Michigan Community Health Worker Alliance
Evaluation Advisory Board

MiCHWA Community Health Worker Curriculum: Data from the Grand Rapids Pilot

December 16, 2015

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Michigan Community Health Worker Alliance (MiCHWA) Community Health Worker Curriculum Evaluation

Data from the Grand Rapids Pilot

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EXECUTIVE SUMMARY

Background, Tools, & Methods

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 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 the Grand Rapids CHW training. This report also includes content and key themes from qualitative interviews conducted with participants and their employers approximately four to six months post training.

Key Findings: Pre-and Post-Questionnaires

What are the demographic characteristics of participants in the Grand Rapids pilot?

Demographic information was collected on the pre-training questionnaire administered to students on the first day of training. In Grand Rapids, 17 participants began training but only 16 completed a pre-training questionnaire. However, information on race/ethnicity and sex was collected for the participant that did not complete a pre-training questionnaire. Therefore, for race/ethnicity and sex information, n=17, and for all other demographic information, n=16.

- 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%).

What are the work experiences of participants in the Grand Rapids pilot?

Demographic information was collected on the pre-training questionnaire administered to participants on the first day of training. In Grand Rapids, 17 participants began training but only 16 completed a pre- training questionnaire. However, information on current employment status was collected for the participant that did not complete a pre-training questionnaire. Therefore, for information on how many participants are currently employed as CHWs n=17, and for all other employment information n=16.

- 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.

What were the participants' experiences of training overall?

Of the 17 participants who began training, 15 finished training and completed a post-training questionnaire. For this section, n=15.

- 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.

What were the participants' experiences with the training tools?

Of the 17 participants who began training, 15 finished training and completed a post-training questionnaire. For this section, n=15.

Participants were asked to rank the training tools (quizzes, rubrics, textbook, homework, printed materials, and 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 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.

What were the participants' experiences with instruction?

Of the 17 participants who began training, 15 finished training and completed a post-training questionnaire. For this section, n=15.

Participants were asked to rank each of the 8 instructors on their 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.

- 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 helpfulness of the instructors' feedback ranged from 3.2 to 4.4, with a mean of 4.

What were the participants' experiences with training logistics?

Of the 17 participants who began training, 15 finished training and completed a post-training questionnaire. For this section, n=15.

Participants were asked to rank the location, setting/classroom, and duration of training on a scale of 1- 5, with 1 indicating the least amount of satisfaction and 5 indicating the most amount of satisfaction.

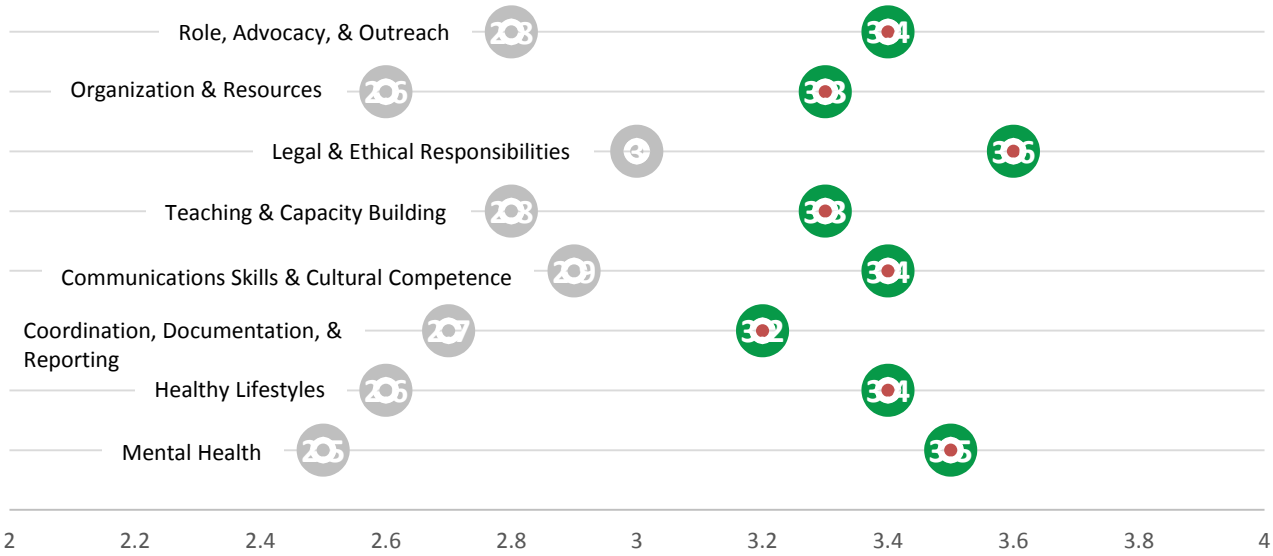
- Participants gave the convenience of the training location an average score of 3.7 and the comfort level of the setting/classroom an average score of 4.
- All participants (n=15, 100%) ranked the number of people in the class as "Just Right."
- The majority of participants (n=12, 80%) felt the length 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."

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

Of the 15 participants that completed training and a post-training questionnaire, 14 had a matching pre- test questionnaire. To reflect the gains made by individuals, aggregate averages are were calculated using one-to-one matches of completed pre- and post-questionnaires. Therefore, n=14 for the confidence scale Dot Plot below.

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 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. For information on the pre- and post- training mean scores broken down by objective, please see Appendix A.

Chart 1: Confidence increased between pre-tests and post-tests



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***

Key Findings: Follow-Up Interviews with Training Participants

> *[The training] gave me a better understanding of what a CHW does, and gave me better insight into community-based organizations and different diverse cultures within our community.*
>
> *-Grand Rapids participant, 4 months post-training*

Two and a half to four months after training, how did participants reflect on their experience overall?

- 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.

Two and a half to four months after training, what is the impact on the skill sets of participants?

- 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

Two and a half to four months after training, how did participants reflect on training logistics?

- 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.

Two and a half to four months after training, what suggestions did participants have for future trainings?

- 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

Four to six months after training, how did employers reflect on the impact of training on their employees?

- 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.

Four to six months after training, how did employers reflect on training logistics?

- 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.

Four to six months after training, how did employers think about future trainings?

- 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

Summary information is presented in full report below. Appendices are attached with additional details. Reports and other training resources can be found at http://www.michwa.org/about/michwa-chw-training/.

FULL REPORT: CHW TRAINING, GRAND RAPIDS

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. The MiCHWA CHW Curriculum launch included three pilot trainings sites in Detroit, Grand Rapids, and Lansing. Using the Minnesota CHW curriculum as a base, MiCHWA's 126-hour curriculum covers eight core competencies.

EVALUATION TOOLS AND METHODS

This report provides the results of the analysis of the pre- and post-training questionnaires completed by the participants in the Grand Rapids CHW training. 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. 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 and their employers approximately four to six months post training. 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. 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. Follow-up interviews with three of the seven employers that sent employees through the training were conducted between October 1, 2015 and November 9, 2015 (17-23 weeks post training). 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

This section includes data on participants' experiences during training, participants' perceptions of the impact of training beginning three months post-training, and employers' experiences of training beginning four months post-training. Data on participants' training experiences was collected through pre- and post-questionnaires on the last day of training. Data on participants' perceptions of the impact of training, and employers' experiences, was collected through qualitative phone interviews beginning two and a half months and four months post-training, respectively.

DATA: TRAINING EXPERIENCE

Two participants did not complete training and, therefore, did not complete the post-training questionnaire.

For the following data, n=15. Unless otherwise noted, all comments made by respondents on the post-questionnaire are included in this report.

Training Overall and Competencies

Q4a: What aspect of training was the most valuable to you overall?

Most participants responded to this question (n=12, 80%). Responses that included more than one theme were divided, and each theme was placed in the appropriate, separate category (see Table 1).

Table 1: Most valuable aspect of training

Theme	Examples/Quotes
Learning from others/ Networking	• "…the networking and learning about other programs" • "To me the most valuable is the experiences other CHWs shared" • "Being with fellow CHWs and sharing stories and seeing how they would handle a situation. Getting their input" • "Having conversations about working in the field was helpful because it allowed me to learn from more experienced CHWs. I also enjoyed group activities"
Mental Health Content	• "The mental health piece" • "Mental health was the most valuable to me" • "I would have to say mental health…" • "Mental Health"
Other Content	• "…the health nutrition knowledge and information" • "The safety course was one of the most important ones. It showed me different small things we need to know." • "Learning different ways to interview/communicate with clients"

Q4b: What aspect of training was the least valuable to you overall?

Most participants responded to this question (n=10, 67%); however, one respondent wrote "N/A." Responses that included more than one theme were divided, and each theme was placed in the appropriate, separate category (see Table 2).

Table 2: Least valuable aspect of training

Theme	Examples/Quotes
None/ Everything was valuable	• "I believe everything was important" • "None" • "Because I am a fairly new community health worker, everything was valuable" "It was all valuable"
Basic/ Repetitive Content	• "The repetitive pieces of the training, the basic items like confidentiality, PHI and the basic interacting with clients felt a little condescending" • "The information on doing Home Visits/Documentation/initial assessments--only because we already do that. But it's all good info for newly hired CHWs" • "Everything was review for me from orientation it was all repeat"
Other (quizzes, length of training)	• "No feedback on incorrect answers on the quizzes" • "I did not like the length of the trainings, I believe it would be more effective if it was a 5 day training, 8 hour shift just like a typical work day"

Q5a: What competency content was the most valuable to you?

All participants responded to this question (n=15, 100%). Participants could check only one competency. Chart 2 displays the frequency at which each competency was chosen as most valuable. Participants were asked to "Please explain why" they chose a specific competency. Table 3 displays comments that were paired with competency selections (note: 14 respondents (93%) wrote a comment).

Chart 2: Most valuable comptency

Table 3: Most valuable competency

Competency/ Competencies Selected	Comments
Mental Health	• "I believe it's a very important topic and not very many people are taught about their own mental health management" • "I believe that being able to go into someone's home and see how mental health can affect everything else in their life is very important or how everything else can affect someone's mental health" • "Mental health just gave us a great overall of what we deal with our clients" • "It gave me a better understanding what mental health was, and it also made me more aware of the symptoms of a mental illness"
Healthy Lifestyles	• "Because it is the area I am least familiar with and was able to gain the most information and knowledge in" • "Besides mental health, I myself and my clients struggle with eating and living healthy" • "Love health and nutrition"

Table 3: Most valuable competency

Competency/ Competencies Selected	Comments
Role, Advocacy, and Outreach	• "It provided me an actual structure of what my role as a CHW is" • "Since I was new to the CHW role the experiences and simply knowing your role was really important to me" • "It helped me to understand the role of the CHW better and also covered ways of connecting with the community while still keeping boundaries"
Communications Skills and Cultural Competence	• "I think multiple were most valuable, but communications skills in particular because it taught [Motivational Interviewing]. Taught the importance/value of how to talk to someone but also listen" • "Taught how to communicate and be respectful of other peoples'/clients' point of view"
Organization and Resources: Community and Personal Strategies	• "Instructor" • "Classmates had good ideas for boundaries"

Q5b: What competency content was the least valuable to you?

Most participants responded to this question (n=12, 80%). One participant did not select a competency as least valuable but did leave a comment. Participants could check only one competency. Chart 3 displays the frequency at which each competency was chosen as the least valuable. Participants were asked to "Please explain why" they chose a specific competency. Table 4 displays comments that were paired with competency selections (note: 8 respondents and one non-respondent (n=9, 60%) wrote a comment).

Chart 3: Least valuable comptency

Table 4: Least valuable competency

Competency/Competencies Selected	Comments
Coordination, Documentation, and Reporting	• "Because it varies so much from program to program it really can't be taught across the board" • "Refer to 4b […only because we already do that. But it's all good info for newly hired CHWs]. But it was a very good reminder" • "Because each organization has their own ways of documenting and reporting" • "I learned a lot about documentation on the job, so the information that was covered in class was the same" • "Felt like every program has different paper work"
No Answer	• "None, I feel all were very important"
Legal and Ethical Responsibilities	• "Because it felt repetitive" • "Because that is something our employer really informs us about, not that it's not important, it is, but it's repetitive"
Teaching and Capacity Building	• "I already had a good understanding of this"

Q6: What topics were not covered in the curriculum that you feel should have been?

Less than half of participants responded to this question (n=6, 40%); however, two respondents wrote "N/A," and one wrote a dash ("-"). Each of the three remaining responses reflected a different theme and is listed below:

- "None"
- "… greater depth with safety such as how to deal with aggressive pets or what to do to prevent carrying bed bugs into other homes"
- "… more outreach should have been covered."

Instruction: Training Tools

Questions 7a-7g asked participants to rank the training tools (quizzes, rubrics, textbook, homework, printed materials, guest speakers, and Blackboard system) on a scale of 1-5, with 1 indicating "Not at all helpful to my learning" and 5 indicating "Extremely helpful to my learning."

For questions 7a, 7b and 7e, most participants responded to the questions (n=14, 93%). For questions 7c, 7d, 7f, and 7g, all participants responded to the questions (n=15, 100%). Tables 5-11 display the frequency and percent of the rankings given to each training tool, as well as any comments that corresponded to the rankings. Not all participants made comments on every ranking.

Q7a: The quizzes were:

Two comments mentioned that quiz questions were not discussed after the quiz was completed.

Table 5: Quizzes **Average Score: 3.7**

Ranking	Frequency	Percent	Comments
1	0	0%	
2	1	7%	• "We weren't told what questions we got wrong and the
3	3	20%	• "Not helpful to my learning but an easy evaluation tool for me" • "Some test had some questions that were never talked about"
4	9	60%	• "Quizzes were helpful but I feel we could have prepared in
5	1	7%	
No Response	1	7%	

Q7b: The rubrics were:

Two comments mentioned rubrics being unclear.

Table 6: Rubrics **Average Score: 3.1**

Ranking	Frequency	Percent	Comments
1	3	20%	
2	1	7%	• "They were good when we had a project but not that
3	4	27%	• "Rubrics needed to be more clear" • "They were only helpful when we did them together as class discussions. Others' input was beneficial"
4	3	20%	• "Sometimes it was unclear of what exactly the topics were
5	3	20%	
No Response	1	7%	

Q7c: The CHW textbook was:

Table 7: CHW textbook **Average Score: 3.1**

Ranking	Frequency	Percent	Comments
1	2	13%	• "Only opened book 1 time"
2	2	13%	• "It did not seem to talk about issues that pertained to
3	6	40%	• "Incredibly repetitive" • "It was good. Not used a lot. But when it was it had good info. Will keep it for reference"
4	2	13%	• "I think we could've based our quizzes on what we read
5	3	20%	• "It was a guide book"
No Response	0	0%	

Q7d: The homework assignments were:

Two comments mentioned homework being too much in addition to other responsibilities.

Table 8: Homework **Average Score: 3.2**

Ranking	Frequency	Percent	Comments
1	1	7%	• "I feel that the "homework" we had sometimes was too specific and did not relate to some of the students' jobs
2	3	20%	• "Too many plus have a caseload, needed to do more group homework in class"
3	4	27%	• "Some, like the food tracker and the thoughtful ones were" • "Some of the homework was good and some was a little not related to the competency" • "It was too much to handle when you have a work case load and have homework to do outside of class or have to go to an event"
4	6	40%	
5	1	7%	
No Response	0	0%	

Q7e: The printed materials were:

Table 9: Printed Materials **Average Score: 3.6**

Ranking	Frequency	Percent	Comments
1	0	0%	
2	2	13%	• "Printed material seemed unorganized"
3	4	27%	• "… the materials in our notebook we didn't even need or look at"
4	5	33%	
5	3	20%	• "I loved it, I am a visual learner and like to see it, hear it and then apply"
No Response	1	7%	

Q7f: The guest speakers were:

Table 10: Guest speakers **Average Score: 4.1**

Ranking	Frequency	Percent	Comments
1	0	0%	
2	1	7%	
3	1	7%	
4	8	53%	
5	5	33%	
No Response	0	0%	

Q7g: The Blackboard system was:

Table 11: Blackboard **Average Score: 3.5**

Ranking	Frequency	Percent	Comments
1	2	13%	• "Not useful" • "Confusing"
2	2	13%	• "Miscommunication" • "Too many glitches in the system"
3	2	13%	• "During the first day, train on Blackboard instead of the library"
4	5	33%	
5	4	27%	
No Response	0	0%	

Q7h: How could the tools used in the course be improved?

Most participants responded to this question (n=12, 80%). Responses that included more than one theme were divided and each theme was placed in the appropriate, separate category (see Table 12).

Table 12: Suggestions for course tool improvement

Tool/Theme	Examples/Quotes
Improve use of Blackboard	• "Many instructors had problems posting things on Blackboard because it wasn't working well, so maybe improving on that" • "Blackboard-[the instructors] struggled to look or update things on time" • "…better…use of Blackboard"
Improve use of Blackboard email function	• "Blackboard use (emails) needs work" • "Blackboard- emails didn't work at times" • "Communication period needs to be addressed; "email" technicalities" • "…better email communication…" • "Blackboard was not a useful way of communication. Not enough clarity on what way to really communicate"
Eliminate content repetition	• "Quizzes-sit down together before course and go over to make sure they are not repetitive" • "Textbook-as well as quizzes (some chapters duplicate reading)" • "Quizzes were repeat (some of them)" • "Better coordination" • "A lot of the course was repeat, from other classes" • "Not be repetitive, and everyone needs to be organized and on the same page"
Decrease reading load	• "We could have slowed down on the reading a bit. The chapters had too much information and we didn't know what questions on the quizzes would be based on all the information in the book which made it stressful"

Table 12: Suggestions for course tool improvement

Tool/Theme	Examples/Quotes
Other (busy work, material, rubrics, quizzes)	• "Need to be taken in the context of how to learn instead of busy work" • "Material… and rubrics all need work" • "When doing quizzes would have been nice to see what ones you got wrong"

Instruction: Instructor Style

Questions 8a-8h asked participants to rank each instructor on: her level of knowledge, her level of engagement, and the helpfulness of her feedback. Level of knowledge was measured on a scale of 1-5, with 1 indicating "Not at all knowledgeable about the topics" and 5 indicating "Extremely knowledgeable about the topics." Level of engagement was measured on a scale of 1-5, with 1 indicating "Not at all engaging" and 5 indicating "Extremely engaging." Helpfulness of feedback was measured 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 post questionnaire asked "Do you have any comments?" after the scaling questions for each instructor.

Ranges and averages for instructor knowledge, engagement, and feedback are as follows:

- Instructors' level of knowledge about the topics ranged from **4** to **4.7**, with a mean of **4.4**.
- Instructors' level of engagement ranged from **3.4** to **4.6**, with a mean of **4.1.**
- Helpfulness of the instructors' feedback ranged from **3.2** to **4.4**, with a mean of **4**.

Tables 13-20 display for each instructor: overall average score, level of knowledge average score, level of engagement average score, helpfulness of feedback average score, and any comments. Not all participants made comments on every ranking. Most participants responded to the questions 8a-8h, with the response rate 93% or 100% for each sub question (n=14 or 15). Response rates for each sub question are indicated in Tables 13-20.

Table 13: Instructor A **Average Score: 4.3**

Category (response rate)	Average Score	Comments
Level of knowledge (n=15, 100%)	4.5	• "Lots of role play which was great!" • "Had many group projects which was helpful to see other points of view"
Level of engagement (n=15, 100%)	4.3	
Helpfulness of feedback (n=14, 93%)	4.2	

Table 14: Instructor B **Average Score: 4.3**

Category (response rate)	Average Score	Comments
Level of knowledge (n=15, 100%)	4.4	• "An awesome instructor. Well engaged and quickly responds to email" • "Has never been a CHW"
Level of engagement (n=14, 93%)	4.3	
Helpfulness of feedback (n=15, 100%)	4.1	

Table 15: Instructor C **Average Score: 4.6**

Category (response rate)	Average Score	Comments
Level of knowledge (n=14, 93%)	4.7	• "Great information about what we are eating" • "Was very understanding that we had a lot on our load and was very interesting to listen to"
Level of engagement (n=14, 93%)	4.6	
Helpfulness of feedback (n=14, 93%)	4.4	

Table 16: Instructor D **Average Score: 3.8**

Category (response rate)	Average Score	Comments
Level of knowledge (n=15, 100%)	4.1	• "[Instructor D] was somewhat hard to follow and had a hard time engaging. A bit condescending" • "She was very rude and just called you out in the middle of the class. Gave a project to do as an event that was worth a good part of your grade that had to be done out of class that was too much with our personal lives once we go home"
Level of engagement (n=14, 93%)	3.7	
Helpfulness of feedback (n=15, 100%)	3.5	

Table 17: Instructor E **Average Score: 3.5**

Category (response rate)	Average Score	Comments
Level of knowledge (n=14, 93%)	4	• "Has no idea what a CHW is or does"
Level of engagement (n=14, 93%)	3.4	
Helpfulness of feedback (n=14, 93%)	3.2	

Table 18: Instructor F **Average Score: 4.1**

Category (response rate)	Average Score	Comments
Level of knowledge (n=15, 100%)	4.2	• "Very visual ☺" • "[Instructor F] was great! Very engaging and full of opportunity for class discussion vs. PowerPoints!" • "Never good communication. Hasn't been a CHW in forever and had us reading the same thing 3 times"
Level of engagement (n=14, 93%)	4.2	
Helpfulness of feedback (n=15, 100%)	4	

Table 19: Instructor G **Average Score: 4.2**

Category (response rate)	Average Score	Comments
Level of knowledge (n=14, 93%)	4.4	
Level of engagement (n=14, 93%)	4.1	
Helpfulness of feedback (n=14, 93%)	4	

Table 20: Instructor H **Average Score: 4.5**

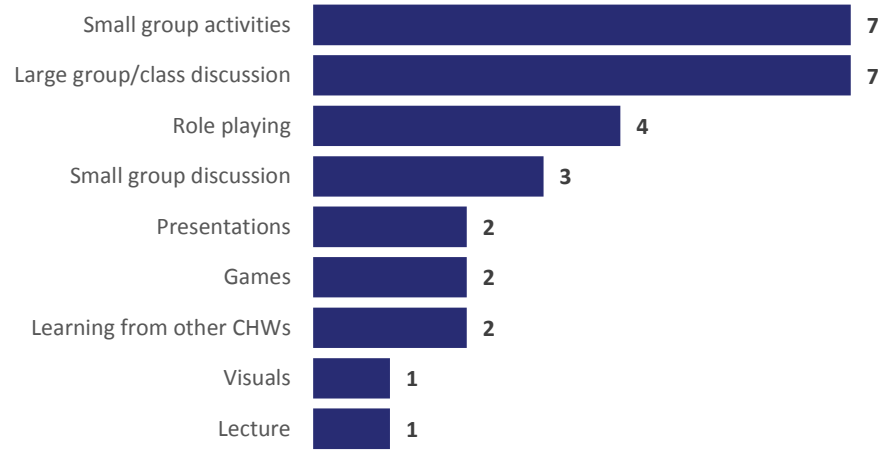
Category (response rate)	Average Score	Comments
Level of knowledge (n=15, 100%)	4.6	• "She's the veteran. She gave us a lot of insight with CHW experiences. Showed us how to think outside the box" • "Excellent!!"
Level of engagement (n=15, 100%)	4.6	
Helpfulness of feedback (n=14, 93%)	4.4	

Instruction: Training Methods

Q8i: What instruction methods were most helpful to your learning?

Most participants responded to this question (n=13, 87%). Participants could write in more than one answer. Chart 4 displays all topics mentioned in response to the question, by the frequency at which each was mentioned. For responses that contained more than one topic, each topic was counted as a separate item. Additional comments are listed below Chart 4.

Chart 4: Most valuable instruction methods



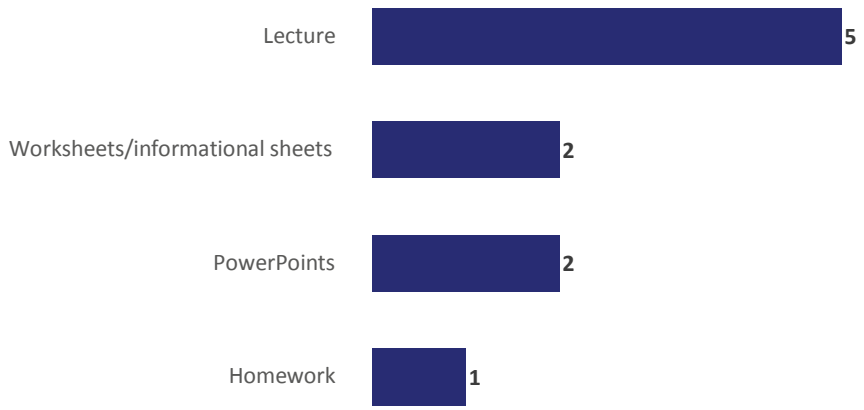
Additional comments about the most valuable instruction methods:

- "I think each way was helpful"
- "[Instructor H] was a great instructor, she knew what she was talking about, and she prepared and offered real life examples."
- "[Instructor B]"
- "…the P.P.P."

Q8j: What instruction methods were least helpful to your learning?

Most participants responded to this question (n=11, 73%). Participants could write in more than one answer. Chart 5 displays all topics mentioned in response to the question, by the frequency at which each was mentioned. For responses that contained more than one topic, each topic was counted as a separate item. Additional comments are listed below Chart 5.

Chart 5: Least helpful instruction methods



Additional comments about the least valuable instruction methods are listed below. Two comments mention lecture as not helpful, and three comments mention hands-on learning:

- "…we are so busy with life homework is rushed and not helpful"
- "If I had to drive 45 minutes 3 days a week for 18 weeks I would've liked more interaction, role-playings and opportunity to speak on topics before we learn about it. I could've stayed home, viewed the powerpoints on my tablet and passed the courses"
- "…my learning style is more hands on and having to listen to lectures is not helpful"
- "The lectures were the least helpful, most of the teachers didn't seem enthusiastic and were dull, which make it hard for me to follow along at time"
- "18 weeks too long, classes would be better condensed and involving a few long days instead"
- "Never a clear definitions of participation. Never clear on what email to use"

Logistics

Questions 9a-9e asked participants to rank their experience with the logistics of training. Participants could comment on the ratings given in 9a-9e in question 9f, which read "Please comment on any of the rating given above." Any comments given in question 9f appear in the appropriate Table (21-26), and are paired with the ranking given by that participant for that topic. (Note: there were no comments given for questions 9a-9c).

Question 9a asked participants to rank the convenience of the training location on a scale of 1-5, with 1 indicating "Very inconvenient" and 5 indicating "Very convenient." Most participants responded to this question (n=14, 93%).

Question 9b asked participants to rank the level of comfort of the setting/classroom on a scale of 1-5, with 1 indicating "Very uncomfortable" and 5 indicating "Very comfortable." All participants responded to this question (n=15, 100%).

Q9a. The location of training

Table 21: Convenience of Location **Average Score: 3.7**

Ranking	Frequency	Percent
1	0	0%
2	3	20%
3	3	20%
4	3	20%
5	5	33%

Q9b. The location of training

Table 22: Convenience of Location **Average Score: 4**

Ranking	Frequency	Percent
1	0	0%
2	0	33%
3	5	33%
4	5	33%
5	5	0%

Question 9c asked participants to select which description fit their experience with the number of people in the class, with options of "Too few," "Just Right," and "Too Many." All participants responded to this question (n=15, 100%).

Q9c. The number of people in the class was:

Table 23: Number of Students

Ranking	Frequency	Percent
Too Few	0	0%
Just Right	15	100%
Too Many	0	0%
No Response	0	0%

Question 9d asked participants to select which description fit their experience of the length of each individual training day, with options of "Too short," "Just Right," and "Too Long." Most participants responded to this question (n=13, 87%).

Q9d. The length of each individual training day was:

Table 24: Length of individual training day

Ranking	Frequency	Percent	Comments
Too Short	1	7%	
Just Right	9	60%	"Maybe if they did one 8 hour day per week (only because we come 30-40 minute drive)"
Too Long	3	20%	
No Response	2	13%	

Question 9e asked participants to select which description fit their experience of the length of the entire training, with options of "Too short," "Just Right," and "Too Long" (see Table 25). All participants responded to this question (n=15, 100%). Four comments mention repetition of course content, and five comments mention the length of the course as too long.

Q9e. The length of the entire training, from the first day to the last day, was:

Table 25: Length of entire training

Ranking	Frequency	Percent	Comments
Too Short	0	0%	
Just Right	3	20%	• "Some of the things we learned overlapped or some things were repeated"
Too Long	12	80%	• "This class was repetitive and could have been cut down. Some instructors taught the same things" • "Way too long. There were some parts that felt like they were extended on purpose and some things were duplicated. Very repetitive" • "Length of entire training was long if we see that some of the topics were repetitive. Maybe we could've focused on that topic more instead of it popping up again later in the course" • "It was all review from orientation when I was hired. We were still responsible for our work load back at the office, they say time was given but wasn't. Class was way too long" • "…shorten the length of the course from 18 weeks to 8-10 weeks" • "Was too long of a time plus have a full caseload"
No Response	0	0%	

Q10a: What, if anything, helped you to connect and/or network with other CHWs in this course?

Most participants responded to this question (n=10, 67%). Responses that included more than one theme were divided and each theme was placed in the appropriate, separate category (see Table 26).

Table 26: What facilitated networking

Theme	Examples/Quotes
Group discussion	• "Some of the community discussions" • "Groups stuff and conversations" • "Getting to know each of my classmates in group discussions" • "Group sessions; activities"

Table 26: What facilitated networking

Theme	Examples/Quotes
Spending time together	• "Being with them. Hearing about conferences and such" • "I think the amount of time we spent together helped us connect with each other" • "The other CHWs were great, and it helped to hear their experiences and learn from them" • "It was great connecting with other CHW's and seeing what role they play at their job. This was a very great group" • "We connected outside of work by exchanging our numbers"
Able to connect early in the course only	• "Early in the course we had chances to interact and connect with our classmates but that completely went away half way through the course"

Q10b: What, if anything, got in the way of connecting and/or networking with other CHWs in this course?

Three participants answered this question (n=3, 20%); however, one respondent wrote "N/A." The two remaining responses are listed below:

- "Shyness. But only at beginning"
- "PowerPoints"

Suggestions for the Future

Q11: What suggestions do you have for future trainings?

Approximately half of participants responded to this question (n=8, 53%). Responses that included more than one theme were divided and each theme was placed in the appropriate, separate category (see Table 27).

Table 27: Suggestions for future trainings

Theme	Examples/Quotes
Condense training duration	• "A shorter more condensed class" • "Maybe half days, 3 days a weeks to shorten the weeks length of training" • "Make the class longer days but shorter weeks" • "Condense the training. It should be a week long (5 days), 8 hours just like a typical work day"
One primary instructor	• "It would be nice to have one instructor through the whole training so that lessons are not repeated"
More in-class, active learning	• "More presentations, less homework, more group activities" • "More engaging and less PowerPoint focused"
Improve communication/ technology use	• "Use a different way of using technology to communicate"
Clearer course advertising	• "To be clearer on what the course entails. I had the option to sign up and I probably would not have had I known unless the course was shorter. "

Table 27: Suggestions for future trainings

Theme	Examples/Quotes
Improve course organization	• "More organized. We were required to read the same chapters for different competencies, things got missed"

Q12: Is there anything else you'd like to share?

Four participants responded to this question (27%). Two comments mentioned the repetition of course content. The responses are listed below:

- "I think the class was helpful and useful but disorganized and repetitive. Some competencies were more useful than others. Some instructors were better at connecting than others. We have a lively class and some instructors were better at reigning that in than others."
- "Very repetitive and long"
- "I'd like to thank all involved in getting this done!!"
- "The only thing I really did not appreciate was students being late and sometimes interrupting class with questions and things that were covered at the beginning of class"

DATA: POST-TRAINING IMPACT

Follow-up Interviews with Training Participants

MiCHWA conducted thirty-minute follow-up interviews by phone with Grand Rapids training participants to learn about the impact of training on their work. Interviews were conducted 10-16 weeks post training. On their post questionnaires, participants reported if they were willing to participate in a follow-up interview. Seven participants reported they were willing to participate in a follow-up interview, and MiCHWA was able to conduct interviews with three participants over the phone. For the following responses, n=3. More detailed information is available in Appendix B.

Two and a half to four months after training, how did participants reflect on their experience overall?

> *[The training] gave me a better understanding of what a CHW does, and gave me better insight into community-based organizations and different diverse cultures within our community.*
>
> *-Grand Rapids participant, 4 months post-training*

- The following are key themes from interviewees' responses to the question: *How do you think training will affect/has affected your current work as a CHW?*
    - Increased understanding of the CHW role/scope of work:
        - One interviewee said s/he was better prepared for CHW work after the course and s/he learned what boundaries should be
        - One interviewee stated the course opened his/her eyes to the breadth of the role and the possibility to broaden his/her own responsibilities at work
        - One interviewee said s/he now has a better understanding of what a CHW does
    - Increased understanding of the community:
        - One interviewee said s/he now has better insight into community-based organizations and different cultures within the community
    - Received a training more focused on CHW work than other trainings:
        - One interviewee stated one of the benefits of the course is that it focused more on the work of CHWs 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.
    - Specific curriculum content included: presentations (specifically about home visits and insurance), health and nutrition knowledge, and Motivational Interviewing, Teaching, and Resources.
    - One interviewee said that as a new CHW, it was helpful to hear from the experiences of veteran 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.

Two and a half to four months after training, what is the impact on the skill sets of participants?

- 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

Two and a half to four months after training, how did participants reflect on training logistics?

- 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.
        - One interviewee said condensing the overall training would eliminate the need to spend time recapping previous sessions, and thus duplicating material. The interviewee stated the duplication left students discontented. S/he also stated the duplication was the product of having multiple instructors.
        - One interviewee said that the training should be condensed because being out of work for a concentrated time means managers and clients know you are unavailable then. This allows students to focus entirely on training, rather than balancing training and work in one day.
        - One interviewee reported that s/he was unable to count training hours as work hours, and therefore had to extend work hours on training days to meet work requirements.
        - One interviewee said homework assignments done outside of class made scheduling harder.
- Two interviewees made suggestions for how to amend training logistics:
    - One or two weeks of full days OR half online/half in-person training so students didn't always have to travel to the site.
    - Less than 18 weeks, 8 hour days 2 times per week
        - Clients will know CHWs are unavailable on those specific days
- Three interviewees (100%) reported that they were able to handle their caseloads while training because of personal circumstances and/or adjustments.
    - One interviewee was able to handle his/her caseload because s/he was just starting as a CHW and did not have a large caseload
    - One interviewee said s/he had a supportive manager that allowed the interviewee to complete homework assignments at work

- One interviewee said she was not allowed to count training toward work hours, but she added extra hours to her days in order to keep up with her caseload

Two and a half to four months after training, what suggestions did participants have for future trainings?

- 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.

Follow-up Interviews with Employers

MiCHWA conducted follow-up interviews by phone with the employers of Grand Rapids training participants to learn about the impact of training on their employees. Interviews were conducted 17-23 weeks post training. Seven employers sent employees through MiCHWA's training, and MiCHWA was able to conduct interviews with three employers. More detailed information is available in Appendix C.

Four to six months after training, how did employers reflect on the impact of training on their employees?

- 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.
    - Interviewees noted improvements with CHWs' confidence in the role, clarification of the role within an interdisciplinary team, and scope of practice within the community.

Four to six months after training, how did employers reflect on training logistics?

- 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, noting challenges related to management and CHW fatigue.
- 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.
    - Conflicts related to the length of the training day:
        - One interviewee said the work team was unable to hold team meetings when the CHW was in training
        - One interviewee reported that CHWs were less productive when in training for a half 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.
    - One interviewee stated they had to "severely" reduce CHW caseloads during training.
    - One interviewee reported they had to reduce caseloads by about one-third.

Four to six months after training, how did employers think about future trainings?

- 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.
    - One interviewee added that s/he would consider a person that had other prior work experience, and are less likely to consider a person with no work experience.
- 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
    - More information prior to training
    - Change timing/schedule of training
        - Suggestions for changes included:
            - Fewer days per week
            - One full day per week, rather than three half days

NEXT STEPS

In summer 2015, MiCHWA convened curriculum instructors and other stakeholders twice to perform a curriculum review. On June 29, 2015 instructors and other stakeholders met to plan and prepare for a Curriculum Retreat on July 30, 2015. The purpose of these retreats was to review curriculum content and make recommendations for improvement. The retreat took initial evaluation data from the Detroit and Grand Rapids pilot sites into consideration. Curriculum content was edited using initial evaluation data from respondents and feedback from instructors. Ongoing edits will be made using evaluation data.

Evaluation tools have been updated for use in future classes to allow MiCHWA to continue providing evaluation services as the CHW training evolves.

NEXT STEPS: REPORTING

Future areas of reporting for site-specific reports include:

- Comparison of pre- and post-training identification as a CHW
- Comparison of pre- and post-training definition of a CHW
- Qualitative responses to how the course has changed perspectives of the individual as a CHW
- Qualitative responses to how the course has changed perspectives on the CHW profession

Future areas of reporting on data across the three sites include:

- Report on the aggregate data and evaluation for the three pilot sites

Ongoing training information is available on MiCHWA's website, http://www.michwa.org.

APPENDICES

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

Of the 15 participants that completed training and a post-training questionnaire, 14 had a matching pre-test questionnaire. To reflect the gains made by individuals, aggregate averages are were calculated using one-to-one matches of completed pre- and post-questionnaires. Therefore, n=14 for the confidence scale averages and percent changes in Appendix A.

Role, Advocacy, and Outreach	Pre-test Average	Post-test Average	Percent Change
e1. Distinguish outreach from formal planning and how to use it effectively in the community.	2.14	3.43	60%
e. Identify and use outreach strategies effectively in the community.	2.43	3.43	41%
f. Demonstrate the skills necessary to be an effective liaison between provider and client and the client and agency.	2.57	3.43	33%
a. Identify the components of the Community Health Worker role and explain and define the Community Health Worker role.	2.79	3.5	25%
f1. Recognize and report discrepancies between the service provided to and the actual experiences of the client.	2.64	3.29	25%
g1. Expand on the concept of liaison to consider the CHW role in the Community.	2.79	3.43	23%
d. Identify personal time management styles and develop strategies for setting goals, prioritizing and organizing work.	2.71	3.29	21%
c1. Describe measures to ensure personal safety while in the community.	3.07	3.57	16%
g. Advocate for individuals and communities.	3	3.43	14%
c. Identify potentially dangerous situations that may arise and cause an accident, illness or injury to themselves.	3	3.42	14%
b. Identify an emergency and the appropriate response, which may include calling 911.	3.21	3.64	13%

Organization and Resources: Community and Personal Strategies	Pre-test Average	Post-test Average	Percent Change
c. Incorporate health determinants when applying principles of health promotion and disease prevention.	2.14	3.29	54%
a. Demonstrate knowledge about community resources.	2.57	3.43	33%

b. Navigate and continue the process of locating resources in the community and adding new information to the community map.	2.57	3.29	28%
e. Demonstrate effective home visit strategies and understand the importance of home visits and their principles and strategies.	2.86	3.43	20%
d. Demonstrate critical thinking as a framework for solving problems and decision making.	2.93	3.29	12%

Legal and Ethical Responsibilities	Pre-test Average	Post-test Average	Percent Change
d. Apply basic concepts of liability.	2.86	3.5	22%
b. Critique scenarios of the CHW role with appropriate and inappropriate boundaries.	2.93	3.5	19%
e. Recognize the responsibility and implications of mandatory reporting.	2.93	3.5	19%
f. Describe how ethics influence the care of clients.	2.93	3.43	17%
a. Apply agency policies.	3	3.5	17%
c. Demonstrate an understanding of HIPPAA and the importance of protecting confidentiality.	3.29	3.57	9%

Teaching and Capacity Building	Pre-test Average	Post-test Average	Percent Change
f. Increase the capacity of the community through health promotion activities and disease prevention.	2.64	3.36	27%
a. Collect client data specific to health behaviors, safety and psychosocial issues.	2.76	3.36	22%
c. Effectively help clients set SMART goals for healthy behavior change.	2.79	3.36	20%
b. Conduct and effective client data collection interview.	2.76	3.26	18%
e. Work with clients to foster healthy behavior changes.	2.79	3.29	18%
d. Use a variety of teaching techniques with clients.	2.86	3.29	15%

Communications Skills and Cultural Competence	Pre-test Average	Post-test Average	Percent Change
e. Recognize the uniqueness of and resulting implications of the community culture on the health and wellbeing of clients.	2.86	3.57	25%
c. Demonstrate active listening and interviewing skills to collect and share relevant information.	2.93	3.64	24%
d. Use conflict resolution strategies to deal with difficult behaviors and to realize empowerment in self and with clients.	2.86	3.5	22%
g. Use networking skills to ensure proper engagement of services and resources for clients and their families.	2.7	3.29	22%

b. Relate "culture" appropriate verbal and nonverbal communication when interacting with clients, their families and healthcare providers.	3	3.64	21%
g1. Identify the skills and strategies needed to secure services and resources in the community through networking.	2.79	3.36	20%
a. Demonstrate effective communication skills when collaborating with clients and members of the service team.	3.07	3.5	14%
f. Support clients and healthcare providers in "translating" culture-specific behaviors in order to promote needed services and resources.	3	3.38	13%
f1. Interact with clients and healthcare providers within the cultural context of community and the American healthcare system.	2.86	3.21	12%
h. Demonstrate skills and abilities to work with and within diverse teams.	3.07	3.36	9%

Coordination, Documentation, & Reporting	Pre-test Average	Post-test Average	Percent Change
d. Use health care terminology correctly when recording client records.	2.43	3.21	32%
c1. Develop an understanding of how to establish, maintain and terminate helping relationships.	2.71	3.36	24%
b. Examine the financial, health, and social services information relevant to clients and client families.	2.58	3.14	22%
c. Demonstrate effective tracking of clients throughout the contact process.	2.71	3.21	18%
a1. Create a written record documenting events and activities in accordance with legal principles and practices.	2.64	3.07	16%
a. Gather appropriate client and community information.	2.93	3.36	15%

Healthy Lifestyles	Pre-test Average	Post-test Average	Percent Change
o. Define symptoms and causes of substance use disorders.	2.43	3.43	41%
k. Discuss common reasons medications are not taken as prescribed and how CHWs can help clients overcome barriers to taking medications.	2.5	3.5	40%
d. Discuss differing food cultures by exploring cultural eating habits.	2.36	3.29	39%
n. Identify the effects of tobacco, smoking, nicotine, second hand smoke and emerging products.	2.57	3.5	36%

m. Identify the three main questions a client should ask their doctor.	2.43	3.29	35%
c. Describe the elements of weight control and weight loss as part of a healthy lifestyle.	2.42	3.27	35%
a. Describe the elements of a healthy diet, including food groups, foods to choose more of, foods to limit and portion control.	2.5	3.36	34%
i. Describe how much sleep is needed to gain health benefits.	2.54	3.36	32%
g. Describe how much exercise is needed to gain health benefits.	2.71	3.43	27%
l. Discuss the client's role and responsibilities as a member of the health care team.	2.71	3.43	27%
e. Discuss limited food access by learning practical ways to manage food costs.	2.64	3.29	25%
j. Explain the reasons for taking medications as prescribed.	2.71	3.36	24%
p. Define stress, recognize common sources of stress (stressors) and stress responses/symptoms, identify healthy stress management techniques, and recognize how to maintain lifestyle balance.	2.71	3.36	24%
b. Be able to read and interpret a food label.	2.57	3.14	22%
h. Describe what role sleep plays in a healthy lifestyle.	2.86	3.43	20%
f. Describe what role exercise (physical activity) plays in a healthy lifestyle.	2.86	3.36	17%

Mental Health	Pre-test Average	Post-test Average	Percent Change
f. Explain the ethical and legal aspects of the CHW role in working with mentally ill clients.	2.29	3.43	50%
a. Define mental health and mental illness.	2.36	3.5	48%
b. Identify and discuss the incidence and impact of mental illness and its cultural implications.	2.38	3.5	47%
d. Recognize causes of mental illness and its risk factors.	2.5	3.54	42%
c. Describe indicators of good mental health across the life cycle.	2.5	3.5	40%
i. Promote mental health in self, clients, families, and communities.	2.57	3.5	36%
e. Recognize the responsibility and implications of mandatory reporting.	2.5	3.36	34%
g. Demonstrate empathy for those affected by mental illness and discuss these issues with sensitivity.	2.79	3.57	28%
h. List local mental health resources and identify barriers to accessing care.	2.64	3.36	27%

Appendix B: Data from Participant Follow-up Interviews

MiCHWA CHW Curriculum: Data from follow-up interviews with Grand Rapids CHWs (2.5 to 4 months post training)

BACKGROUND

The Michigan Community Health Worker Alliance conducted thirty-minute follow-up interviews with Grand Rapid training participants to learn about the impact of training on their work. Interviews were conducted 10-16 weeks post training. On their post questionnaires, participants reported if they were willing to participate in a follow-up interview. Of the 15 participants that completed training, seven indicated they were willing to participate in a follow-up interview, and MiCHWA was able to conduct interviews with three participants.

Note on methods: The total sample size is three (n=3). In the "Theme" column in the proceeding tables, the number of times a theme is mentioned is indicated with *n*. Interviewees often mentioned more than one theme in a response, so the sum of *n* in a given table may be greater than three. The sum of *n* in a given table may be less than three if fewer than three interviewees responded to a question. MiCHWA conducted two interviews in-person and one interview over the phone.

Note on Questions 1-4: Questions 1-4 are based on each interviewees' specific responses to four questions on the post-questionnaire (issued on the last day of training).

DATA

Q1: Your survey indicated that to you, the most valuable aspect of training was [response from post questionnaire]. Can you please tell me more about why you found it the most valuable?

- Three interviewees (100%) responded to this question.

Table 1. Most valuable aspect of training

Theme *(n= number of times theme was mentioned)*	**Discussion**	**Selected Quotes**
Curriculum content (n=3)	Presentations were valuable; specifically about home visits and insurance. Health and nutrition knowledge was practical and realistic for using with clients. Most valuable aspects of training were Motivational Interviewing, the Teaching content, and the Resources content.	"Nutrition is not my background, so I've been able to use that information a little bit more with my [clients]…I just felt it was something really practical that I was able to use on a regular basis and it really gave us some concrete information."

Table 1. Most valuable aspect of training		
Theme *(n= number of times theme was mentioned)*	**Discussion**	**Selected Quotes**
Networking and sharing with other CHWs (n=2)	Having conversations about working in the field allowed for learning from more experienced CHWs. Networking/connecting clients to resources is a big part of the job.	"Since being new to the role I felt like the other classmates' experiences gave me insight into what they deal with, or during home visits. And even group discussions, even sharing those ideas. Something that works best for them might work best for me. And other things that they have done that might have gone wrong, kind of giving us that advice to kind of stay away from that. So learning from the more experienced."
Motivational Interviewing, Teaching, and Resources (n=1)	Respondent originally indicated Role, Advocacy, and Outreach as most important, but these three pieces are most applicable to work now.	

Q2: Your survey indicated that to you, the most valuable aspect of training was [response from post questionnaire]. Can you please tell me more about why you found it the most valuable?

- Three interviewees (100%) responded to this question.

Table 2. Least valuable aspect of training		
Theme *(n= number of times theme was mentioned)*	**Discussion**	**Selected Quotes**
Everything was/is valuable. (n=1)	Started visiting clients for the first time around the time training begin, still feels as though everything is valuable.	
Textbook (n=1)	Scenarios were not relatable	"A lot of the scenarios, a lot of what [the textbook] talked about, it was repetitive. But it also didn't really have to deal with a lot of the community here in Michigan. The concerns and scenarios are different than what's in the textbook, so it kind of didn't really hit home when you were reading it."

Table 2. Least valuable aspect of training		
Theme *(n= number of times theme was mentioned)*	**Discussion**	**Selected Quotes**
Difference in knowledge base amongst students (n=1)	Difference in knowledge base within class; had to sit through basic things. CHWs should be getting the basic CHW skills from their agencies. Training is mostly helpful for those who just started.	"When we were doing it in the classroom, it's so different and each person should be getting that information within their agency. I think there's so many things I think we did that were specific to that agency...that doing it within the form of a classroom was really not that applicable…There's so many different levels in that classroom that it was sometimes hard to sit through some of the stuff. But for some people, like I know there were new people who were brand new, it was really good for them I guess. It was just so many different levels of skill and knowledge in that classroom."

Q3: Your survey indicated that to you, the least valuable content was [response from post questionnaire]. Can you please tell me more about why you found it least valuable?

- Three interviewees (100%) responded to this question.

Table 3. Most valuable content		
Theme *(n= number of times theme was mentioned)*	**Discussion**	**Selected Quotes**
Role, Advocacy, and Outreach (n=1)	Learned boundaries. Learned to focus on what is most important to the client at that time. Self/care, learned to clock-out mentally after hours.	
Healthy Lifestyles (n=1)	Didn't have prior knowledge of this topic, learned the most. Teachers were very knowledgably and taught in concrete ways to use information.	"The instructors were so knowledgeable and they were so concrete with what they did, it was really things that you could just take away from it. And you're really learning how to learn those pieces."

Q4: Your survey indicated that to you, the least valuable content was [response from post questionnaire]. Can you please tell me more about why you found it least valuable?

- Three interviewees (100%) responded to this question.

Table 4. Least valuable content		
Theme *(n= number of times theme was mentioned)*	**Discussion**	**Selected Quotes**
Coordination, Documentation, and Reporting (n=3)	Learned it on the job. Documentation is different at each job.	"I do something completely different than half the programs in there so my documentation looks very different from their documentation"
Legal and Ethical Responsibilities (n=1)	They were repetitive and not applicable. Too detailed; employers will tell you which procedures you need to know.	

Q5. How has the training helped you to be a liaison between a provider and your clients, if at all?

- Three interviewees (100%) responded to this question.
- Two interviewees (67%) commented on how the training helped them liaise between providers and clients.
- One interviewee (33%) reported uncertainty, and also provided comment.

Table 5. Liaising between providers and clients		
Theme *(n= number of times theme was mentioned)*	**Discussion**	**Selected Quotes**
Increased knowledge of providers and resources (n=2)	Knowing the best providers, people, and/or places to which connect clients.	"For example, if [the clients] need something with [Department of Human Resources] or there's a problem with their Medicaid or their case, knowing what person to contact and then what steps to follow. But also, if they need to go to a clinic or a hospital, just knowing the best places or learning who the person is that will help them out there the best." "Mostly it's just given me the tools, the knowledge in the community to know about the different providers."
Realized scope of practice (n=1)	Clarified scope of practice, can do more than CHW thought.	"Just to understand your scope of practice. Because sometimes you think you're limited to what your scope of practice is when you really actually can do a little bit more than just that."

Q6. How has the training helped you to navigate the resources in your community, if at all?

- Three interviewees (100%) responded to this question.
- Two interviewees (67%) commented on how the training helped them navigate the resources in their community.
- One interviewee (33%) reported that the training did not help as much as expected with resource navigation.

Table 6. Navigating community resources

Theme *(n= number of times theme was mentioned)*	**Discussion**	**Selected Quotes**
Learned from other CHWs (n=2)	Learned from other classmates' neighborhood presentations; now look back at those notes to help current clients. Kept in touch with other participants. More knowledgeable about resources than others because of the training. Understanding what other CHWs do helped to understand community resources.	"Now I know from that class, when I have a client that needs a certain thing I'm like, oh yeah, I have that note down and this is where you can go." "I've kept in touch with one or two of the people in the training and it's helped me to have a finger on the pulse of what's going on in the community."
Needs to be more/more detail (n=1)	Resources were not a big enough part of training. Suggested: time for CHWs to converse about different resources. Suggested: more time on the resource mapping activity--that activity allowed for CHWs to talk amongst themselves about resources. Suggested: someone from 2-1-1 coming in because it's the centralized resource.	"I just think that for resources, being a CHW, that's like sixty percent of my job--to know resources--and we only spent like two classes on resources. It just didn't seem to make sense. And yet we spent four classes in documenting and legal stuff, where that's very individual to your company."

Q7. How has the training improved your understanding of your legal and ethical responsibilities as a CHW, if at all?

- Three interviewees (100%) responded to this question.
- Two interviewees (67%) commented on how the training improved their understanding of their legal and ethical responsibilities as a CHW.
- One interviewee (33%) reported the training refreshed knowledge already learned at work.

Table 7. Understanding legal and ethical responsibilities		
Theme *(n= number of times theme was mentioned)*	**Discussion**	**Selected Quotes**
Improved understanding of mandated reporting requirements (n=2)	Learned a lot from mandated reporting material. As a new CHW, it helped to learn to know what it is and what to look for, how to process paperwork, knowing legal liabilities. Have been able to use this knowledge at work.	
Improved understanding of boundaries (n=1)	Learned boundaries and knowing where the CHW role stops.	
Refreshed knowledge gained at work (n=1)	Had just finished company training the previous fall that went over HIPAA. Had a lot of background in this.	"It gave me a refresher, but like I said I had just gone through training with [employer] in [the fall] so I had just gone through all the HIPAA stuff. But I also have a lot of background in what I'm legally allowed to do and what I'm not. So it was a good refresher."

Q8. How has the training helped you to collect client data, if at all?

- Three interviewees (100%) responded to this question.
- Two interviewees (67%) commented on how the training helped them to collect client data.
- One interviewee (33%) reported that the training did not help in client data collection.

Table 8. Collecting client data		
Theme *(n= number of times theme was mentioned)*	**Discussion**	**Selected Quotes**
Improved note-taking skills (n=1)	Improved organization of notes. Learned to prioritize certain things when taking notes so they are easier to refer back to.	"I used to just write out everything. But I remember one thing from the class was it's good to organize it, like what the goal of the person is and the most important thing. So kind of setting those notes more organized so that you know when you go back, you remember everything that happened in the visit and not things that didn't really matter."
Introduced to helpful document (n=1)	Specific goal-oriented form was helpful; able to replicate for use on the job.	

Table 8. Collecting client data		
Theme *(n= number of times theme was mentioned)*	**Discussion**	**Selected Quotes**
Not applicable to work (n=1)	Has a very specific way of documenting at work that was not covered in training.	"I would not say it has really helped doing that. Because I have a very specific way I have to collect data with my clients."

Q9. How has the training helped you to assist your clients in setting behavior change goals, if at all?

- Three interviewees (100%) responded to this question.
- Three interviewees (100%) commented on how the training helped them to assist clients in setting behavior change goals.

Table 9. Setting behavior change goals with clients		
Theme *(n= number of times theme was mentioned)*	**Discussion**	**Selected Quotes**
Focusing on the clients' needs (n=1)	Improved listening skills. Focusing on what the clients wants to do, rather than on what the CHW needs to accomplish. Empowering clients to accomplish things on their own.	"It allowed me to have the skills to listen to them and also focus more on them and not just on what I want to do or need to accomplish."
Using specific document (n=1)	Goal-oriented form creates a step-by-step process for behavior change; gives structure to the work of a CHW.	
Improved cultural competence (n=1)	Learning ways different cultures respond to behaviors.	

Q10. How has the training influenced your ability to communicate with your clients, if at all?

- Three interviewees (100%) responded to this question.
- Two interviewees (67%) commented on how the training improved their communication with their clients.
- One interviewee (33%) reported the training did not help with client communication.

Table 10. Communicating with clients		
Theme *(n= number of times theme was mentioned)*	**Discussion**	**Selected Quotes**
Learning Motivational Interviewing (n=1)	Use Motivational Interviewing more and more with clients. Improved listening skills.	
Improved cultural competence (n=1)	Knowledge/reminder that cultures are different.	

Table 10. Communicating with clients		
Theme *(n= number of times theme was mentioned)*	**Discussion**	**Selected Quotes**
Did not influence ability (n=1)	Have always been able to talk to people; did not influence.	"The cultural competency piece again. Giving me the reminder, the knowledge, that the cultures are different and insight into the different cultures within [the community]. And how the best responses with some of those cultures."

Q11. How has the training influenced your personal understanding of healthy lifestyle habits, if at all?

- Three interviewees (100%) responded to this question.
- Two interviewees (67%) commented on how the training improved their personal understanding of healthy lifestyles.
- One interviewee (33%) reported the knowledge was a good refresher of information previously learned.

Table 11. Personal understanding of healthy lifestyles		
Theme *(n= number of times theme was mentioned)*	**Discussion**	**Selected Quotes**
Improved personal healthy habits (n=2)	Encouraged to take care of self mentally and physically. Show clients how to be healthy by leading by example. Use a lot of information from the nutrition class; small ways to change diet and exercise.	"If you're going to talk to a client about being healthy then you also have to show them that it's important, and yourself being healthy. If they ask you a question about how should I be eating, then you should be leading by example." "I really liked that training that was specific on the food and just the little ways that you can change your diet and exercise. And I bring it into my clients' houses too, but on a personal level just giving me a little more knowledge and understand and tools to use, whether with my clients or on a personal level."

Q12. How has the training helped you to educate your clients about healthy lifestyle habits, if at all?

- Three interviewees (100%) responded to this question.
- Three interviewees (100%) commented on how the training helped them to educate their clients about healthy lifestyle habits.

Table 12. Educating clients about healthy lifestyles		
Theme *(n= number of times theme was mentioned)*	**Discussion**	**Selected Quotes**
Gained new resources (n=1)	Gained resourced for healthy eating. Have access to dieticians that taught the course.	
Personal reflection (n=1)	Knowing where you are personally with healthy habits in order to translate the knowledge to clients.	
Increased content knowledge (n=1)	Learned how to read salt labels and passed the knowledge on to a client.	"Probably like a month after we finished training I had gone to a client's house who had no understanding of salt. And I helped her read salt labels just like we had done in the nutrition piece. And we were able to talk about that and talk about ways that she could reduce her salt and sodium intake…"

Q13. How has the training improved your personal understanding of mental health and mental illness, if at all?

- Three interviewees (100%) responded to this question.
- Two interviewees (67%) commented on how the training improved their personal understanding of mental health and mental illness.
- One interviewee (33%) reported the knowledge was a good refresher of information previously learned.

Table 13. Personal understanding of mental health and mental illness		
Theme *(n= number of times theme was mentioned)*	**Discussion**	**Selected Quotes**
Understanding how to help clients within the scope of CHW practice (n=1)	Learned the importance of connecting clients to counseling resources.	
Learned sub-topics within the field of mental health (n=4)	Being aware of the barriers clients face to disclosing/seeking help for mental illness. Understanding the misdiagnosis of mental illness. Guest speakers that talked about how the mind works were very helpful. Cultural lens of mental illness was very helpful.	"It was a refresher training for me…I think it probably helped more with the cultural understanding...and how different cultures view mental health."

Q14. How has the training helped you to educate your clients about mental health and mental illness, if at all?

- Three interviewees (100%) responded to this question.
- Three interviewees (100%) commented on how the training helped them educate their clients about mental health and mental illness.

Table 14. Educating clients about mental health and mental illness		
Theme *(n= number of times theme was mentioned)*	**Discussion**	**Selected Quotes**
Improved response to disclosure of/questions about mental illness (n=2)	Letting clients know they are not alone. Listening and being supportive, not critical. Prior to training, did not have the knowledge or materials to properly address mental health if someone asked.	"Prior to [training], if somebody was to talk to me about [mental illness], without that information I wouldn't have been able to provide anything at all. So I can get them material [now], and I would not get that material at work at that point."
Increased cultural competence around mental illness (n=1)	Can connect better with clients of different cultures to help them understand their own mental health.	"With the cultural piece, being able to connect a little bit better with my clients from different cultural backgrounds to be able to help them to understand their own mental health."

Q15. Now that you have been out of training for [approximately 3 months], is there anything you believe should be included in the curriculum that could help you at your current job?

- Three interviewees (100%) responded to this question.
- Two interviewees (67%) reported that there is nothing additional that should be included in the curriculum that could help them at their current job.
- One interviewees (33%) reported that there should be more education on the following topics:
    - Knowing how to deal with other safety issues such as bed bug infestations.
    - Learning more about the Department of Health and Human Services system, such as steps to getting services and different programs.
    - Helping undocumented clients and knowing the resources available to them.

Q16. Can you comment on the appropriateness of the length of the overall training [18 weeks]? Can you comment on the length of the training day [2.5 hours, 3 times per week]?

- Three interviewees (100%) responded to this question.
- Two interviewees (67%) said the overall length of the training should be shortened.
- One interviewee (33%) said the logistics of training were fine; however, if s/he had a bigger caseload at the time of training, a shorter training would have been better.
- Two interviewees (67%) made suggestions for how to amend training logistics:
    - One or two weeks of full days OR half online/half in-person so you didn't always have to go to the site.
    - Less than 18 weeks, 2x/week, two 8-hour days (so clients know you are unavailable on those days)

Table 15. Training logistics (overall length, training day length, training day frequency)			
Theme *(n= number of times theme was mentioned)*	**Sub-theme** *(n= number of times theme was mentioned)*	**Discussion**	**Selected Quotes**
The length of the entire training, from beginning to end, should be shortened (n=3*)	Training should be concentrated (n=2)	Should be concentrated into as few weeks as possible. Even if there was one instructor, the training should be concentrated no matter what. The learning sticks with you better. 18 weeks is too long. If going through training now, with a bigger caseload, it would have been better for training to be shorter.	"Eighteen weeks is too long for that many days a week."
	Duplication of material (n=1)	There is no need to spend time recapping topics from the previous week. There was a lot of duplication in the training that lead to the discontent of students; feeling like their time was wasted. Lots of duplication was from having multiple instructors. Lots of things were repeated.	

Table 15. Training logistics (overall length, training day length, training day frequency)			
Theme *(n= number of times theme was mentioned)*	**Sub-theme** *(n= number of times theme was mentioned)*	**Discussion**	**Selected Quotes**
*One interviewee said that if she had a bigger caseload at the time of training, a shorter training would have been better.	Conflicts/issues with work (n=2)	Being out of work for a concentrated amount of time means you are not expected to do visits/meet with clients and your managers know you are unavailable. You can fully concentrated on the curriculum when you don't have to worry about training and working in the same day. Unable to count training hours as work hours, which made for very long days. Liked the 2.5 hour training day if the hours could have counted toward work hours. Hard to schedule visits on the same day as class. Would be better to have an entire 8 hour day of training and then you know that day is blocked off and you're unavailable to clients. The work assigned for outside of class made things harder. Would be better is learning was only in the classroom.	"Most of my classmates were able to use that as working hours and I was not. It was something that I had to use in addition to working hours, so it just makes for very long days." "… Caseloads keep coming and you've still got to make those visits so no matter what. Now you have 2 hours less or 3 hours less a day to do your normal day every week. Compared to, okay my manager knows I'm going to be gone this whole week or this whole 2 weeks so she knows these visits aren't going to happen. Somebody else has to do them or tell the clients that we're not going to be there. And then put the full concentration into what is the curriculum instead of having to think about work and the curriculum."

Q17. How would you describe your ability to handle your caseload while training?

- Three interviewees (100%) responded to this question.
- Three interviewees (100%) reported that they were able to handle their caseloads during training because of personal circumstances and/or adjustments.

Table 16. Ability to handle caseload while training		
Theme *(n= number of times theme was mentioned)*	**Discussion**	**Selected Quotes**
Able to handle because of personal circumstances (n=1)	Was just starting out and did not have a big caseload.	
Able to handle because of supportive manager (n=1)	Manager was helpful and allowed CHW to do homework at work. Not necessarily the case for others. Constantly communicated to employer when homework was assigned. Regular communication because homework amounts changed every week.	"I had to actually let [my employers] know exactly what we were doing every week and what was entailed. Because another problem was that every instructor gave more or less homework, so the homework wasn't consistent either. So I couldn't just say [to my employer] give me two hours every week to do it. Sometimes it was a lot more, and sometimes I didn't even need it."
Able to handle because of personal schedule adjustment (n=1)	Fine, but had to add extra hours. Made for really long days. But adding hours allowed CHW to keep the same caseload; didn't have to cut anything.	

Q18. What suggestions or comments do you have for how we can improve the training in the future?

- Three interviewees (100%) responded to this question.

Table 17. Suggestions/comments for future trainings		
Theme *(n= number of times theme was mentioned)*	**Discussion**	**Selected Quotes**
Improve instructor cohesiveness (n=2)	Instructors need to be in agreement OR there should only be one instructor. Instructors not on the same page with classroom policies. The number of instructors is insignificant as long as the communication is clear. Standard grading for rubrics, Clear understanding of expectations.	"We had a whole bunch of different instructors and I think sometimes that's why they repeated the same thing or they covered the same area so maybe having them in more agreement with what they are going to teach, or maybe if it's just one person throughout the whole course I think it would make things a little bit better." "The number of instructors is insignificant as long as they have good communication between each other and as long as they understand as a student what it's going to look like once they start doing the work. And also, come in accordance to what's going to be the standard as far as rubrics, and make it clear from the first person to the last instructor how that's going to be judged."
Improve instructor/student communication (n=1)	Communication issues with instructors (email contact).	

Table 17. Suggestions/comments for future trainings		
Theme *(n= number of times theme was mentioned)*	**Discussion**	**Selected Quotes**
Curriculum adjustments (n=1)	The competencies should be broken down into how much time, on average, is invested in each one by CHWs. The curriculum should reflect CHWs' daily activities. Something like: 30% education, 40% resources, 20% Motivational Interviewing, 10% Counseling. Less time spent on documents/forms. Even though CHWs spend a lot of time on paperwork, as far as knowledge goes, once you've done one form you've done them all. Curriculum should reflect what the CHW's core role is. Don't need the details (i.e. disease-specific things).	"Have the curriculum reflect what the CHWs role really is. The eight competencies are fine, but break it down into how much time invested should each competency be Do we really need four classes for Legal and paperwork? Do we need four classes for health or for nutrition? How much in depth do we really need to go because when we do nutrition or...for the people who do nutrition, that's about ten percent of what they actually do every day. So why would we want to spend more than thirty or forty percent of our curriculum on something they're not going to actually use…I think if you look in general as to what's the average time for a CHW to invest in nutrition, or a CHW to invest in health, or mental, what's the time invested in paperwork in their actual day. In one day, how much of this do you actually do?"
Keep activities (n=1)	Like group activities; *doing* instead of just listening.	"I really liked the group activities and encouraging a lot of that really helps to learn. Doing things yourself instead of just listening the whole time really helps."
Advertise accurately (n=1)	Better description of the course being starting. Called for information and wasn't given an accurate description of training.	
Create mini-course for veteran CHWs (n=1)	Offer a mini-course for people who have been doing CHW work for a long time. The training is really good for those who are brand new.	

Q19. How do you think training will affect/has affected your current work as a CHW?

- Three interviewees (100%) responded to this question.

Table 18. How training has/will affect current work		
Theme *(n= number of times theme was mentioned)*	**Discussion**	**Selected Quotes**
Increased understanding of CHW role/scope of practice (n=3)	Better prepared after the course; didn't know much before. Learned what boundaries should be. Opened eyes to breadth of role; possibility to broaden own responsibilities at work. Better understanding of what a CHW does.	"… I feel like it really helped me be aware of what I should be doing and what my role is and what my boundaries should be." "It has opened my eyes as to what all a CHW can do. That it's not limited to just what I do at work right now. So it gives me the possibility to broaden my own responsibilities at work."
Increased understanding of community (n=1)	Better insight into community-based organizations and different cultures within the community.	"It gave me a better understanding of what a CHW does and gave me a better insight into community-based organizations and different diverse cultures within our community."
Received a training more focused on CHW work than other trainings (n=1)	Training was more focused on CHW work than other trainings.	"Even though I went through different trainings before taking the course, I feel like [this training] was more focused on the work as a Community Health Worker…"

Is there anything else you would like to add?

- One interviewee (33%) added additional information. Selected quotes below:
  - "It was really helpful to me so I think I learned a lot."
  - "It gave me more confidence."
  - "Just hearing what other Community Health Workers had to say too made me feel like, okay, so I'm not along in what I'm feeling or what I'm doing. So it really helped.

Appendix C: Data from Employer Follow-up Interviews

MiCHWA CHW Curriculum: Data from follow-up interviews with Grand Rapids Employers (two and a half to five months post training)

BACKGROUND

MiCHWA conducted follow-up interviews by phone the Grand Rapids training participant's employers to learn about the impact of training on their CHWs. Interviews were conducted 17-23 weeks post training. There were 7 agencies and 9 supervisors from various programs that sent CHWs through MiCHWA's training, and MiCHWA was able to conduct interviews with three of those supervisors.

Note on methods: The total sample size is three (n=3). In the "Theme" column in the proceeding tables, the number of times a theme is mentioned is indicated with *n*. Interviewees often mentioned more than one theme in a response, so the sum of *n* in a given table may be greater than three.

DATA

Q1: Can you comment on the appropriateness of the length of the overall training for your CHWs?

a. Can you comment on the length of the training day?

- Three interviewees (100%) responded to Q1.
  - 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.
- Three interviewees (100%) responded to Q1a.
  - One interviewee (33%) said the length of the training day was appropriate.
  - Two interviewees (67%) commented on conflicts related to the length of the training day.

Table 1. Appropriateness of training length	
Theme *(n= number of times theme was mentioned)*	**Discussion/Quotes**
Good/appropriate (n=2)	• CHWs were able to take their time. Overall training day was OK. • "For the skill set being taught, it is appropriate. You need time to practice and integrate skills into day to day practice. It is not something that you could go to a one week class and walk out and be a better CHW."
Too long/challenging (n=2)	• Overall, training was too long. • Challenging from a management perspective, impacted care team • "CHWs got really fatigued by the amount of time that they were in class."

Q2: How would you describe the convenience of the training location for CHWs?

- Three interviewees (100%) responded to this question.
    - Three interviewees (100%) indicated the location of the training was convenient.

Table 2. Convenience of training location	
Theme *(n= number of times theme was mentioned)*	**Discussion/Quotes**
Convenient (n=3)	• "It was great!" • All three interviewees stated that the location of training was convenient.

Q3: What are your thoughts on the best time of year to hold CHW trainings?

- Three interviewees (100%) responded to this question.
    - One interviewee (33%) said in the winter.
    - Two interviewees (67%) said not in the winter.

Table 3. Best time of year to hold trainings	
Theme *(n= number of times theme was mentioned)*	**Discussion/Quotes**
Not Winter (n=2)	• "My two CHWs both had some weather related issues getting to class." • There was confusion with cancelation of class for snow days. • The fall and spring would be the best time of year.
Winter (n=1)	• "Winter is good timing, in terms of it being a low volume time for people to take vacations." • Staff can go to the majority of classes during the winter.

Q4: How would you describe the CHWs' ability to handle their usual caseloads while training?

- Three interviewees (100%) responded to this question.
    - One interviewee (33%) said CHWs were able to handle caseloads while training.
    - Two interviewees (67%) said CHW caseloads had to be reduced during training.

Table 4. CHWs' ability to handle caseloads while training	
Theme *(n= number of times theme was mentioned)*	**Discussion/Quotes**
Capacity was decreased (n=2)	• "We had to severely reduce caseloads while training." • "I would say it cut down their capacity to see clients by 1/3 or more."
Good (n=1)	• "They were able to handle it and [the training] provided hours for student to do homework." • Able to handle class with usual caseload.

Q5. Since training ended, how would you describe CHWs compliance with the protocols of your work environment?

- Three interviewees (100%) responded to this question.
    - One interviewee (33%) reported that training improved CHW protocol compliance
    - One interviewee (33%) said that CHWs followed protocol before and after training.
    - One interviewee (33%) was unable to answer at this time, and provided comment.

Table 5. CHW protocol compliance	
Theme *(n= number of times theme was mentioned)*	**Discussion/Quotes**
Could not answer at this time. (n=1)	• One employer stated both of her CHWs have been out on medical leave since training. • "They loved it and got a lot out of it but I have not been able to evaluate their work thus far."
Protocol compliance improved. (n=1)	• "It gave new CHWs more clarification about protocols and curriculum."
Protocol compliance continued (n=1)	• Good. Follows protocols. No problems with CHWs.

Q6. Since training ended, what differences have you noticed in the work performance of your CHWs?

- Two interviewees (67%) responded to this question.
    - Two interviewees (100% of respondents) said training improved CHWs' role clarification and scope of practice.

Table 6. Work performance of CHWs	
Theme *(n= number of times theme was mentioned)*	**Discussion/Quotes**
Improved role clarification and scope of practice. (n=2)	• Improved confidence of role • Helped with role clarification within interdisciplinary team • "She is more aware of CHW scope of practice and what she can bring to the team and community."
Could not answer at this time. (n=1)	• Stated she cannot answer because CHWs have not worked since training

Q7. Would you be willing to send more CHWs to the training in the future?

- Three interviewees (100%) responded to this question.
    - All three interviewees (n=3, 100%) are willing to send CHWs to trainings in the future.

Table 7. Willingness to send more CHWs to trainings	
Theme *(n= number of times theme was mentioned)*	**Discussion/Quotes**
Yes (n=3)	• "There are logistical challenges but it is well worth it and a huge investment in their future and our client's success." • One employer noted that she already has three CHWs scheduled for next round of trainings. • "Absolutely, I think it is really valuable. It is more than what I can provide them as a supervisor."

Q8. Would you consider hiring a CHW without work experience but who had completed the training?

- Three interviewees (100%) responded to this question.
    - All three interviewees (n=3, 100%) are willing to hire a CHW without work experience but who had completed the training.

Table 8. Hiring CHW with no work experience but had training	
Theme *(n= number of times theme was mentioned)*	**Discussion/Quotes**
Yes (n=3)	• "Yes, absolutely, if they had other work experience, maybe not if they had never worked before". • All three employers stated they would hire a CHW without experience but who had completed the training.

Q9. How would you prefer to be kept in the loop while your CHWs are participating in the training?

- Three interviewees (100%) responded to this question.
    - All three interviewees (n=3, 100%) prefer email communication.
    - Two interviewees (67%) prefer regular (monthly, quarterly) updates via email on CHW progress.

Table 9. Preference for communication during training	
Theme *(n= number of times theme was mentioned)*	**Discussion/Quotes**
Email (n=3)	• "Email would be best."
Updates on CHWs progress (n=2)	• "Quarterly or monthly check-ins would have been great." • Notifications regarding CHWs meeting expectations in training or any trouble meeting deadlines, or if they are doing great.

Q10. What suggestions or comments do you have about how we can improve the training in the future?

- Three interviewees (100%) responded to this question.

Table 10. Suggesting or comments for training improvement	
Theme *(n= number of times theme was mentioned)*	**Discussion/Quotes**
This is a necessary training/ no suggestions. (n=2)	• I am just so thankful that this training exists and that the team is able to go through this." • "Glad we have training for CHW's because when I started I was a CHW and the training we had was good, but I think this one is more intense and it really helping them see the whole reason for CHWs and why they are so important."
More communication. (n=1)	• "More communication [from MiCHWA] so I can understand what [the CHWs] are learning."
Change timing/schedule of training. (n=2)	• "The content is wonderful but time is the biggest challenge." • "I would like to try it with fewer days per week to see if it improves CHW productivity." • "The content is wonderful but time is the biggest challenge." • 1 full day a week over three half days would be better from a scheduling standpoint.
More information prior to training. (n=1)	• "As a supervisor, it would help me to have more materials of what to expect before training."

Appendix D: Pre-and Post-Test Skill Set Comparisons by Level of Education and Work Experience

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

November 17, 2015

For questions about this mini-report, please contact MiCHWA Project Director Katherine Mitchell (mitchkl@umich.edu) or CHW Curriculum Lead Evaluation Staff Katharine Zurek (krzurek@umich.edu).

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 goal to pursue sustainable financing and recognition of the profession. The MiCHWA CHW Curriculum launch included three pilot trainings, with trainings sites in Detroit, Grand Rapids, and Lansing. Using the Minnesota CHW curriculum as a base, MiCHWA's 126-hour curriculum covers eight core competencies. Participants in the Detroit pilot completed a pre-training questionnare on the first day of training, February 4, 2015, and a post-training questionnare during the last week of training, March 25 or 26, 2015. Participants in the Grand Rapids pilot completed a pre-training questionnare on the first day of training, January 26, 2015, and a post-training questionnare during the last day of training, June 5, 2015. The pre- and post-questionnaires included Skillset Confidence Scales. The Skillset Confidence Scales asked participants to rank their level of confidence in performing sub-tasks of each core competency.

Purpose of Report

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

Methods

For the purposes of this report, the Skillset Confidence Scale scores were aggregated for the Detroit and Grand Rapids participants that completed the Skillset Condifence 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 Condifence 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. Nine out of nine participants that began training in Detroit finished training and completed both sets of Skillset Confidence Scales. Fifteen out of 17 participants in Grand Rapids finished training, but one participant's pre-questionnaire was missing, so a total of 14 participants completed both sets of Skillset Confidence Scales.

The analysis of Skillset Confidence Scales by **highest level of education achieved** includes nine Detroit participants and 14 Grand Rapids participants, for a total of 23 participants included in the analysis. The analysis separated participants in two categories: (1) High School diploma/GED; and (2) Associate's Degree or higher. Eleven participants between the two sites indicated their highest level of education as a High School diploma/GED (4 Detroit,7 Grand Rapids). Twelve participants between the two sites indicated their highest level of education as an Associates's Degree, Bachelor's Degree, Master's Degree, or Other (Vocational). There were six participants with Associate's Degrees (2 Detroit, 4 Grand Rapids), two Bachelor's Degrees (1 Detroit, 1 Grand Rapids), three Master's Degrees (2 Detroit, 1 Grand Rapids), and one Other/Vocational (Grand Rapids).

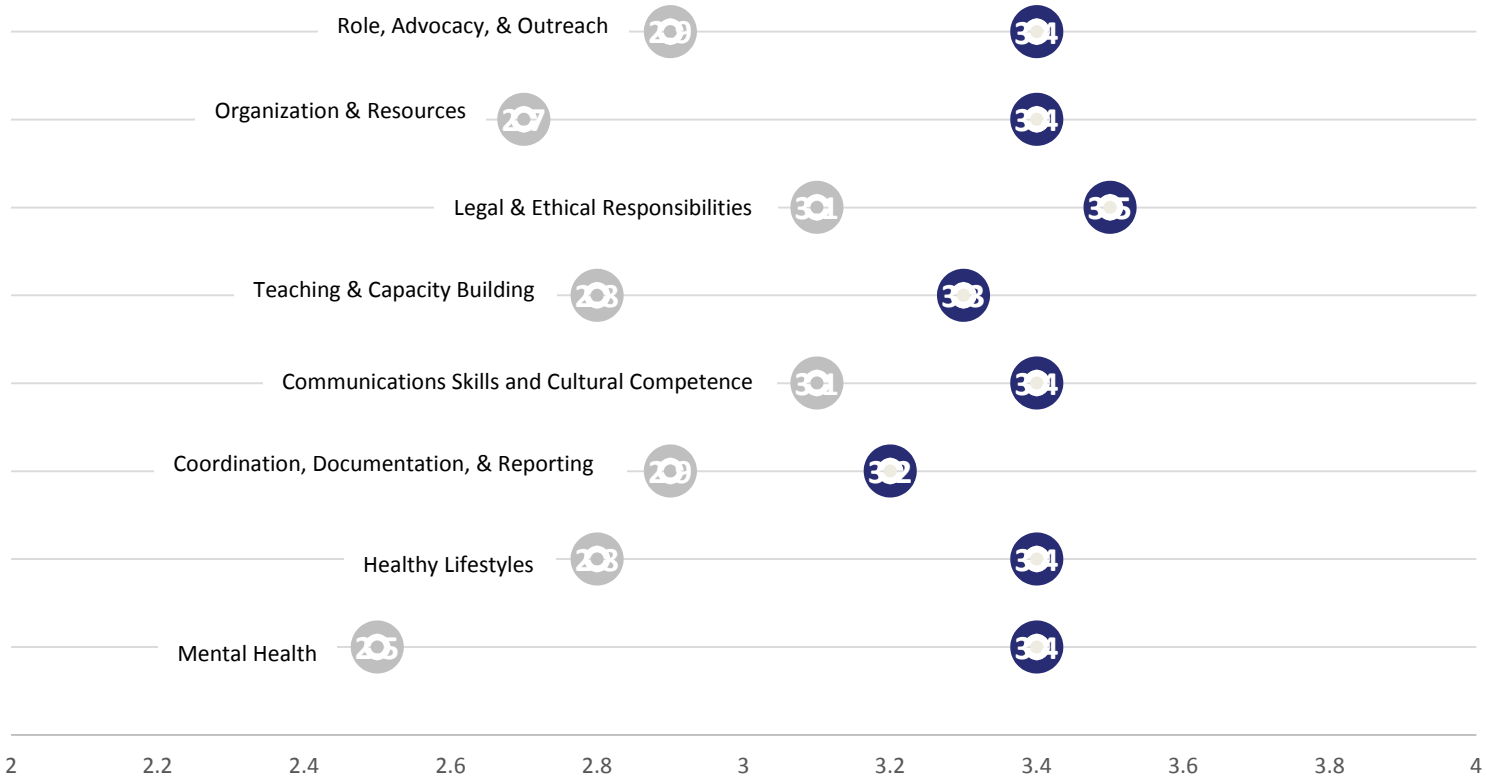
The analysis of Skillset Confidence Scales by **number of years working for current employer** includes five Detroit participants and 14 Grand Rapids particpants, for a total of 19 participants included in the analysis. Only five of nine Detroit participants indicated on their pre-questionnaires how long they have been working for their current employer. The analysis separated participants in two categories: (1) less than one year experience with current employer; and (2) more than one year experience with current employer. Ten participants between the two sites indicated they have less than one year experience with their current employer (3 Detroit,7 Grand Rapids). Nine participants between the two sites indicated they have more than one year experience working for their current employer (2 Detroit, 7 Grand Rapids).

Key Findings

- Participants with an Associate's Degree or higher had a greater average gain in confidence per competency (**.7125**) than participants with a High School diploma/GED (**.525**).
- Participants with less than one year experience as a CHW for their current employer had a greater average gain in confidence per competency (**.675**) than participants with more than one year experience as a CHW for their current employer (**.5875**).

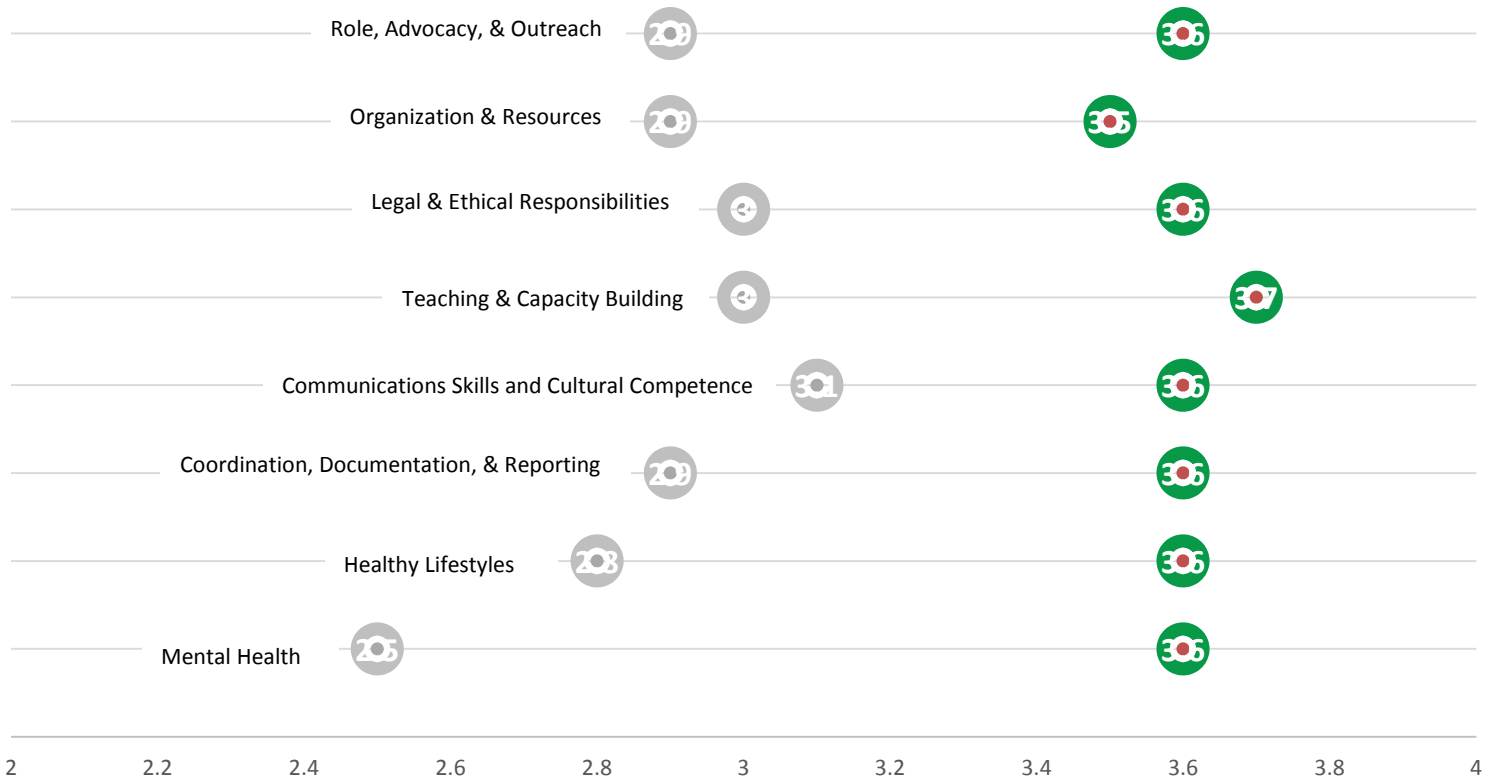
DATA

Pre-tests and post-tests for CHWS with a High School Diploma/GED



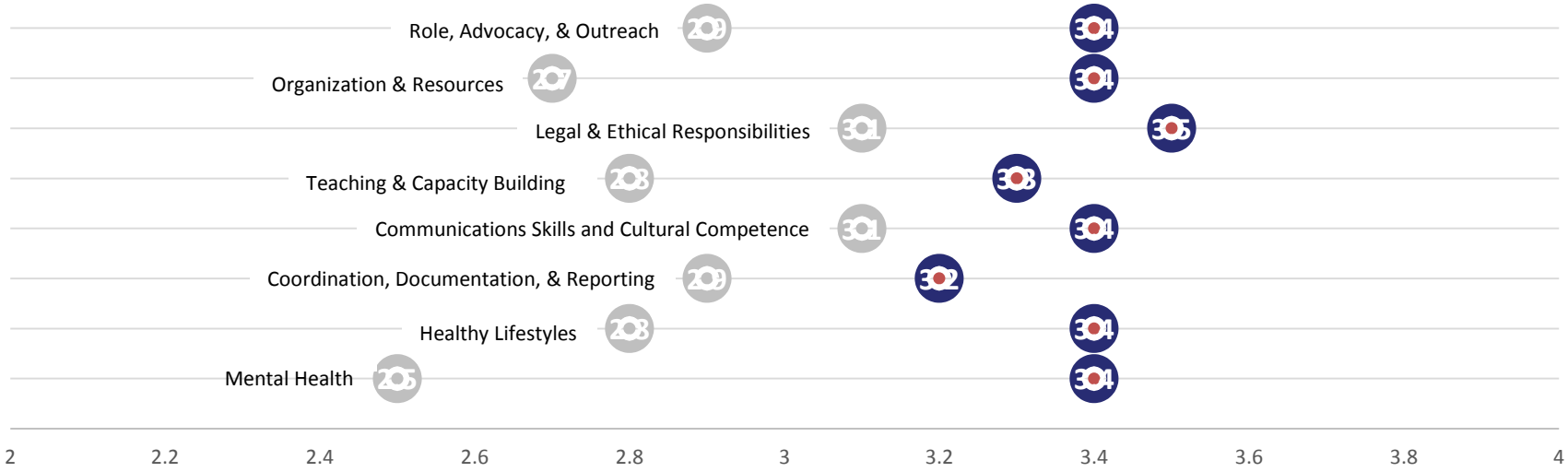
Competencies from greatest to least gain in confidence	
Mental Health	.9
Organization and Resources	.7
Healthy Lifestyles	.6
Teaching and Capacity Building	.5
Role, Advocacy, and Outreach	.5
Legal and Ethical Responsibilities	.4
Communications Skills and Cultural Competence	.3
Coordination, Documentation, and Reporting	.3
Average gain in confidence	**.525**

Pre-tests and post-tests for CHWS with an Associate's Degree or higher

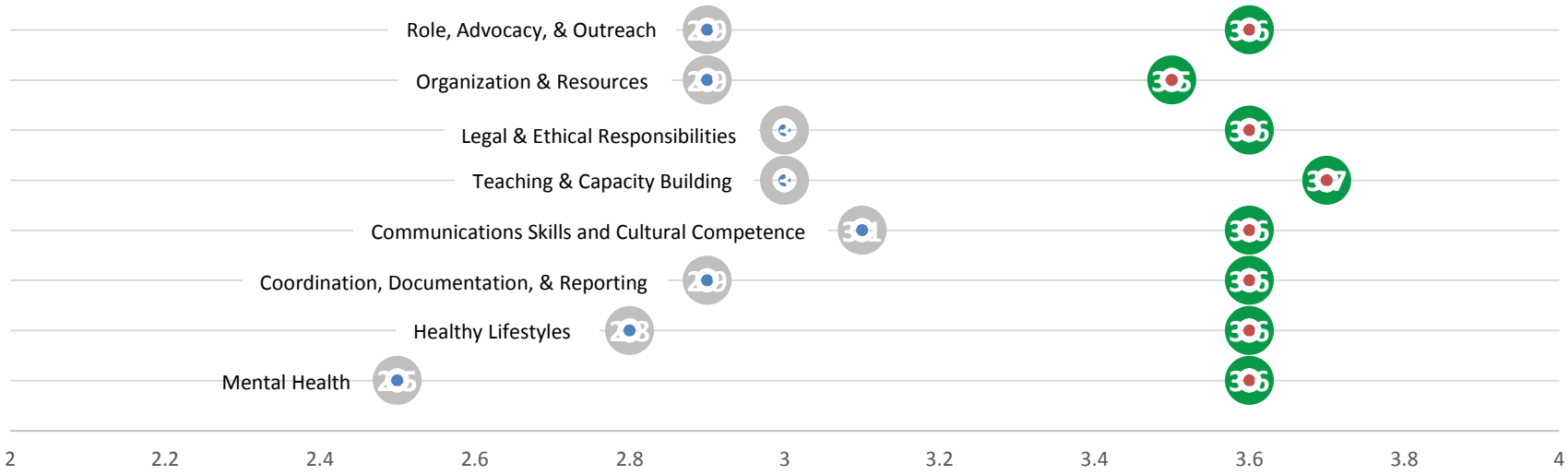


Competencies from greatest to least gain in confidence	
Mental Health	1.1
Healthy Lifestyles	.8
Coordination, Documentation, and Reporting	.7
Role, Advocacy, and Outreach	.7
Teaching and Capacity Building	.7
Legal and Ethical Responsibilities	.6
Organization and Resources	.6
Communications Skills and Cultural Competence	.5
Average gain in confidence	**.7125**

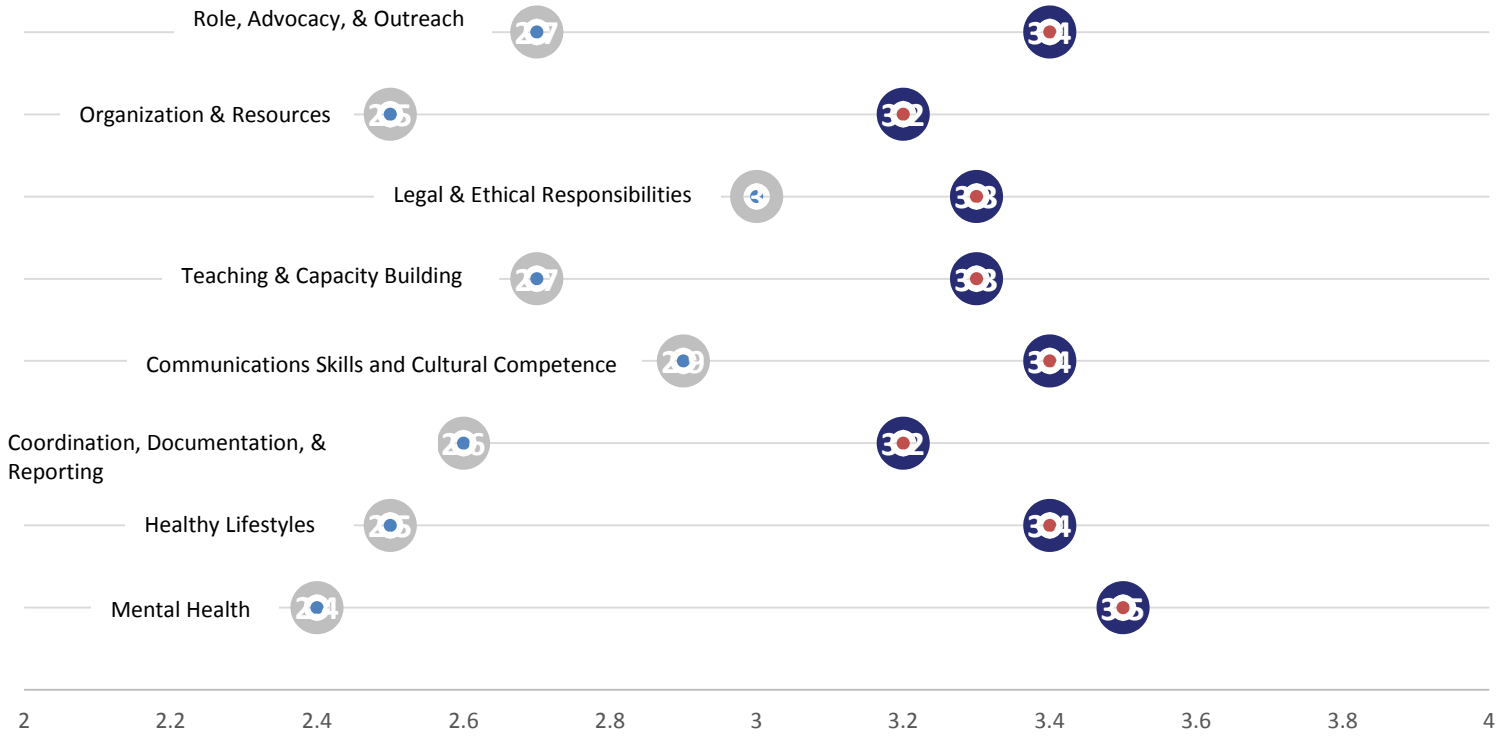
Pre-tests and post-tests for CHWS with a High School Diploma/GED



Pre-tests and post-tests for CHWS with an Associate's Degree or higher

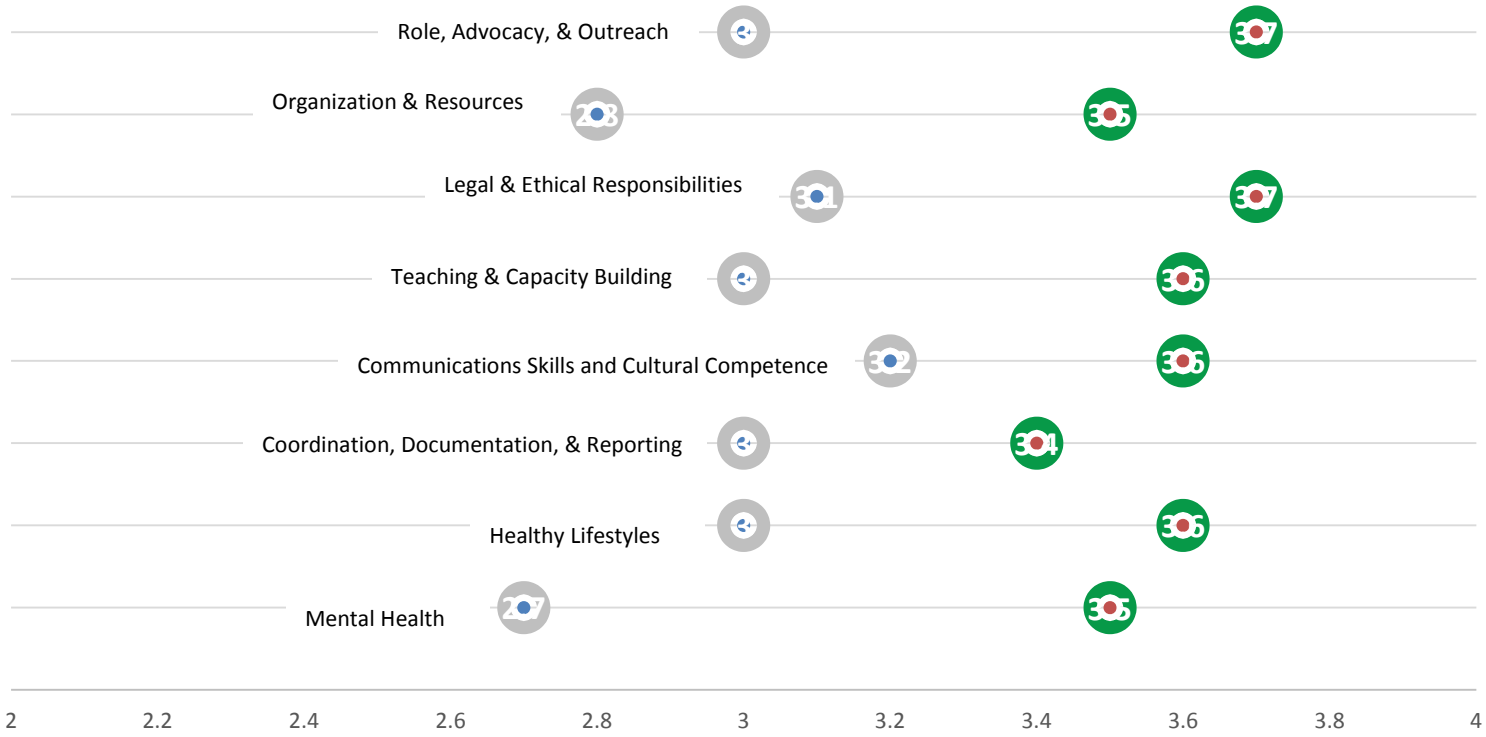


Pre-test and post-test confidence scales for CHWS with less than one year experience with current employer



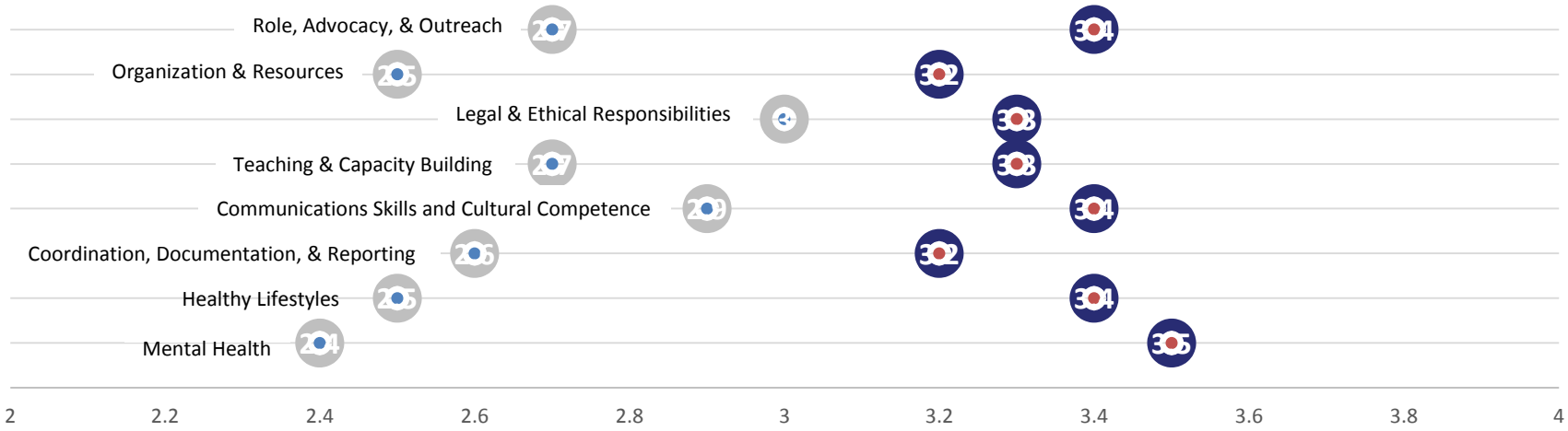
Competencies from greatest to least gain in confidence	
Mental Health	1.1
Healthy Lifestyles	.9
Role, Advocacy, and Outreach	.7
Organization and Resources	.7
Teaching and Capacity Building	.6
Coordination, Documentation, and Reporting	.6
Communications Skills and Cultural Competence	.5
Legal and Ethical Responsibilities	.3
Average gain in confidence	**.675**

Pre-test and post-test confidence scales for CHWS with more than one year experience with current employer



Competencies from greatest to least gain in confidence	
Mental Health	.7
Organization and Resources	.7
Role, Advocacy, and Outreach	.7
Healthy Lifestyles	.6
Teaching and Capacity Building	.6
Legal and Ethical Responsibilities	.6
Communications Skills and Cultural Competence	.4
Coordination, Documentation, and Reporting	.4
Average gain in confidence	**.5875**

Pre-test and post-test confidence scales for CHWS with less than one year experience with current employer



Pre-test and post-test confidence scales for CHWS with more than one year experience with current employer

Michigan CHW Curriculum Pre-Class Questionnaire

Welcome to Community Health Worker training! On behalf of the Michigan Community Health Worker Alliance (MiCHWA), we are excited for your upcoming weeks of training and the skills you will develop throughout this course. To help us better evaluate your training experience, please complete the following questionnaire. MiCHWA will issue a similar questionnaire at the end of the course. Results from this questionnaire will not be used by your course instructors in grading and will only be used to help MiCHWA understand and evaluate the training overall.

Name:

Training Location: ❒ Grand Rapids ❒ Detroit **Birthdate**: / /

Race/Ethnicity:

❒ Asian/ Pacific Islander ❒ American Indian/Alaskan Native ❒ Hispanic/Latino(a)

❒ Non-Hispanic White ❒ Black/ African-American ❒ Other:

Sex:

M F

What is the highest level of education you've attained?

❒ High School Diploma/GED ❒ Associate's Degree ❒ Bachelor's Degree ❒ Master's Degree

❒ Other Professional Degree ❒ Other:

Are you currently in school? If yes, what type of degree program are you enrolled in?

❒ Associate's Degree ❒ Bachelor's Degree ❒ Master's Degree ❒ Other Professional Degree

❒ Other:

Are you currently employed as a Community Health Worker? ❒ Yes ❒ No

For Currently Employed Community Health Workers

Who is your employer?

How long have you worked as a Community Health Worker with your current employer?

How many hours per week do you work as a Community Health Worker?

What type of health conditions or other issues will you be/are you addressing in your current job?

- ❑ Asthma
- ❑ Cancer
- ❑ Connecting to Resources
- ❑ Diabetes
- ❑ Education Assistance
- ❑ Employment
- ❑ Food Security
- ❑ Health Literacy
- ❑ Heart Disease
- ❑ HIV/AIDS
- ❑ Housing
- ❑ Hypertension
- ❑ Income Assistance
- ❑ Infant Mortality
- ❑ Maternal/Child Health
- ❑ Mental/Behavioral Health
- ❑ Nutrition
- ❑ Obesity
- ❑ Oral Health
- ❑ Physical Activity
- ❑ Other:

For All Class Participants

Have you ever worked as a Community Health Worker before? If so, where and for how long?

Have you worked in a health or health care job or setting before? *Not including previous or current CHW jobs*

Have you worked in a human services job or setting before? N*ot including previous or current CHW jobs*

What, if any, training specific to being a Community Health Worker have you had before? *Please describe what this training was and who provided it, if any*

From your perspective, how would you describe a Community Health Worker?

What are you hoping to learn during this training course?

From your perspective, what skills do you believe you will need to learn to be an effective or a more effective Community Health Worker?

How did you hear about this training course?

Do you have any questions or concerns about this course?

Baseline Skillset

This is not at test! We want to gauge what knowledge you're coming into the course with. Please complete the following to the best of your ability.

Role, Advocacy and Outreach

Objective	How confident are you that you can…			
a. Identify the components of the Community Health Worker role and explain and define the Community Health Worker role.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
b. Identify an emergency and the appropriate response, which may include calling 9-1-1.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
c. Identify potentially dangerous situations that may arise and cause an accident, illness or injury to themselves.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
Describe measures to ensure personal safety while in the community.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
d. Identify personal time management styles and develop strategies for setting goals, prioritizing and organizing work.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
e. Identify and use outreach strategies effectively in the community.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
Distinguish outreach from formal planning and how to use it effectively in the community	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
f. Demonstrate the skills necessary to be an effective liaison between provider and client and the client and agency.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
Recognize and report discrepancies between the service provided to and the actual experiences of the client.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
g. Advocate for individuals and communities.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
Expand on the concept of liaison to consider the CHW role in the Community.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence

Organization and Resources: Community and Personal Strategies

Objective	How confident are you that you can…			
a. Demonstrate knowledge about community resources.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence

b.	Navigate and continue the process of locating resources in the community and adding new information to the community map.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
c.	Incorporate health determinants when applying principles of health promotion and disease prevention.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
d.	Demonstrate critical thinking as a framework for solving problems and decision making.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
e.	Demonstrate effective home visit strategies and understand the importance of home visits and their principles and strategies.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence

Legal and Ethical Responsibilities

Objective		How confident are you that you can…			
a.	Apply agency policies.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
b.	Critique scenarios of the CHW role with appropriate and inappropriate boundaries.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
c.	Demonstrate an understanding of HIPAA and the importance of protecting confidentiality.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
d.	Apply basic concepts of liability.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
e.	Recognize the responsibility and implications of mandatory reporting.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
f.	Describe how ethics influence the care of clients.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence

Teaching and Capacity Building

Objective		How confident are you that you can…			
a.	Collect client data specific to health behaviors, safety and psychosocial issues.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
b.	Conduct an effective client data collection interview.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
c.	Effectively help clients set SMART goals for healthy behavior change.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
d.	Utilize a variety of teaching techniques with clients.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
e.	Work with clients to foster healthy behavior changes.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
f.	Increase the capacity of the community through health promotion activities and disease prevention.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence

Communications Skills and Cultural Competence

Objective	How confident are you that you can…			
a. Demonstrate effective communication skills when collaborating with clients and members of the service team.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
b. Relate "culture" appropriate verbal and nonverbal communication when interacting with clients, their families and healthcare providers.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
c. Demonstrate active listening and interviewing skills to collect and share relevant information.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
d. Use conflict resolution strategies to deal with difficult behaviors and to realize empowerment in self and with clients.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
e. Recognize the uniqueness of and resulting implications of the community culture on the health and wellbeing of clients.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
f. Support clients and healthcare providers in "translating" culture-specific behaviors in order to promote needed services and resources.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
Interact with clients and healthcare providers within the cultural context of community and the American healthcare system.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
g. Use networking skills to ensure proper engagement of services and resources for clients and their families.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
Identify the skills and strategies needed to secure services and resources in the community through networking.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
h. Demonstrate skills and abilities to work with and within diverse teams.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence

Coordination, Documentation & Reporting

Objective	How confident are you that you can…			
a. Gather appropriate client and community information.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
Create a written record documenting events and activities in accordance with legal principles and practices.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
b. Examine the financial, health and social services information relevant to clients and client families.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
c. Demonstrate effective tracking of clients throughout the contact process.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence

	Develop an understanding of how to establish, maintain and terminate helping relationships.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
d.	Use health care terminology correctly when recording in client records.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence

Healthy Lifestyles

Objective		How confident are you that you can…			
a.	Describe the elements of a healthy diet, including food groups, foods to choose more of, foods to limit and portion control.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
b.	Be able to read and interpret a food label.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
c.	Describe the elements of a weight control and weight loss as part of a healthy lifestyle.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
d.	Discuss differing food cultures by exploring cultural eating habits.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
e.	Discuss limited food access by learning practical ways to manage food costs.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
f.	Describe what role exercise (physical activity) plays in a healthy lifestyle.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
g.	Describe how much exercise is needed to gain health benefits.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
h.	Describe what roles sleep plays in a healthy lifestyle.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
i.	Describe how much sleep is needed to gain health benefits.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
j.	Explain the reasons for taking medications as prescribed.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
k.	Discuss common reasons medications are not taken as prescribed and how CHWs can help clients overcome barriers to taking medications.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
l.	Discuss the client's role and responsibilities as a member of the health care team.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
m.	Identify three main questions a client should ask their doctor.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
n.	Identify the effects of tobacco, smoking, nicotine, second hand smoke and emerging products.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
o.	Define symptoms and causes of substance use disorders.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence

p.	Define stress, recognize common sources of stress (stressors) and stress responses/symptoms, identify healthy stress management techniques, and recognize how to maintain lifestyle balance.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence

Mental Health

Objective		How confident are you that you can…			
a.	Define mental health and mental illness.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
b.	Identify and discuss the incidence and impact of mental illness and its cultural implications.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
c.	Describe indicators of good mental health across the life cycle.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
d.	Recognize causes of mental illness and its risk factors.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
e.	Recognize the responsibility and implications of mandatory reporting.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
f.	Explain the ethical and legal aspects of the CHW role in working with mentally ill clients.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
g.	Demonstrate empathy for those affected by mental illness and discuss these issues with sensitivity.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
h.	List local mental health resources and identify barriers to accessing care.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
i.	Promote mental health in self, clients, families and communities.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence

Thank you for completing this questionnaire!

Note: assessment results will be kept confidential. Data collected will be used to evaluate the impact of the training course overall. Participant names are only collected to match pre-assessments and post-assessments.

If you have questions about this evaluation form, please contact MiCHWA Project Coordinator Katie Mitchell at katie@michwa.org.