

**ATTACHMENT 7:**  
**OWH WHLI ONLINE SURVEY**

Form Approved  
OMB No. 0990-  
Exp. Date XX/XX/20XX

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## OWH WHLI Online Survey

### List of Preload Variables Needed:

#### P CAP

\_\_\_\_\_ 0=Sampled person did not complete a CAP

\_\_\_\_\_ 1=Sampled person completed a CAP

### Text to display at the bottom of each screen:

For technical assistance, please contact NORC at [WHLIsurvey@norc.org](mailto:WHLIsurvey@norc.org) or call **1-800-604-2698**.

### HOME PAGE

#### **Welcome to the Women's Health Leadership Institute Survey!**

You are part of select group of women who participated in a unique program, and we would like to know how or if it has helped you. To that end, the Office on Women's Health (OWH) is working with NORC at the University of Chicago to evaluate the Women's Health Leadership Institute (WHLI) to determine the intermediate and long-term impacts and outcomes of the WHLI training. This evaluation will enable OWH to demonstrate the long-term effectiveness of the WHLI and further improve the training program. Your input is invaluable and this project cannot succeed without your help. As a token of our appreciation, we will provide you with a \$20 Amazon gift card for completing this survey.

We value your time. Completing the survey will take approximately 25 minutes. There are no foreseeable risks to your participation. However, your participation in this study is completely voluntary, and you may skip questions and stop the survey at any time without any adverse consequences. Whether or not you choose to participate in the study, or decide to withdraw at any point, will not affect you in any way. All information collected will be kept private to the extent possible by law. While your responses will be used in a final report for the Office on Women's Health, you and your organization will not be identified. Please click below to begin the survey. If you have any questions about your rights as a participant in this research study, please call the NORC IRB Manager by toll-free phone number at (866) 309-0542. If you have any questions about this project, please feel free to call 1-800-604-2698 or e-mail [WHLIsurvey@norc.org](mailto:WHLIsurvey@norc.org) for assistance.

By clicking the "begin survey" button below, you are consenting to participate in this research study.

- Yes [GO TO SCREENER1]
- No [GO TO NOCONSENT\_EXIT]

Button: **BEGIN SURVEY**

[DISPLAY WHLI LOGO AND NORC LOGO AT BOTTOM OF SCREEN]

**SCREENER1**

You have been selected to participate in this survey as a former attendee of the WHLI. Before continuing, please confirm the following:

Did you attend the Women's Health Leadership Institute training?

- Yes [GO TO SECTION1\_1]
- No [GO TO INELIG\_EXIT]

**SECTION 1: Work Experience**

The first set of questions asks about your work experience as a Community Health Worker (CHW).

**SECTION1\_1**

Were you working as a CHW or doing CHW work when you attended the WHLI training?

According to the [American Public Health Association](#), CHWs go by a variety of titles, e.g., Promotora de Salud, Community Health Representatives, Community Health Aides, Peer Educators, and Patient Navigators. They can serve as a link between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. CHWs can also build individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy.

- Yes
- No [GO TO SECTION1\_3]

**SECTION1\_2**

Thinking about a typical week, approximately what percentage of your professional time did you spend on CHW activities?

\_\_\_\_\_%

**SECTION1\_3**

Do you currently work as a CHW or do CHW work?

- Yes
- No [GO TO SECTION1\_5]

**SECTION1\_4**

Thinking about a typical week, approximately what percentage of your professional time do you spend on CHW activities?

\_\_\_\_\_%

[GO TO SECTION1\_7]

**SECTION1\_5**

Have you ever worked as a CHW or done CHW work?

- Yes [GO TO SECTION1\_7]
- No

**SECTION1\_6**

What is your current job title or position? [GO TO SECTION2\_1]

\_\_\_\_\_

**SECTION1\_7**

Do you still work in the same *organization* as you did when you attended the training?

- Yes
- No

**SECTION1\_8**

Do you still work in the same *position* as you did when you attended the training?

- Yes
- No

**SECTION1\_9**

In what settings/organizations have you worked in as a CHW?

	Yes	No
Community-Based Organization/Non-Profit Organization/Community Health Center		
Hospital or other type of clinic		
Indian or Tribal Health Department or Service		
Local, County, or State Health Department		
Health Plan/Managed Care Organization		
Academic (including Primary, Secondary, and Post-Secondary)		
Other (specify):		

[Load language in brackets if the respondent indicates they no longer work as a CHW]

**SECTION1\_10**

How long [IF SECTION1\_3=1 THEN DISPLAY “have you worked”; ELSE DISPLAY “did you work”] as a CHW (round to nearest month if in days)?

\_\_\_ (Years) \_\_\_ (Months)

**SECTION1\_11**

In which settings [IF SECTION1\_3=1 THEN DISPLAY “do”; ELSE DISPLAY “did”] you work or do outreach?

	Yes	No
Homes		
Neighborhood/Community-based/Community Centers		
Migrant Labor Camps		
Religious Organizations/Churches		
Schools		
Shelters		
Clinics/Hospitals		
Worksites		
Other (specify):		

**SECTION1\_12**

Please list up to **three** of the primary health, social, or community issues that you [IF SECTION1\_3=1 THEN DISPLAY “work”; IF SECTION1\_3=2 THEN DISPLAY “worked”] on as a CHW.

Top Issue                      2<sup>nd</sup> Issue                      3<sup>rd</sup> Issue  
 \_\_\_\_\_

1. Accessing Health Services
2. Adolescent Health
3. Alcohol/Substance/Tobacco Use
4. Asthma
5. Behavioral or Mental Health
6. Cancer
7. Chronic Disease (Diabetes, Cancer, High Blood Pressure, Cardiovascular Disease)
8. Community Capacity
9. Communicable Disease other than HIV/AIDS
10. Domestic Violence/Child abuse
11. Environmental Health
12. Health Promotion, Education, Outreach
13. HIV/AIDS
14. Injury Prevention
15. Maternal and Child Health
16. Men’s Health
17. Occupational Health
18. Older Adult Health
19. Oral Health
20. Obesity
21. Prevention (Nutrition)
22. Prevention (Physical Activity)
23. Refugee Health

- 24. Social Services
- 25. Women's Health
- 26. Other (specify): \_\_\_\_\_

**SECTION1\_13**

Please check the **primary activities** you [do/did] in your work as a CHW.

	Yes	No
Provide social/personal support		
Provide culturally appropriate health education and information		
Advocate for individuals and communities		
Assist people in accessing the services they need		
Provide direct services, such as glucose and blood pressure testing		
Provide skill-building workshops		
Act as a cultural bridge between individuals/communities and the health and human services they receive		
Participate in research studies		
Conduct eligibility screening and enrollment		
Other (specify):		

How would you describe the populations that you most commonly **serve [served]**? Check ALL that apply.

**SECTION1\_14 Race/Ethnicity**

- Black / African American
- American Indian / Alaska Native
- Hispanic / Latino(a)
- Non-Hispanic White
- Asian / Pacific Islander
- Other (specify): \_\_\_\_\_

**SECTION1\_15 Locale**

- Rural
- Urban
- Suburban

**SECTION1\_16 Income**

- Low Income
- Middle Income
- Upper Income

**SECTION1\_17 Gender**



- Women
- Men

**SECTION1\_18 Age**

- Adults (18 or older)
- Adolescents (12-17)
- Children (Under 12)

**SECTION1\_19 Migration**

- Non-immigrants
- Immigrants
- Refugees
- Other (specify): \_\_\_\_\_

**SECTION1\_20**

CHWs gain skills and education in many ways. In addition to the Women’s Health Leadership Institute (WHLI), which of the following describes your CHW training?

	Yes	No
I have taken leadership training		
I have taken advocacy training		
I have obtained skills/education in other ways (specify):		

**SECTION 2: WHLI Training Participation**

The next set of questions asks about your experience with the Women’s Health Leadership Institute (WHLI). Please answer the questions to the best of your ability.

**SECTION2\_1**

How did you hear about the Women’s Health Leadership Institute? Check ALL that apply.

- My worksite supervisor
- A Master Trainer
- Another CHW
- A WHLI flyer
- Email from CHW program, association, or other entity
- Other (specify): \_\_\_\_\_

**SECTION2\_2a-d**

There are many reasons that may have had an impact on your decision to apply for the WHLI training. Please rate the importance of each of the following reasons.

	Extremely Important	Very important	Moderately Important	Slightly important	Not important at all
a. My desire to address community needs.					
b. My desire to improve my skills in my daily work.					
c. My desire to become more confident in my work.					
d. My desire to be more efficient in my work.					

**SECTION2\_3**

How satisfied were you with the application process for the WHLI training?

- Very satisfied
- Somewhat satisfied
- Not satisfied at all

**SECTION2\_4**

In which year did you attend the training?

- 2011

- 2012
- 2013
- 2014
- 2015
- Don't Know

#### **SECTION2\_5**

Did you receive funding from WHLI to attend the training?

- Yes, it covered the entire cost [GO TO SECTION2\_7]
- Yes, it covered part of the cost [GO TO SECTION2\_6]
- No [GO TO SECTION2\_6]

#### **SECTION2\_6**

Did you receive funding from your employer to attend the training?

- Yes, it covered the entire cost
- Yes, it covered part of the cost
- No

#### **SECTION2\_7**

Did you get promoted following the WHLI training?

- Yes
- No [GO TO SECTION2\_9]

#### **SECTION2\_8**

To what extent do you agree your promotion was a direct result of the WHLI training?

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

#### **SECTION2\_9**

Did you experience an increase in responsibilities at your current position following the WHLI training?

- Yes
- No [GO TO SECTION2\_11]

#### **SECTION2\_10**

To what extent do you agree your increase in responsibilities was a direct result of the WHLI training?

- Strongly agree
- Agree

- Neither agree or disagree
- Disagree
- Strongly disagree

**SECTION2\_11**

Did you receive a raise following the WHLI training?

- Yes
- No [GO TO SECTION3\_1]

**SECTION2\_12**

To what extent do you agree your raise was a direct result of the WHLI training?

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

**SECTION 3: Knowledge and Competencies**

The next set of questions asks about your knowledge and competencies working in your organization and/or community. Please answer the questions to the best of your ability.

**SECTION3\_1a-1f**

To what extent do you agree or disagree that you can [could] put the following skills into practice?

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
a. Build group consensus and facilitate dialogue and open communication.					
b. Involve and organize groups to build a shared vision through collective action.					
c. Map the decision-making process of an organization or institution.					
d. Map the power structures that influence the decision-making process in a community.					
e. Inform and influence formal or informal power structures.					
f. Formulate vision and mission statements.					

**SECTION3\_2a-f**

To what extent do you agree or disagree that you can [could] put the following skills into practice?

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
a. Identify social determinants of health and health disparities.					

b. Identify agents of change that have power in a community.					
c. Collaborate with agents of change that have power in a community.					
d. Evaluate a community's capacity and readiness to implement changes.					
e. Formulate appropriate strategies for social change.					
f. Deal with conflict as an opportunity for change.					

**SECTION3\_3a-f**

To what extent do you agree or disagree that you can [could] put the following skills into practice?

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
a. Develop personal strategies to achieve effective and sustained leadership.					
b. Draw upon cultural strengths to develop leadership.					
c. Develop an action plan or advocacy plan.					
d. Develop objectives for an action plan or advocacy plan.					
e. Develop a marketing or dissemination plan that includes a broad audience.					
f. Implement an action plan or advocacy plan.					

**SECTION3\_4a-f**

To what extent has the WHLI training had a positive impact on your motivation, confidence, and abilities in your daily work in the following areas?

	Major impact	Some impact	No impact
a. My motivation to address issues in my <u>organization</u> .			
b. My motivation to address issues in the <u>community</u> .			
c. My confidence of addressing issues in my <u>organization</u> successfully.			
d. My confidence of addressing issues in the <u>community</u> successfully.			
e. My ability to address issues in my <u>organization</u> .			
f. My ability to address women's health issues in the <u>community</u> .			

**SECTION 4: Leadership Activities and Impact**

The next set of questions asks about your leadership activities and their impact on your organization and community. Leadership activity is defined as engaging in activities with the intention to create positive changes (i.e., to improve service to clients by your home organization, to improve the way organizations work together to improve health services in the community, and/or to engage policy makers to address community needs) in an organization and/or community.

**SECTION4\_1a-e**

Please indicate the frequency with which you engage [engaged] in the following behaviors.

	Daily	Weekly	Monthly	Yearly	Less than Once a Year or Never
<b><i>Assessing needs and readiness to change in organization and community</i></b>					
a. Initiate efforts to assess my <u>organization's</u> needs or priorities.					
b. Evaluate my <u>organization's</u> capacity and readiness to implement changes.					
c. Initiate efforts to assess the <u>community's</u> needs or priorities.					
d. Evaluate the <u>community's</u> capacity and readiness to implement changes.					
e. Identify social determinants of health and health disparities in the <u>community</u> .					

**SECTION4\_2a-d**

Please indicate the frequency with which you engage [engaged] in the following behaviors.

	Daily	Weekly	Monthly	Yearly	Less than Once a Year or Never
<b><i>Strategic planning to address organization and community needs</i></b>					
a. Formulate appropriate					



	Daily	Weekly	Monthly	Yearly	Less than Once a Year or Never
strategies and develop an action plan or advocacy plan to address my <u>organization's</u> needs.					
b. Implement an action plan or advocacy plan to address my <u>organization's</u> needs.					
c. Formulate appropriate strategies and develop an action plan or advocacy plan to address the <u>community's</u> needs.					
d. Implement an action plan or advocacy plan to address the <u>community's</u> needs.					

**SECTION4\_3a-d**

Please indicate the frequency with which you engage [engaged] in the following behaviors.

	Daily	Weekly	Monthly	Yearly	Less than Once a Year or Never
<b><i>Partnering with other organizations</i></b>					
a. Involve other organizations to build a shared vision through collective action.					
b. Partner with other community leaders, agencies, and groups to address a community need.					
c. Partner with new agencies or leaders to address a community need.					
d. Partner with an agency that would not normally be "on my side" to meet a community need.					

**SECTION4\_4a-c**

Please indicate the frequency with which you engage [engaged] in the following behaviors.

	Daily	Weekly	Monthly	Yearly	Less than Once a Year or Never
<b>Political leadership</b>					
a. Get involved in policymaking or government affairs to address a community need.					
b. Engage policymakers to address a community need.					
c. Advocate for policy change to address a community need.					

**SECTION4\_5a-c**

To what extent do you think that your leadership activities since the WHLI training have resulted in the following changes?

	Major impact	Some impact	No impact
a. Organizational change: Created positive changes in policy and/or structure in my home organization.			
b. Civil change: Positively changed the way organizations work together to improve health services in the community.			
c. Policy change: Resulted in policy changes at the local, state, or national level.			

**SECTION4\_6a-c**

[Load if answer to previous question = Some impact or Major impact]

Please describe the impact that your leadership activities has had on [ORGANIZATIONAL CHANGE/CIVIL CHANGE/POLICY CHANGE].

[NOTE TO PROGRAMMER: LOOP THIS QUESTION FOR EACH "SOME IMPACT OR MAJOR IMPACT RESPONSE ABOVE; ADMINISTERED UP TO 3 TIMES]

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**SECTION4\_7a-j**

To what extent do you agree or disagree with the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. My employer/supervisor is/was supportive of my leadership activities (e.g., funding and resources).					
b. My organization is/was reputable in the community.					
c. I am/was passionate towards addressing community needs.					
d. The community is/was not interested in changes.					
e. I have/had good existing relationships with partnering agencies.					
f. I am/was familiar with the community issues and needs.					
g. I am/was familiar with the community culture.					
h. I have/had support and interest from the community.					
i. I have/had a trusting relationship with the community.					
j. I don't/didn't feel empowered to take a leadership role in my organization					

**SECTION 5: CAP and Impact**

The next set of questions asks about the Community Action Project (CAP). Please answer the questions to the best of your ability.

**SECTION5\_1**

Based on your experience and perspective, which of the following activities qualifies as a CAP?

	Yes	No	Don't Know
Repeated or ongoing community health education classes			
One-time community forum/workshop			
Community outreach			
Community assessment			
Ongoing support group			
OWH Training			
Other (specify):			

**SECTION5\_2**

Did you **start** a Community Action Project (CAP) as part of the WHLI?

- Yes [GO TO SECTION5\_4]
- No

**SECTION5\_3a-3j**

To what extent do you agree or disagree that the following reasons explain why you did not start a CAP?

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
a. The CAP requirements/ guidelines were not clear.					
b. There was not enough technical support from the Master Trainers and/or WHLI.					
c. There was not enough funding provided by my supervisor or organization to support a CAP.					
d. I did not feel prepared to complete a CAP after the training.					
e. I could not identify a community need for a CAP.					

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
f. I had challenges working with project collaborators.					
g. The community did not see a need or was not interested.					
h. I was not familiar with the community issues or needs.					
i. I was not familiar with the community culture.					
j. I did not have time because of other responsibilities.					
Other reasons (specify):					

[GO TO SECTION6\_1]

#### SECTION5\_4

What area(s) of community health did or does your CAP address?

	Yes	No
Active living		
Child health		
Disabilities		
Elder health		
Health policy		
Infectious disease prevention		
Mental health		
Nutrition		
Refugee health		
STI testing		
Violence prevention		
Other (specify):		

#### SECTION5\_5

Did you successfully complete this CAP?

- Completed
- Ongoing: Moving forward with CAP activities [GO TO SECTION5\_8]
- Stopped unexpectedly: CAP implementation was delayed [GO TO SECTION5\_7]

**SECTION5\_6**

How long did it take you to complete the CAP from planning to completion? [GO TO SECTION5\_8]

\_\_\_ (Years) \_\_\_ (Months)

**SECTION5\_7a-7f**

To what extent do you agree or disagree that the following statements explain why your CAP was delayed?

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
a. There was not enough technical support from the Master Trainers and/or WHLI.					
b. I had challenges working with project collaborators.					
c. The community did not see a need or was not interested.					
d. There was not enough funding provided by my supervisor or organization to support a CAP.					
e. There was change in funding situation.					
f. I did not have time because of other responsibilities					

**SECTION5\_8**

Which of the following activities did/does your CAP involve?

	Yes	No
Repeated or ongoing community health education classes		
One-time community forum/workshop		
Community outreach		
Community assessment		
Ongoing support group		
OWH Training		
Other (specify):		

**SECTION5\_9a-9f**

To what extent do you agree or disagree that your CAP has resulted in the following changes in your community?

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
a. Increased the community's access to health information.					
b. Increased the community's access to screening and health care.					
c. Empowered community members to improve their health.					
d. Altered community members' orientation/attitude toward their health.					
e. Altered community members' health behaviors.					
f. Created a change in community health policy					

**SECTION5\_10a-10m**

To what extent do you agree or disagree with the following statements?

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
a. The CAP requirements from the training were clear.					
b. The CAP guidelines/ instructions were well-communicated.					
c. I had time constraints because of other responsibilities.					
d. A Master Trainer provided sufficient support for the CAP (e.g., to follow up on my progress and/or to answer my					

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
questions).					
e. The training provided sufficient ground for me to develop a CAP.					
f. I had organizational buy-in from my employer/supervisor on the CAP.					
g. I had challenges working with project collaborators.					
h. There was available funding from my organization to develop and implement the CAP.					
i. I had existing relationships with partnering agencies.					
j. The community did not see a need or was not interested in the topic.					
k. I had sufficient community partner resources, donations, and/or space.					
l. I was able to form a committee.					
m. I had a lot of experience with the topic or approach addressed in the CAP.					



**SECTION 6: Reflection on the WHLI Training**

The next set of questions asks about your experience with the Women’s Health Leadership Institute (WHLI) training. Please answer the questions to the best of your ability.

**SECTION6\_1**

How would you rate the overall quality of the WHLI training?

- Very satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very dissatisfied\_

**SECTION6\_2a-2i**

To what extent do you agree or disagree with the following statements about the WHLI training?

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
a. The training objectives were clear.					
b. The training activities were engaging.					
c. The training materials were hands-on.					
d. The training materials provided were sufficient.					
e. The pace of the training was appropriate.					
f. The content was relevant to my work.					
g. The training was relevant to community health work.					
h. The training was well-organized.					
i. The training met my expectations.					

**SECTION6\_3**

How many Master Trainers did you have during the WHLI training?

- 1
- 2
- 3
- 4 or more
- Don't Know [GO TO SECTION6\_5a-5j]

**SECTION6\_4a-4j**

*[Load the table up to three times based on the answer to the previous question.]*

Thinking specifically about Master Trainer [IF SECTION6\_3=1 THEN DISPLAY "1"; IF SECTION6\_3=2 THEN DISPLAY "2"; IF SECTION6\_3=3 THEN DISPLAY "3"], to what extent do you agree or disagree with the following statements?

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
a. The Master Trainer was well-prepared.					
b. The Master Trainer was knowledgeable about the subject matter.					
c. The Master Trainer could explain a CAP and give examples.					
d. The Master Trainer engaged CHWs.					
e. The Master Trainer was receptive to participant comments and questions.					
f. The Master Trainer was passionate about working with CHWs and communities.					
g. The Master Trainer had good communication skills.					
h. The Master Trainer had good listening skills.					
i. The Master Trainer managed time well.					

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
j. The Master Trainer related personal experiences pertaining to the leadership training event (e.g., gave personal examples, had experience/knowledge with topics, etc.)					

[GO TO SECTION6\_6a-6i]

**SECTION6\_5a-5j**

To what extent do you agree or disagree with the following statements about the WHLI Master Trainers?

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
a. The Master Trainers were well-prepared.					
b. The Master Trainers were knowledgeable about the subject matter.					
c. The Master Trainers could explain a CAP and give examples.					
d. The Master Trainers engaged CHWs.					
e. The Master Trainers were receptive to participant comments and questions.					
f. The Master Trainers were passionate about working with CHWs and communities.					
g. The Master Trainers had good communication skills.					
h. The Master Trainers had good listening skills.					
i. The Master Trainers managed time well.					

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
j. The Master Trainers related personal experiences pertaining to the leadership training event (e.g., gave personal examples, had experience/knowledge with topics, etc.)					

**SECTION 6\_6a-6i**

To what extent do you agree or disagree that the following skills taught at the WHLI training were useful to your leadership activities or CAP development?

	Training did not address issue	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
a. Conducting community mapping						
b. Evaluating outcomes						
c. Getting community buy-in						
d. Developing a local resource/contact list						
e. Developing a logic model						
f. Partnering with community agencies						
g. Presenting information						
h. Conducting a strengths, weaknesses, opportunities, and threats (SWOT) analysis						
i. Conducting a vision and mission analysis						

**SECTION6\_7a-7m**

To what extent do you agree or disagree that the following skills or resources would have helped you better incorporate leadership into your work?

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
a. Additional training on content knowledge about policymaking					
b. Additional training on content knowledge about specific women’s health issues					
c. Additional training on how to identify funding sources					
d. Additional funding provided by WHLI					
e. Additional training on grant writing					
f. In-person meetups with Master Trainers					
g. Locally-provided training					
h. Ongoing training					
i. Additional technical support from Master Trainers and/or WHLI					
j. Webinars following the workshop					
k. Additional training focusing on advocacy skills					
l. More one-on-one trainings focusing on the particular issues in the community					
m. Opportunities to network with other CHWs from the training who are working on similar issues (work groups)					

**SECTION6\_8**

Do you have other suggestions for improving the WHLI training? (open-ended)\_

## **SECTION 7: Demographics**

The last set of questions are to help us get to know you better. Please answer the questions to the best of your ability.

### **SECTION7\_1**

What is your age?

- 18 to 24 years
- 25 to 34 years
- 35 to 44 years
- 45 to 54 years
- 55 to 64 years
- Age 65 or older

### **SECTION7\_2**

What is your gender?

- Female
- Male

### **SECTION7\_3**

Are you Hispanic or Latino?

- No
- Yes

### **SECTION7\_4**

How would you best describe your race? Check ALL that apply.

- White
- Black or African American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
- Other (specify): \_\_\_\_\_

### **SECTION7\_5**

What is the highest level of education you have completed?

- Less than high school
- High school graduate / GED
- Some college, no degree
- Associate's degree

- Bachelor's degree
- Graduate or professional degree

**END OF SURVEY**

**NOCONSENT\_EXIT**

Thank you for your time, but unfortunately you are not able to proceed with the survey without consenting to this research project.

*[If the survey is terminated]*

**INELIG\_EXIT**

Thank you for your time, but unfortunately you do not qualify for this survey.

*[If the pre-loaded profile indicates a completed CAP (P\_CAP=1)]*

**EXIT\_CAP**

Thank you for taking the time to complete our survey. We truly value the information you have provided. To receive your \$20 Amazon gift card for completing the survey, please enter your email address:

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In addition, based on your responses, we will contact you about scheduling a phone interview to further discuss your participation in the Women's Health Leadership Institute. You will receive an additional \$20 Amazon gift card for your time.

To make sure we have accurate information on file, please enter your full name and telephone number:

Name: \_\_\_\_\_

Telephone Number:

In the meantime, if you have any questions about the study or your responses, please contact NORC at [XXXXX@norc.org](mailto:XXXXX@norc.org) or XXX-XXX-XXXX.

*[If the pre-loaded profile does not indicate a completed CAP (P\_CAP=0)]*

**EXIT\_NOCAP**

Thank you for taking the time to complete our survey. We truly value the information you have provided. To receive your \$20 gift card for completing the survey, please enter your email address:

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In addition, based on your responses, we may contact you about scheduling a phone interview to further discuss your participation in the Women’s Health Leadership Institute. You will receive an additional \$20 Amazon gift card for your time.

To make sure we have accurate information on file, please enter your full name and telephone number:

Name: \_\_\_\_\_

Telephone Number:

In the meantime, if you have any questions about the study or your responses, please contact NORC at [XXXXX@norc.org](mailto:XXXXX@norc.org) or XXX-XXX-XXXX.

### **WEB\_EXIT**

[GO TO THIS SCREEN IF RESPONDENT CLICKS “SAVE AND EXIT” BUTTON AT ANY POINT IN THE SURVEY]

You have exited the WHLI Survey.

If you exited by mistake, click on [this link](#) to continue the survey where you left off. If you would like to continue at a different time, please use the link you received in the email. If you received a letter or phone call, please go to [WHLIsurvey.norc.org](http://WHLIsurvey.norc.org) using your unique survey PIN.

### **X\_OUT**

[DISPLAYED AS A POP-UP IF RESPONDENT ATTEMPTS TO CLOSE THE SURVEY BROWSER WINDOW]

Please exit the WHLI Survey using the “Save and Exit” button. This will save your progress in the survey and ensure that you can continue where you left off at a more convenient time.