

Enhancing Minnesota's Community Health Worker (CHW) Curriculum

A COMMUNITY CO-LEARNING MINI PROJECT OF THE U.S.-
BORN AFRICAN AMERICAN INFANT MORTALITY GRANT

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Prepared By: Clara Sharp, Sonja Watley, Mitchell Davis, Jr., Briana Lindsey, Akhmiri Sekhr-Ra, Hazel Tanner (CVAS Peer Adviser), Abieyuwa Beatrice Eweka (MPH student volunteer)

Learn more about the project at: www.health.state.mn.us/communities/equity/projects/infantmortality

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Executive Summary

Community Health Workers (CHWs) are trained frontline health personnel employed to work with underserved populations to increase their access to healthcare and other needed services. CHWs typically come from and speak the language of the communities they serve. Because they are able to bridge cultural and linguistic barriers and therefore establish strong trusting relationships, CHWs are considered as critical links between their communities and the health care system. A 2012 Wilder Research Center cost-benefit analysis of CHW services in cancer outreach found that for every dollar invested in CHWs, society receives \$2.30 worth of benefits, a more than two-fold return in investment. And yet there is limited recognition of CHWs' role and value not only to the health care system but to society as a whole.

This report describes one of four mini projects under the Community Co-Learning component of the U.S.-Born African American Infant Mortality Project implemented by the Center for Health Equity at the Minnesota Department of Health with funding from the U.S. Office of Minority Health. The CHW Program Mini Project focused on the issue of CHW underemployment in OB/GYN clinics due to lack of formal training in maternal and child health. The mini project's goal was to develop recommendations for an enhanced CHW curriculum and practicum with an expanded maternal and child health section that is culturally specific to African American health. The expanded knowledge and skills sets will lead to increased employment opportunities for CHWs, thus making a difference in the health of all Minnesotans.

The CHW Program Mini Project conducted a literature review, met with the Education Committee of the Minnesota CHW Alliance, and conducted in-person interviews with CHWs and CHW program students. We recommend expanding the CHW curriculum and training to:

1. **Ensure that future CHWs are better prepared to cater to the needs of women and children.** This will improve maternal and infant health outcomes for women of childbearing age and their families while reducing racial, ethnic and economic disparities in those outcomes through a collaborative coordinated community driven approach.
2. **Ensure CHWs can provide holistic care in a more culturally sensitive manner.** Women and families must receive culturally appropriate perinatal support, and community members must be educated about available services to improve birth outcomes.
3. **Ensure CHWs gain more hands-on training and experience specifically geared towards improving maternal and child health outcomes.** CHWs can help facilitate health behavior change to improve birth outcomes, educate mothers and families on safe sleep practices, help women identify warning signs and seek mental health services, and assist women with breastfeeding and refer them to lactation specialists when needed.
4. **Integrate cultural proficiency classes to address and recognize implicit bias.** This will increase all health care workers' ability to recognize and set aside all preconceived notions to provide patient care in the best possible manner.
5. **Include more supervised practical hands-on training into the CHW curriculum.** For example, taking and monitoring blood pressure and blood glucose levels and conducting effective home visits.
6. **Provide each CHW student with a skilled mentor at the beginning of the program.** Mentors can offer students practical advice, encouragement and support that can boost their confidence, and help them develop skills that can empower them to make decisions, identify goals and set a career path.

Context

The infant mortality rate among U.S.-born African American women is disproportionately higher than that of their White counterparts. In Hennepin County which has the largest concentration of African Americans in Minnesota, U.S.-born African American infant mortality is 3.4 times higher than for Whites. The difference can be explained by variations in maternal characteristics, behaviors, access to health care, as well as other social determinants of health including individual and family circumstances.

In 2015, the Center for Health Equity (CHE) at the Minnesota Department of Health (MDH) was awarded a State Partnership to Address Health Disparities Initiative (SPI) grant by the federal Office of Minority Health to address health disparities that affect minorities and disadvantaged populations. The project is utilizing a community engagement model through a Health in All Policies approach to decrease U.S.-born African American infant mortality in Hennepin County. The project ends in July 2020.

Problem Statement

Community Health Workers (CHWs) are trained frontline health personnel who are employed to work with underserved populations to increase their access to healthcare and other needed services. CHWs typically come from and speak the language of the communities they serve. Because they are able to bridge cultural and linguistic barriers and therefore establish strong trusting relationships, CHWs are considered as critical links between their communities and the health care system. They provide education, counseling and other support to improve people's health; conduct outreach to implement programs in the community; collect data for community health needs assessments; and can provide first aid and blood pressure screening. Additionally, CHWs help address other non-clinical factors that influence a person's health such as housing, transportation, education, income and discrimination. A number of studies have provided evidence regarding the effectiveness, including cost-effectiveness, of utilizing CHWs. For example, Wilder Research Center's 2012 cost-benefit analysis of CHW services in cancer outreach found that for every dollar invested in CHWs, society receives \$2.30 worth of benefits, a more than two-fold return in investment.

Despite all the benefits of employing CHWs, there is limited recognition of their role and value not only to the health care system but society as a whole. Whether this is manifested in the lack of funding at clinics and hospitals to hire more CHWs or the limited coverage for CHWs in health plans, for example, they are not yet fully integrated into the health care system and are therefore underutilized.

The Community Co-Learning Cohorts

Public health attention nationally and locally is turning to the root causes of poor health outcomes that can be traced to inequities in social and economic conditions. The U.S.-born African American Infant Mortality Project conducted Community Co-Learning Sessions in order to deepen the community's understanding of the structural determinants of African American infant mortality, and to motivate co-learning participants to take action to change the policies and systems that perpetuate infant mortality rates and disparities. The project hosted two

rounds of Community Co-learning sessions with four cohorts whose 22 members were recruited from the community: community health workers (CHWs), doulas, social workers, health program administrators, moms, students, and fathers and grandfathers.. The cohorts learned about how social determinants of health impact infant mortality and engaged in community dialog on ways to reduce infant mortality and the community weighed in on the impacts of hospitals, clinics, health care providers, public health officials, social service providers, community volunteers, faith-based organizations and policy advocates have on either helping or hurting African American mother's livability factors.

The first round of Community Co-Learning in which cohorts 1 and 2 participated, comprised of eight sessions were held at various community-based organizations. Round 1 learning objectives were as follows:

1. Increase the understanding of multigenerational trauma and identify historical events that have impacted current health and birth outcomes.
2. Increase the understanding of how trauma-related disorders, including historical trauma, impacts the mental health of African American women and their children.
3. Describe how early traumatic experiences can affect young brain development.
4. Describe how structural racism impacts the health and well-being of African Americans.
5. Increase the understanding of the importance of healthy housing and how housing policy impacts health.
6. Increase the understanding of African American maternal mortality.
7. Learn about the Circle of Security Parenting program which focuses on building the relationship with a child to create a strong foundation for growth.
8. Increase one's understanding of community organizing strategies and how to build collective capacity to act.
9. Learn about examples of successful infant mortality reduction programs around the country that use social determinants of health (SDOH) strategies.
10. Learn about changing the narrative to advance a health equity.
11. The cohorts identified four mini projects at the end of the community dialogs and co-learning sessions. The mini projects targeted systems change in order to address the root causes of African American infant mortality. The cohorts developed an action plan for implementing their mini projects. This report is about the CHW Program mini project of cohorts I and II.

The CHW Mini Project

The CHW Program mini project has identified one reason for the underemployment of CHWs in OB/GYN clinics, and that is their lack of formal training in maternal and child health. We believe that enhancing the CHW program in Minnesota to include more topics in the curriculum and more experience in the required internship in the area of maternal and child health will increase employment of CHWs, and thus make a difference in the health of all Minnesotans.

Appendix 1 shows the mini project's Action Plan. Cohort members developed multiple action items and held several meetings to implement them.

The overarching goal of this mini project is to develop recommendations for an enhanced CHW curriculum and practicum with an expanded maternal and child health section that is more culturally specific to African American health.

Members of cohorts I & II include:

1. Clara Sharp (Doula, CVAS member)
2. Sonja Watley (Doula, CVAS member)
3. Mitchell Davis, Jr. (Health care consultant)
4. Briana Lindsey (Social worker)
5. Akhmiri Sekhr-Ra (Childbirth attendant, Perinatal educator, Health systems navigator, CVAS member)
6. Hazel Tanner (Retired public health nurse, CVAS member, Co-learning peer adviser)
7. Abieyuwa Beatrice Eweka (Public health graduate student, Co-learning volunteer)

Expected Outcomes

We wanted to accomplish the following at the end of this mini project:

1. Conduct research on the CHW certification program
2. Conduct interviews of a sample (up to 15) of CHW graduates in Minnesota
3. Develop an in-person interview tool
4. Review exit interview findings from the six schools (if available)
5. Develop recommendations for enhancing the CHW curriculum and training
6. Develop a rationale for why Minnesota's CHW certificate program can benefit from additional maternal and child health areas in education and training.

Activities

Cohort members conducted a literature review to gather information about the state of the CHW field in Minnesota, history of the CHW certification program, its current requirements and offerings, and workforce issues. To learn about the procedure for proposing revisions to the curriculum, we participated in meetings of the Education Committee of the Minnesota CHW Alliance both in person and online (our mini project was added as an agenda item).¹ The cohorts conducted in-person interviews with current CHWs as well as students at the four Twin Cities locations offering the CHW certification program in order to get their perspective regarding their education, training and employment, and suggestions they have for improving the program and their employment potential.² Lastly, we conducted a qualitative analysis of all the information gathered.

¹ The CHW curriculum and professional standards were developed and are owned and maintained by the Healthcare Education Industry Partnership or HEIP (now HealthForce Minnesota) at Minnesota State University. The Minnesota CHW Alliance manages the curriculum for the university. Curriculum content is updated through the Alliance's Education Committee consisting of CHWs and faculty from the schools that offer the CHW certificate program.

² The CHW certificate program has six locations: five are post-secondary schools (three in the Twin Cities, Rochester and Bemidji), and the sixth is Summit Academy OIC, an accredited vocational school in Minneapolis.

Appendix 2 shows the interview questionnaire developed and implemented by cohort members.

Findings

Qualitative questionnaires were administered to 10 current students and graduates of CHW programs at Summit Academy OIC, College of St. Catherine's and Minneapolis Community and Technical College (MCTC). Based on the responses, we identified insufficiencies in the current curriculum and developed recommendations.

First, there was consensus among respondents when asked about their level of knowledge, skills and proficiency in maternal and child health. All respondents stated that the program's curriculum covered very little maternal and child health topics and when it did, the contents were not specific to populations of color. As a result, respondents stated that they are neither comfortable nor adequately prepared to provide care specifically targeted to improve the health outcomes of women and children.

Second, the majority of respondents stated that the amount of practical "hands on" training offered by the program was very limited; specifically, there was insufficient training on practical skills like blood pressure and blood glucose checks, how to conduct a proper home visit, and how to conduct screenings for specific chronic diseases like diabetes mellitus type II and hypertension.

Third, majority of respondents stated that they were not assigned a mentor during the program, which would have helped students navigate resources and receive support during the program.

Finally, students expressed the need to standardizing the CHW program and CHW curriculum across all schools that offer it, as well as the need to include continuing education (CEUs) and training for CHWs.

Recommendations

After holding discussions to review all information that have been gathered, cohorts I and II came up with the following recommendations to the CHW Alliance and reasons for why the CHW curriculum and training should be expanded:

- 1. To ensure that future CHW's are better prepared to cater to the needs of women and children**
 - There will be improved maternal and infant health outcomes for women of childbearing age and their families, while reducing racial, ethnic and economic disparities in those outcomes through a collaborative coordinated community driven approach.
- 2. To ensure CHWs can provide holistic care in a more culturally sensitive manner**
 - CHWs will support women (and families) in a culturally appropriate manner during preconception, prenatal, postpartum, and inter-conception periods, with a stronger emphasis on women who are not currently engaged in or receiving any healthcare.

- CHWs will educate community members about available services including various programs which aim at improving pregnancy outcomes; offering resources which will assist community members in accessing health and social services, with the goal of improving maternal and child health outcomes.
- 3. To ensure CHW's gain more hands-on training and experience specifically geared towards improving maternal and child health outcomes**
- CHWs will aid in facilitating health behavior change (smoking cessation, cessation of drug abuse and misuse, healthy diet and exercise), with the overall goal of improving perinatal outcomes and, hence reducing infant mortality.
 - CHWs will have the ability to educate mothers and families on safe sleep for infants/newborns, help women identify warning signs and when to seek mental health services and assist with breastfeeding and refer women to lactation specialists when needed.
 - CHWs will have the ability to provide frequent education sessions through workshops, lectures, and by maintaining a regular presence in the community.
- 4. To integrate cultural proficiency classes to address and recognize implicit bias**
- Implicit bias is unintentional and, in most cases, even unconscious; however, in an effort to decrease health disparities, it is essential that all health care workers including CHWs have the ability to recognize and set aside all preconceived notions to provide patient care in the best possible manner.
 - In most cases CHWs come from the same communities as the patients they care for; hence, integrating cultural proficiency classes in the curriculum will give them the opportunity to better identify and recognize such bias.
- 5. Include more supervised practical "hands on" training into the CHW curriculum**
- CHW students expressed the need to include more hands-on training during the program particularly to improve basic skills like blood pressure and blood glucose checks/monitoring and how to conduct an effective home visit.
- 6. Provide each CHW student with a skilled mentor at the beginning of the program.**
- Mentors offer students practical advice, encouragement and support, help students learn from the experiences of others, increase a student social and academic confidence, help students become more empowered to make decisions, help students develop communication, study and personal skills, help students develop strategies for dealing with both personal and academic issues and help students identify goals and establish a sense of direction.

Conclusions

The demand for CHWs is projected to grow. According to the U.S. Bureau of Labor Statistics, CHW employment will increase by 18 percent in the U.S., from 57,500 jobs in 2016 to 67,800 in 2026 (Table 1).

Table 1. Projected Employment for CHWs in Minnesota

National	Employment in 2016	Projected Employment in 2026	Percent Change	Projected Annual Job Openings*
United States	57,500	67,800	+18%	8,500
Minnesota	1,390	1,610	+16%	200

*Refers to the average annual job openings due to growth and net replacement

Source: U.S. Department of Labor Bureau of Labor Statistics, Occupational Employment Statistics (OES) and Employment Projections programs. Retrieved from <https://www.onetonline.org/link/summary/21-1094.00>.

This growth will be driven by increased efforts to improve health outcomes and to reduce healthcare costs, with potential cost savings coming from prevention, including educating people about healthy behaviors and how to access available healthcare services. And with increasing evidence that shows greater health improvement and medication adherence when patients interact with health educators and navigators from their own culture and community, CHWs are well-positioned to fill these roles. Appropriate training and more employment opportunities for CHWs in the maternal and child health area can make significant contributions to reducing infant mortality disparities among African Americans. Our recommendations lay out how Minnesota’s CHW program could be enhanced to realize these changes.

The Minnesota Apprenticeship Initiative (MAI) is a potential avenue for increasing CHW hiring. In October 2015, the Minnesota departments of Employment and Economic Development (DEED) and Labor and Industry (DLI) were awarded a \$5 million grant under the U.S. Department of Labor American Apprenticeship Initiative. Minnesota’s MAI program aims to expand and build new registered apprenticeship programs in five industries including healthcare. Participating employers will receive financial support to develop their apprenticeship activities, including job-related technical instruction and structured on-the-job learning experiences.

Registered apprenticeship programs prepare Minnesota workers to compete in a global 21st Century economy and develop highly trained, skilled and motivated employees. Both Fairview Health Services and CentraCare Health systems participate in the MAI for workforce expansion.

The cohorts met with the MAI staff to discuss the possibility of using MAI funds to create apprenticeships at health care facilities specifically targeting CHWs. The outcomes of the meeting are promising, hence we are including the contact information for Minnesota apprenticeship below.

Telephone: (651)-284-5090 or 1-800-342-5354

Email: dli.apprenticeship@state.mn.us

Website: apprenticeshipmn.com and @mndli

Appendix 1. Action Plan for CHW Mini Project (Cohorts 1 & 2)

Action Steps <i>What needs to be done</i>	Responsible Person <i>Who should take action to complete this step</i>	Deadline <i>When should this be completed</i>	Necessary Resources <i>What is needed to complete this step</i>	Potential Challenges <i>What potential challenges can impede completion? How to overcome these challenges?</i>	Result <i>Was the step successfully completed? Were there any new steps identified in the process?</i>
Review Minnesota's current CHW curriculum	Mitchell	Next meeting on March 15	Minnesota CHW curriculum	N/A	Completed Need to also review the requirements for the on-the-job training and continuing education portions
Meet with Minnesota CHW Alliance Gather more information about MN's CHW certificate program. Ask whom to contact to discuss proposed changes to the curriculum.	All, with help from Helen	By May	N/A	Busy schedules	Completed
Meet with the Healthcare Education Industry Partnership (HEIP) at MN State University HEIP developed MN's CHW curriculum and professional standards,	All, with help from Helen	By March 2019	N/A	Busy schedules	Completed A representative from the cohorts and a CVAS Peer Adviser met with the Education Committee about the cohorts'

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Action Steps <i>What needs to be done</i>	Responsible Person <i>Who should take action to complete this step</i>	Deadline <i>When should this be completed</i>	Necessary Resources <i>What is needed to complete this step</i>	Potential Challenges <i>What potential challenges can impede completion? How to overcome these challenges?</i>	Result <i>Was the step successfully completed? Were there any new steps identified in the process?</i>
while the MN CHW Alliance manages the curriculum. Ask about the process for proposing or recommending changes to the curriculum.					proposed additions to the CHW curriculum; also attended an online meeting of the committee.
Develop questionnaire for interviewing CHW graduates The purpose of the interviews is to learn about their CHW education and training and their work experience as a certified CHW (How prepared are/were they to address infant mortality issues among their patients?)	All, with help from Helen and Mia	By Dec 2018	Studies or reports done on CHWs in MN. They might have included a copy of the survey (if they used one)	Most of the studies are fairly old, done in the early to mid-2000s. The most recent one is from 2015 (statewide survey of CHWs by WellShare International) Survey instrument not included in the old reports. How to select the most relevant questions.	Completed Pilot tested the instrument with one CHW and made revisions.
Interview CHW graduates from the 6 CHW schools	Lindsey (MCTC), Akhmiri	By February-March 2019	Talk to the six CHW schools and ask them to	Schools not willing to share names of CHW graduates	Completed

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	(Cultural Wellness Center) and Hazel (VOA) will interview 3 students each		recommend CHW alumni Some form of incentive for the interviewees	CHW graduates not willing to be interviewed Scheduling the interviews	Conducted 10 interviews
Continue to talk, investigate and meet with DEED representative to see opportunities for employer for hiring CHW with emphasis on MCH under the MN Apprenticeship Initiative (MAI) grant received by DEED and DLI from the U.S. Department of Labor American Apprenticeship Initiative.	Mitchell	March 2019	Set up a meeting with LaRohn Latimer to discuss further	Busy schedules	Completed Project Coordinator Helen spoke with LaRhon Latimer, Apprenticeship Field Representative, Program Development, for the MN DLI
Contact CHW Alliance to determine when Boards meets and the process for presenting recommendations and/or	Helen	March 2019	Identifying the right person	Busy schedules	Completed Presented findings and recommendations

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the correct body then share with group					to the CHW Alliance Education Committee
Revise survey questions and share with group	Beatrice & Helen	Monday 1/28/19	N/A	N/A	Completed
Update Action Plan and find a place for all cohort I & II documents	Beatrice & Helen	Before next meeting on February 27, 2019	N/A	N/A	Completed Updates met throughout mini project
Write up rationale for recommendation	Beatrice & Helen	Before next meeting on February 27, 2019	N/A	N/A	Completed Rationale is in final report, that CHWs have an important role in helping moms and baby but those who do and could do it feel they need more knowledge and skills
Compile all interview information	All	By February 2020	All interview notes Student worker help if available	Large volume of information	Completed

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Review findings from exit interviews of CHW graduates from the 6 schools (if available)	All	By Dec 2019	Talk to the six CHW schools	Schools not willing to share their exit interviews, even if they are de-identified	Did not do Lack of time and resources
Research CHW programs in the Minnesota Which schools are offering the CHW certificate program? How do they differ? Are they using the same curriculum? What is the length of their internship?	Brianna & Hazel	By next meeting on March 15, then do more research as needed by Dec 2018	Time to do online research	Large volume of information to go through	Completed
Create an easily accessible location for all mini project documents and materials gathered (MDH SharePoint or Google Docs?)	Helen & Mitchell	On or before next meeting	If MDH SharePoint, ask Toby to set it up for the project	Ease of access - each member might need log in information	In progress
Write up rationale for this mini project and recommended maternal & child health enhancements to the curriculum	Helen & Beatrice	By February 2019	All research done and all meeting notes	Busy schedules	Completed These are in this final report

Appendix 2. Community Health Worker (CHW) Interview Questionnaire

We are conducting a survey of CHWs including those who have completed and those who are enrolled in a CHW certification program. This is part of a small project we are implementing that is looking into the role of CHWs in the care of African American mothers and their babies. We recognize that as trusted members of their communities, CHWs have an important and valuable role to play in improving health outcomes and reducing health disparities in maternal and child health, yet they are still not fully integrated into the health care system. We are focusing on one strategy to increase hiring of CHWs, namely, enhancing the CHW curriculum to include more learning and training on maternal and child care. Your participation in this survey will help us make the case for providing CHWs in Minnesota the required training, credential and respect they deserve for the work they perform, which can contribute to the reduction of health disparities in communities of color.

1. What school did you apply to?
2. What school did you graduate from?
3. What was the length of time for the CHW curriculum in that school?
4. What is your definition of a Community Health Worker?
5. Were the goals for the CHW training identified?
6. Were there step-by-step instructions guiding you through each learning objective?
7. Did the contents of the curriculum meet your expectations?
8. Were you assigned a mentor? Yes/No
 - a. If yes:
 - i. At what point during your program was the mentor assigned?
 - ii. How helpful was your mentor?
 - b. If no:
 - i. Were you able to shadow an experienced CHW to enhance your learning and practical skills at any time during the training? If you did not shadow a CHW, would it have been helpful to have a mentor during the training?
9. During your training, were you able to apply your new skills immediately or shortly after learning to reinforce understanding and make corrections in a safe learning environment?

10. Do you feel your curriculum provided sufficient maternal and child health education?
11. What is your level of knowledge about maternal and child health in populations of color?
12. How prepared do you feel to provide care for women and children of color in order to improve maternal and child health outcomes?
13. Where did you complete your internship and what was the length of time for your internship?
14. Did your school talk with you or assist you in job placement before graduation?
15. Did you feel well prepared to work independently upon graduation from the CHW program?
16. Did you receive on the job training for your role as a CHW?
17. Identify one thing you learned in the program that you felt was very useful in working in the "real world" as a Community Health Worker.
18. How satisfied were you with your CHW curriculum?
19. What recommendation(s) do you have to improve the overall CHW curriculum?
20. What more would you like to say about your training or internship?

Thank you for taking the time to answer these questions!