

Level II Community Health Workers

*The Community Health
Worker Evaluation Tool Kit*

A Project of The University of Arizona
Rural Health Office and
College of Public Health



"Then We Listen and Assess"
- CHW

Sponsored by
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Level II

Community Health Workers

Tools under each level of the framework are listed in alphabetical order by agency. A double asterisk (**) indicates the tool is included in Level II of the Tool Kit. An asterisk (*) indicates the tool is included in a different section within the same level or in an alternate level of the Tool Kit. Please refer to indices of Levels I, III and IV.

1.0 Outcomes

1.1 Knowledge, attitudes, beliefs and risk and protective behaviors

Juan Diego Community Center Tracking Form	<i>Centro Comunitario Juan Diego</i>
Camp Health Aide Encounter Record	Migrant Health Promotion
Group Educational Session Planning and Evaluation Form	Migrant Health Promotion
Observation Form**	Planned Parenthood of Los Angeles

1.2 Work Status/Job Skills

Interview with CHA Program Coordinator and CHA Committee Chair**	Center for Healthy Communities
Interview with Community Health Advocates**	Center for Healthy Communities
Community Health Advisor Profile**	Community Health Advisor Network
Scope of Work Matrix**	Community Health Representative Program
Camp Health Aide Encounter Record	Migrant Health Promotion
Group Educational Session Planning and Evaluation Form	Migrant Health Promotion
Program Evaluation Form**	Planned Parenthood of Los Angeles
Evaluation Form**	Planned Parenthood of Los Angeles
Evaluation Form Practice Session*	Planned Parenthood of Los Angeles
Communication Skills**	Project Jump Start

2.0 Impacts

2.1 Community participation

Camp Health Aide Encounter Record	Migrant Health Promotion
Group Educational Session Planning and Evaluation Form	Migrant Health Promotion
Evaluation Form Practice Session**	Planned Parenthood of Los Angeles

2.2 Quality of Life

CHA Self-Assessment of Perceived Control**	Community Health Advisor Network
Community Health Advisor Profile*	Community Health Advisor Network
Self-Efficacy/Behavior Instrument for Objectives of CHAN Training **	Community Health Advisor Network
Camp Health Aide Encounter Record	Migrant Health Promotion
Post-Program Questionnaire**	Migrant Health Promotion
Self-Efficacy Questions**	Opening Doors, New Mexico
Community Health Worker Exit Interview Format**	Project Reach Out

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Planned Parenthood of Los Angeles in collaboration with
 Hathaway Family Resource Center
 Promotores/as Comunitarios Training Program

II.1.1

Observation Form*

Date: ____/____/____	Topic: _____
Promotor/a: _____	Staff: _____
Site Name: _____	Worked as a team? _____

Check one: Periodic Observation Training Observation: #1 #2 #3

FEEDBACK SCALE:

1=Needs improvement 2=Satisfactory 3=Good 4=Very good 5=Excellent

1.0 INTRODUCTION

1.1 Punctuality	1	2	3	4	5
1.2 Welcome/Introduction	1	2	3	4	5
1.3 Prepared for the presentation	1	2	3	4	5
1.4 Attire and physical appearance	1	2	3	4	5
1.5 Agenda/objectives	1	2	3	4	5

Comments:

2.0 DELIVERY STYLE AND PRESENTATION SKILLS

2.1 Projection and tone of voice	1	2	3	4	5
2.2 Body language and eye contact	1	2	3	4	5
2.3 Organized presentation	1	2	3	4	5
2.4 Appears comfortable with the topic	1	2	3	4	5
2.5 Use of visual aids, props, flip charts	1	2	3	4	5
2.6 Presents topic with enthusiasm	1	2	3	4	5
2.7 Gives clear instructions	1	2	3	4	5

Comments:

*Form is available in Spanish



3.0 KNOWLEDGE OF CURRICULUM

3.1 Knows the curriculum	1	2	3	4	5
3.2 Factual and updated information given	1	2	3	4	5
3.3 Topic covered adequately	1	2	3	4	5
3.4 Questions answered	1	2	3	4	5
3.5 Proper time for each question	1	2	3	4	5
3.6 Ice breaker activities	1	2	3	4	5

Comments:

4.0 INTERACTION WITH PARTICIPANTS

4.1 Maintains the group focused	1	2	3	4	5
4.2 Encourages group discussion	1	2	3	4	5
4.3 Respects group's opinion	1	2	3	4	5
4.4 Actively listens to entire group	1	2	3	4	5
4.5 Delivers curriculum with confidence	1	2	3	4	5
4.6 Control and balance of group process	1	2	3	4	5
4.7 Attentive to the needs of the group	1	2	3	4	5

Comments:

5.0 ADDITIONAL COMMENTS

5.1 Promotor/a Strengths:

5.2 Areas for Improvement:

Thank You



Center for Healthy Communities
Dayton, Ohio

II.1.2

Interview with Community Health Advocates Program Coordinator and Community Health Advocate Committee Chair

1. Currently is the CHA program operating as you had planned? Yes No

Please describe:

2. What frustrations have you experienced in establishing the CHA program?

3. How have CHA's been able to improve client satisfaction and access to health care services?
Social services?

4. What obstacles have prevented CHA's from serving clients and promoting client independence?

5. What provider issues have been obstacles in meeting client needs?

6. How have you evaluated the CHA training program? What data have been collected?
What documents produced?

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Center for Healthy Communities
Dayton, Ohio

II.1.3

Interview with Community Health Advocates (CHAs)

1. How have the CHA's been able to improve client satisfaction and access to health care services? Social services?

2. How have you been able to do follow-ups with clients at risk because of health-related problems? What obstacles prevent this?

3. How have you been able to promote client independence? What obstacles prevent this?

4. What health care access and services are not available for your clients?

5. What are your frustrations as a CHA?

6. What suggestions do you have for the training of future CHA's?

7. What abilities do doctors, nurses, and other health professionals need to work better in the community?

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Community Health Advisor Network (CHAN)
The University of Southern Mississippi
A Program of the Center for Sustainable Health Outreach

II.1.2

Community Health Advisor Profile*

I. PERSONAL INFORMATION:

1. **Sex:** Male Female **Race/ethnicity:** White Asian Native American Hispanic Black Other: _____

2. **Years lived in (Name of County):** _____

3. **Date of Birth:** Year _____ Month _____ Day _____

4. **Education completed (number of years):**

Elementary _____ Secondary _____ College _____ Vo-Tech _____

5. **Other training**

How long

6. **Employment:**

	Occupation	# Years
Now	_____	_____
Past	_____	_____
	_____	_____

7. **Number of Children:** _____

8. **Marital Status:**

Married Single Divorced Widowed

9. **If married, occupation of Spouse:** _____

II. HOUSEHOLD INFORMATION:

10. Total number of people who live in your home: _____
 Total number of people who live in your home who work: _____
 Total number of people who live in your home in school: _____
 Total number of people who live in your home who help support: _____

* This tool is part of the CHAN Program Evaluation and Monitoring, a Computerized Surveillance System



11. Home: Own Rent

12. Approximate Total Monthly Household Income (check one):

\$0-399 \$400-489 \$850-1699 \$1700-2499 Over \$2500

13. Is anyone in your household covered/assisted by (check Yes or No)

Welfare:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
WIC:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SS Disability:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Social Security:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Food Stamps:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medicare:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medicaid:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Health Insurance:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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III. COMMUNITY ACTIVITIES:

14. Groups you belong to:

15. Offices held if any:

16. Past community projects or activities you have been interested in:

17. What do you feel are the most important health problems in the country:



IV. HELPING ACTIVITIES:

18. Do people ever come to you for advice, or just to talk out their problems?

Yes No

If Yes, about how many different people per week? _____

How are the people who ask for help connected to you (check as many as apply)?

- Neighbors Church Friends Acquaintances
 Strangers Family Co-Workers
 Other _____

19. Does the advising/helping ever take place (check as many as apply):

- | | | |
|---------------------------|------------------------------|-----------------------------|
| 1. By phone | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. In person in your home | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. In someone else's home | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. At work | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. At a meeting | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Other (specify) _____ | | |

20. Do people ever ask for help about (check as many as apply):

- | | | |
|-------------------------------------|------------------------------|-----------------------------|
| 1. Their own health | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Their children's health | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Using health or welfare services | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Family problems | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Transportation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Recreation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

21. Do you ever (check as many as apply):

- | | | |
|------------------------------------|------------------------------|-----------------------------|
| 1. Just listen (counsel them) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Give information | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Recommend medicines or remedies | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Refer to other services | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Call someone for them | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Give or offer direct help | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Organize community projects | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Other (specify) _____ | | |

22. Why do you think people turn to you for help?

23. Do people ever come to you with things you can't help with? Yes No



24. If yes, give examples:

25. Do you ever ask someone else in particular for help for yourself?

Yes No

1. If Yes, is this person:

A relative

Yes

No

A friend

Yes

No

Just an acquaintance

Yes

No

If Yes, how do you know them?

2. What kinds of things have you asked them about?

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Thank you



Indian Health Service
Community Health Representative Program

II.1.2

**CHR PROGRAM
SCOPE OF WORK MATRIX**

Service	Health Problem														
	Communicable Diseases	Chronic Diseases	Ill-defined Condition	Vision	Ear	Nervous System	Respiratory	Circulatory	Digestive	Urinary Tract	Emotional Disorder	Mental health	Maternal and Child Health	HP/DP	Total
HEALTH EDUCATION*															0
CASE FIND/SCREEN*															0
CASE MANAGEMENT*															0
MONITOR PATIENT*															0
EMERGENCY CARE*															0
HOMEMAKER SERVICES*															0
TRANSPORT PATIENT															0
INTERPRET/TRANSLATE															0
OTHER PATIENT SERVICES															0
ENVIRONMENTAL SERVICES															0
ADMINISTRATION MANAGEMENT															0
OBTAIN TRAINING															0
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

* All field with an (*) are passed to PCC

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Planned Parenthood of Los Angeles in collaboration with
Hathaway Family Resource Center
Promotores/as Comunitarios Training Program

II.1.2

Program Evaluation Form*

Date: ____/____/____

Promotor/a Name/s: _____

School/Agency Name: _____

Please rate each of the items below as follows:

1=Unsatisfactory 2=Minimally Adequate 3=Satisfactory 4=Good 5=Excellent

1.0 OVERALL EVALUATION OF PROMOTOR/A PERFORMANCE

1.1 Punctuality and Attendance	1	2	3	4	5
1.2 Preparation at onset of session	1	2	3	4	5
1.3 Rapport with parents/adults	1	2	3	4	5
1.4 Clarity of language	1	2	3	4	5
1.5 Ability to answer questions	1	2	3	4	5
1.6 Knowledge of information	1	2	3	4	5
1.7 Quality of Presentation	1	2	3	4	5

2.0 EVALUATION OF PROGRAM CURRICULUM

2.1 Topics presented	1	2	3	4	5
2.2 Information given	1	2	3	4	5
2.3 Visual aids	1	2	3	4	5
2.4 Brochure and pamphlets	1	2	3	4	5
2.5 Time per session	1	2	3	4	5
2.6 Curriculum allows for adults to participate	1	2	3	4	5
2.7 Curriculum allows for learning to take place	1	2	3	4	5

3.0 OVERALL PROGRAM EVALUATION

3.1 Would you invite the Program to present to future groups? YES NO

3.2 The most effective part of the program was: _____

3.3 The least effective part of the program was: _____

3.4 May we use your comments in our grant writing? YES NO

3.5 Comments and/or suggestions: _____

Thank you very much for your time!

* Form is available in Spanish

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Level IICommunity Health
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Planned Parenthood of Los Angeles in collaboration with
Hathaway Family Resource Center
Promotores/as Comunitarios Training Program

II.1.2

Evaluation*

"The effort you make to educate yourself will be a model to strengthen the future of your family"

Promotor/a Name: _____ Date: _____
Topic: _____

The opinions and suggestions you write on this evaluation will help us improve the classes you are receiving:

1. Please comment on what you learned in this class.

2. How will the information you learned today help you?

3. What did you not like about the class?

Please circle the number you think represents your answer:

	Poor			Excellent	
4. The way the topic was presented made me interested in it	1	2	3	4	5
5. The promotor/a is knowledgeable about the topic	1	2	3	4	5
6. I participate in the activities during the class	1	2	3	4	5
7. Put an (x) next to the topics you would like to receive					
<input type="checkbox"/> Self-esteem	<input type="checkbox"/> Values and Sexuality			<input type="checkbox"/> Domestic Violence	
<input type="checkbox"/> Sexually Transmitted Diseases	<input type="checkbox"/> Alcohol and Drugs			<input type="checkbox"/> Child Abuse	
<input type="checkbox"/> Breast Cancer	<input type="checkbox"/> Communication Skills			<input type="checkbox"/> Birth Control Methods	
<input type="checkbox"/> How to Speak to our Children about Sexuality				<input type="checkbox"/> Sexuality & Anatomy	
<input type="checkbox"/> Other: _____					
8. Suggestions and/or comments: _____					

* Form is available in Spanish



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Project Jump Start
University of Arizona Rural Health Office

II.1.2

Communication Skills

This tool is one of six assessment tools for project use. The other five tools are:
Advocacy Primary Health Care and Human Services, Core Competencies,
Capacity Building, Community Health Education, and Service Skills/Responsibilities.

A. How well do you believe this Communication session has prepared you to do the following as a Community Health Advisor:

1. Develop your communication skills such as:

	Not at all			Very well	
	1	2	3	4	5
Verbal communication	1	2	3	4	5
Nonverbal communication	1	2	3	4	5
The value of praise/encouragement	1	2	3	4	5
The importance of feedback	1	2	3	4	5
Listening	1	2	3	4	5

Comments: Improvements? Suggestions? What worked especially well?

2. Get information from agencies and provider.

	Not at all			Very well	
	1	2	3	4	5

Comments: Improvements? Suggestions? What worked especially well?

3. Use the agency and provider information in your workplace.

	Not at all			Very well	
	1	2	3	4	5

Comments: Improvements? Suggestions? What worked especially well?

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4. Recognize the client's ability to understand information.

Not at all			Very well	
1	2	3	4	5

Comments: Improvements? Suggestions? What worked especially well?

5. Be able to adapt your communication style to meet the client's needs.

Not at all			Very well	
1	2	3	4	5

Comments: Improvements? Suggestions? What worked especially well?

6. Communicate necessary information about clients to other agencies and providers.

Not at all			Very well	
1	2	3	4	5

Comments: Improvements? Suggestions? What worked especially well?

B. The teaching materials used in this session were:

	Strongly Agree			Strongly Disagree	
	1	2	3	4	5
Helpful	1	2	3	4	5
Clearly written	1	2	3	4	5
Could be improved	1	2	3	4	5

Comments: How could the materials be improved?

C. The learning activities in this session were:

	Strongly Agree			Strongly Disagree	
	1	2	3	4	5
Appropriate	1	2	3	4	5
Interesting	1	2	3	4	5
Stimulating	1	2	3	4	5

Comments: How could the learning activities be improved?

Thank you



Planned Parenthood of Los Angeles in collaboration with
 Hathaway Family Resource Center
 Promotores/as Comunitarios Training Program

II.1.2

Evaluation Form Practice Session*

Promotor/a Name: _____ Date: _____
 Topic: _____

	Poor			Excellent	
Appearance					
Comments: _____	1	2	3	4	5
Introduction	1	2	3	4	5
Self-introduction	1	2	3	4	5
Agencies being represented	1	2	3	4	5
Ground rules	1	2	3	4	5
Class agenda	1	2	3	4	5
Class objectives	1	2	3	4	5
Provides a safe and comfortable setting for learning	1	2	3	4	5
Comments:					

	Poor			Excellent	
Content					
Provides accurate and updated information	1	2	3	4	5
Provides content free of value judgment	1	2	3	4	5
Provides content appropriate for audience	1	2	3	4	5
Comments:					

	Poor			Excellent	
Delivery					
Builds rapport	1	2	3	4	5
States instructions clearly	1	2	3	4	5
Demonstrates verbal skills:					
• projection					
• tone					
• word choice	1	2	3	4	5
Presents in organized fashion	1	2	3	4	5
Demonstrates comfort with topic	1	2	3	4	5

* Form is available in Spanish



	Poor			Excellent	
Delivery (continuation)					
Uses audiovisual materials skillfully	1	2	3	4	5
Uses appropriate and/or enhancing humor	1	2	3	4	5
Uses body language congruent with content	1	2	3	4	5
Demonstrates flexibility	1	2	3	4	5
Appropriately times and paces each class section	1	2	3	4	5
Comments:					

	Poor			Excellent	
Interaction with Audience					
Involves audience appropriately	1	2	3	4	5
Uses resources of the group	1	2	3	4	5
Identifies needed resources for the group	1	2	3	4	5
Accepts individual differences	1	2	3	4	5
Encourages and supports participant expression	1	2	3	4	5
Actively listens to the group	1	2	3	4	5
Answers questions asked	1	2	3	4	5
Clears doubts and/or confusions	1	2	3	4	5
Comments:					

	Poor			Excellent	
Conclusion					
Met stated objectives	1	2	3	4	5
Began and ended on time	1	2	3	4	5
Demonstrated preparedness	1	2	3	4	5
Demonstrated flexibility	1	2	3	4	5
Gave a summary of key concepts	1	2	3	4	5
Comments:					

General Comments:

Evaluator's Name: _____

* Form is available in Spanish



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Community Health Advisor Network (CHAN)
The University of Southern Mississippi
A Program of the Center for Sustainable Health Outreach

II.2.2

Community Health Advisor Self-Assessment of Perceived Control*

Instructions: We are interested in how much influence you think you have in your life and in your community. Please read the following statements and rate according to the following:

	Disagree Strongly	Disagree Somewhat	Agree Somewhat	Agree Strongly
1. I have control over the decisions that affect my life.	1	2	3	4
2. My community has influence over the decisions that affect my life.	1	2	3	4
3. I am satisfied with the amount of control I have over decisions that affect my life.	1	2	3	4
4. I can influence decisions that my community makes.	1	2	3	4
5. By working together, people in my community can influence decisions that affect my community.	1	2	3	4
6. People in my community work together to influence decisions on the state or national level.	1	2	3	4
7. I am satisfied with the amount of influence I have over decisions that affect my community.	1	2	3	4

* To be administered in session 1 or 2 of the Community Health Advisors Training Program

* This tool is part of the CHAN Program Evaluation and Monitoring, a Computerized Surveillance System

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Instructions: We are interested in how much influence you think you have in the Community Health Advisors Program. Please read the following statements and rate according to the following:

	Disagree Strongly	Disagree Somewhat	Agree Somewhat	Agree Strongly
1. I can influence the decisions that the Community Health Advisors Program makes.	1	2	3	4
2. The Community Health Advisors Program has influence over decisions that affect my life.	1	2	3	4
3. The Community Health Advisors Program is effective in achieving its goals.	1	2	3	4
4. The Community Health Advisors Program can influence decisions that affect the community.	1	2	3	4
5. I am satisfied with the amount of influence I have over decisions that the Community Health Advisors Program makes.	1	2	3	4

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* To be administered during followup at the end of year 01 and year 02.



Community Health Advisor Network (CHAN)
The University of Southern Mississippi
A Program of the Center for Sustainable Health Outreach

II.2.2

Self-Efficacy/Behavior Instrument for Objectives of CHAN Training*

These questions will be used to help evaluate the CHAN program. Your help in filling out these questions is appreciated. You do not have to fill out these questions. It is completely voluntary.

Please sign below if you agree to fill out the following form: _____

Last 5 digits Social Security #: ____ _

The following questions ask you how confident you are in your ability to do certain things. Please mark the one word (none, low, medium, high) that best describes how confident you are in your ability to do the following:

How confident are you in your...

1. Ability to give advice or assistance to your neighbors on health issues:
 None Low Medium High
2. Ability to give advice or assistance to your neighbors on community issues:
 None Low Medium High
3. Ability to help plan community projects within a group:
 None Low Medium High
4. Ability to contact people within organizations to help your neighbors and community:
 None Low Medium High
5. Ability to give your opinions or ideas to others within a group:
 None Low Medium High
6. Ability to help solve problems that come up within a group:
 None Low Medium High
7. Ability to solve problems within your community:
 None Low Medium High
8. Ability to handle responsibilities given within a group:
 None Low Medium High
9. Ability to handle leadership roles within a group:
 None Low Medium High
10. Ability to discuss community issues with elected officials:
 None Low Medium High

* This tool is part of the CHAN Program Evaluation and Monitoring, a Computerized Surveillance System

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Do you or have you in the past done any of the following:

1. Given advice or assistance to your neighbors on health issues:
 Yes No Not Sure
2. Given advice or assistance to your neighbors on community issues:
 Yes No Not Sure
3. Worked on community projects:
 Yes No Not Sure
4. Contacted people within organizations to help your neighbors or community:
 Yes No Not Sure
5. Worked within a group to plan community projects:
 Yes No Not Sure
6. Given your opinions or ideas to others within a group:
 Yes No Not Sure
7. Handled leadership responsibilities within a group:
 Yes No Not Sure
8. Discussed community issues with elected officials:
 Yes No Not Sure

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Thank You



Migrant Health Promotion Camp Health Aide Program

II.2.2

Post-Program Questionnaire*

Hi, _____, my name is _____, and I'd like to ask you some questions about yourself. I'm interested in your background and experiences, and your perception of the camp Health Aide Program. The information that you give me will be used to evaluate the program, to make it more useful for people who participate as Camp Health Aides, as well as the people in the camps where the CHAs work. I won't use your name or any identifying information in anything that I share with anyone else, so feel free to be as honest as you can. You don't have to answer any questions that you don't want to, just let me know if something is making you feel uncomfortable.

The interview should take about an hour or so. Is it OK with you? it OK if I tape record the interview? Ni one else will hear the tape, but it will enable me to take fewer notes and pay more close attention to what you are saying now if I know that I can go back and listen to the tape later.

Do you have any questions before we begin?

1. **First I'd like to know what it has been like being a Camp Health Aide these past _____ months.**

Probes:

- ▶ In general, what has it been like? High and low points?
- ▶ Have you been busy?
- ▶ What do you like to do when you're not working?

2. **What would you like to be doing ten years from now?**

Probes:

- ▶ What are your family related goals? What would you like to see your children doing ten years from now? What are your work or career related goals?
- ▶ Can you give me a specific example? Can you say more about that?
- ▶ What needs to happen in order to achieve your goal(s)? How do you intend to do that?

* Form is available in Spanish

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3. Close-ended questions

The next few questions are going to be multiple choice questions. I'll ask you to rate each statement according to the following:

1=strongly agree 2=agree 3=neutral 4=disagree 5=strongly disagree

If you'd like to comment or explain your answer to any of the questions, that is fine.

A. Critical Identity

- ▶ My identity (role) as a woman/man is important to me. Being a woman/man is important to me.
- ▶ My culture is important to me.
- ▶ Everyone is treated the same, no matter what color of their skin is.
- ▶ Farmers treat men and women who work for them differently.

Comments.

B. Feelings about role as a CHA

- ▶ The Camp Health Aide Program can help workers with health problems.
- ▶ I feel confident that I will be/am an effective Camp Health Aide.
- ▶ I feel nervous about doing presentations in front of groups.
- ▶ My family is supportive of my work as a Camp Health Aide
- ▶ The farmers are supportive of the Camp Health Aide program.

Comments.

C. Environment

- ▶ Farm work is more dangerous to health than other kinds of work.
- ▶ Whether or not you get seriously ill mostly depends on luck.
- ▶ Farm workers in my camp know where to go get medical care.
- ▶ The clinic that migrants use in this area is sensitive to the needs of farm workers.
- ▶ Programs for children while their parents are working are readily available in this area.
- ▶ It is easy to get services like WIC and food stamps here.

Comments.



4a. What are some of the most serious health problems that affect farm workers?*Probes:*

- ▶ Are work-related injuries a major problem?
- ▶ Are respiratory problems a major problem?
- ▶ Are back/joint problems a major problem?
- ▶ Are skin rashes a major problem?
- ▶ Is substance abuse a major problem? If so, which substances?
- ▶ Are sexually transmitted diseases a major problem?
- ▶ Is diabetes a major problem?
- ▶ Is heart trouble a major problem?
- ▶ Others?

4b. How are these problems the same of different from problems that other groups of people have?*Probes:*

- ▶ Are there work-related problems that are specific to farm workers? If so, can you give me an example?
- ▶ Are there problems that result from the stresses moving from place to place to find work or other kinds of stress that are specific to farm workers? If so, can you give me an example?
- ▶ Are there problems getting medical health care that other people might not have? If so, can you say more about that?
- ▶ Are there specific problems related to moving a lot? What are the specific problems?

5a. What, if anything, can people do to keep themselves healthy?*Probes:*

- ▶ Are there foods that people can eat? What are some examples?
- ▶ Are there things related to work? What are some examples?
- ▶ Are there habits that damage health (i.e. smoking, drinking too much alcohol, drugs)?
- ▶ How about habits that improve health (i.e. enough sleep, relaxation, etc.)
- ▶ Other examples

Probe for specific examples and details.

5b. Which of these things are people likely to do? What makes it possible for people to do these things?

6. What do you like about being a farm worker? What things do you not like?

Probes:

- ▶ What specifically about your work conditions do you like/not like?
- ▶ What specifically about your living conditions do you like/not like?

7. How might you change things that you don't like about your working or living conditions?

Probes:

- ▶ What kinds of things do you think you might be able to change?
- ▶ Can you give me an example of something that you've done to change things? Or plan about how you would go about changing something specific?

8. If a child in the camp had an accident or got sick, what would you do?

Probes (general):

a) What would you do first?

Specific Probes:

- ▶ Ask questions about the problem?
- ▶ Administer first aid?
- ▶ Consult with someone else from the camp?
- ▶ Arrange to transport the child to the clinic or hospital?



b) Who could you get to help you?*Specific Probes:*

- ▶ Family members?
- ▶ Other people in the camp?
- ▶ The farmer?

c) How could you get medical care for the child?*Specific Probes:*

- ▶ Where would you get the care?
- ▶ How would you get there?

d) What problems might you anticipate?*Specific Probes:*

- ▶ Problems with transportation?
- ▶ Problems with the family?
- ▶ Problems with the people who work at the medical clinic or hospital?
- ▶ Problems communicating?
- ▶ Problems with money to pay for the care?

9. What have you gotten out of your experience as a Camp Health Aide?*Probes:*

- ▶ How did you personally benefit from being a CHA?
- ▶ How did the people in your camp benefit?
- ▶ What were some of the problems you encountered as a CHA?
- ▶ How has your experience as a CHA impacted other areas of your life?
- ▶ Has being a CHA changed the way you relate to your family? If so, how?
- ▶ Has being a CHA changed the way you relate to the people in your camp? If so, how?
- ▶ What is the most useful part of the Camp Health Aide Program?
- ▶ What is the least useful part of the Camp Health Aide Program?
- ▶ What changes would you make in the program?

Thank you, _____. I appreciate you taking the time to talk with me. Your thoughts and ideas will help us to evaluate the CHA program. Do you have any final comments about anything that we've discussed?

Opening Doors New Mexico

II.2.2

Self-Efficacy Questions*

CHW ID #: _____

Please rate each statement according to the following scale:

	Strongly Disagree	Slightly Disagree	Slightly Agree	Strongly Agree
1. When I make plans, I am certain I can make them work.	1	2	3	4
2. One of my problems is that I cannot get down to work when I should.	1	2	3	4
3. If I can't do a job the first time, I keep trying until I can.	1	2	3	4
4. When I set important goals for myself, I rarely achieve them.	1	2	3	4
5. I give up on things before completing them.	1	2	3	4
6. I avoid facing difficulties.	1	2	3	4
7. If something looks complicated, I will not even bother to try it.	1	2	3	4
8. When I have something unpleasant to do, I stick to it until I finish.	1	2	3	4
9. When I decide to do something, I go right to work on it.	1	2	3	4
10. When trying to learn something new, I soon give up if I am not initially successful.	1	2	3	4
11. When unexpected problems occur, I don't handle them well.	1	2	3	4
12. I avoid trying to learn new things when they look too difficult for me.	1	2	3	4
13. Failure just makes me try harder.	1	2	3	4
14. I feel insecure about my ability to do things.	1	2	3	4
15. I am a self-reliant person.	1	2	3	4
16. I give up easily.	1	2	3	4
17. I do not seem capable of dealing with most problems that come up in life.	1	2	3	4

* Form is available in Spanish



Project Reach Out
Santa Rosa, CA.

II.2.2

Community Health Worker Exit Interview Format

Purpose:

Gather information and perspective from participants about the usefulness of education provided by Project REACH OUT.

Format:

Open-ended interview with selected Project REACH OUT participants.

TOPIC AREA

QUESTIONS AND PROBES

CORE SESSION REVIEW

- ▶ Would you please tell me about your experience with the Core Sessions and REACH OUT?
- ▶ Do you remember a specific activity that impressed you or helped you with outreach work? (Increased your skills? Helped you identify and use resources?)
- ▶ Do you think the Core Sessions and REACH OUT influenced your outreach work? How? If not, why?
- ▶ Would you like to share an example of how Core Sessions relate to what you do in your work?
- ▶ To what extent did the Core Sessions REACH OUT help you as part of an outreach team?

OUTREACH EXPERIENCE

- ▶ What kinds of outreach work do you do?
- ▶ Do you think your work has an impact on your community? What kind? How do you know?
- ▶ Can you give an example of an experience that validated your work? One that was frustrating?

CHW SUPPORT

- ▶ What kind of experience have you had as a participant in REACH OUT?
- ▶ What about learning opportunities offered? (Core Sessions, Health Topic Sessions, monthly meetings, any other learning activities?)
- ▶ How about networking? (Resources and referrals? Learning about other programs locally, regionally, nationally, connecting with others in outreach?)
- ▶ What about work and career advancement? Better wages? Increased responsibilities? Satisfaction?

OTHER COMMENTS

- ▶ Is there anything else you'd like to comment on about your involvement with REACH OUT?

Tools
Level II

Community Health
Workers

