

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: <input type="checkbox"/> Grand Rapids <input type="checkbox"/> Detroit <input type="checkbox"/> Lansing <input type="checkbox"/> Other _____	Birthdate: / /
Race/Ethnicity: <input type="checkbox"/> Asian/ Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic/Latino(a) <input type="checkbox"/> Non-Hispanic White <input type="checkbox"/> Black/ African-American <input type="checkbox"/> 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?

Yes No

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?

- Less than one year 1-3 years More than 3 years

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

What is the PRIMARY health condition or other issue you will be/are addressing in your current job?

Please choose ONE:

- | | | |
|--|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Health Literacy | <input type="checkbox"/> Maternal/Child Health |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Mental/Behavioral Health |
| <input type="checkbox"/> Connecting to Resources | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Housing | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Education Assistance | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Income Assistance | <input type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Food Security | <input type="checkbox"/> Infant Mortality | <input type="checkbox"/> Other: _____ |

For All Class Participants

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*

How did you hear about this training 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.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
b. Critique scenarios of the CHW role with appropriate and inappropriate boundaries.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
c. Identify an emergency and the appropriate response, which may include calling 9-1-1.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
d. Identify potentially dangerous situations that may arise and cause an accident, illness or injury.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
e. Describe measures to ensure personal safety while in the community.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
f. Identify personal time management styles and develop strategies for setting goals, prioritizing and organizing work.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
g. Demonstrate the skills necessary to be an effective liaison between provider and client and the client and agency.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
h. Recognize and report discrepancies between the service provided to and the actual experiences of the client.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
i. Advocate for individuals and communities.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
j. Expand on the concept of liaison to consider the CHW role in the Community.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence

Organization and Resources: Community and Personal Strategies

Objective	How confident are you that you can...			
a. Demonstrate knowledge and skill in gathering appropriate and applicable community resources.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
b. Navigate and continue the process of locating resources in the community and add new information to the community map.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence



c. Incorporate health determinants when applying principles of health promotion and disease prevention.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
d. Identify and use outreach strategies effectively in the community.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
e. Distinguish outreach from formal planning and how to use it effectively in the community.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
f. Demonstrate critical thinking as a framework or solving problems and decision making.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
g. Describe effective home visiting strategies and understand the importance of home visits and their principles and strategies.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
h. Use networking skills to ensure proposer engagement for services and resources for clients and their families.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
i. Identify the skills and strategies needed to secure services and resources in the community through networking.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
j. Increase the capacity and wellbeing of the community through health promotion activities and disease prevention.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence

Legal and Ethical Responsibilities

Objective	How confident are you that you can...			
a. Apply agency policies to the CHW role.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
b. Demonstrate an understanding of HIPAA and the importance of protecting confidentiality.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
c. Apply basic concepts of liability.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
d. Recognize the responsibility and implications of mandatory reporting.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
e. Describe how ethics influence the care of clients.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence

Teaching and Capacity Building

Objective	How confident are you that you can...			
a. Work with clients to foster healthy behaviors.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence



b. Collect client data including health, safety, determinants of health, and psychosocial issues.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
c. Identify three client priorities.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
d. Effectively help clients set SMART goals for healthy behavior change.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
e. Utilize a variety of teaching techniques with clients.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence

Coordination, Documentation & Reporting

Objective	How confident are you that you can...			
a. Gather appropriate client and community information.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
b. Create a written record documenting events and activities in accordance with legal principles and practices.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
c. Examine the financial, health and social services information relevant to clients and client families.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
d. Use health care terminology correctly when recording in client records.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> 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.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
b. Relate "culture" appropriate verbal and nonverbal communication when interacting with clients, their families and healthcare providers.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
c. Demonstrate active listening and interviewing skills to collect and share relevant information.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
d. Demonstrate empathy for those affected by mental illness and discuss the issues with sensitively.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
e. Use conflict resolution strategies to deal with difficult behaviors and to realize empowerment in self and with clients.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
f. Recognize the uniqueness of and resulting implications of the community culture on the health and wellbeing of clients.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence



g. Identify the differences among minority groups in Michigan and how to better communicate with members of those groups.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
h. Support clients and healthcare providers in “translating” culture-specific behaviors in order to promote needed services and resources.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
i. Interact with clients and healthcare providers within the cultural context of community and the American healthcare system.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
j. Demonstrate skills and abilities to work with and within diverse teams.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> 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.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
b. Be able to read and interpret a food label.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
c. Discuss differing food cultures by exploring cultural eating habits.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
d. Discuss limited food access by learning practical ways to manage food costs.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
e. Identify supplemental food resources available through community or government-based programs.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
f. Describe what role exercise (physical activity) plays in a healthy lifestyle.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
g. Describe how much exercise is needed to gain health benefits.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
h. Describe what roles sleep plays in a healthy lifestyle.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
i. Describe how much sleep is needed to gain health benefits.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
j. Identify the effects of tobacco, smoking, nicotine, second hand smoke and emerging products.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
k. Define symptoms and causes of substance use disorders.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
l. Explain the reasons for taking medications as prescribed.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
m. Discuss common reasons medications are not taken as prescribed and how CHWs can help clients overcome barriers to taking medications.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence



n. Discuss the client's role and responsibilities as a member of the health care team.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
o. Identify three main questions a client should ask their doctor.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence

Mental Health

Objective	How confident are you that you can...			
a. Define mental health and mental illness.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
b. Discuss the incidence and impact of mental illness and its cultural implications.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
c. Describe indicators of good mental health across the life cycle.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
d. Recognize causes of mental illness and risk factors for developing mental illness.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
e. Identify symptoms and the importance of early intervention.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
f. List local mental health resources and identify barriers to accessing care.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
g. Promote mental health in self, clients, families and communities.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
h. Define stress.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
i. Recognize common sources of stress (stressors) and stress responses/symptoms.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
j. Identify healthy stress management techniques.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> High Confidence
k. Recognize how to maintain lifestyle balance.	<input type="checkbox"/> Not Confident	<input type="checkbox"/> Low Confidence	<input type="checkbox"/> Confident	<input type="checkbox"/> 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 Director Katie Mitchell at katie@michwa.org.

