demonstrate critical thinking as a framework or solving problems and decision making.	2.7	3.4	26%
a. Demonstrate knowledge and skill in gathering appropriate and applicable community resources.	2.8	3.5	25%
Legal and Ethical Responsibilities	Pre-Q Average	Post-Q Average	Percent Change
a. Apply agency policies to the CHW role.	2.6	3.5	36%
c. Apply basic concepts of liability.	2.7	3.6	33%
e. Describe how ethics influence the care of clients.	2.8	3.6	29%
d. Recognize the responsibility and implications of mandatory reporting.	2.9	3.6	24%
b. Demonstrate an understanding of HIPAA and the importance of protecting confidentiality.	3.3	3.7	12%
Teaching and Capacity Building	Pre-Q Average	Post-Q Average	Percent Change
c. Identify three client priorities.	2.6	3.7	42%
d. Effectively help clients set SMART goals for healthy behavior change.	2.7	3.6	33%
b. Collect client data including health, safety, determinants of health, and psychosocial issues.	2.7	3.4	26%
e. Utilize a variety of teaching techniques with clients.	2.8	3.5	25%
a. Work with clients to foster healthy behaviors.	3.1	3.5	13%
Coordination, Documentation, & Reporting	Pre-Q Average	Post-Q Average	Percent Change
c. Examine the financial, health and social services information relevant to clients and client families.	2.4	3.6	50%
b. Create a written record documenting events and activities in accordance with legal principles and practices.	2.5	3.4	36%
d. Use health care terminology correctly when recording in client records.	2.6	3.5	35%
a. Gather appropriate client and community information.	2.9	3.5	21%
Communications Skills and Cultural Competence	Pre-Q Average	Post-Q Average	Percent Change
f. Recognize the uniqueness of and resulting implications of the community culture on the health and wellbeing of clients.	2.5	3.5	40%
h. Interact with clients and healthcare providers within the cultural context of community and the American healthcare system.	2.6	3.5	35%

g. Support clients and healthcare providers in “translating” culture-specific behaviors in order to promote needed services and resources.	2.7	3.4	26%
e. Use conflict resolution strategies to deal with difficult behaviors and to realize empowerment in self and with clients.	2.8	3.5	25%
i. Demonstrate skills and abilities to work with and within diverse teams.	2.9	3.6	24%
a. Demonstrate effective communication skills when collaborating with clients and members of the service team.	3	3.6	20%
b. Relate “culture” appropriate verbal and nonverbal communication when interacting with clients, their families and healthcare providers.	2.9	3.4	17%
c. Demonstrate active listening and interviewing skills to collect and share relevant information.	3.2	3.5	9%
d. Demonstrate empathy for those affected by mental illness and discuss the issues with sensitively.	3.2	3.5	9%
Healthy Lifestyles	Pre-Q Average	Post- Q Average	Percent Change
n. Identify three main questions a client should ask their doctor.	2.5	3.7	48%
c. Discuss differing food cultures by exploring cultural eating habits.	2.5	3.5	40%
l. Discuss common reasons medications are not taken as prescribed and how CHWs can help clients overcome barriers to taking medications.	2.7	3.7	37%
a. Describe the elements of a healthy diet, including food groups, foods to choose more of, foods to limit and portion control.	2.8	3.7	32%
b. Be able to read and interpret a food label.	2.8	3.7	32%
k. Explain the reasons for taking medications as prescribed.	2.9	3.8	31%
d. Discuss limited food access by learning practical ways to manage food costs.	2.7	3.5	30%
j. Define symptoms and causes of substance use disorders.	2.7	3.5	30%
e. Describe what role exercise (physical activity) plays in a healthy lifestyle.	2.9	3.7	28%
f. Describe how much exercise is needed to gain health benefits.	2.9	3.7	28%
g. Describe what roles sleep plays in a healthy lifestyle.	2.9	3.7	28%
h. Describe how much sleep is needed to gain health benefits.	2.9	3.7	28%
i. Identify the effects of tobacco, smoking, nicotine, second hand smoke and emerging products.	2.9	3.7	28%
m. Discuss the client’s role and responsibilities as a member of the health care team.	2.9	3.7	28%

Mental Health	Pre-Q Average	Post- Q Average	Percent Change
f. List local mental health resources and identify barriers to accessing care.	2.4	3.7	54%
g. Promote mental health in self, clients, families and communities.	2.5	3.7	48%
j. Identify healthy stress management techniques.	2.5	3.7	48%
e. Identify symptoms and the importance of early intervention.	2.6	3.7	42%
k. Recognize how to maintain lifestyle balance.	2.6	3.6	38%
i. Recognize common sources of stress (stressors) and stress responses/symptoms.	2.7	3.7	37%
a. Define mental health and mental illness.	2.7	3.6	33%
d. Recognize causes of mental illness and its at-risk stressors.	2.7	3.6	33%
h. Define stress.	2.8	3.7	32%
b. Identify and discuss the incidence and impact of mental illness and its cultural implications.	2.6	3.4	31%
c. Describe indicators of good mental health across the life cycle.	2.7	3.5	30%

Reports and other training resources can be found at <http://www.michwa.org/about/training/>

