

ATTACHMENT 7:
OWH WHLI ONLINE SURVEY

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 0990-0379. The time required to complete this information collection is estimated to average 10 minutes 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

PROGRAMMER NOTE: Text to display at the bottom of each web screen:

For technical assistance, please contact NORC at WHLIsurvey@norc.org or call **1-800-604-2698**.

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

HOMEPAGE

Welcome to the Women's Health Leadership Institute Survey!

Please enter your six-digit Personal Identification Number (PIN) in the box below and click "Start Survey" to enter the survey. You should have received your PIN in a letter or telephone call from us. If you do not have your PIN, please contact NORC at WHLIsurvey@norc.org or call 1-800-604-2698.

INFO

Why have I been selected to participate?

You are part of a select group of individuals 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.

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. As a token of our appreciation, we will provide you with a **\$10 Amazon gift card** for completing this survey.

Will my information be kept private?

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.

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.

By selecting "Yes" below, you are consenting to participate in this research study.

- Yes [GO TO INFO2]
- No [GO TO NOCONSENT_EXIT]

INFO2

Please use the "Next" and "Back" buttons to navigate between the questions within the questionnaire. Do not use your browser buttons.

If at any time during the survey, you would like to exit, please use the "Save and Exit" button above. Using this button will save all of the data you have already entered and ensure you are able to return to the same location to complete the survey.

SCREENER1

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

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

- Yes [GO TO SECTION1_1]
- No [GO TO INELIG_EXIT]

PROGRAMMING NOTE (APPLIES TO TEXT FILLS FOR ALL APPLICABLE QUESTIONS):

“Condition A” requires present tense and is defined as [IF SECTION 1_3=yes] OR [IF SECTION 1_1=no or missing AND SECTION 1-3=no or missing AND SECTION 1_5=no or missing]

“Condition B” requires past tense and is defined as [IF SECTION1_1=yes AND SECTION1_3=no or missing] OR [IF SECTION 1_1=no or missing AND SECTION 1_3=no or missing AND SECTION 1_5=yes]

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 at the time you attended the WHLI training?

Please enter a number between 0 and 100.

_____%

ALL GO TO SECTION1_3

SECTION1_3

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

- Yes
- No

[If answer to Section 1_1 is “no” or “missing” (left blank) **and** [if Section 1_3 is “no” or “missing” (left blank)], go to SECTION 1_5]

i.e. if the person was not a CHW during the training AND is not currently a CHW

- [If answer to Section 1_1 is “yes” **and** [if Section 1_3 is “no” or “missing” (left blank)], go to SECTION 1_6]
i.e. if the person WAS a CHW during the training BUT is currently not a CHW
- Else if [If answer to Section 1_1 is “yes” or “no” or “missing” (left blank) **and** Section 1_3 is “yes”, go to SECTION 1_4]

SECTION1_4

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

Please enter a number between 0 and 100.

_____%

[GO TO SECTION1_6]

SECTION1_5

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

- Yes
- No

SECTION1_6

What is your current job title or position?

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

[If answer to SECT1_5 is “no”, go to SECT2_1; ELSE go to SECT1_9]

SECTION1_9

In what settings/organizations have you worked 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):		

SECTION1_10

How long [IF Condition A THEN DISPLAY “have you worked”; IF Condition B DISPLAY “did you work”] as a CHW?

Please answer in years and months (if days, round to the nearest month).

___ (Years) ___ (Months)

SECTION1_11

In which settings [IF Condition A THEN DISPLAY “do”; IF Condition B 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 Condition A THEN DISPLAY “work”; IF Condition B THEN DISPLAY “worked”] on as a CHW.

Top Issue 2nd Issue 3rd 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 [IF Condition A THEN DISPLAY “do”; IF Condition B DISPLAY “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):		

SECTION1_14 - SECTION1_19

How would you describe the populations that you most commonly [IF Condition A THEN DISPLAY “serve”; IF Condition B DISPLAY “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
- Transgender

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
- Other, specify: _____
- 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 could put the following skills into practice?

	Strongly agree	Agree	Neither agree nor 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 could put the following skills into practice?

	Strongly agree	Agree	Neither agree nor 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 could put the following skills into practice?

	Strongly agree	Agree	Neither agree nor 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.

[IF Condition B, DISPLAY “While answering these questions, please think about the time when you were a CHW or did CHW work.”

SECTION4_1a-e

Please indicate the frequency with which you [IF Condition A, DISPLAY “engage”; IF Condition B DISPLAY “engaged”] in the following behaviors.

	Daily	Weekly	Monthly	Yearly	Less than Once a Year or Never
<i>Assessing needs and readiness to change in organization and community</i>					
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 [IF Condition A DISPLAY “engage”; IF Condition B DISPLAY “engaged”] in the following behaviors.

	Daily	Weekly	Monthly	Yearly	Less than Once a Year or Never
Strategic planning to address organization and community needs					
a. Formulate appropriate 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 [IF Condition A DISPLAY “engage”; IF Condition B DISPLAY “engaged”] in the following behaviors.

	Daily	Weekly	Monthly	Yearly	Less than Once a Year or Never
Partnering with other organizations					
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 [IF Condition A DISPLAY “engage”; IF Condition B DISPLAY “engaged”] in the following behaviors.

	Daily	Weekly	Monthly	Yearly	Less than Once a Year or Never
Political leadership					
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

[Display if answer to any of the items in the grid above = Some impact or Major impact]

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

Please describe the impact that your leadership activities has had on [FILL “organizational change” OR “civil change” OR “policy change” BASED ON ANSWERS TO GRID ABOVE].

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 [IF Condition A DISPLAY "is"; IF Condition B DISPLAY "was"] is/was supportive of my leadership activities (e.g., funding and resources).					
b. My organization [IF Condition A DISPLAY "is"; IF Condition B DISPLAY "was"] is/was reputable in the community.					
c. I [IF Condition A DISPLAY "am"; IF Condition B DISPLAY "was"] passionate towards addressing community needs.					
d. The community [IF Condition A DISPLAY "is"; IF Condition B DISPLAY "was"] interested in changes.					
e. I [IF Condition A DISPLAY "has"; IF Condition B DISPLAY "have"] good existing relationships with partnering agencies.					
f. I [IF Condition A DISPLAY "am"; IF Condition B DISPLAY "was"] familiar with the community issues and needs.					
g. I [IF Condition A DISPLAY "am"; IF Condition B DISPLAY "was"] familiar with the community culture.					
h. I [IF Condition A DISPLAY "have"; IF Condition B DISPLAY "had"] support and interest from the community.					

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
i. I [IF Condition A DISPLAY “have”; IF Condition B DISPLAY “had”] a trusting relationship with the community.					
j. I [IF Condition A DISPLAY “feel”; IF Condition B DISPLAY “felt”] 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			

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 nor 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 nor 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, CAP final report submitted
- Completed, CAP final report not submitted

- 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 nor 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 a 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 nor 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 nor 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.					

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
d. A Master Trainer provided sufficient support for the CAP (e.g., to follow up on my progress and/or to answer my 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 nor disagree	Disagree	Strongly disagree	Don't know/ Don't Remember
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

[PROGRAMMER NOTE: Display the table up to three times based on the answer to the previous question.]

The next set of questions asks about the [IF SECTION6_3=1 THEN DISPLAY “Master Trainer” ELSE DISPLAY “Master Trainers”] you had during the WHLI training. [IF SECTION 6_3=4 or more, DISPLAY “Please select three of your Master Trainers to think about while answering these questions”

Thinking specifically about [IF SECTION6_3=1 THEN DISPLAY “the Master Trainer”; IF SECTION6_3=2 THEN DISPLAY “the FIRST Master Trainer” and “the SECOND Master Trainer” for the two tables loaded; IF SECTION6_3=3 OR SECTION 6_3=4 or more THEN DISPLAY “the FIRST Master Trainer”, “the SECOND Master Trainer” and “the THIRD Master Trainer” for the three tables loaded], to what extent do you agree or disagree with the following statements?

	Strongly agree	Agree	Neither agree nor 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.					

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
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.					
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 nor 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.					

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
g. The Master Trainers had good communication skills.					
h. The Master Trainers had good listening skills.					
i. The Master Trainers managed time well.					
j. The Master Trainers related personal experiences pertaining to the leadership training event (e.g., gave personal examples, had experience/knowledge with topics, etc.)					

SECTION6_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?

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Training did not address issue
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						

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Training did not address issue
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 nor 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 WHI					
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 WHI					
j. Webinars following the workshop					

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
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)					

SECTION 6_8

Do you have other suggestions for improving the WHLI training?

[OPEN ENDED FIELD HERE]

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
- Transgender: male to female
- Transgender: female to male
- Transgender: gender non-conforming

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.

EXIT

Thank you for taking the time to complete our survey. We truly value the information you have provided. To receive your \$10 Amazon gift card for completing the survey, please enter your email address below. Only NORC staff working on the Women's Health Leadership Institute Survey will have access to your email. We will never share your email with anyone outside of the study.

If you would like to receive your gift card in the mail rather than through email, please check this box:

[IF BOX IS CHECKED, GO TO ADDRESS; ELSE GO TO FOLLOW_UP]

ADDRESS

Please enter your full name and address and your \$10 Amazon gift card will be mailed to you within 4-6 weeks.

First name:

Last name:

Street address 1:

Street address 2 (optional):

City:

State:

Zip Code:

[GO TO FOLLOW_UP]

FOLLOW_UP

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. Participation is voluntary. If you choose to participate, you will receive an additional \$10 Amazon gift card for your time.

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

Name: _____ [FILL WITH FIRST NAME AND LAST NAME FROM ADDRESS ABOVE IF POPULATED]

Telephone Number: (____) ____ - _____

In the meantime, if you have any questions about the study or your responses, please contact NORC at WHLIsurvey@norc.org or 1-800-604-2698.

[GO TO THANK YOU]

WEB_EXIT

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

Thank you for starting the WHLI Survey. If you exited by mistake, please select “Back” button below 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 <https://ccsurvey.norc.org/WHLIsurvey> and enter your unique survey PIN.

THANK YOU

Thank you for your assistance with this survey! To submit your responses, please click the “Submit” button below. Have a great day!