Michigan Community Health Worker Alliance

Evaluation Advisory Board

MiCHWA CHW Curriculum: Data from Cohort 6 Training, Dearborn

FINAL REPORT

May 11, 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. To date, six training cohorts have been completed statewide.

This report provides the results of an analysis of the pre- and post-training questionnaires completed by participants in training Cohort 6, held February 10, 2016 to March 30, 2016, in Dearborn, Michigan. Nineteen participants were present on the first day of training, two did not complete the training, and one participant entered training after the first day and does not have a pre-questionnaire. A total of 18 participants successfully completed this training.

EVALUATION TOOLS AND METHODS

Participants in Cohort 6 completed a pre-training questionnaire on the first day of training, February 10, and a post-training questionnaire on the last day of training, March 30. 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. Unless otherwise noted, all comments from the pre- and post-questionnaires are reflected in this report.

DATA

Key Findings: Pre-and Post-Questionnaires

Note: MiCHWA analyzed data from 20 participants in Cohort 6. However, the number of respondents to each question varied, and all participants did not complete training. One participant began training late and did not complete a pre-questionnaire. Two participants completed pre-questionnaires but did not complete the training and, therefore, do not have post-questionnaires. 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- and post-training questionnaire administered to participants on the first day of training.

- Of the 19 participants who reported their race/ethnicity, the majority identified as Black/African American (n=12, 63.2%), 21% (n=4) identified as Hispanic/Latina, 10.5% (n=2) identified as Non-Hispanic White, and 5.3% (n=1) identified as Other.
- The majority of participants indicated their sex as female (n=13, 72.2%), with five people identifying as male (27.8%).
- The average age of participants when training began was 40 (n=20).
- At the start of training, seven participants had obtained a High School diploma or GED (38.9%), one had obtained an Associate's Degree (5.6%), six had obtained a Bachelor's Degree (33.3%), two had obtained a Master's Degree (11.1%), and two indicated having a different professional degree (11.1%).
- The majority of respondents were not currently enrolled in school (n=17, 89.5%), while two indicated that they were currently enrolled in school (10.5%).

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.

- Eleven participants (57.9%) indicated they were currently working as CHWs compared to eight participants (42.1%) who indicated they were not currently working as CHWs.
- Of participants who were currently working as CHWs, the majority reported working 40 hours a week (n=11, 84.7%). Five participants indicated working as a CHW for less than one year (38.5%), four participants reported working 1-3 years (30.7%), and four participants reported working as a CHW for more than 3 years (30.7%).
- The majority of the participants (n=12, 60%) had received CHW-specific training in the past.

What roles do the participants play in their programs?

This information was collected on the post-questionnaire administered to participants on the last 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 Case Management and Care Coordination (n=16, 34.7%). The next two frequent roles were Health Promotion and Health Coaching (n=12, 26%) and Outreach and Community Mobilization (n=9, 19.5%).

Results

What were the participants' experiences with the training tools?

Information on the participants' experiences with the training tools was collected on the post-training questionnaire administered to participants on the last day of training. For the data below, n=16.

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".

- The windshield survey and the guest speakers tied as the most helpful learning tools with an average score of 4.9.
- The rubrics were ranked the least helpful, with an average score of 3.6.
- The remaining training tools had average scores as follows: community presentations, 4.8; printed materials, 4.3; homework, 4.1; textbook, 4; quizzes, 3.8.

Table 1: Learning Tools

Theme	Examples/Quotes
Rubrics were not well understood or utilized (n=4)	"While we covered content of the rubrics during class time, we glossed over them at the end of the day - a recap & slower reading of the rubrics at the end of the day could have helped us review concepts learned." "We turned them in but I don't know how they were used." "I still don't understand their purpose." "I would have liked to have seen them to see my evaluation and progress."
Windshield survey was useful (n=3)	"I have a long drive to work and now, because of the windshield survey, I look for things that otherwise I wouldn't have paid attention to." "Windshield survey extremely helpful making me more abreast with the resources in my area." "The windshield survey was useful in putting some of our learned concepts into practice."
Printed materials were not well organized (n=2)	"Just wish the binder was set up better page number wise and correlated w/ the book more." "The manual (binder) was missing pages."
Homework was not enjoyable (n=1)	"Not your fault. I just hate homework."
Students learned a lot (n=1)	"I learned a lot."

What were the participants' experiences with the Community Presentation?

Participants were asked to create a 10-minute PowerPoint presentation about their community. Presentations were peer reviewed, and feedback was submitted to the instructor. Information on the Community Presentation was collected on the post-training questionnaire administered to participants on the last day of training. For the data below, n=16.

Participants were asked to rank different aspects of the Community Presentation on a scale of 1-5, with 1 indicating "Not at all helpful to my learning" and 5 indicating "Extremely helpful to my learning".

- The Community Presentation received an average ranking of 4.8.
- The Community Presentation peer review process received an average score of 4.8
- The majority of participants reported that they intend to use their Community Presentation after training (n=14, 82.4%), with one participant indicating that they do not intend to use it (5.9%), and two indicating that they might (11.8%).

Table 2: Community Presentation

Theme	Examples/Quotes
Assignment was useful and helped participants gain knowledge (n=4)	"Liked to see what services other communities may have & what they have to offer their communities they (organizations) reside in" "I found the assignment to be valuable to my understanding of place and access to services, etc." "My presentation was on HIV/AIDS an epidemic in Detroit. It related to my patient education, I will have more knowledge to better educate them." "The community presentation were great because you gain knowledge that you previously did not have."
Assignment could be improved (n=2)	"I feel it could have been assigned earlier in the training (was too close to the timing of the presentation on a health issue)." "…there could have also been slightly more structure (we could have reviewed a past presentation prior to starting to work on the assignment... been given a list of resource tools for community assessment/eval and data like the census, CDC... used as search engines/references."
Will use presentation in personal life (n=1)	"…going to [read] the peer review comments first, then [show a family member] the presentation."

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.

- Group discussions were ranked the most helpful instruction method to participants learning (n=6, 26.1%).
- Games were ranked the least helpful instruction method (n=4, 57.1%).

Table 3: Most Valuable Instruction Methods

Theme	Examples/Quotes
Enjoyed group discussions (n=2)	**"**The ability to hear all viewpoints on a topic." "Group discussions had great impact of process."
Overall (n=2)	"This training was very good." "Hard to list one due to instructor gave great point in each session."
Other (n=1)	"Although it seemed to be class consensus that reading from the textbook was not helpful, I would have liked more in-class reading time or reading homework assignments- The book seemed to be an underutilized/under-referenced resource"

Table 4: Least Valuable Instruction Methods

Theme	Examples/Quotes
Games did not build skill (n=1)	"The games seemed more focused on team-building (which also is important) than on acquiring knowledge & skill."
Role-playing was unrealistic (n=1)	"Often unrealistic"
Lecture (n=1)	"Only because I had to choose one."
Power dynamics influenced class (n=1)	"I would suggest not having people who may be in positions of power participate in the course with people they have say or sway regarding funding or supervision."

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.

- Five participants reported that Healthy Lifestyles was the most helpful to their learning (20.8%), four participants each (16.7%) reported Role Advocacy and Outreach and Organization and Resources as most helpful.
- Only one participant provided a comment regarding their most valuable competency; the participant noted that "the technical aspects of CHW work were helpful to learn, especially how CHWs navigate working within systems, mandated reporting ties into legal and ethical responsibilities as well" in regards to their selection of Coordination, Documentation & Reporting.
- Fifteen participants selected a least valuable competency. Role, Advocacy, and Outreach was ranked as the least valuable competency with 40% of the responses (n=6).

Table 5: Least Valuable Competency

Competency	Examples/Quotes
Healthy Lifestyles (n=3)	"I brought my own background, training, and education in healthy lifestyles into the training, so discussing healthy lifestyles was not necessarily productive for me, although I feel it was a valuable topic to explore/ discuss among the group during the training." "It was valuable. It's just that my organization has a nutritionist." "Not that it wasn't useful, lower on the priority list for me."
Everything was valuable/None (n=2)	"None" "N/A"
Role, Advocacy, and Outreach (n=1)	"All were valuable- but if I have to pick one [it would be Role, Advocacy, and Outreach]."

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. For the data below, n=19. *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, 100%) gave the instructor scores of 5 for knowledge and engagement. There was an average score of 4.9 for instructor-provided feedback.

Table 6: Instructor

Theme	Examples/Quotes
Overall praise for instructor (n=8)	"Enjoyable experience." "I learn better by her approach." "Rebeca has been very good with bringing the lessons forth." "Very engaging." "Helpful" "Love her!!" "Rebeca Rocks" "I really enjoyed her."
Instructor was very knowledgeable/informative about material (n=5)	"Instructor level of knowledge to me was great." "…was a wonderful instructor- very knowledgeable, seasoned, informed…" "Ms. Guzman was very informative." "Becky was very motivating and knowledgeable about all the material covered." "…very knowledgeable."
Instructor was a good leader of the class (n=2)	"Very attentive to the needs of the class. I love how she made sure everyone was heard, included, and acknowledged for their contributions/skills." "…always allowed us as students the opportunity to express self." "Did not feel pressured, but she did have control of her class."

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. For the data below, n=18.

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".

- Participants gave the location of the training an average score of 4.4 and the setting of the classroom an average score of 3.6.
- All participants (n=18, 100%) ranked the number of people in the class as "Just Right."
- The majority of respondents (n=9, 69.2%) felt the length of the entire training, from beginning to end, was "Just Right" and three respondents (23%) felt it was "Too Long."

- The majority of respondents (n=7, 53.8%) felt the length of the entire training day, from beginning to end, was "Just Right", five respondents (38.4%) felt it was "Too Long".

Table 7: Location of Training/Classroom

Theme	Examples/Quotes
Classroom was too small (n=3)	"Classroom too small" "Class size too large for room, room needs to be a tad larger allowing for more personal space." "The class itself was too small and felt crowded at times."
Training could have been longer or on different days (n=2)	"As a newly titled CHW, I personally would have liked an additional two weeks of class." "Ended up being just right, but I would like to see this course on Mon/Tues or Th/Fr not in the middle of week."
Training was too long (n=2)	"I wish we could went straight through" "Length was too long by about 1 hour"
Training was good (n=1)	"The training was good in every aspect"
Classroom was too cold (n=1)	"Cold at times"
Acceptable training location (n=1)	"Location neutral. I am familiar with the area and felt safe."
Would like more guest speakers (n=1)	"I would like to suggest that the training include more guest speakers, particularly people who have been doing CHW work or who have been through the training & are applying their skills/knowledge gained in the training (practical application)."

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

- Three participants reported that they felt like nothing was left out of the curriculum. Other participants suggested increased content about different health topics, more information about self-care, increased skills training, and more content about the CHW role.

Table 8: Suggestions for Curriculum

Theme	Examples/Quotes
None/Everything was covered (n=5)	"I can't think of any." "None at the top of my head." "I think all topics covered were very good and not lacking anything."
More content about different populations/conditions (n=3)	"Substance abuse" "HIV/AIDS- STDs" "Women's health"
More content about self-care (n=2)	"Though we discussed 'self-care' here and there, I feel like self-care for CHW should be covered more." "More time given around CHW self-care."

More training on certain skills (n=2)	"More practice on specific motivational interviewing skills/ specific questions" "Group facilitation: a part of my role that is in my description to provide education in the form of groups. Being a newly titled CHW I was unaware of this nor had experience with this. This is something out of my comfort zone. Now I am experienced in this area, but I feel that it should be included in some form."
More content about CHW role (n=2)	"I would have liked to see more examples of current work CHWs are conducting/implementing in Michigan and on a national level; also helpful would have been examples of how CHWs are integrated into coordinated healthcare teams & systems (CHW work currently in action)" "Working with coworkers not engaged in their job"

What suggestions do participants have for future trainings?

- Participants suggested changes in the format of training (bigger classroom, adjustment to days of the week, length, and location of training), as well as suggestions for content and materials used during training.

Table 9: Suggestions for Future Trainings

Theme	Examples/Quotes
Bigger room size (n=2)	"Just a bit bigger, not too much more, enjoyed that we engaged better like this." "Perhaps more space for activities"
Change in days of training and length (n=2)	"Break days up - like M/W to T/TH." "Make the trainings 4-5 days and shorten the time frame"
Food at training (n=2)	"Food"
Better organization of manual (n=1)	"The manual needs to be numbered better"
Change in training location (n=1)	"Closer to my area"
More/different guest speakers (n=1)	"I would like to suggest that the training include more guest speakers, particularly people who have been doing CHW work or who have been through the training & are applying their skills/knowledge gained in the training (practical application)"
Continue training (n=1)	"Please continue"

What additional comments did the participants share about training?

- Participants provided an assortment of final comments regarding training. Participants reported appreciation for their classmates and suggestions about the make-up of future cohorts as well as positive and negatives about the printed materials. Participants also expressed overall praise for the course as whole.

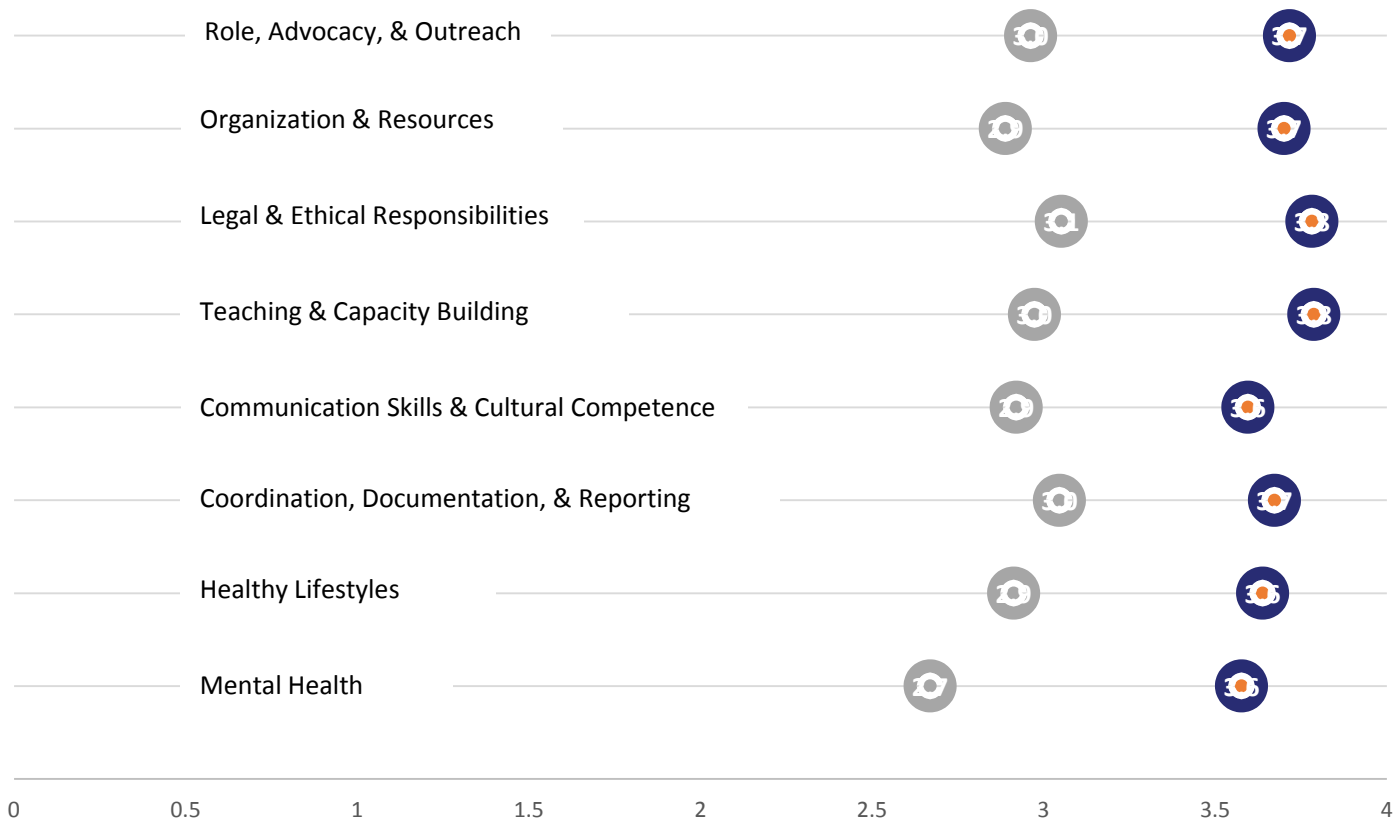
Table 10: Other Comments

Theme	Examples/Quotes
Classmates – good and bad (n=3)	"Great class…classmates" "I think that [front]line staff and funders need to be in different classes" "I met a lot of lovely individuals."
Materials – good and bad (n=3)	"Great hand out." "Wish had book to refer back to." "Manual needs to be updated."
Overall praise/appreciation (n=2)	"At first I was in fear I would not pass, I have turned in all assignments and at the end, I really learned a lot here, Thank you.. I also learned a lot about myself, at first it was rough getting used to being out of work, then it worked out, it broke up my week at work, to disconnect and be able to receive knowledge from other CHWs (enjoyed)" "No, overall it was great" "I really enjoyed this program and learned a lot, a bit sad that class is ending."
Training aligned well with role and gave role clarification (n=2)	"I am now a certified community health worker." "This training fit extremely well with my job."
Praise for instructor (n=1)	"Instructor, outstanding"

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 are were calculated using one-to-one matches of completed pre- and post-questionnaires, meaning each pre-questionnaire was matched with its corresponding post-questionnaire.

Cohort 6, Dearborn: Confidence scales increased between pre-questionnaire and post-questionnaire



Competencies from greatest to least gain in confidence:

Mental Health, .9

Organization & Resources, Teaching & Capacity Building, Role, Advocacy & Outreach, .8

Legal & Ethical Responsibilities, Communication Skills & Cultural Competence, Healthy Lifestyles, .7

Coordination, Documentation, & Reporting, .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.

Seventeen of eighteen participants who finished training 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=17. Objectives are listed in order of greatest gain from pre-training to post-training. Pre-Q = Pre-Questionnaire, and Post-Q = Post-Questionnaire.

Role, Advocacy, and Outreach	Pre-Q Average	Post-Q Average	Percent Change
b. Critique scenarios of the CHW role with appropriate and inappropriate boundaries.	2.82	3.76	33%
h. Recognize and report discrepancies between the service provided to and the actual experiences of the client.	2.91	3.76	29%
j. Expand on the concept of liaison to consider the CHW role in the Community.	2.88	3.71	29%
a. Identify the components of the Community Health Worker role and explain and define the Community Health Worker role.	2.85	3.65	28%
e. Describe measures to ensure personal safety while in the community.	3.09	3.76	22%
g. Demonstrate the skills necessary to be an effective liaison between provider and client and the client and agency.	3.00	3.65	22%
d. Identify potentially dangerous situations that may arise and cause an accident, illness or injury.	3.12	3.71	19%
f. Identify personal time management styles and develop strategies for setting goals, prioritizing and organizing work.	2.88	3.41	18%
c. Identify an emergency and the appropriate response, which may include calling 9-1-1.	3.24	3.76	16%
i. Advocate for individuals and communities.	3.47	3.94	14%
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.	2.56	3.65	43%
b. Navigate and continue the process of locating resources in the community and add new information to the community map.	3.03	3.88	28%
j. Increase the capacity and wellbeing of the community through health promotion activities and disease prevention.	2.82	3.62	28%
h. Use networking skills to ensure proposer engagement for services and resources for clients and their families.	2.91	3.71	27%

a. Demonstrate knowledge and skill in gathering appropriate and applicable community resources.	3.06	3.88	27%
i. Identify the skills and strategies needed to secure services and resources in the community through networking.	2.94	3.71	26%
f. Demonstrate critical thinking as a framework or solving problems and decision making.	3.06	3.82	25%
e. Distinguish outreach from formal planning and how to use it effectively in the community.	3.06	3.65	19%
d. Identify and use outreach strategies effectively in the community.	3.15	3.69	17%
c. Incorporate health determinants when applying principles of health promotion and disease prevention.	3.00	3.41	14%
Legal and Ethical Responsibilities	**Pre-Q Average**	**Post-Q Average**	**Percent Change**
a. Apply agency policies to the CHW role.	2.76	3.68	36%
d. Recognize the responsibility and implications of mandatory reporting.	3.06	3.88	27%
e. Describe how ethics influence the care of clients.	3.12	3.76	21%
b. Demonstrate an understanding of HIPAA and the importance of protecting confidentiality.	3.29	3.88	18%
c. Apply basic concepts of liability.	3.18	3.71	17%
Teaching and Capacity Building	**Pre-Q Average**	**Post-Q Average**	**Percent Change**
a. Work with clients to foster healthy behaviors.	3.00	3.82	27%
b. Collect client data including health, safety, determinants of health, and psychosocial issues.	3.06	3.82	25%
e. Utilize a variety of teaching techniques with clients.	3.06	3.82	25%
d. Effectively help clients set SMART goals for healthy behavior change.	2.94	3.59	22%
c. Identify three client priorities.	3.21	3.88	21%
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.	2.88	3.59	24%
a. Gather appropriate client and community information.	3.00	3.62	21%
b. Create a written record documenting events and activities in accordance with legal principles and practices.	3.18	3.76	19%
d. Use health care terminology correctly when recording in client records.	2.94	3.41	16%
Communication Skills and Cultural Competence	**Pre-Q Average**	**Post-Q Average**	**Percent Change**
e. Use conflict resolution strategies to deal with difficult behaviors and to realize empowerment in self and with clients.	2.88	3.59	24%

b. Relate "culture" appropriate verbal and nonverbal communication when interacting with clients, their families and healthcare providers.	3.03	3.71	22%
c. Demonstrate active listening and interviewing skills to collect and share relevant information.	3.06	3.71	21%
a. Demonstrate effective communication skills when collaborating with clients and members of the service team.	3.12	3.76	21%
h. Interact with clients and healthcare providers within the cultural context of community and the American healthcare system.	3.06	3.65	19%
f. Recognize the uniqueness of and resulting implications of the community culture on the health and wellbeing of clients.	3.12	3.71	19%
g. Support clients and healthcare providers in "translating" culture-specific behaviors in order to promote needed services and resources.	3.06	3.53	15%
d. Demonstrate empathy for those affected by mental illness and discuss the issues with sensitively.	3.18	3.65	15%
i. Demonstrate skills and abilities to work with and within diverse teams.	3.29	3.76	14%
Healthy Lifestyles	**Pre-Q Average**	**Post-Q Average**	**Percent Change**
a. Describe the elements of a healthy diet, including food groups, foods to choose more of, foods to limit and portion control.	2.71	3.65	35%
g. Describe what roles sleep plays in a healthy lifestyle.	2.88	3.71	29%
h. Describe how much sleep is needed to gain health benefits.	2.88	3.71	29%
j. Define symptoms and causes of substance use disorders.	2.71	3.41	26%
e. Describe what role exercise (physical activity) plays in a healthy lifestyle.	2.91	3.65	25%
i. Identify the effects of tobacco, smoking, nicotine, second hand smoke and emerging products.	3.00	3.76	25%
d. Discuss limited food access by learning practical ways to manage food costs.	2.82	3.47	23%
c. Discuss differing food cultures by exploring cultural eating habits.	2.88	3.53	22%
n. Identify three main questions a client should ask their doctor.	3.18	3.88	22%
l. Discuss common reasons medications are not taken as prescribed and how CHWs can help clients overcome barriers to taking medications.	3.09	3.76	22%
m. Discuss the client's role and responsibilities as a member of the health care team.	3.09	3.76	22%
k. Explain the reasons for taking medications as prescribed.	3.18	3.82	20%

f. Describe how much exercise is needed to gain health benefits.	2.88	3.35	16%
b. Be able to read and interpret a food label.	3.12	3.41	9%
Mental Health	**Pre-Q Average**	**Post-Q Average**	**Percent Change**
g. Promote mental health in self, clients, families and communities.	2.59	3.71	43%
d. Recognize causes of mental illness and its at-risk stressors.	2.47	3.47	40%
f. List local mental health resources and identify barriers to accessing care.	2.71	3.76	39%
c. Describe indicators of good mental health across the life cycle.	2.53	3.47	37%
b. Identify and discuss the incidence and impact of mental illness and its cultural implications.	2.59	3.41	32%
j. Identify healthy stress management techniques.	2.76	3.53	28%
a. Define mental health and mental illness.	2.76	3.47	26%
e. Identify symptoms and the importance of early intervention.	2.91	3.65	25%
h. Define stress.	3.00	3.71	24%
i. Recognize common sources of stress (stressors) and stress responses/symptoms.	2.97	3.65	23%
k. Recognize how to maintain lifestyle balance.	2.88	3.53	22%

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

Dearborn CHW Training: Mid-Point Review Synopsis

The Michigan Community Health Worker Alliance (MiCHWA) has been training Community Health Workers (CHWs) across Michigan since 2015. CHW Training Cohort 6 began on February 10, 2016 and ended on March 30, 2016. On March 9, MiCHWA conducted a mid-point evaluation with training participants. A MiCHWA MSW Intern facilitated a conversational group evaluation that was 40 minutes in length, during which 17 of 18 trainees were present. Below is a synopsis of the discussion divided into categories of Logistics, Content, Instruction, Final Thoughts, and Overall Themes.

Logistics

Participants were asked for feedback on a variety of topics related to class logistics. While some participants felt like the location of training was convenient and enjoyed the in-person training, others felt inconvenienced by the location and fatigued by the total number of weeks of training and the length of each day. Additionally, participants gave significant feedback in relation to the classroom in terms of space, technology, and temperature that the participants expressed could be improved.

Strengths	• Liked location of training • Enjoyed in-person training • Projects were enjoyable • Pace of the class was good

Areas for Improvement	• Structure of training schedule/location
	  o Location of training – too far from home
	  o Length of training – day was too long, total weeks of training too long
	  o Timing of training was always during rush hour
	  o Days of training were difficult with being in the middle of the week, Monday would have been better
	• Instruction format
	  o Difficult to manage training and caseload
	  o Possible utilization of a pre-test to measure previous knowledge to exempt some people from parts of training
	  o Some conversations would be better online, would allow more time to think and process
	  o Possible hybrid model, online and in person, would be beneficial
	  o Online quizzes/tests/homework and in-person discussions
	  o Provide employers with more information about assignments outside of class
	  o Need more notice that participants will be in training prior to starting the course
	• Classroom
	  o Larger space for training
	  o More electrical outlets
	  o More temperature control in class
	  o More food available during training
	  o Better AV equipment
	• Materials
	  o There was a lot of reading and homework, it was stressful, would have been helpful to start homework before training
	  o Readings and chapters jump around too much
	  o Have not had to do homework in 30+ years
	  o Would have liked to be able to write in textbook
	  o Clients took priority over homework
	  o Numbering of binder could have been better, maybe make it color coded

Content

Participants were also asked to give feedback about the content of the course thus far. Participants expressed that they valued the content taught and learned a great deal about a variety of topics and learned from their peers. Participants identified key content that stuck out to them as specifically valuable, such as the unit on ethics. One participant mentioned that the section on cultural competency was difficult to manage with the diverse group and led to some personal tensions. Participants also noted that there could be improvements with the Game of Life activity, the wording of the quizzes, and the windshield survey assignment.

Strengths	Areas for Improvement
• Learned from classmates • Workshop about protective services • Good Information • Learned a lot • Provided clarification on things that were already known • Content had same backbone as Early Intervention Specialist (EIS) work • Ethics portion • Game of Life activity • Quizzes were better than homework • Windshield survey	• Culture competency section was heavy and uncomfortable • Game of Life – could have been better logistically • Quizzes had some tricky wording • Windshield survey was too much work and time

"Prior to coming to this training and this course, I didn't have the information that I have now. The information that I have now allows me to be a better CHW." – CHW Trainee

Instructors

This training cohort had one primary instructor, Rebeca Guzman. Feedback for Rebeca was overwhelmingly positive with participants explaining that she was very engaging and approachable. The group agreed that she was good at navigating difficult conversations and facilitated the training well. Participants suggested the addition of posting daily itineraries of the class as well as increased communication when Rebeca was out of the class to further improve on instruction.

Strengths	Areas for Improvement
• Instructor is approachable and knowledge • Navigates uncomfortable situations well • Enjoyable voice and energy • Make sure everyone participates • Encourages participation and makes everyone feel heard • Integrated people new to the field well • Takes time out to help students	• Post a daily itinerary for the class • Increased communication when instructor is out of class

"She has a great way, when we are having uncomfortable conversations, she doesn't diffuse it, she navigates it well. Has a way of maintaining the sobriety of the group." – CHW Trainee

At the time of the mid-point review, the class had one guest instructor, Katie Mitchell from MiCHWA. Participants gave mixed reviews on her instruction with some individuals saying they enjoyed her instruction tools and learned a lot and others commenting that her lecture was difficult to follow and that having a new instructor threw off the chemistry of the group. Participants also commented that they enjoyed the MiCHWA MSW Intern, Kyra Miller, who was present in class on Thursdays and that it would be beneficial to have additional guest instructors from different areas and employment backgrounds.

Strengths	Areas for Improvement
• Learned a lot from guest speaker • Guest speaker knew her topic very well • Outline used by guest speaker • Cartoons used by guest speaker • Thursday Intern (Kyra)	• Guest instructor threw off chemistry of the group • Struggled to find guest speaker's flow • Would like more variety in guest speakers from different parts of the state and different backgrounds

Final Thoughts

Participants were given the opportunity to provide any additionally commentary that they wanted to express before the end of the mid-point evaluation. The information below reflects any content that was expressed at this time that is not reflected above.

- Participants noted that their classmates were a strength of the overall training and that they learned a lot from their peers
- Participants felt that training was good networking opportunity
- Participants also noted that training made them more aware of their role as a CHW and what that role adds to their community
- One participant indicated that training was better than expected
- One participant also mentioned that they wished the class was aware of this evaluation meeting in advance and felt caught off guard by the evaluators coming in during the middle of a training day

"Training made me aware that I am a community activist. I didn't know what I was until I started doing the reading." – CHW Trainee

"I love everyone in my class." – CHW Trainee