

ATTACHMENT 3E

**HELP IMPLEMENTATION STAFF: COMMUNITY HEALTH WORKER,
HEALTH EDUCATOR FOCUS GROUP GUIDE AND QUESTIONS**

**Patient Centered Care Collaboration Initiative to Improve Minority
Health
U.S. Department of Health and Human Services' Office of Minority
Health**

**Chicago
Implementation Staff (Community Health Worker) Survey**

Dear Community Health Worker/Health Educator:

We are excited that you have agreed to answer a few questions about **HELP**. The information you give us will help us to understand your involvement and your thoughts on this activity.

Thank you for completing this survey.

Today's Date: _____

Name:

Facility _____ Name:

Address: _____
Number, Street, City, State, Zip Code

Telephone: _____
Home Cell

Email _____ address:

Instructions

Please read each item carefully and provide a response to each one in the space provided.

Please return your completed survey to:

Name
Address

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990- . The time required to complete this information collection is estimated to average 1 hour per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

1. What is your occupation?

2. What is your educational background? Degrees, certifications

3. Ethnicity: Are you Hispanic/Latino

Yes
 No

4. Race:

Please check one or more.

American Indian or Alaska

Native

Asian

Black or African American

Native Hawaiian or Other
Pacific Islander

White

5. Gender:

Please check one or more.

Male

Female

6. How long have you worked with participants in this community?

Years

7. How long have you worked with the population participating in PCCC?

Years

8. How many years of experience do you have as a CHW/health educator?

Years

9. Have you conducted training sessions like these in the past?

Yes

No

Please explain.

10. How did you first learn about this health program? Check all that apply.

- Personal Contact:
 Professional colleague
 My supervisor
 Other _____

- Written Materials:
 Brochure
 Direct mail
 Tool kit
 Other _____

11. What type of training did you receive to prepare yourself to teach the HELP? I received training on:

- Program curriculum - diabetes, hypertension, obesity, nutrition, exercise
 Institutional Review Board
 Research ethics
 Health literacy
 Cultural and linguistic competency
 Other _____

 Topics missing from training

12. How prepared were you to teach the classes and conduct follow-up telephone calls?

- 5=Very prepared
 4= Moderately prepared
 3= Prepared
 2= A little prepared
 1= Not prepared

13. Who do you think is best suited to teach these classes?

- Doctor: Yes No
Pharmacist: Yes No
Nurse: Yes No
Lay person: Yes No
CHW: Yes No
Health educator: Yes No

Comments?

14. In what ways does health educators' and community health workers' knowledge of community and culture facilitate the ability to teach the education classes?

15. How did you think the community members would react to a program that includes follow-up telephone calls?

Please rate how strongly you agree or disagree with these statements by circling your response, use this scale:

a. 4= Yes, I strongly agree, 3 = Yes, I agree, 2 = No, I disagree, 1 = No, I strongly disagree

16. As a trainer/educator, what did you like about HELP?

- | | | | | |
|---|---|---|---|---|
| a) It is based on proven CER | 4 | 3 | 2 | 1 |
| b) It was adapted to meet the needs of our participants | | | 4 | 3 |
| | 2 | 1 | | |
| c) It addressed important health concerns of the community .. | 4 | 3 | 2 | |
| | 1 | | | |
| d) I am familiar with these CER practices..... | 4 | 3 | 2 | 1 |
| e) Materials were easy to use..... | 4 | 3 | 2 | 1 |
| f) The information was easy to understand..... | 4 | 3 | 2 | 1 |
| g) The information was practical..... | 4 | 3 | 2 | 1 |
| h) The materials were translated in my language..... | 4 | 3 | 2 | |
| | 1 | | | |
| i) It was not time consuming..... | 4 | 3 | 2 | 1 |
| j) Group classes | 4 | 3 | 2 | 1 |
| k) One-on-one sessions at participants' homes | | | 4 | 3 |
| | 1 | | | |
| l) It engaged the participants | 4 | 3 | 2 | 1 |
| m) I liked the interactive components | | | 4 | 3 |
| | 1 | | | |
| n) Ability to follow-up with participants via telephone..... | | | 4 | 3 |
| | 1 | | | |
| o) Convenient location | 4 | 3 | 2 | 1 |

17. Thinking about other CHWs, health care practitioners, and other health professionals you know, what might be an effective way of disseminating information about HELP to them?

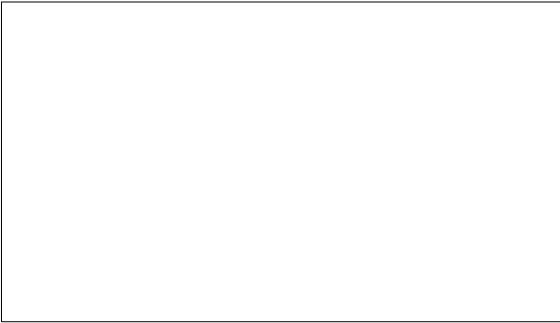
Please rate how strongly you agree or disagree with these statements by circling your response:

4 = Yes, I strongly agree, 3 = Yes, I agree, 2 = No, I disagree, 1 = No, I strongly disagree

18. I think the best way for racial and ethnic minorities to learn about their health is from a:

a) Brochure or pamphlet.....	4	3	2	1
b) CD.....	4	3	2	1
c) Email	4	3	2	1
d) Text message.....	4	3	2	1
e) Facebook posting.....	4	3	2	1
f) Webinar.....	4	3	2	1
g) Direct mail.....	4	3	2	1
h) Group classes	4	3	2	1
i) One-on-one sessions at their home	4	3	2	1
j) From their health care provider	4	3	2	1

19. How well do you think this program worked in your community for African Americans, Hispanic/Latino, and Asians?



**Patient Centered Care Collaboration Initiative to Improve Minority Health
U.S. Department of Health and Human Services' Office of Minority Health
CHICAGO**

PCCC IMPLEMENTATION STAFF 1FOCUS GROUP GUIDE AND QUESTIONS

1. WELCOME AND INTRODUCTION

Good (morning/afternoon/evening) and welcome to our meeting. My name is _____ and I work with _____. I am representing the Midwest Latino Health Research, Training & Policy Center, at the University of Illinois at Chicago (UIC) and I will be one of the discussion guides for this group meeting.

2. PURPOSE OF MEETING

First of all, thank you for taking time to participate in this group discussion about your experiences in the *Health Empowerment Lifestyle Program* (HELP). The HELP educational program is part of a larger project called *The Patient-Centered Care Collaboration (PCCC) to improve minority health* which is sponsored by the US DHHS-Office of Minority Health in partnership with Westat and professional and community organizations and academic institutions in Chicago and Houston, including the North Lawndale Christian Health Center. The project calls for building partnerships with different groups to develop educational programs to reduce obesity, hypertension and type 2 diabetes to improve the overall health of communities.

My role today is to ask you some questions that will get the discussion going about your experience with HELP and recommendations to improve the program and facilitate sharing the program in other communities so other clinics can adopt it. We want to make sure that everyone has a chance to give their ideas and opinions.

3. INFORMED CONSENT

Before we start our group meeting, we would like to obtain your consent to participate in this group discussion, usually referred to as “focus group.”

READ CONSENT FORM

Are there any questions about the information in this form?

**PROCEED TO COMPLETE PARTICIPANT PROFILE
GIVE PARTICIPANTS A FEW MINUTES TO COMPLETE THE FORM. THOSE
THAT COME TO THE GROUP SESSION LATE, ASK THEM TO FILL IT OUT
AT THE END OF THE MEETING.**

4. SNACKS. We have brought refreshments and snacks. Please feel free to serve yourself now. If you need to get up to go to the bathroom, please do so now or when you have completed the participant profile.

6. PROCEDURE AND GROUP RULES:

- During the course of the meeting, we will be asking you some questions. Remember that we want your opinions, which means that there are no right or wrong answers. Please feel free to give us your opinions. All opinions are important. Don't wait for us to call on you if you have something to say -- just raise your hand.
- Please select a nickname. Every time you speak, identify yourself by using your nickname.
- This session with your permission will be taped. Only one person may speak at a time. This is so we may better record and take good notes on what you have to say.

- Feel free to express your opinions and to disagree with one another.
We would like to have many different opinions.

- As we have many things that we want to cover related to the program, we will go from one subject to another. However, if you would like to add something more, please feel free to do so.
- The meeting will last about 1 1/2 hours. There will be no breaks. However, feel free to use the restroom or to have refreshments when you wish.
- Everything you say here is confidential. What you hear in this meeting should not be shared outside this group.
- Any written report that we prepare on this group discussion will not identify you. Quotes of your opinions may be used, but you will not be identified by name.

7. INTRODUCTIONS

SAY THE FOLLOWING: Before we begin, let's introduce ourselves. For the purpose of this discussion, please use a **nickname only**. Please say: my name is (USE NICKNAME). I have been living in this **community** for _____ years.

INVITE THE PARTICIPANTS TO INTRODUCE THEMSELVES. START WITH THE PERSON THAT IS CO-FACILITATING AND THOSE THAT ARE HELPING TO TAKE NOTES AND/OR WHO ARE OBSERVING THE GROUP MEETING.

8. DISCUSSION – BEGIN TAPING NOW.

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Chicago
Community Health Worker Survey

FOCUS GROUP QUESTIONS

1. How influence did offering the program at a familiar location (health clinic) have on recruiting and retaining participants?
2. How easy or hard was it for you to schedule and complete the telephone calls? What type of feedback did you receive from participants regarding the home visits and telephone calls?
3. How helpful is this type of program for CHWs/health educators to use in their routine delivery of services to participants?
4. How helpful was it to know participants' knowledge of their self-care skills, self-management, quality of life and mental health, and health conditions in order to better tailor the program curriculum to meet their needs?
5. Describe the level of participation and discussion during a typical class; how engaged were the participants? What did they like or not like about the classes?
6. What was the most challenging aspect of delivering this curriculum to the participants? Think about the times during the classes that it seemed that the participants were not engaged, why do you think that was?
7. Did the participants talk about sharing information they learned in class with their family members/neighbors? Please discuss.
8. What type of impact do you think this program has had on the participants? What indication do you have that they learned enough to change their behaviors, what's do you think is the likelihood that they will change their behaviors and improve their health status?
9. If you were to teach this again or recommend it to another community, what would you change about HELP - the curriculum, interactive exercise, follow-up telephone calls that would make it more successful?
10. What reactions have you gotten from other participants /residents, staff, or management as a result of this program?

CLOSURE (5-10 minutes)

Thank you very much for your participation today. Please do not forget to hand in your participant survey now.

These are just about all the questions we have. We would like to try to summarize some of the important ideas we have discussed. Please help us by adding anything that we have forgotten and correct us if something we say is not clear enough or completely accurate.

Is there anything else you would like to tell us?

DON'T FORGET TO TURN IN YOUR FORMS!

THANK YOU FOR YOUR PARTICIPATION!

Also Thank Local Agency Coordinators.