



Michigan Community Health Worker Alliance Evaluation Advisory Board

MiCHWA CHW Curriculum: Data from the Detroit, Grand Rapids, and Lansing Pilots

EXECUTIVE SUMMARY

December 16, 2015

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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.

The MiCHWA CHW Curriculum launch included three pilot trainings, with training sites in Detroit, Grand Rapids, and Lansing. This report provides the results of the analysis of the pre- and post-training questionnaires completed by participants in trainings. This report includes content and key themes from qualitative interviews conducted approximately three to five months post-training with participants in the Detroit and Grand Rapids pilots. In addition, this report includes content and key themes from qualitative interviews conducted approximately four to six months post-training with employers of participants in the Detroit and Grand Rapids pilots.

This report also includes the aggregate results of the analysis of the pre- and post-training Skillset Confidence Scales completed by participants at the Detroit, Grand Rapids, and Lansing CHW training sites. The report also compares the pre- and post-training Skillset Confidence Scales of participants by highest level of education achieved and by years of experience working for their current employer.

EVALUATION TOOLS AND METHODS

Participants in the Detroit pilot completed a pre-training questionnaire on the first day of training, February 4, 2015, and a post-training questionnaire during the last week of training, March 25 or 26, 2015. Participants in the Grand Rapids pilot completed a pre-training questionnaire on the first day of training, January 26, 2015, and a post-training questionnaire during the last week of training, June 5, 2015. Participants in the Lansing pilot completed a pre-training questionnaire on the first day of training, March 16, 2015, and a post-training questionnaire on September 23, 2015, four weeks after the last day of training. The pre-questionnaire collected information on demographics, work experience, and conceptions of the CHW role. 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. The post-questionnaires collected information on participants' experiences of training overall, training tools, aspects of instruction, and also included Skillset Confidence Scales.

This report also includes content and key themes from qualitative interviews conducted with participants in the Detroit and Grand Rapids trainings, and their employers. In Detroit, participant follow-up interviews were conducted between June 5, 2015 and August 12, 2015 (10-20 weeks post training) with five of the nine training participants. In Grand Rapids, participant follow-up interviews were conducted between August 19, 2015 and September 23, 2015 (10-16 weeks post training) with three of the fifteen participants who completed training. In Lansing, participant follow-up interviews were conducted between November 16, 2015 and

November 24, 2015 (12-13 weeks post training) with seven of the twenty-seven participants who completed training. At the time this report was published, data from the Lansing interviews was in the process of analysis. Interviews were conducted over the phone and lasted approximately 20-30 minutes. Interviewees were asked 19 questions about the following topics: post-training questionnaire responses, the training's effect on their current work, training logistics, and suggestions for future trainings.

In Detroit, follow-up interviews with all three employers that sent employees through the training were conducted between July 15, 2015 and August 20, 2015 (16-21 weeks post training). Follow-up interviews with three of the seven employers that sent employees through the Grand Rapids training were conducted between October 1, 2015 and November 9, 2015 (17-23 weeks post training). At the time this report was published, Lansing employee interviews were in process. Interviews were conducted over the phone and lasted approximately 20-30 minutes. Interviewees were asked 10 questions about the following topics: training logistics, the training's effect on employees' current work, future training needs, and suggestions for future trainings.

DATA

Key Findings: Pre-and Post-Questionnaires

Note: MiCHWA analyzed data from 9 participants in Detroit, 17 participants in Grand Rapids, and 31 participants in Lansing (57 participants total). However, the number of respondents to each question varied, and all participants did not complete training. Please see each training sites' full reports for the number of respondents to each question. Reports and other training resources can be found at <http://www.michwa.org/about/michwa-chw-training/>.

What are the demographic characteristics of participants in the pilots?

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

- **Detroit**
 - Of the nine participants in the Detroit pilot, the majority self-identified as Black/African American (n=8, 89%) and female (n=8, 89%). One participant (11%) did not respond.
 - Average age of participants was 31.4 years.
 - At the start of training, four participants had obtained a High School diploma or GED (n=4, 44%), two had obtained an Associate's Degree (22%), one had obtained a Bachelor's Degree (11%), and two had obtained a Master's Degree (22%).
 - About half of the participants were enrolled in a degree program at the time of training (n=4, 44%).

- **Grand Rapids**
 - Race/ethnicity as self-identified by the participants that began training is as follows: 58.82% Hispanic/Latino(a) (n=10); 23.53% Black/African American (n=4); 11.76% Non-Hispanic White (n=2); 5.88% No Response (n=1).

- Sex as self-identified by the participants that began training is as follows: 82.35% Female (n=14); 17.65% Male (n=3)
 - Average age of participants was 34.7 years.
 - At the start of training, half of participants had obtained a High School diploma or GED (n=8, 50%), five had obtained an Associate’s Degree (31.25%), one had obtained a Bachelor’s Degree (6.25%), one had obtained a Master’s Degree (6.25%), and one “Other” (6.25%).
 - The majority of participants were not concurrently enrolled in a degree program at the time of training (n=15, 94%). One participant was enrolled in a Bachelor’s Degree program during training (6%).
- **Lansing**
 - The majority of participants self-identified as Non-Hispanic White (n=15, 48%), followed by Black/African American (n=9, 29%), Hispanic/Latino(a) (n=5, 16%), American Indian/Alaskan Native (n=1, 3%), and Other (n=1, 3%).
 - Twenty-seven participants self-identified as female (87%) and three identified as male (10%). One participant (3%) did not respond.
 - Average age of participants was 40.5 years.
 - The majority of participants had a High School Diploma/GED (n=12, 39%), followed by Bachelor’s Degree (n=10, 32%), Associate’s Degree (n=3, 10%), Master’s Degree (n=3, 10%), Other Professional Degree (n=1, 3%), and Other (n=1, 3%). One participant (3%) did not respond.
 - One participant (3%) was enrolled in a Bachelor’s Degree program.

What are the work experiences of participants in the pilots?

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

- **Detroit**
 - On the pre-training questionnaire, five participants (56%) indicated they were currently working as CHWs and four participants (44%) indicated they were not currently working as CHWs. Percentages remained the same in the post-questionnaire.
 - All of the participants who were currently working as CHWs work 40 hours per week (n=5, 100%). The average amount of time those who were currently working as CHWs have worked as a CHW for their current employer is 2.5 years.
 - When asked about past work experiences, four participants (44%) indicated they had worked as a CHW before; five participants (56%) indicated they had previously worked in a health or health care job (excluding CHW roles); and four participants (44%) indicated they had previously worked in a human services job (excluding CHW roles).
 - Over half of participants (n=5, 56%) had received CHW-specific training in the past.
- **Grand Rapids**
 - All participants in the Grand Rapids training were currently employed as CHWs on the first day of training (n=17, 100%).
 - All participants work 40 hours per week (n=16, 100%). The average amount of time

participants have worked as a CHW for their current employer is 2.29 years.

- When asked about past work experiences, 7 participants (44%) indicated they had worked as a CHW before; 11 participants (69%) indicated they had worked in a health or health care job (excluding CHW roles); and 6 participants (38%) indicated they had worked in a human services job (excluding CHW roles).
- Seven participants (44%) had received CHW-specific training in the past.

- **Lansing**

- Of those who participated in training for CHW training and completed a pre-questionnaire (n=31), 90% (n=28) identified as CHWs and 10% (n=3) did not.
- Average number of hours per week working as a CHW for current employer was 38.5.
- When asked about past work experiences, eight participants (26%) indicated they had previously worked as a CHW before; 24 participants (77%) indicated they had previously worked in a health or health care job (excluding CHW roles); and 13 participants (42%) indicated they had previously worked in a human services job (excluding CHW roles).

What were the participants' experiences of training overall?

Information on training experience was collected on the post-training questionnaire administered to participants on the last day of training in Detroit and Grand Rapids, and four weeks after the last day of training in Lansing.

- **Detroit**

- When asked what the *most valuable part of training overall* was, four participants (44%) reported “everything” or “all.”
- The following three competencies tied as the participants' choice for most valuable: Role, Advocacy, and Outreach; Organization and Resources: Community and Personal Strategies; and Coordination, Documentation, and Reporting (*Note: for this question, participants could choose multiple competencies, so the most valuable competencies were the ones chosen at the highest frequency*).
- Six out of nine (67%) participants did not answer the question about which competencies were the least valuable. Of the three participants that answered (33%), each chose one competency as least valuable: Coordination, Documentation, and Reporting; Mental Health; and Healthy Lifestyles.

- **Grand Rapids**

- Two themes emerged when participants were asked about the **most** valuable aspect of training overall: (1) conversing with, and learning from other CHWs, and (2) learning about Mental Health.
- Participants felt the following three competencies were **most** valuable: Mental Health (n=5, 33%); Healthy Lifestyles (n=3, 20%); and Role, Advocacy, and Outreach (n=3, 20%).
- About half of participants felt the **least** valuable competency was Coordination, Documentation, and Reporting (n=8, 53%). Of the eight participants that chose Coordination, Documentation, and Reporting as least valuable, four commented that documentation varies greatly amongst agencies.

- **Lansing**
 - When participants were asked about the **most** valuable aspect of training overall, key themes from interviewees' responses included: in-person training sessions, the instructor, content, hands-on activities, other, learning from others/networking, and everything/all.
 - Participants found the Role, Advocacy, and Outreach competency most valuable.
 - When asked about the least valuable competency, seven of the nine participants that did not select a competency indicated that it was because they thought all of the competencies were valuable. The competencies selected at the highest frequency as least valuable were: Coordination, Documentation, & Reporting, and Organization and Resources: Community and Personal Strategies.

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 in Detroit and Grand Rapids, and four weeks after the last day of training in Lansing.

Participants were asked to rank the training tools (quizzes, rubrics, textbook, homework, printed materials, guest speakers, Blackboard [Grand Rapids], and Go-To Meeting webinar system [Lansing]) on a scale of 1-5, with 1 indicating "Not at all helpful to my learning" and 5 indicating "Extremely helpful to my learning."

- **Detroit**
 - Guest speakers was ranked the most helpful, with an average score of 4.8.
 - The CHW textbook was ranked the least helpful, with an average score of 1.5.
 - The remaining training tools had average scores as follows: printed materials, 4.6; quizzes, 3.2; rubrics, 3; homework, 2.2
- **Grand Rapids**
 - Guest speakers was ranked the most helpful with an average score of 4.1.
 - The CHW textbook and rubrics were ranked the least helpful, both with average scores of 3.1.
 - The remaining training tools had average scores as follows: quizzes, 3.7; printed materials, 3.6; Blackboard, 3.5; homework, 3.2.
- **Lansing**
 - Guest speakers was ranked the most helpful, with an average score of 4.3.
 - The Go-To meeting webinar system was ranked the least helpful, with an average score of 3.7.
 - The remaining training tools had average scores as follows: printed materials, 4.1; quizzes, 4; homework, 4; textbook, 3.9; rubrics, 3.8.

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 in Detroit and Grand Rapids, and four weeks after the last day of training in Lansing.

In Detroit and Lansing, 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. In Grand Rapids, participants were asked to rank each of the 8 instructors on the same criteria, using the same scale.

- **Detroit**
 - The average rankings for the instructor’s knowledge, engagement, and feedback were 4.9, 4.9, and 4.8, respectively.

- **Grand Rapids**
 - Average rankings for the instructors’ level of knowledge about the topics ranged from 4 to 4.7, with a mean of 4.4.
 - Average rankings for the instructors’ level of engagement ranged from 3.4 to 4.6, with a mean of 4.1.
 - Average rankings for the helpfulness of the instructors’ feedback ranged from 3.2 to 4.4, with a mean of 4.

- **Lansing**
 - The average rankings for the instructor’s knowledge, engagement, and feedback were 4.7, 4.8, and 4.6, respectively.

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 in Detroit and Grand Rapids, and four weeks after the last day of training in Lansing.

Participants were asked to rank the location of in-person training, the setting/classroom of in-person training, and the in-person/webinar hybrid structure (Lansing) 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 and the total number of webinars (Lansing), participants were asked to select the best fit answer from “Too Few,” “Just Right,” and “Too Many.” For the lengths of each individual in-person training day, webinar training day (Lansing), and the entire training, participants were asked to select the best fit answer from “Too Short,” “Just Right,” and “Too Long.”

- **Detroit**
 - Participants gave the convenience of the training location an average score of 4.1 and the comfort level of the setting/classroom an average score of 3.5.
 - Eight participants (100%) ranked the number of people in the class as “Just Right.”
 - Over half of respondents (n=5, 63%) felt the length of the entire training, from beginning to end, was “Just Right” and 3 respondents (38%) felt it was “Too Long.”
 - Over half of respondents (n=5, 63%) felt the length of each training day was “Just Right” and 3 respondents (38%) felt it was “Too Long.”

- **Grand Rapids**
 - Participants gave the convenience of the training location an average score of 3.7 and the comfort level of the setting/classroom an average score of 4.
 - All participants (n=15, 100%) ranked the number of people in the class as “Just Right.”
 - The majority of participants (n=12, 80%) felt the length of the entire training, from beginning to end, was “Too Long” and 3 participants (20%) felt it was “Just Right.”
 - Over half of participants (n=9, 60%) felt the length of each training day was “Just Right,” 3 participants (20%) felt it was “Too Long,” and 1 (7%) participant felt it was “Too Short.”

- **Lansing**
 - Participants gave the convenience of the *in-person* training location an average score of 3.4 and the comfort level of the *in-person* setting/classroom an average score of 3.6.
 - Twenty-four participants (89%) ranked the number of people in the class as “Just Right.” Three participants (11%) ranked the number of people in the class as “Too Many.”
 - The majority of participants (n=21, 78%) felt the length of the each individual *in-person* training day was “Just Right,” five participants (19%) felt it was “Too Long,” and one participant (3%) felt it was “Too Short.”
 - The majority of participants (n=17, 63%) felt the length of the each individual *webinar* training day was “Just Right,” and nine participants (33%) felt it was “Too Long.” One participant (3%) did not respond.
 - The majority of participants (n=17, 63%) felt the total number of webinars was “Just Right,” and nine participants (33%) felt it was “Too Many.” One participant (3%) did not respond.
 - The majority of participants (n=17, 63%) felt the length of the entire training, from the first day to the last day, was “Just Right,” and nine participants (33%) felt it was “Too Long.” One participant (3%) did not respond.
 - Participants gave the in-person/webinar hybrid structure an average score of 3.9.

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

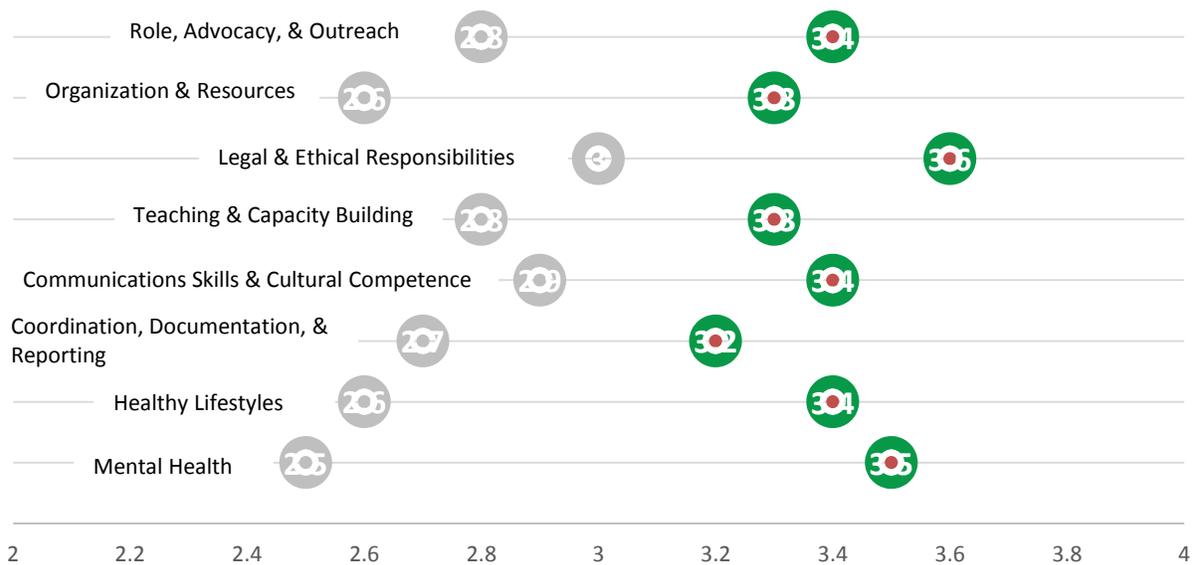
The following Dot Plots represents the mean score for each competency on the pre-training and post-training Skillset Confidence Scales. Participants were asked to self-report how confident they were that they could perform each objective within a competency. Participants could select from a scale of “Not Confident,” “Low Confidence,” “Confident,” or “High Confidence.” For evaluation purposes, responses were assigned a number one through four, with one 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.

Detroit: Confidence increased between pre-tests and post-tests (n=9)



Competencies from greatest to least gain in confidence: Mental Health, 1.1; Role, Advocacy and Outreach, Organization and Resources: Community and Personal Strategies, and Healthy Lifestyles, .6; Legal and Ethical Responsibilities, Teaching and Capacity Building, and Coordination, Documentation and Reporting, .5; Communications Skills and Cultural Competence, .1

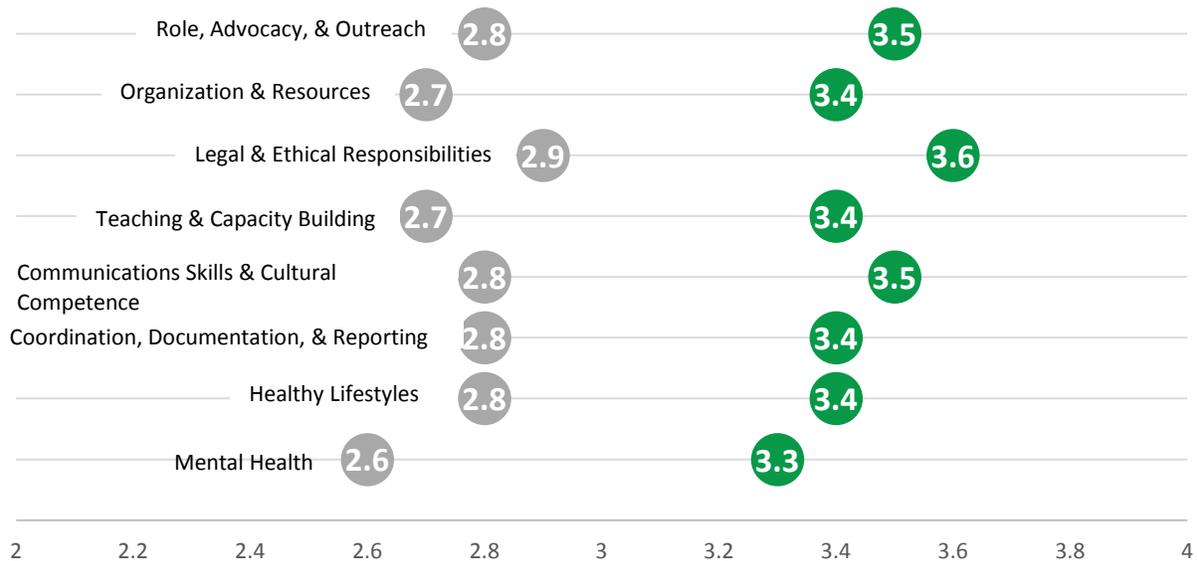
Grand Rapids: Confidence increased between pre-tests and post-tests (n=14)



Competencies from greatest to least gain in confidence: Mental Health, 1; Healthy Lifestyles, .8; Organization and Resources: Community and Personal Strategies, .7; Role, Advocacy and Outreach, and Legal and Ethical Responsibilities, .6; Teaching and Capacity Building, Communications Skills and Cultural Competence, and Coordination, Documentation and Reporting, .5

Lansing: Confidence scales increased between pre-tests and post-tests

(n=25)



Competencies from greatest to least gain in confidence: Role, Advocacy and Outreach, Organization and Resources: Community and Personal Strategies, Legal and Ethical Responsibilities, Teaching and Capacity Building, Communications Skills and Cultural Competence, and Mental Health, .7; Coordination, Documentation and Reporting and Healthy Lifestyles, .6

Key Findings: Follow-Up Interviews with Training Participants

MiCHWA conducted thirty-minute follow-up interviews by phone with training participants to learn about the impact of training on their work. In Detroit, interviews were conducted 13-21 weeks post training with 5 participants. In Grand Rapids, interviews were conducted 10-16 weeks post training with 3 participants. At the time this report was published, data analysis on Lansing interviews was still in progress.

[The] training was very effective. I'm pretty sure it changed our lives and how we think about a lot of things and how we react, and how we can make our community better as a whole.

-Detroit training participant, three months post-training

How did participants reflect on their experience overall?

- **Detroit**

- When asked *how training will affect/has affected your current work as a CHW*, key themes from interviewees' responses included: development of professional identity, increased empowerment, increased understanding of the CHW role, increased knowledge.
- When asked about the *most valuable aspect of training overall*, key themes from interviewees' responses included: everything, broadening the scope of current work, and the variety of teaching methods.
- When asked about the *least valuable aspect of training overall*, key themes from

interviewees' responses included: nothing, the length of training, and the amount of time spent on documentation.

- When asked about the *most valuable content of training*, key themes from interviewees' responses included: all content was valuable, and Role, Advocacy, & Outreach.
- When asked about the *least valuable content of training*, key themes from interviewees' responses included: no content was least valuable, Coordination, Documentation & Reporting, and Healthy Lifestyles.

- **Grand Rapids**

- When asked *how training will affect/has affected your current work as a CHW*, key themes from interviewees' responses included: increased understanding of role and scope of practice, increased understanding of the community, and receiving training more focused on CHW work than other trainings.
- When asked about the *most valuable aspect of training overall*, key themes from interviewees' responses included: specific curriculum content and networking and sharing with other CHWs.
- When asked about the *least valuable aspect of training overall*, key themes from interviewees' responses included: nothing (everything was valuable), the textbook, and difference in knowledge base amongst students.
- When asked about the *most valuable content of training*, key themes from interviewees' responses included: Role, Advocacy, and Outreach, and Healthy Lifestyles.
- When asked about the *least valuable content of training*, key themes from interviewees' responses included: Coordination, Documentation, and Reporting, and Legal and Ethical Responsibilities.

What is the impact of training on the skill sets of participants?

- **Detroit**

- All five interviewees (100%) commented on how the training helped them:
 - Liaise between clients and providers
 - Understand legal and ethical responsibilities
 - Communicate with clients
 - Improve their personal understanding of healthy lifestyle habits
 - Educate their clients on healthy lifestyle habits
 - Improve their personal understanding of mental health and mental illness

- **Grand Rapids**

- All three interviewees (100%) commented on how the training helped them:
 - Assist clients in setting behavior change goals
 - Educate their clients about healthy lifestyle habits
 - Educate their clients about mental health and mental illness
- Two interviewees (67%) commented on how the training helped them:
 - Liaise between providers and clients
 - Navigate the resources in their community

- Improve their understanding of legal and ethical responsibilities
- Collect client data
- Improve communication with clients
- Improve their personal understanding of healthy lifestyles
- Improve their personal understanding of mental health and mental illness

How did participants reflect on training logistics?

- **Detroit**
 - Four interviewees (80%) reported that the length of the overall training [8 weeks] was appropriate.
 - Three interviewees (60%) reported that 8 hours per day of training was too long. One interviewee (20%) reported that 8 hours per day of training was “fine.”
 - Two interviewees (40%) commented on the frequency of training [2 days per week]. One interviewee (50%) said that the frequency of training was just right. One interviewee (50%) said that the frequency of training should be increased (and the length of the training day increased).
 - Four interviewees (80%) reported that they were able to handle their caseloads while at training.
- **Grand Rapids**
 - Two interviewees (67%) said that the length of the overall training [18 weeks] should be shortened. One interviewee (33%) said the length of the training was fine because s/he was new and had a small caseload; if s/he had a larger caseload, s/he would prefer a shortened training.
 - Sub-themes related to the length of the overall training included: the duplication of material and conflicts with work schedules.
 - Three interviewees (100%) reported that they were able to handle their caseloads while training because of personal circumstances and/or adjustments.

What suggestions did participants have for future trainings?

- **Detroit**
 - When asked about *how MiCHWA can improve the training in the future*, key themes from interviewees’ responses included: making sure there is adequate physical space, continue (or expound upon) current elements of the training, tailor lessons to the audience, have an instructor similar to the current instructor, and create a video to orient new students to the training.
- **Grand Rapids**
 - One interviewee felt that there should be education on the following topics: safety issues such as bed bugs, specific social service agencies, and assisting undocumented clients.
 - When asked about *how MiCHWA can improve the training in the future*, key themes from interviewees’ responses included: improve instructor cohesiveness, improve

instructor/student communication, make curriculum adjustments, keep activities, advertise accurately, and create a mini-course for veteran CHWs.

Key Findings: Follow-Up Interviews with Employers

MiCHWA conducted thirty-minute follow-up interviews by phone with employers of training participants to learn about the impact of training on their employees. In Detroit, interviews were conducted 16-22 weeks post training with 3 employers. In Grand Rapids, interviews were conducted 17-23 weeks post training with 3 employers. At the time this report was published, Lansing interviews were still in progress.

How did employers reflect on the impact of training on their employees?

- **Detroit**
 - All interviewees (n=3, 100%) reported that after training, there was no change in CHWs' compliance with the protocols of the workplace.
 - When asked what *differences employers saw in the work performance of CHWs after training ended*, key themes from interviewees' responses included: increased knowledge of resources, improved professional identity, improved interpersonal skills, and increased content knowledge.

- **Grand Rapids**
 - One interviewee (33%) reported that training improved CHW protocol compliance, and one interviewee (33%) said that CHWs followed protocol before and after training.
 - When asked *what differences employers saw in the work performance of CHWs after training ended*, two interviewees (67%) reported an improvement in CHWs' role clarification and scope of practice.

How did employers reflect on training logistics?

- **Detroit**
 - When asked to comment on *the appropriateness of the length of the overall training* [8 weeks], one interviewee (33%) indicated that it was challenging to have CHWs away for that long, but it was worth it because of the skills they gained. One interviewee (33%) indicated that the length was appropriate for her staff because none of her employees were brand new.
 - When asked to comment on the *length of the training day* [8 hours], one interviewee (33%) said it was beneficial for CHWs because they did not feel rushed, but not as beneficial for employers.
 - One interviewee (33%) commented that the frequency of training [two times per week] was "perfect."
 - Two interviewees (67%) indicated that the location of training was very convenient. One interviewee (33%) stated that the location of training was OK.
 - All interviewees (n=3, 100%) indicated that their CHWs did well with handling their caseloads while training.

- **Grand Rapids**

- When asked to comment on *the appropriateness of the length of the overall training* [18 weeks], two interviewees (67%) thought the overall length of the training was appropriate. One interviewee (33%) thought the overall length of the training was too long.
- When asked to comment on the *length of the training day* [2.5 hours], one interviewee (33%) the length of the training day was appropriate. Two interviewees (67%) commented on conflicts related to the length of the training day.
- All three interviewees (100%) indicated that the location of training was convenient.
- One interviewees (33%) indicated that CHWs were able to handle caseloads while training. Two interviewees (67%) said that CHW caseloads had to be reduced during training.

How did employers think about future trainings?

- **Detroit**

- All interviewees (n=3, 100%) indicated that they are willing to send more CHWs to training in the future.
- When asked their thoughts on the best time of year to hold trainings, two interviewees (67%) gave times during the fall and/or winter and one interviewee (33%) said not in the summer.
- All interviewees (n=3, 100%) indicated that they would consider hiring a CHW without work experience but who had completed the training. One interviewee (33%) added that though she would consider it, if she was asked to choose between experience and training, she would choose experience.
- When asked *how they prefer to be kept in the loop while their CHWs are participating in training*, two interviewees (67%) stated they prefer regular communication and one interviewee (33%) said that employers should be notified of schedule changes or issues with participants.
- Two interviewees made suggestions and/or comments about how the training can be improved in the future. Suggestions/comments included:
 - Improved communication with employers
 - Participants were less satisfied with substitute instructors
 - More awareness about the graduation ceremony
 - CHWs invite administrative leaders to an hour of a training day
 - Overall, the program was awesome
 - More guest speakers

- **Grand Rapids**

- All interviewees (n=3, 100%) indicated that they are willing to send more CHWs to training in the future.
- When asked their thoughts on the best time of year to hold trainings, two interviewees (67%) said not during the winter, and one interviewee (33%) said during the winter.
- All three interviewees (n=3, 100%) are willing to hire to hire a CHW without work experience but who had completed the training.

- When asked *how they prefer to be kept in the loop while their CHWs are participating in training*, three interviewees (100%) stated they prefer email communication. Two interviewees (67%) prefer regular updates via email.
- Three interviewees (100%) made suggestions and/or comments about how the training can be improved in the future. Suggestions/comments included:
 - More communication
 - Change timing/schedule of training
 - More information prior to training

AGGREGATE DATA

This section provides the aggregate results of the analysis of the pre- and post-training Skillset Confidence Scales completed by participants at the Detroit, Grand Rapids, and Lansing CHW training sites. The report also compares the pre- and post-training Skillset Confidence Scales of participants by highest level of education achieved and by years of experience working for their current employer.

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. The Detroit training had a total of 9 one-to-one matches, Grand Rapids had 14, and Lansing had 25; therefore, N=48. (Note: Lansing had 27 pre/post matches; two matches were from participants that attended for reasons other than to be trained as a CHW, and are therefore excluded from this data set). Due missing data, n=47 for analysis on highest level of education achieved and n=34 for analysis on number of years working as a CHW for current employer.

The analysis of Skillset Confidence Scales by **highest level of education achieved** includes nine Detroit participants and 14 Grand Rapids participants, and 24 Lansing participants, for a total of 47 participants included in the analysis. The analysis separated participants in two categories: (1) High School diploma/GED; and (2) Associate’s Degree or higher. Twenty-two participants between the two sites indicated their highest level of education as a High School diploma/GED (4 Detroit, 7 Grand Rapids, 11 Lansing). Twenty-five participants between the two sites indicated their highest level of education as an Associate’s Degree, Bachelor’s Degree, Master’s Degree, or Other (Vocational). There were 8 participants with Associate’s Degrees (2 Detroit, 4 Grand Rapids, 2 Lansing), nine Bachelor’s Degrees (1 Detroit, 1 Grand Rapids, 7 Lansing), five Master’s Degrees (2 Detroit, 1 Grand Rapids, 2 Lansing), and three Other/Vocational (1 Grand Rapids, 2 Lansing).

The analysis of Skillset Confidence Scales by **number of years working for current employer** includes five Detroit participants and 14 Grand Rapids participants, and 17 Lansing participants, for a total of 36 participants included in the analysis. The analysis separated participants in two categories: (1) less than one year experience with current employer; and (2) one year or more of experience with current employer. Twenty-four participants between the two sites indicated they have less than one year experience with their current employer (3 Detroit, 7 Grand Rapids, 14 Lansing). Twelve participants between the two sites indicated they have more than one year experience working for their current employer (2 Detroit, 7 Grand Rapids, 3 Lansing).

Key Findings

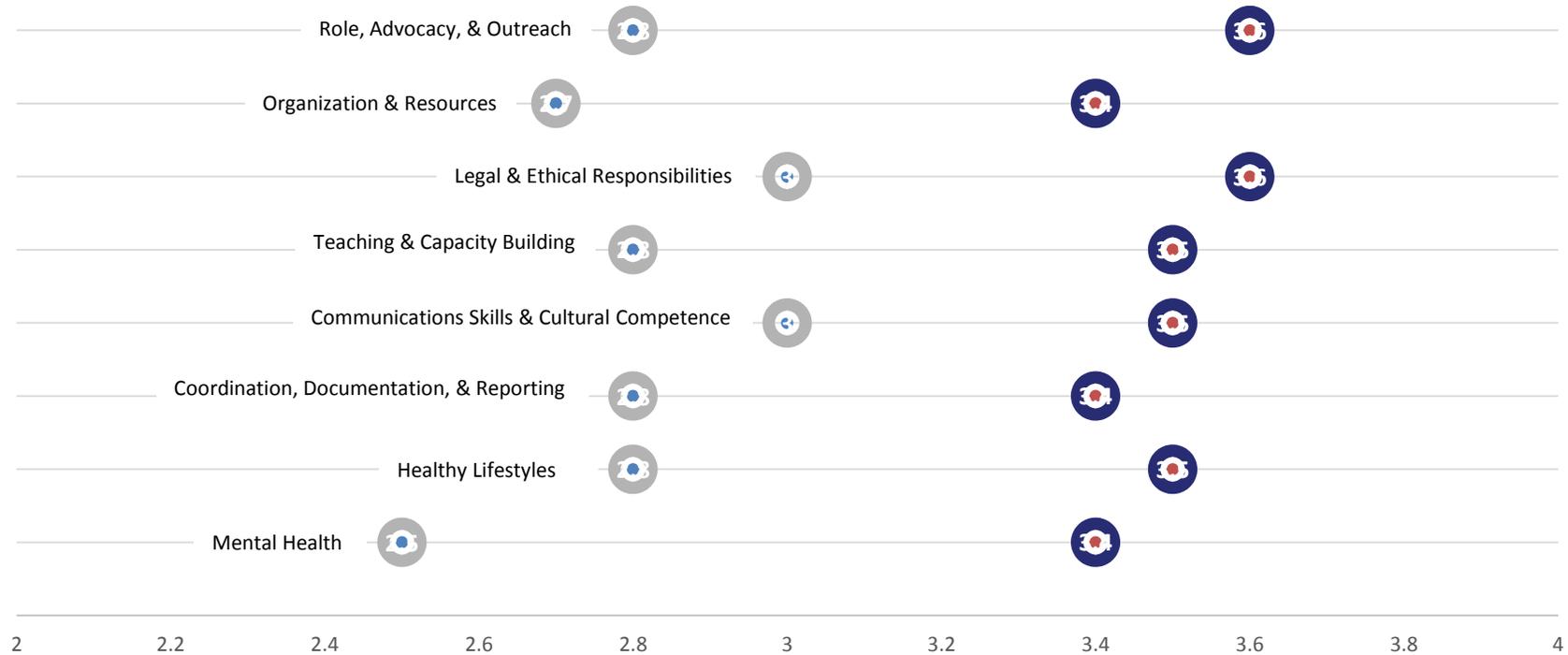
- Participants gained an average of .688 points in confidence per competency.
- Participants with a High School Diploma/GED had a greater average gain in confidence per competency (.688) than participants with an Associate's Degree or higher (.563).
- Participants with an Associate's Degree or higher had greater confidence scores at the end of training than participants with a High School Diploma/GED.
- Participants with less than one year experience as a CHW for their current employer had a greater average gain in confidence per competency (.663) than participants with one year or more of experience as a CHW for their current employer (.625).
- Participants with one year or more of experience as a CHW for their current employer had greater confidence scores at the end of training than participants with less than one year experience as a CHW for their current employer.

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

DATA: AGGREGATE PRE/POST CONFIDENCE SCALE SCORES

Detroit, Grand Rapids, and Lansing: Confidence scales increased between pre-tests and post-tests

(N=48)



Competencies from greatest to least gain in confidence

Mental Health	.9
Role, Advocacy, and Outreach	.8
Organization and Resources	.7
Teaching and Capacity Building	.7
Healthy Lifestyles	.7
Legal and Ethical Responsibilities	.6
Coordination, Documentation, and Reporting	.6
Communications Skills and Cultural Competence	.5
Average gain in confidence	.688

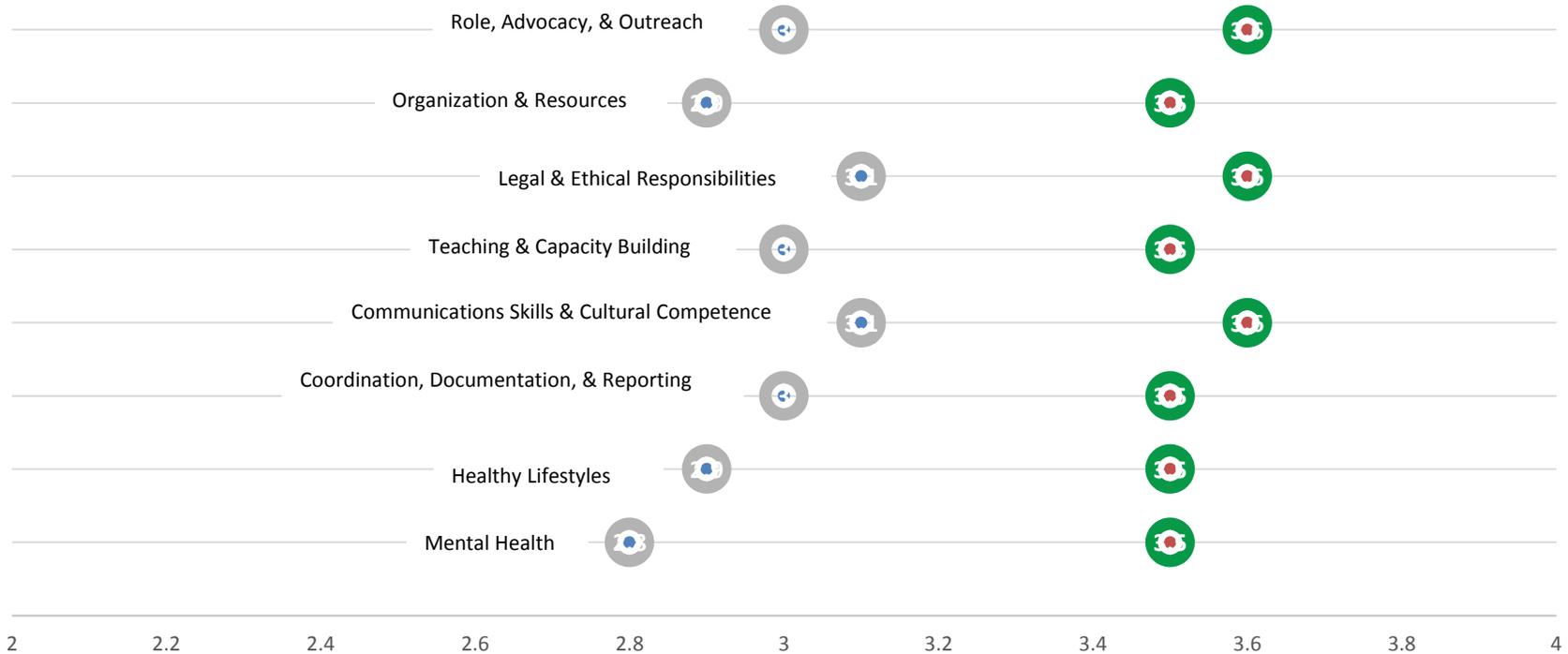
Detroit, Grand Rapids, and Lansing: pre-tests and post-tests for CHWs with a High School Diploma/GED
(n=22)



Competencies from greatest to least gain in confidence

Mental Health	1
Organization and Resources	.8
Role, Advocacy, and Outreach	.7
Legal and Ethical Responsibilities	.6
Teaching and Capacity Building	.6
Communications Skills and Cultural Competence	.6
Coordination, Documentation, and Reporting	.6
Healthy Lifestyles	.6
Average gain in confidence	.688

Detroit, Grand Rapids, and Lansing: pre-tests and post-tests for CHWs with an Associate's Degree or Higher (n=25)



Competencies from greatest to least gain in confidence

Mental Health	.7
Role, Advocacy, and Outreach	.6
Organization and Resources	.6
Healthy Lifestyles	.6
Legal and Ethical Responsibilities	.5
Teaching and Capacity Building	.5
Communications Skills and Cultural Competence	.5
Coordination, Documentation, and Reporting	.5
Average gain in confidence	.563

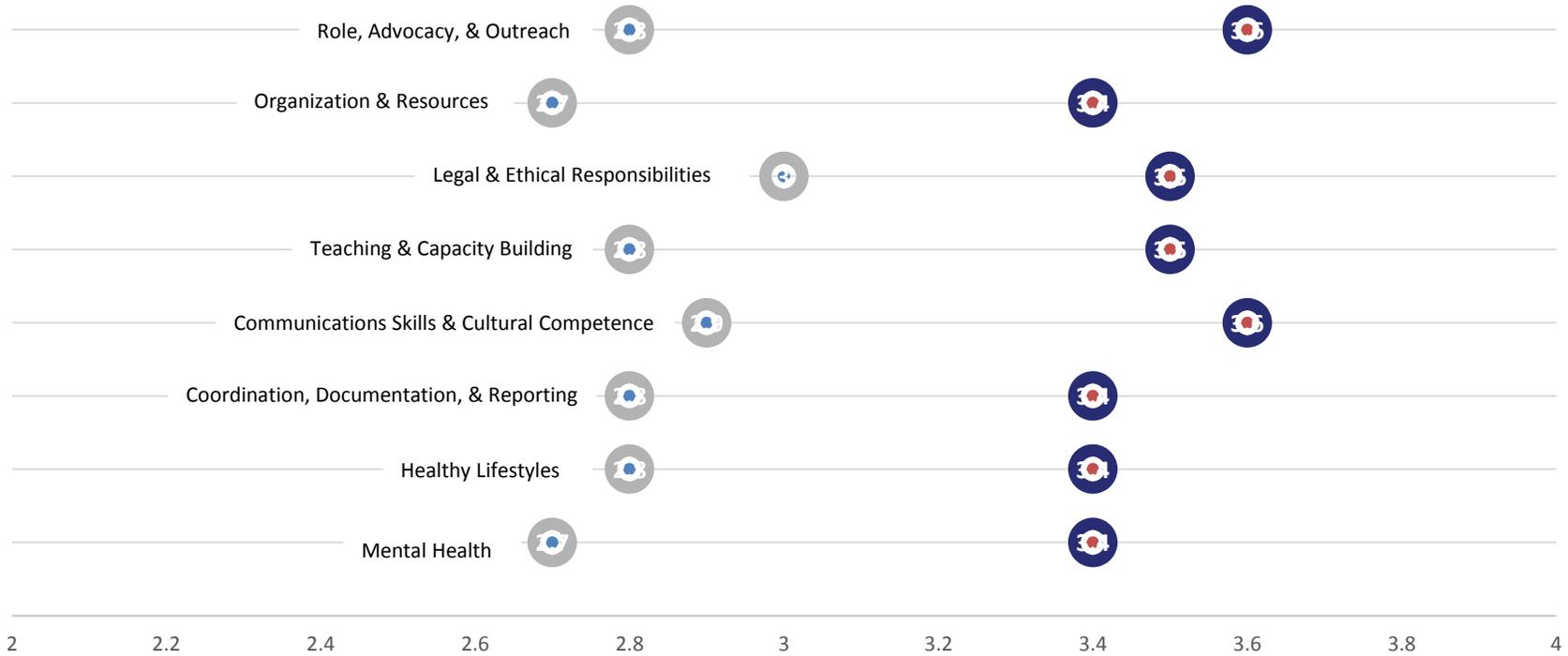
Detroit, Grand Rapids, and Lansing: pre-tests and post-tests for CHWs with a High School Diploma/GED (n=22)



Detroit, Grand Rapids, and Lansing: pre-tests and post-tests for CHWs with an Associate's Degree or Higher (n=25)



Detroit, Grand Rapids, and Lansing: pre-tests and post-tests for CHWs with less than one year of experience as a CHW with current employer (n=24)



Competencies from greatest to least gain in confidence	
Role, Advocacy, and Outreach	.8
Organization and Resources	.7
Teaching and Capacity Building	.7
Communications Skills and Cultural Competence	.7
Mental Health	.7
Coordination, Documentation, and Reporting	.6
Healthy Lifestyles	.6
Legal and Ethical Responsibilities	.5
Average gain in confidence	.663

Detroit, Grand Rapids, and Lansing: pre-tests and post-tests for CHWs with one year or more of experience as a CHW with current employer (n=12)



Competencies from greatest to least gain in confidence

Mental Health	.9
Role, Advocacy, and Outreach	.7
Organization and Resources	.7
Legal and Ethical Responsibilities	.6
Teaching and Capacity Building	.6
Healthy Lifestyles	.6
Coordination, Documentation, and Reporting	.5
Communications Skills and Cultural Competence	.4
Average gain in confidence	.625

Detroit, Grand Rapids, and Lansing: pre-tests and post-tests for CHWs with less than one year of experience as a CHW with current employer (n=24)



Detroit, Grand Rapids, and Lansing: pre-tests and post-tests for CHWs with one year or more of experience as a CHW with current employer (n=12)

