

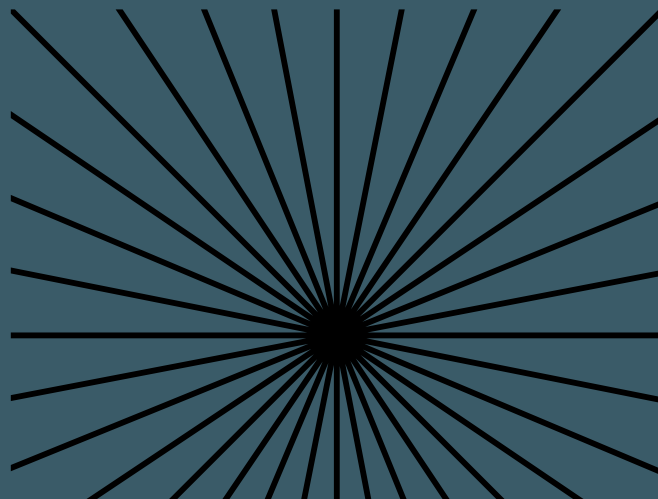
# NC COMMUNITY HEALTH WORKER

## STANDARDIZED CORE COMPETENCY TRAINING (SCCT)

### EVALUATION FINAL REPORT

2023-2024

UNIVERSITY OF NORTH CAROLINA AT PEMBROKE  
COLLEGE OF HEALTH SCIENCES



# The University of North Carolina at Pembroke Community Health Worker SCCT Evaluation Final Report

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## Acknowledgments

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The UNCP evaluation team greatly appreciates this opportunity to contribute to strengthening the statewide community health worker initiative. Thank you to the leadership and staff at the Office of Rural Health and Partners in Health for supporting this work.

### *Participating NC Community College CHW Students and Instructors*

The UNCP evaluation team would like to sincerely thank the community health workers participating in the Standardized Core Competency Training at the participating colleges. Furthermore, this work would not have been possible without the valuable input of the community colleges, instructors, and students.

### *REDCap*

Evaluation data was collected and managed using REDCap electronic data capture tools hosted at the University of North Carolina at Pembroke.<sup>1,2</sup> REDCap (Research Electronic Data Capture) is a secure, web-based software platform designed to support data capture for research studies, providing 1) an intuitive interface for validated data capture; 2) audit trails for tracking data manipulation and export procedures; 3) automated export procedures for seamless data downloads to standard statistical packages, and 4) procedures for data integration and interoperability with external sources.

<sup>1</sup>PA Harris, R Taylor, R Thielke, J Payne, N Gonzalez, JG. Conde, Research electronic data capture (REDCap) – A metadata-driven methodology and workflow process for providing translational research informatics support, *Journal of Biomedical Informatics*, 2009 Apr; 42(2): 377-81.

<sup>2</sup>PA Harris, R Taylor, BL Minor, V Elliott, M Fernandez, L O’Neal, L McLeod, G Delacqua, F Delacqua, J Kirby, SN Duda, REDCap Consortium, The REDCap consortium: Building an international community of software partners, *J Biomed Inform.* 2019 May 9 [doi: 10.1016/j.jbi.2019.103208]

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## **Background: CHWs in North Carolina**

The North Carolina Community Health Worker initiative emphasizes the role of Community Health Workers (CHWs) in improving health outcomes for individuals throughout the state, particularly those from marginalized communities (NCDHHS, 2022a). North Carolinian partners collaborated on building infrastructure to support the CHW workforce, including the development of core competencies (NCDHHS, 2022a) and the implementation of a community college curriculum (NCDHHS, 2022b) leading to a pathway to state certification overseen by the North Carolina Community Health Worker Association to standardize the profession (NCCHWA, 2022).

CHWs support the needs of rural populations by addressing health disparities impacting migrant laborers (Harwell et al., 2022; LePrevost et al., 2022). CHWs search online resources to locate health information for farmhands from rural North Carolina communities (LePrevost et al., 2022). These frontline staff screen patients for needs associated with social determinants of health (SDOH) (NCDHHS, 2021b). As medical professionals have not consistently screened for SDOH, this work plays a critical role in improving health outcomes for vulnerable populations (Wortman et al., 2020). CHWs also support refugees moving to the state; research has found that these CHWs credit their lived experience as members of this community with impacting their decision to pursue their career (Eluka et al., 2021). Additionally, CHWs provide community-centered support to geographically diverse locations by focusing their efforts within community micro-geographies to target distressed census tracts and specific zip codes (Gunderson et al., 2021).

At the height of the COVID-19 pandemic, CHWs supported North Carolinians through screening patients regarding their quarantine needs (NCDHHS, 2021). In addition, 350 CHWs utilized by seven vendors provided targeted support to 55 North Carolina counties facing high levels of COVID-19 within their communities (NC Department of Health and Human Services, 2021a). State infrastructure coordination supported CHW efforts to address health inequity needs exemplified during the pandemic (Grier-McEachin, 2021). CHWs frequently promote NCCARE360, North Carolina's online platform connecting whole-person healthcare referrals to improve patient outcomes, to address health needs throughout the state (NCDHHS, 2021; Wortman et al., 2020).

## **SCCT Progress and Updates**

Over the past year, the UNCP evaluation team continued to prioritize communication with SCCT instructors to emphasize project goals and recruit participants under version two of the evaluation. The incentive for student participation remained the same, with participants receiving a \$35 e-gift card for completion of part one of the evaluation and another \$35 e-gift card for completing part two. This evaluation uses mixed methods including a qualitative component in the form of structured interviews with CHW students and instructors. Participants received a \$50 e-gift card for participation as an interviewee. UNCP stopped recruiting evaluation participants in May 2024 due to grant funding ending this year.

The UNCP team also launched version two of the evaluation in Spanish within REDCap to encourage the recruitment of Spanish-speaking community health workers. Participation of Spanish-speaking populations in UNCP's CHW evaluation can provide the North Carolina

Department of Health and Human Services and key Community Health Worker partners a new perspective of the SCCT. 128 participants from eight community colleges, 8 participants being from the Spanish speaking cohorts, participated in the evaluation from July 15, 2023, through May 1, 2024.

During the review period of July 15, 2022, through July 15, 2023, 190 participants from eight community colleges participated in the evaluation. Three hundred and fifty-two individuals participated in the Standardized Core Competencies Training evaluation between August 15, 2021, and July 15, 2022. There has been a reduction in the number of participants enrolling in the evaluation due to lower numbers of CHWs enrolled in the SCCT corresponding with the end of many funded COVID-related positions. The peak of SCCT participation was between 2021 and early 2023.

All evaluation components continue to be stored in the REDCap database. The University of North Carolina at Pembroke (UNCP's) Institutional Review Board, also known as the IRB, approved both portions of this evaluation.

## **Evaluation Purpose and Methods**

### *Overview*

The University of North Carolina at Pembroke (UNCP), in partnership with the North Carolina Department of Health and Human Services – Office of Rural Health (NCDHHS-ORH), evaluated the standardized core competency training (SCCT) for North Carolina Community Health Workers (CHWs). The UNCP Community Health Worker (CHW) evaluation team collected, analyzed, and reported data to assist the NCDHHS-ORH and interested parties in understanding the effect of SCCT. Evaluation findings inform future iterations of the SCCT, including curriculum, training design and assessment, evaluation instruments, and methods, resulting in a highly effective educational resource grounded in core competencies available to North Carolina's CHW students. UNCP has started an online statewide data dashboard and repository based on this evaluation which provides a body of North Carolina CHW-related data to strengthen CHW education and preparedness.

### *Evaluation Goal and Objectives*

The overall goal of this evaluation is to determine the effectiveness of the NC CHW SCCT.

The objectives of this evaluation are:

1. Participate in statewide CHWI evaluation, SCCT Train-the-Trainer, and SCCT evaluation workgroups to communicate changes and receive feedback
2. Recruit participants for SCCT evaluation
3. Administer measurement tools, enter data in the REDCap (Research Electronic Data Capture) system, and conduct quality checks
4. Conduct key informant interviews with SCCT instructors and students to gather qualitative feedback regarding their experiences.
5. Complete qualitative and quantitative analysis of data.
6. Create an annual cumulative report to disseminate findings

7. Conduct presentations of findings for CHW statewide workgroups, SCCT Train-the-Trainer attendees, and at state CHW and professional conferences to disseminate findings and inform changes to SCCT curriculum and delivery
8. House data and reports on the UNCP CHW data repository and dashboard website

Evaluation questions include:

1. To what extent did the curriculum increase the knowledge, skills, and capacity of CHWs?
2. What training needs exist for CHWs? What is the perspective of CHWs, vendors, and others on the CHW program?
3. What are the types of themes, concepts, and thoughts identified and used in revisions to SCCT?
4. How many partners have been engaged in providing SCCT feedback?
5. How many participants agreed to participate in SCCT evaluation studies?

### *Participants*

During the review period of July 15, 2023, through May 1, 2024, 128 participants from eight community colleges participated in the evaluation, with 8 participants being from the Spanish speaking cohorts. The following community colleges contributed during this period: Asheville-Buncombe, Catawba, Durham, Edgecombe, Forsyth, Pamlico, Robeson, and Sandhills. As classes were offered virtually, students were eligible to participate from across the state; many participants lived in a different county than the county where their community college was located. Not all eligible students consented to participate in the evaluation; the number of participants represents a portion of students overall participating in the SCCT.

### *Key Informant Interview Methods*

The UNCP team recruited SCCT instructor participants by sending email invitations to eligible instructors. SCCT instructors were eligible to participate in the qualitative evaluation if they taught the SCCT course at any period from July 2023 through May 2024. Instructors were eligible for the KII process even if there were no students involved from their community college in the evaluation. SCCT student participants also underwent the same recruiting process and were eligible to participate in the qualitative evaluation if they participated in the SCCT course during any period from July 2023 through July 2024. Before agreeing to participate, all individuals received a description of the interview process, including incentive eligibility, as well as a list of questions and corresponding prompts. All individuals completed an informed consent before the interview. All instructors and students participated in individual interviews that were scheduled for one hour in length via Zoom. All participating instructors and students received one \$50.00 e-gift card as an incentive. The UNCP team interviewed four instructors from four community colleges and eight students.

Before agreeing to participate, individuals received a description of the interview process, including incentive eligibility, as well as a list of questions and corresponding prompts. All individuals completed an informed consent via REDCap before the interview. All participants completed individual interviews that were scheduled for one hour in length. Interviews were recorded and transcribed. Interviewees were assigned an ID number known as a SID. All data were identified using only the SID. Only the UNCP CHW evaluation team accessed the identifying information. The UNCP evaluation data database, known as REDCap, securely stored the transcribed data. Recordings, transcripts, and interviewer notes were kept confidential.

Participants received a \$50 gift card for their involvement in the one-hour Key Informant interview administered through the online platform Zoom. The UNCP team reviewed data to identify themes through qualitative analysis. The identities of all evaluation participants remained anonymous throughout the communication of themes with partners.

Thematic analysis was used to analyze key informant interview data. First, initial codes were created based on student and instructor interview transcripts. Codes were reviewed by the PI. Codes were consolidated and then categorized. Themes were devised from categories. The themes are represented below.

### *SCCT Evaluation Methods*

The UNCP team recruited eligible students to participate in the evaluation through communication with eligible course instructors and by providing evaluation introductions to eligible classes. This evaluation received reapproval from the IRB in November 2023. This database is still used to collect information via participant-entered electronic surveys. Once consent is obtained, evaluation participants complete online surveys within the secure REDCap platform. The UNCP team exported de-identified response info for analysis and reporting. Part one of the evaluation includes the following pre-test and surveys which were completed during the introductory weeks of the CHW course. Part two of the evaluation is submitted after the SCCT course, as well as additional Career Impact Surveys which are administered at set intervals in the months following the completion of their course. Participants received a \$35 e-gift card for completion of part one of the evaluation and another \$35 e-gift card for completing part two.

#### *Part 1 (pre-test/surveys)*

'Consent and Identifiers' (contact information – name, address, email, phone)  
'Demographic Information Form' (participants may abstain from entering their information)  
'Career Impact Survey' (administered at the beginning of the SCCT course)  
'Comfort Level Survey' (measures self-assessed knowledge and attitudes towards SCCT)  
'Pre-Test' (administered to measure the educational suitability of the SCCT course)

#### *Part 2 (post-test/surveys)*

'Post-Test' (administered to measure the educational suitability of the SCCT course; repeated at the end of class)  
'Training Quality Survey' (administered at the end of the course to elicit modification recommendations)  
'Comfort Level Survey' (measures self-assessed knowledge and attitudes towards SCCT; repeated at the end of class and 3-month, 6-month, and 1-year intervals post course completion)  
'Career Impact Survey' (repeated at the end of class and 3-month, 6-month, and 1-year intervals post-course completion)  
'Final SCCT Score' (pass/fail outcome obtained from course instructors)

#### *Reporting*

The UNCP evaluation team provided quarterly reports to Partners in Health. These reports outlined project progress and milestones accomplished during set intervals throughout the project. This comprehensive final evaluation report includes quantitative and qualitative data from July 15, 2023, through August 1, 2024, and recommendations to improve the CHW training

process throughout the state. Evaluation results may be published or presented at professional meetings.

## **Key Informant Interview (KII) Results**

### *Instructor Key Informant Interview Themes*

All SCCT instructors who taught the course between July 2023 and May 2024 were invited to participate in the KII instructor process. All participants completed an informed consent before providing feedback through one-hour individual interviews conducted on Zoom. Four individuals participated in this process. Responses were de-identified, and the information shared remained anonymous. Thematic analysis was used to derive themes from interview transcripts. Themes include student engagement and achievement, instructor strengths and contribution, technology and curriculum, barriers and challenges, suggestions to improve the SCCT, and summary.

### *Student Engagement and Achievement*

Instructors report one of the greatest pleasures of teaching the SCCT is reflected in the success of their students. Instructors express watching students' confidence and passion develop and increase throughout the course is one of the greatest achievements. They define other forms of success as CHWs passing the course, obtaining certification, application of the course materials in their work and lives, and students continuing to network, support each other, and their communities.

### *Instructor Strengths and Contribution*

Instructors report one of the most valuable contributions they make is bringing real life experiences to the classroom. Their life background and experiences working as CHWs are strengths as instructors can give students a real-life perspective of the life of a CHW. They also note having an open-door policy, remaining approachable and flexible, and making materials accessible for students are critical components to ensuring the success of adult learners. Additionally, instructors offer support to students through obtaining guest speakers for the course which allows students the opportunity to network further, as well as facilitating additional networking opportunities such as connecting students to organizations through various assignments and volunteer opportunities.

### *Technology and Curriculum*

Instructors report the curriculum is generalized and comprehensive, covering a broad range of information. The curriculum is an introduction to community health work, providing a solid foundation for CHWs and giving them a plethora of resources. Instructors believe assignments are relevant to the specific populations the students serve and set students up for success within their specific communities.

Instructors discuss the benefits of technology, including the course's flexibility being online and having it accessible to students throughout the state. However, there were challenges that came with teaching the SCCT in an online environment. Students varied in their knowledge regarding technology and how to navigate various online tools. Instructors spend quite some time teaching their students how to navigate the online environment and utilize the applications and tools for the course. Other challenges related to technology include students keeping cameras on, not having access to all the applications such as Microsoft Office, or not having access to things like a laptop or access to Wi-Fi.



### Barriers and Challenges

Instructors noted several challenges and barriers to teaching the SCCT. They report having to update information in the curriculum regularly due to it being outdated. Instructors are also required to set up the online platforms they utilize when they are getting started with teaching the SCCT which is quite time consuming. They report doing these additional tasks can be time consuming and instructors are only compensated for teaching time. Moreover, instructors understand that this is an intro class to the CHW field, the curriculum doesn't dive deep into certain topics. They did not specify recommended topic areas.

While they understand that their students are adult learners and have other priorities, instructors mention that there are challenges that come with teaching adult learners. Instructors communicate that some students are heavily multitasking or not paying attention during class. Instructors expressed trying to accommodate for adult learners as much as possible and remain flexible with their students. However, there is a concern that students are overscheduled and lack time management skills presenting as a barrier to their success in the SCCT. Additionally, instructors voice that they may be the only CHW instructors at their college and they miss engaging with colleagues and bouncing ideas off other instructors. They voice a need for greater connection among the colleges that offer the SCCT throughout the state. Instructors report they may have students that are fresh out of high school, while others have been working in the field for years or may have higher levels of education. Engaging all students at an appropriate level due to the varying levels of experience and education can be challenging for instructors. Also, instructors mention that some students lack the financial stability to obtain things such as a laptop, necessary online applications like Microsoft Office, or textbooks. One instructor mentioned literacy as a barrier and indicated setting expectations of what the content entails for students to be prepared. They noted trying to accommodate for all levels of learning by utilizing videos versus requiring students to read whole chapters. Other barriers and challenges include ensuring cameras are kept on during class, technological issues such as glitches and other issues, and lack of student motivation.

### Suggestions to Improve the SCCT

Instructors voice the importance of increasing awareness and advocacy for community health work. They suggested promoting employment and advancing the profession by educating future employers about why they should hire community health workers. Instructors argue that if there is a better understanding of what the CHW role is and how it can benefit the community, then barriers to employment will be eliminated.

Ensuring information is up to date requires the constant need to update information. Instructors suggested having someone at a higher-level disseminating information instead of instructors constantly updating information. Having one entity update information allows for the SCCT curriculum to remain standardized and consistent across-the-board. Instructors also suggest allocating more resources for students who lack resources. For example, loaning a computer to a student who may not be able to afford one. Other suggestions include promoting better pay for CHW's to ensure they can make a living wage, creating more networking opportunities for students, obtaining a list of potential guest speakers, and adapting the course for an online environment.

SCCT students come from all over the state and from different counties. Therefore, instructors connecting with one another allows for them to share and exchange resources from varying

counties. Instructors also voice that while they feel supported by various partners, they would like additional support such as providing short webinars on certain topics like the Medicaid expansion or hosting shorter bi-weekly, monthly, or quarterly meetings that allows instructors the camaraderie they desire with one another and learning opportunities they seek.

### Summary

Overall, instructors express how much they enjoy teaching the SCCT. They report being passionate about education, community health work, and learning so much from their students. Instructors report being inspired daily and hope students can continue to build their confidence and learn their value well beyond the SCCT. Instructors hope they equip students with the proper tools and resources to be successful and serve their communities.

### *Student Key Informant Interview Themes*

All SCCT students who taught the course between July 2023 and May 2024 were invited to participate in the KII student process. All participants completed an informed consent prior to providing feedback through a one-hour individual interview conducted on Zoom. Eight individuals participated in this process. Responses were de-identified, and the information shared remained anonymous. The themes that emerged because of student key informant interviews include program benefits and challenges in the following areas: course content, impact, and application, materials, accessibility, and technology instructor support and peer engagement, networking and resource building, and limitations and suggestions for enhancing learning.

### Course Content, Impact, and Application

Students described the course as “very effective” and “suitable for being a working professional.” The course was noted to be applicable both personally and professionally, covering a wide range of topics that were broad and generalized. Students remarked that they felt prepared to enter the workforce, learning about various populations, techniques, and concepts that are applicable and practical. Individuals reported building on existing skills and knowledge and learning new information that they can incorporate in their work as community health workers.

Students remarked on how the process was efficient from registration to the class layout to assignments. Students participating were diverse in background, ranging in level of experience and education. The information disseminated was thought to be useful, helpful, and easy to retain despite students coming from various career backgrounds including peer support specialists, mental health therapists, undergraduate students, individuals in the nursing field, or working within the MCO in some capacity. While the course was said to be comprehensive, some students felt it was repetitive and tedious at times.

Some students reported taking the course as a requirement for work, some seeking certification, while others were simply interested in the content. For both students working as CHWs and those not yet in the field, the course was said to create more opportunities and enhance their current careers. Students feel more enabled to search for CHW jobs and have greater “mobility” within the field. Promotions as well as other lateral opportunities have opened for students upon completion of the course and obtaining certification. Students reported increased marketability resulting in increased self-confidence and feeling empowered to support their communities.

### Materials, Accessibility, and Technology

The course was recognized as “very accessible.” Students noted that potential barriers like tuition were non-factor due to the course's affordability. However, it was noted the course schedule conflicted with their work schedule and they would have liked to see a variety of times in which the class was offered. Additionally, one student suggested that the course be more accessible for individuals with disabilities, whether they be cognitive or physical disabilities. Having access to materials such as PowerPoints, videos, and quizzes was seen as positively facilitating the learning experience. According to students, being able to revisit materials helped prepare students for assignments like the Photo Voice and exams. Students noted that the textbook was not used or needed, and they wouldn't have purchased it had they known prior to starting the class.

While some students found the technology easy to navigate, others found it to be a barrier to their learning experience. One student stated, “I thought that it was really accessible for people who didn't know too much about technology”. Tools such as navigation videos made it easier for students to learn new platforms like Canvas or Moodle. Another student noted that having to teach other students about how to navigate the technology slowed down the pace of the course and technical problems would arise frequently. Likewise, students felt that certain topics like motivational interviewing were “awkward” to practice via Zoom. Despite the course being completely virtual, it did not hinder the comradery between classmates as instructors still included breakout rooms and polls within the course. Overall, students appreciated that the course was offered online making it accessible to students all over the state.

### Instructor Support and Peer Engagement

Instructors were described as hands on, engaging, knowledgeable, and encouraging. Students reported feeling very supported by the instructors, feeling like the instructors put forth extra effort to support students learning. Instructors shared personal experiences, and the experiences of past students had a long-lasting impact on students. One student said they felt the instructor lived what the course was trying to convey. Students stated that instructors wore multiple hats supporting students with navigating and problem shooting technology issues, as well as outlining course content in a digestible manner for all students. Instructors remained available and open to support students any time ensuring student success. Overall, instructor support was a key component in student success within the course.

In addition to instructor support, students reported that interactions with their peers contributed most to their learning. Direct engagement and dialogue amongst students noted to be most impactful and offered new perspectives. Despite being on an online platform, breakout rooms and other tools that promoted peer engagement allowed for students to role play and conduct mock interviews which students found helpful. Other assignments like the photo voice were thought to be very impactful exposing students to various needs within communities throughout the state.

### Networking and Resource Building

One of the most valuable pieces of the SCCT was noted to be the networking opportunities. Students reported forming groups to stay connected with one another after the course ended allowing students to stay abreast of what's going on with community events and opportunities. Other service components within the SCCT, such as required community service, provided students with opportunities to serve their communities while building connections with potential

future employers and partners. Students were appreciative that they were required to link students to community businesses and organizations as part of their coursework which gave them a sense of preparedness.

While students did receive information on careers post-certification, some students expressed concerns regarding how to bridge the gap between newly certified individuals and potential employers. Other students advocated for more networking opportunities with community members and organizations. Students also voiced the need to learn more about online networking platforms such as LinkedIn and other search engines.

The SCCT includes an activity where students organize a resource book. Many students reported being aware of some resources within their specific communities. However, the SCCT provided many other resources for various populations throughout the state. Students voiced that they are now able to share additional resources with their clients that are outside of their scope, lessening the barriers and frustrations their clientele may experience. Additionally, having a class with students from all over the state widens their resource pool allowing students to provide resources to a wider range of individuals outside of their immediate geographical area.

#### *Limitations and Suggestions for Enhancing Learning*

Although students acknowledge the benefits of an online platform, there continues to be an overwhelming preference to incorporate an in-person component into the course. Students suggested the SCCT incorporate more face-to-face interactions and hands on implementation of content learned whether it be through an internship component, a more interactive service-learning project, or a networking event. Additionally, students suggested having a tutorial on how to navigate the online platform prior to class starting so class time is not consumed with teaching individuals how to utilize technology.

Students reported the SCCT was a more introductory level course and expressed a need to dive deeper into certain topics. They did not specify topic areas. Students suggested having instructors communicate when there are deviations from the syllabus stating that at times the coursework didn't align with the syllabus. Students would like more options for class availability.

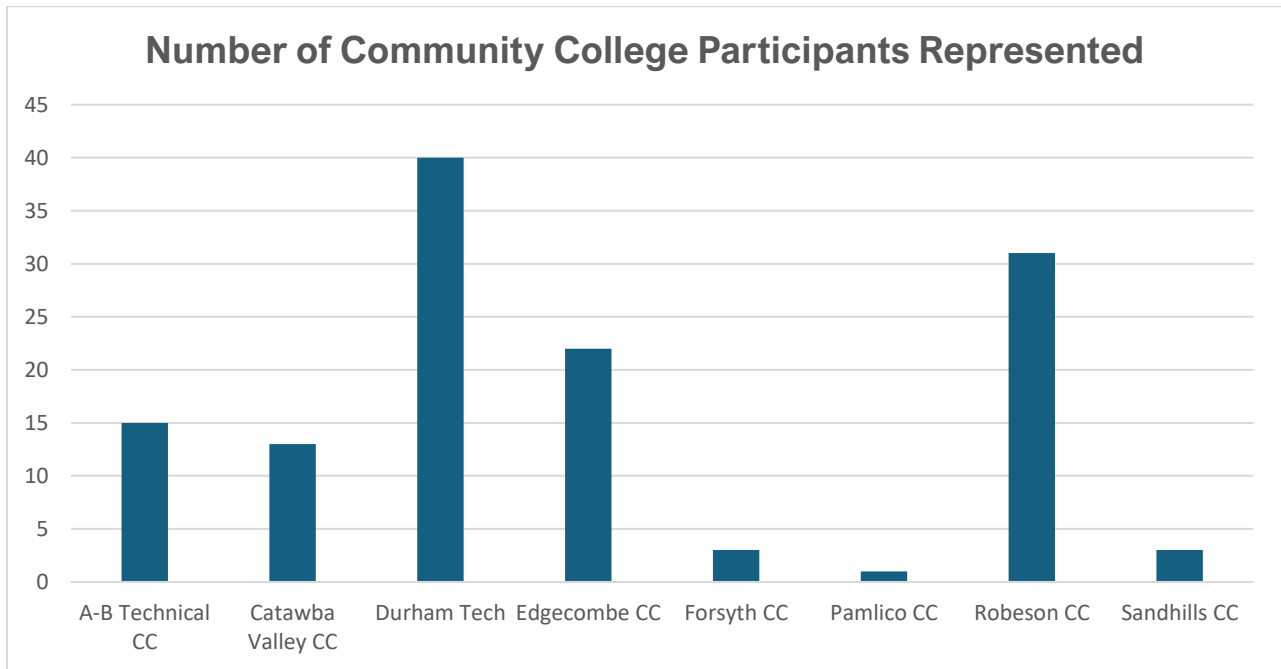
## SCCT Evaluation Results

### Participant Demographics

#### Number of Community College Participants Represented N=128

A-B Technical CC	15
Catawba Valley CC	13
Durham Tech	40
Edgecombe CC	22
Forsyth CC	3
Pamlico CC	1
Robeson CC	31
Sandhills CC	3

**Figure 1**  
*Number of Community College Participants Represented*



In previous years, Robeson Community College had significantly more student participants than any other college with over 65% of participants being from Robeson Community College in 2022 and almost 50% in 2023. However, data from July 2023 to May 2024 indicate that the majority of participants are from Durham Tech, with Robeson County having the second most participants.

**Participant Home County**

Alamance	1	Duplin	1	Iredell	1	Pitt	7
Beaufort	1	Durham	16	Jackson	1	Robeson	4
Brunswick	1	Forsyth	2	Johnston	3	Rockingham	1
Buncombe	15	Franklin	2	Lee	1	Rowan	2
Cabarrus	2	Granville	1	Lexington	1	Sampson	3
Caldwell	1	Guilford	5	McDowell	1	Swain	1
Chatham	1	Halifax	2	Mecklenburg	7	Wake	12
Chowan	1	Haywood	1	Nash	2	Wayne	2
Columbus	1	Henderson	4	New Hanover	8	Wilson	1
Craven	1	Hillsborough	2	Onslow	1	Yancey	1
Cumberland	3	Hoke	2	Pender	1		

Participants in a state other than North Carolina:

- Chesterfield, South Carolina

**How did you hear about the Standardized Core Competency Training (SCCT)?**

**n=126, 98.4%**

Brochure/flier on campus	0
Brochure/flier off campus	1
Instructor	53
Employer	29
Word of mouth	29
Other	14
Prefer not to reply	0

Participants reported hearing about the SCCT from a variety of sources. The data illustrates that most individuals heard about the SCCT via instructors, employers, or word of mouth. Written responses are listed by type in the table below.

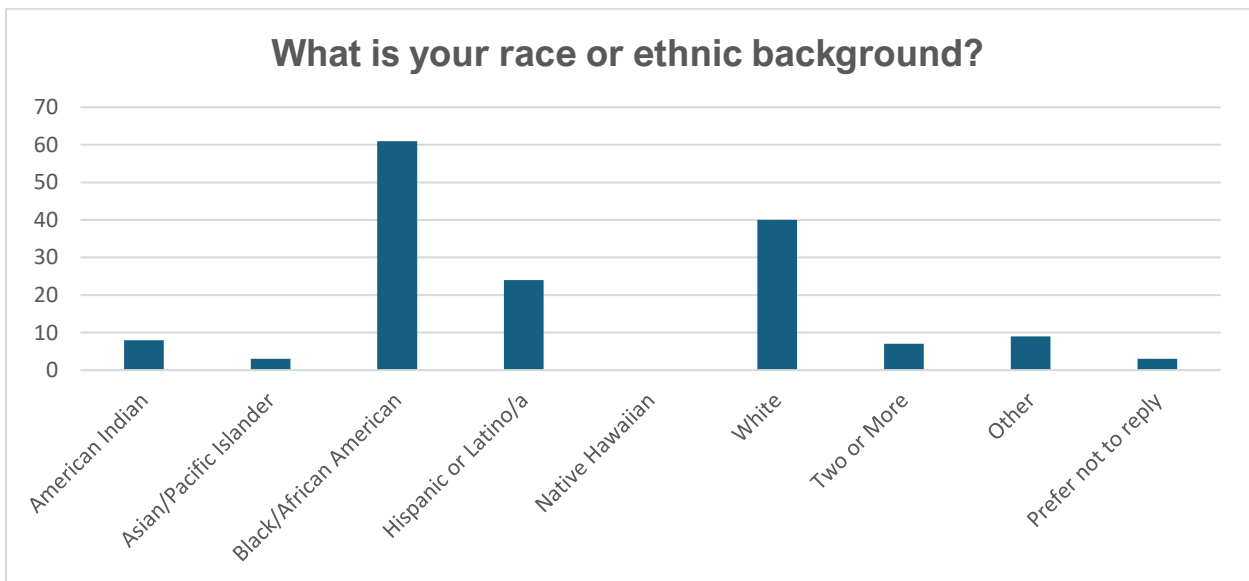
Online/email	4
Colleague/Friend	3
College Catalog	2
CHW class	1
Community College Website	1
NCCHWA/UNCP	1
SCCT guest speaker representative	1
Instructor	1

**What is your race or ethnic background? Mark all that apply.**  
**n=155, 121%**

American Indian	8
Asian/Pacific Islander	3
Black/African American	61
Hispanic or Latino/a	24
Native Hawaiian	0
White	40
Two or More	7
Other	9
Prefer not to reply	3

- American
- Hispanic
- Hispanic
- Latino Hispano
- Mexican
- Indigena
- Mestiza

**Figure 2**  
*What is your race or ethnic background?*



Black/African American, White, and Hispanic or Latino/a remain the three highest identified race/ethnic backgrounds across all years of the evaluation.

**What gender do you identify as?**  
**n=123, 96.1%**

Female	108
Male	15
Non-binary	0
Other	0

Approximately 88% of participants reported their gender as female. Data from previous years also reflected that most evaluation participants reported their gender as female (80% or higher).

**What sexual orientation do you identify as?**  
**n=126, 98.4%**

Bisexual	10
Gay	0
Lesbian	6
Pansexual	2
Queer	3
Straight	98
Other	2
Prefer not to reply	5

**What languages are you fluent in? Mark all that apply.**  
**n=145, 113.3%**

English	117
Spanish	23
Other	3
Prefer not to reply	2

- Bisaya/Cebuano
- Russian, Ukrainian
- Dari, Pashto

Roughly 19% of participants reported speaking a language other than English fluently. Spanish was the second most spoken language after English. Data from previous years also reflected that the second most spoken language after English is Spanish.



### Career Impact Survey

Participants were asked to complete the following data from the Career Impact Survey upon the start and at the end of the course. Follow-up surveys are sent 3-months, 6-months, and 1-year after course completion. The tables differentiate pre-survey, post-survey, and follow-up data.

#### When it comes to work as a CHW, I am currently:

	Pre- n=132, 103%	Post- n=112, 87.5%	3-month n=77, 60.2%	6-month n=50, 39%	1 year n=27, 21.1%
Volunteer - Full time	1	2	2	1	0
Volunteer - Part time	4	6	6	2	2
Employed - Full time	37	31	30	17	8
Employed - Part time	4	4	4	1	2
Employed - Looking for a new job	7	11	1	2	0
Not working - Looking for work as a CHW	21	17	10	4	1
Not working as a CHW	54	34	23	20	13
Not working - not looking for work	4	3	1	3	1
Prefer not to reply	0	4	0	0	0

Responses were written regarding the question, if not working as a CHW, what is your title, are tabulated in the table below.

Case manager/coordinator	18	Advocate	2
Other	13	Business Liaison	1
Healthcare professional	11	Family Health Navigator	1
Director/manager/supervisor/team lead	7	Food Distribution	1
Mental Health/Behavioral Health Field	5	Health Promotion Specialist	1
CHW	4	Hispanic Maternal Health Coordinator	1
Outreach	4	In Reach Specialist	1
Administrative Assistant/Assistant/Secretary	3	Non profit	1
Housing Specialist/Coordinator	3	Re-entry Specialist	1
Peer Specialist	3	Rehabilitation specialist	1
Not applicable	3	Retired/Volunteer	1
TCM Extender	3	Student	1

Evaluation participants were asked to report the organization they work or volunteer with. Responses are recorded in the table below. Responses listed under 'Other' include written

responses like Advanced Auto Parts, Annie's Bakery, Robinson's Consulting and Staffing Agency, Non-profit, Brown Bag Seafood, and McDonald's.

LME/MCO	26	Bravewoks, Refugee Support Services	1	October Road Inc	1
Healthcare agency/Health related entity	16	CCNC	1	OIC	1
Government Entity (including public schools, county and state government agencies, Health Department, etc.)	8	CCPH	1	Optimist International and 4 H	1
CareRing	4	Changing Lives Matter llc	1	Piedmont Triad Regional Council	1
Hopscotch Health	4	Davidson Medical Ministries/ DC Connect, Inc	1	Refugee Support Services	1
Housing Authority	4	Disability Advocacy Center	1	RREPS	1
Novant Health	4	Duke University	1	Sampson County Partnership For Children	1
Vecinos	4	GBF	1	SEEDS of Healing, Inc	1
Dixon Social Interactive Services	3	Go Places	1	Siler Linings for Seniors	1
Hopscotch Primary Care	3	Goodwill Industries NWNC	1	Still Hopes Episcopal Retirement	1
The SHARE Project	3	Green Rural Redevelopment Organization	1	Symphony Temps/Maximus	1
Agape Health Services	2	Haven Healing Center	1	The SPARC Foundation, and Go Places	1
Carolina Recovery Solutions	2	Hillcrest Rehabilitation Center	1	Village Heartbeat	1
Community In Partnership	2	Ibipa	1	WCHHS	1
CORE	2	Imperative Changes Outreach Inc.	1	Wilkes recovery revolution	1
Fit with Lisa	2	JFK adatc	1	Women Leading 4 Wellness and Justice	1
GRRO	2	KL Training Solutions/ My Daddy Taught Me That	1	Worldwide Protective Products	1
Land of Sky	2	Kwick Care	1	YWCA of High Point	1

NC Field	2	Land Of Sky Regional Council	1	Other	14
Port City United	2	LINC, Inc	1	Not applicable	37
StandUp SpeakOut of NC	2	Mental Health Facility	1		

Regarding the question, what is your current or desired job title, written responses collected are outlined in the table below. Written responses under 'Other' include titles like area technician, help desk specialist, business development, production worker, finance analyst, and merchandiser.

CHW or CHW specialist	82	Diversion Screener	1
Program/Care/Case coordinator/manager	27	Eligibility Specialists	1
Administration/management	13	Educator	
Healthcare professional	12	In reach extender	1
Mental Health Professional	9	Medicaid or Food Nutrition Worker	1
Community support/outreach	5	Patient Advocate	1
Peer support/coach	4	PTCC	1
Co-Founder	3	TCM Extender	1
Housing specialist/manager	3	Unknown	1
Support Specialist	3	Other	7
Health Promotion	2	Not applicable	13
Reentry Specialist	2		

**I am working, volunteering, or looking for work with:**

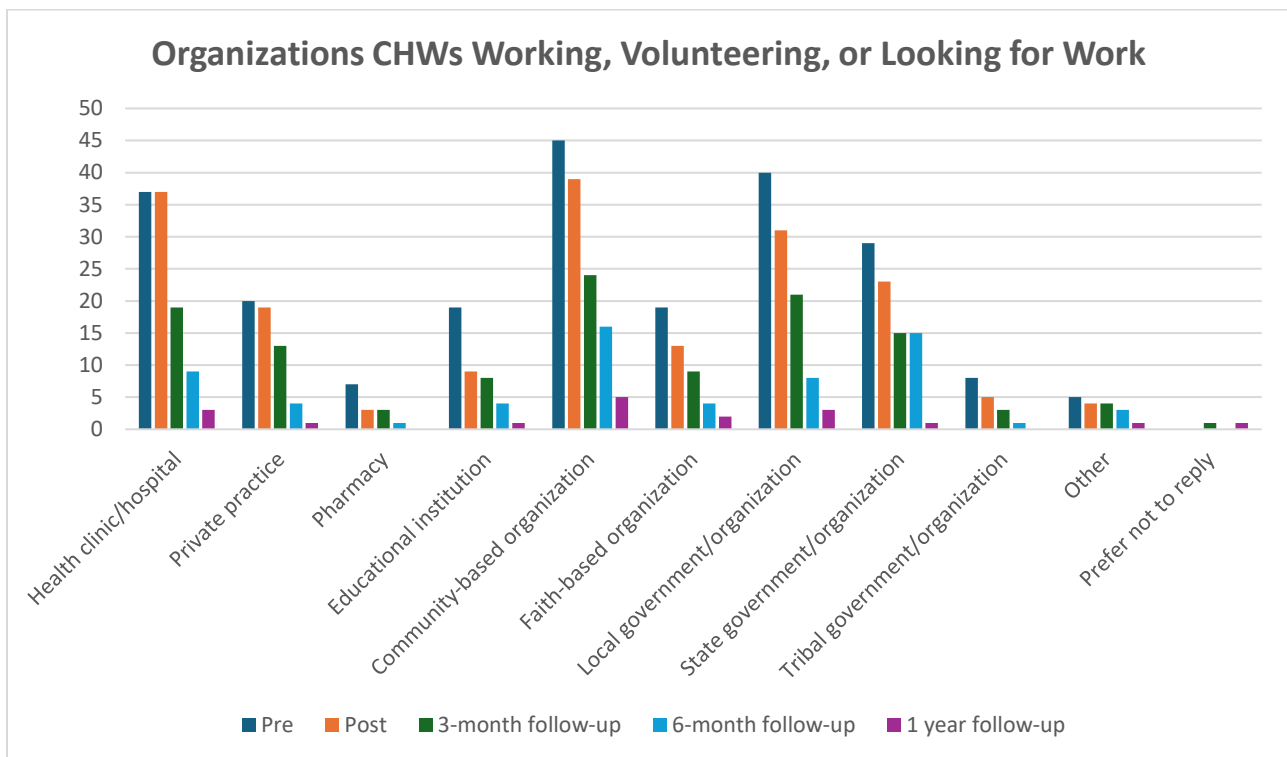
	<b>Pre- n=229, 179%</b>	<b>Post- n=183, 143%</b>	<b>3-month n=120, 93.75%</b>	<b>6-month n=65, 50.8%</b>	<b>1 year n=18, 14%</b>
Health clinic/hospital	37	37	19	9	3
Private practice	20	19	13	4	1
Pharmacy	7	3	3	1	0
Educational institution	19	9	8	4	1
Community-based organization	45	39	24	16	5
Faith-based organization	19	13	9	4	2
Local government/organization	40	31	21	8	3
State government/organization	29	23	15	15	1
Tribal government/organization	8	5	3	1	0

Other	5	4	4	3	1
Prefer not to reply	0	0	1	0	1

Additional comments that were written are as follows:

Non-profit	3	Center for children who are on the spectrum	1
Other	3	Health insurance company	1
Treatment Center	2	Franchising	1
CHW	1	LME/MCO	1

**Figure 3**  
Organizations CHWs Working, Volunteering, or Looking for Work



**What are the most common settings where you interact with your clients/participants?**

	Pre- n=129, 100.8%	Post- n=116, 90.6%	3- month n=93, 72.7%	6- month n=41, 32%	1 year n=15, 11.7%
Clinical settings (Clinic, hospital, private practice, etc.)	31	35	24	9	3

Community settings (Libraries, school, parks, Senior Centers, etc.)	42	35	33	16	4
Worksite setting (Farm, factory floor, etc.)	11	7	6	0	0
Housing unit (Client's home, shelters, homeless, migrant camp)	30	26	19	10	3
Other	10	7	11	4	5
Prefer not to reply	5	6	0	2	0

The answers that were written in are summarized in the table below.

	Pre-	Post-	3-month	6-month	1 year
Remotely/Virtual/Phone (including call centers, work from home, etc.)	5	3	5	2	1
In Community/Community Events/Public	0	1	0	0	2
Other	1	0	0	0	1
Private and government entities (including jails/prisons)	3	3	3	2	1
Not applicable	1	0	2	0	0

**What is your overall role in the health care team? Mark all that apply.**

	<b>Pre- n=166, 130%</b>	<b>Post- n=133, 104%</b>	<b>3-month n=124, 96.9%</b>	<b>6-month n=58, 45.3%</b>	<b>1 year n=24, 18.75%</b>
Facilitate access to care/services (escort to services, care navigation, translation, appointment reminders, etc.)	43	33	30	16	4
Provide referrals and follow-up	35	28	27	14	4
Direct care services (Blood sugar monitoring, blood pressure monitoring, mental health assessment, etc.)	16	12	11	6	3
Primary prevention (Disease prevention)	12	10	8	3	1
Secondary prevention (Halt/slow progression of disease, prevent disease-related complications)	9	5	6	2	2
Community development/empowerment/advocacy	40	31	35	15	9
Other	7	9	6	0	1
Prefer not to reply	4	5	1	2	0

Written statements regarding this question are compiled as follows:

Not applicable	5	Food Co-op	1
Housing	3	Housekeeping and Observing	1
Case management/resource coordination and connection	2	MCO	1
Other	2	Outreach	1
Supervisor	2	Screening/Intake	1
Consultation	1	Vaccine Clinic	1

**What specific ethnic/racial populations are you currently/formerly/expecting to work with?**

	<b>Pre- n=261, 137.4%</b>	<b>Post- n=191, 100.5%</b>	<b>3-month n=42, 22.1%</b>	<b>6-month n=28, 14.7%</b>	<b>1 year n=23, 18%</b>
American Indian/Alaska Native	13	8	9	4	1
Asian American	13	6	6	3	2
Black or African-American	39	37	31	15	5
Caucasian	29	24	17	14	5
Hispanic or Latino	39	25	23	11	4
Native Hawaiian or other Pacific Islander	10	6	3	3	1
Other	4	0	1	0	0
No Specific Race/Ethnicity	25	15	15	7	4
Prefer not to reply	4	3	0	0	1

Written statements regarding this question are compiled as follows:

All of the above	1
African	1
Southeast Asian	1
Any others not on the list	1
Muslim Community	1

**Apart from English, do you speak the language of the population you currently/ formerly/ expect to serve?**

	<b>Pre- n=72, 56%</b>	<b>Post- n=65, 50.8%</b>	<b>3-month n=51, 40%</b>	<b>6-month n=25, 19.5%</b>	<b>1 year n=11, 8.6%</b>
Yes	25	23	15	5	3
No	43	37	36	16	7
Prefer not to reply	4	5	0	4	1

Participants were asked, 'What languages do you speak (not including English)?' Participant responses are as follows.

	Pre-	Post-	3-month	6-month
Arabic	0	1	1	1
Creole	0	0	0	0
French	1	1	1	1
Spanish	18	17	11	4
Russian	1	0	0	0
Ukrainian	1	0	0	0
Dari	1	0	0	0
Pashto	1	0	0	0

The following question relates to the specific populations you are currently/ formerly/ expecting to work with. Age groups:

	Pre- n=135, 105.5%	Post- n=115, 89.8%	3-month n=83, 64.8%	6-month n=39, 30.5%	1 year n=23, 18%
0-10 years	16	11	6	2	2
11-18 years	23	12	7	6	4
19-64 years	41	38	27	12	9
65+ years	27	27	20	8	5
No specific age	27	25	23	11	3
Prefer not to reply	1	2	0	0	0

Participants reported currently/formerly/expecting to work with individuals between 19 and 64 years of age as the most frequent in almost all survey responses.

The following question relates to the specific populations you are currently/ formerly/ expecting to work with. Other population groups:

	Pre- n=436, 340.6%	Post- n=513, 400.8%	3- month n=346, 270.3%	6- month n=130, 101.6%	1 year n=78, 60.9%
Pregnant women	28	32	12	8	1
Men	32	33	28	9	7
Women	40	41	29	11	8
Gay, Lesbian, Bisexual, and/or Transgender	27	27	21	6	6
Families	34	38	23	8	5

Children	24	19	13	8	4
Immigrants/Refugees	23	20	10	3	1
Low Income	39	43	25	11	6
Rural populations	26	28	22	6	2
People with disabilities	28	30	25	7	6
People with mental health needs	32	36	25	9	7
People with substance use disorders	27	29	18	9	9
People for whom English is not their first language	18	21	13	5	2
Farmworkers and families	13	12	9	2	1
Individuals experiencing homelessness	24	30	17	6	1
Uninsured	30	34	19	5	5
Veterans	14	16	14	5	3
First Peoples	8	4	4	1	1
Others	1	1	1	1	2
No Specific population groups	28	16	16	10	1
Prefer not to apply	0	3	2	0	0

Answers that are written in are summarized in the chart below.

Any not on this list	1
Prison Inmates	1
Returning Citizens	1
Survivors of domestic violence and sexual assault	1

**The following question relates to the specific populations you are currently/ formerly/ expecting to work with. Chronic illnesses:**

	<b>Pre- n=216, 168.8%</b>	<b>Post- n=237, 185.2%</b>	<b>3-month n=161, 125.8%</b>	<b>6-month n=77, 60.2%</b>	<b>1 year n=29, 22.7%</b>
Asthma	32	39	23	11	3
Diabetes	40	49	34	17	7
Chronic obstructive pulmonary disease (COPD)	30	32	24	10	4
Cancer	29	32	18	10	3
Cardiovascular Disease	29	40	27	12	4
HIV/AIDS	22	31	18	8	4
Other	17	8	8	5	1
Prefer not to reply	17	6	9	4	3



The answers that were written in are summarized in the chart below. COVID-19 is the most common health answer provided.

Mental Health/Substance Misuse	9	Employment	1
Any/All Conditions	7	Kidney Failure	1
Maternal/Women's Health	5	None	1
Sexual health education/STI's	2	Other	1
Arthritis	1	Post Incarceration	
Child Support/Wellness	1	PTSD	1
Dental	1	Sickle Cell	1
Disabled Population	1	Spinal Health	1
Elderly Care	1		

The following question relates to the specific populations you are currently/ formerly/ expecting to work with. Health topics/issues groups:

	Pre- n=589, 460%	Post- n=520, 406%	3- month n=355, 277%	6- month n=170, 133%	1 year n=56, 43.75%
Alcohol/substance use prevention or treatment (With young adults)	35	24	19	11	5
Alcohol/substance use prevention or treatment (With adults)	39	31	25	12	7
Physical or developmental disability	34	23	21	6	2
Medication education/monitoring/adherence	31	30	28	10	2
Compliance with medical appointment	31	34	21	7	4
Oral Health	24	20	10	8	2
Older adult health (Alzheimer's, osteoporosis, fall prevention, arthritis, etc.)	27	24	21	8	4
Environmental Health	27	15	12	7	1
Physical activity	32	24	17	10	4
Nutrition/Weight loss	26	22	19	8	5
Tobacco cessation (With young adults)	19	17	13	5	1
Tobacco cessation (With adults)	21	21	16	5	2
HIV/AIDS prevention	21	22	11	7	2
Immunizations	27	27	15	8	2
Injury prevention or control	25	17	18	8	1
Maternal and child health	26	29	7	9	1
Mental health issues (With young adults)	31	24	17	9	3
Mental health issues (With adults)	30	34	24	11	5

Occupational health	20	18	9	5	0
Sexual/reproductive health (Sexually Transmitted Infection (STI) prevention/education, family planning, etc.) (With young adults)	27	25	10	6	2
Sexual/reproductive health (STI prevention/education, family planning, etc.) (With adults)	29	29	14	7	1
Other	1	3	3	3	0
Prefer not to reply	6	7	5	0	0

Answers that are written include violence/harm prevention, grief, social determinants of health, HIV, and no specific topic.

**The following question relates to your continued work as a Community Health Worker (CHW). In the past year, have you received any promotions that have not yet been reported on this survey?**

	<b>Pre- n=67, 52.3%</b>	<b>Post- n=65, 50.8%</b>	<b>3-month n=51, 39.8%</b>	<b>6-month n=25, 19.5%</b>	<b>1 year n=11, 8.6%</b>
Yes	1	3	2	1	1
No	60	58	47	22	10
Prefer not to reply	6	4	2	2	0

Participants were asked to list their new role or title. Answers that are written include Supervisor, Housing Coordinator, Program Manager, Advocacy Coordinator, LTSS/IDD care manager, and BCCCP Coordinator.

**The following question relates to your continued work as a Community Health Worker (CHW). In the past year, have you received any work incentive that was not previously reported in this survey?**

	<b>Pre- n=67, 52.3%</b>	<b>Post- n=66, 51.6%</b>	<b>3-month n=55, 43%</b>	<b>6-month n=27, 21.1%</b>	<b>1 year n=12, 9.4%</b>
Yes, pay/wage increase	2	8	8	3	2
Yes, bonus	1	1	4	3	1
Yes, other	1	0	1	0	0
No	56	51	39	17	7
Don't know	2	0	0	2	0
Prefer not to reply	5	6	3	2	2

The answers that were written are summarized in the table below:

	Page/Wage Increase	Bonus	Other Work Incentive
<b>Pre</b>	➤ \$3	\$50	Studies
<b>Post</b>	<ul style="list-style-type: none"> <li>➤ \$1</li> <li>➤ \$15</li> <li>➤ \$2,000</li> <li>➤ \$4</li> <li>➤ hourly rate increased from 20.20 to 21.84</li> <li>➤ \$25/hour</li> <li>➤ TBD</li> </ul>	2% cost of living	
<b>3-month</b>	<ul style="list-style-type: none"> <li>➤ \$0.9</li> <li>➤ \$4,160</li> <li>➤ \$34,200</li> <li>➤ \$41,000</li> <li>➤ \$62,500</li> <li>➤ \$78,000</li> </ul>	<ul style="list-style-type: none"> <li>➤ \$400</li> <li>➤ \$2,000</li> <li>➤ \$5,000</li> </ul>	
<b>6-month</b>	<ul style="list-style-type: none"> <li>➤ \$60,320</li> <li>➤ \$3,000</li> </ul>	<ul style="list-style-type: none"> <li>➤ \$6,000</li> <li>➤ \$400</li> <li>➤ \$2,500</li> </ul>	
<b>1 year</b>	➤ \$60,000	➤ \$6,000	

The following question relates to your continued work as a Community Health Worker (CHW). Please estimate how much money you earn in a year for work as a CHW. Include gas/mileage, meals, etc. Mark only one.

	Pre- n=67, 52.3%	Post- n=65, 50.8%	3-month n=50, 39%	6-month n=25, 19.5%	1 year n=11, 8.6%
Zero	20	19	21	6	3
Some money earned	13	18	14	10	4
Don't know	21	14	6	4	1
Prefer not to reply	13	14	9	5	3

Please enter a dollar amount for your earnings in a year as a CHW:

	Pre-	Post-	3-month	6-month	1 year
Less than \$15,000	1	0	0	3	2
\$15,000 - \$20,000	0	0	1	1	0
\$21,000 - \$25,000	0	0	1	0	0
\$26,000 - \$29,000	1	0	0	0	0
\$30,000 - \$35,000	1	1	1	1	0

\$36,000 - \$40,000	1	4	1	1	0
\$41,000 - \$45,000	2	0	0	0	0
\$46,000 - \$50,000	0	0	1	1	0
\$51,000 - \$55,000	1	2	0	0	0
\$56,000 - \$60,000	1	0	1	0	0
Hourly Pay	1	3	0	0	0
Over \$60,000	2	2	2	1	1
N/A	0	0	0	0	0
Other	0	0	0	0	0
Unsure	0	1	0	0	0

The following question relates to your continued work as a Community Health Worker (CHW). How is your position funded? Mark all that apply.

	<b>Pre- n=80, 62.5%</b>	<b>Post- n=86, 67.2%</b>	<b>3-month n=64, 50%</b>	<b>6-month n=33, 25.8%</b>	<b>1 year n=18, 12%</b>
Not funded, I volunteer	11	10	11	2	2
Not funded, but organization provides a stipend/gift cards	1	1	0	0	1
Government funding	12	12	10	6	3
Employers general budget	10	10	11	7	4
Grants	16	15	14	10	4
Third-party reimbursement (Medicare)	1	4	2	0	0
Third-party reimbursement (Medicaid)	0	4	3	1	1
Third-party reimbursement (Private insurance)	0	3	0	0	0
Other	3	5	5	2	2
Don't know	19	12	4	3	0
Prefer not to reply	7	10	4	2	1

The answers that are written in are summarized in the table below. Not currently working as a CHW is the most common health answer provided.

	Pre-	Post-	3-month	6-month	1 year
Currently not working as a CHW	1	2	1	1	1
N/A	2	1	1	0	0
Nonprofit	0	1	0	0	0

Grant Funding	0	0	1	0	0
Currently seeking employment as a CHW	0	0	1	0	0
Client pays	0	0	0	1	1

The following question relates to your continued work as a Community Health Worker (CHW). What is the estimated number of unduplicated clients that you serve in a year? Mark only one.

	Pre-n=63, 49.2%	Post-n=65, 50.8%	3-month n=50, 39%	6-month n=25, 19.5%	1 year n=11, 8.6%
0-100	24	20	20	10	5
101-500	10	13	12	3	3
501-1000	2	4	2	3	0
1,001+	0	3	3	2	0
Don't Know	19	16	11	5	1
Prefer not to reply	8	9	2	2	2

The following question relates to your continued work as a Community Health Worker (CHW). How many hours of supervision do you receive every week, on average?

	Pre-n=67, 52.3%	Post-n=65, 50.8%	3-month n=50, 39%	6-month n=25, 19.5%	1 year n=11, 8.6%
Zero	19	26	25	6	5
More than Zero	31	24	18	14	3
Prefer not to reply	17	15	7	5	3

Participants were asked to write in the number of hours of supervision they received every week. The answers that were written in are summarized in the chart below. For example, responses under 'Other' in the chart below include answers like I don't know the exact amount, unsure, and zero to various.

Hours of supervision per week	Pre-	Post-	3-month	6-month	1 year
1-9 hours	17	16	8	8	3
10-19 hours	2	0	2	0	0
20+ hours	5	6	2	2	0
Other	3	1	2	1	0

**Do you feel this amount of supervision to be adequate for your needs?**

	<b>Pre- n=66, 51.6%</b>	<b>Post- n=65, 50.8%</b>	<b>3-month n=50, 39%</b>	<b>6-month n=25, 19.5%</b>	<b>1 year n=11, 8.6%</b>
Yes	30	31	32	16	7
No	14	10	7	6	0
Prefer not to reply	22	24	11	3	4

Approximately 62% of respondents report they receive adequate supervision to meet their needs in the pre-Career Impact Survey. In comparison, almost 57% of participants report they receive adequate supervision to meet their needs in the post-Career Impact Survey. Two-thirds of respondents indicated receiving adequate supervision to meet their needs in the 3-month follow-up survey, and 70% of participants indicated receiving adequate supervision to meet their needs in the 6-month follow-up survey.

**The following question relates to your continued work as a Community Health Worker (CHW). Who supervises your work as a CHW? Mark all that apply.**

	<b>Pre- n=80, 62.5%</b>	<b>Post- n=80, 62.5%</b>	<b>3-month n=64, 50%</b>	<b>6-month n=29, 22.7%</b>	<b>1 year n=16, 12.5%</b>
A senior CHW	11	14	9	2	2
Volunteer Coordinator	2	2	1	2	0
Administrator	14	10	11	9	2
Medical Director	3	4	4	1	2
Physician	0	1	3	1	1
Nurse	3	3	6	0	1
Social Worker	6	9	9	4	1
Other medical/social provider	2	3	2	1	0
Other	18	12	8	5	2
Prefer not to reply	21	22	11	4	5

Participants were asked to identify 'Other' medical/social provider or supervisor supervising their work as a CHW. Answers that are written in are summarized in the tables below.

<b>'Other' medical/social provider</b>	<b>Pre-</b>	<b>Post-</b>	<b>3-month</b>
Program Manager/Director	1	2	0
Other	0	1	1

<b>'Other' supervisor:</b>	<b>Pre-</b>	<b>Post-</b>	<b>3-month</b>	<b>6-month</b>	<b>1 year</b>
Director/Manager/Supervisor	7	5	2	2	1
Currently not employed as a CHW	1	3	1	0	0
Mental Health Clinician/Social Worker	2	2	1	0	0
Other	4	0	1	2	1
N/A	3	1	0	0	0
Care Coordinator/Coordinator	1	0	0	0	0
Unemployed	1	0	0	0	0
Peer Support Specialist	0	1	0	0	0
Self	0	0	1	0	0
Another CHW	0	0	0	1	0

**The following question relates to your continued work as a Community Health Worker (CHW). How is supervision performed? Mark all that apply.**

	<b>Pre-n=124, 96.9%</b>	<b>Post-n=128, 100%</b>	<b>3-month n=94, 73.4%</b>	<b>6-month n=45, 35.2%</b>	<b>1 year n=19, 14.8%</b>
Face-to-face interview/chat	31	26	21	17	5
Telephone interview/chat	21	28	17	8	3
Submitting paper records (schedules, written reports, timesheets, chart notes, etc.)	11	16	8	5	2
Submitting electronic records (schedules, written reports, timesheets, chart notes, etc.)	20	20	12	7	2
Chart reviews of your clients	9	12	17	3	3
Other	12	6	7	1	0
Prefer not to reply	20	20	12	4	4

Written responses regarding this topic are summarized in the chart below. Responses under 'Other' include responses such as starting a new job, face to face observation of my interaction with client, weekly meeting, or respondents identifying a specific title they work as.

Other	11	Video/audio/online chat	4
Not applicable/None/Not sure	10	Health Specialist	1
Not currently employed as CHW	7	Meetings	1
Student	6	Not receiving supervision	1
Not working	4	On Short-term Disability	1

The following question relates to your continued work as a Community Health Worker (CHW). How is your job performance tracked/evaluated? Mark all that apply.

	Pre- n=116, 90.6%	Post- n=101, 78.9%	3- month n=88, 68.75%	6- month n=44, 34.4%	1 year n=16, 12.5%
Summarizing, analyzing, and reporting on clinical impacts or outcomes (client blood pressure levels, A1C levels, cholesterol levels, etc.)	9	9	11	6	1
Tracking non-clinical impacts or outcomes (tracking referrals, appointment compliance, medication adherence, etc.)	19	15	12	5	1
Performance evaluation	28	26	26	10	7
Satisfaction survey/assessment from yourself	5	6	5	3	1
Satisfaction survey/assessment from clients	10	6	4	4	1
Number and category of clients served	12	8	9	7	2
Cost savings	2	1	3	0	0
Other	5	3	1	1	0
Don't know	14	11	8	5	0
Prefer not to reply	12	16	9	3	3

The answers that were written in are summarized in the table below.

N/A/Not tracked	3
Reports	2
Currently not working as a CHW	1
Looking for work as a CHW	1
Performance evaluations	1
Unemployed	1

Responses varied across pre-, post-, and follow-up surveys. However, performance evaluations were reported as the most reported method to evaluate job performance and cost savings were the least reported way to evaluate job performance across pre-, post-, and follow-up surveys.

How do you currently rate your job satisfaction? Mark only one.

	Pre- n=67, 52.3%	Post- n=65, 50.8%	3-month n=50, 39%	6-month n=25, 19.5%	1 year n=11, 8.6%
I am very satisfied	21	16	17	6	1
I am satisfied	20	20	16	9	7



I am somewhat satisfied	7	4	4	2	1
I am not satisfied	4	5	4	5	0
I am not at all satisfied	1	2	2	0	1
Prefer not to reply	14	18	7	3	1

**Figure 5**

*How do you currently rate your job satisfaction?*



In pre-, post-, and follow-up surveys, most participants indicated being satisfied with their job.

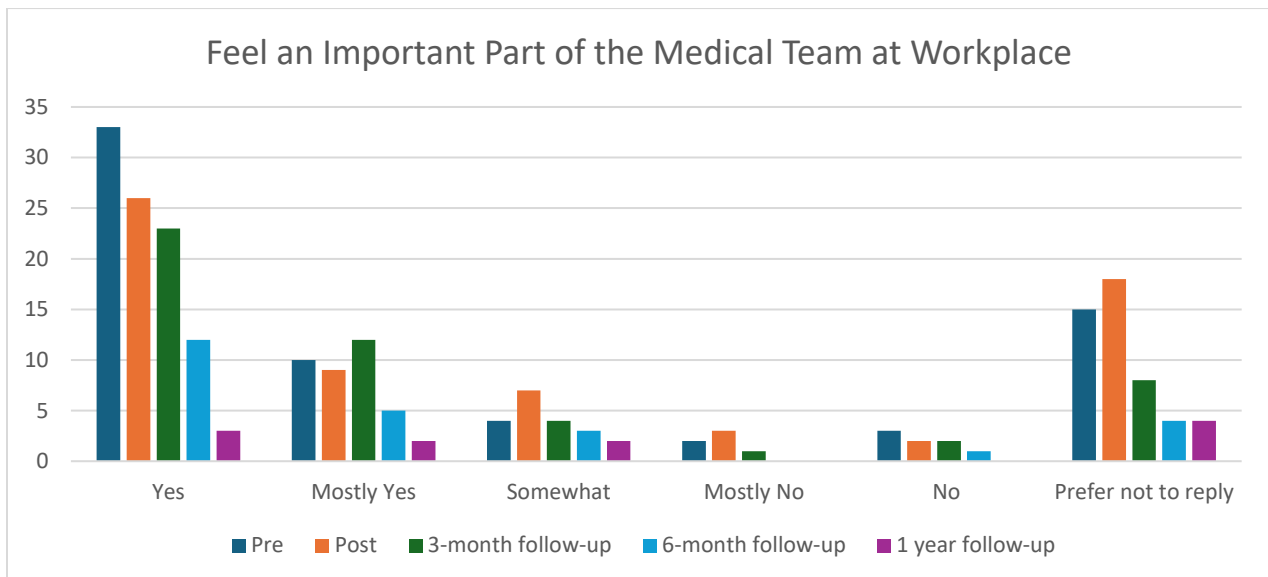
**Do you feel you are helping your clients achieve their health goals? Mark only one.**

	<b>Pre- n=67, 52.3%</b>	<b>Post- n=65, 50.8%</b>	<b>3-month n=50, 39%</b>	<b>6-month n=25, 19.5%</b>	<b>1 year n=11, 8.6%</b>
Yes	21	22	22	11	2
Mostly Yes	23	20	14	8	5
Mostly No	1	4	1	0	0
No	1	1	1	0	0
Somewhat	8	3	5	4	2
Prefer not to reply	13	15	7	2	2

**Do you feel that you are an important part of the medical team at your place of work? Mark only one.**

	<b>Pre- n=67, 52.3%</b>	<b>Post- n=65, 50.8%</b>	<b>3-month n=50, 39%</b>	<b>6-month n=25, 19.5%</b>	<b>1 year n=11, 8.6%</b>
Yes	33	26	23	12	3
Mostly Yes	10	9	12	5	2
Somewhat	4	7	4	3	2
Mostly No	2	3	1	0	0
No	3	2	2	1	0
Prefer not to reply	15	18	8	4	4

**Figure 6**  
*Feel an Important Part of the Medical Team at Workplace*



**How do you feel about your work, your employers, and your supervisors? What makes you feel supported? What would be most helpful to you?**

For participants' written comments, results were tabulated as follows:

Very Supportive Team/Supervisor	53	Information on Career Advancement Needed	1
N/A	13	Less Supervision	1
Don't feel supported/Role not understood by management	10	More focus on the patient is needed	1
Enjoy Work	8	More In-person trainings	1

Not Working	8	More opportunities for growth needed	1
Learning about Resources	6	More organization needed	1
Not working as a CHW	6	More resources for the population served	1
Good communication	4	Not Engaging	1
More compensation	4	Not in the position they desire	1
More training needed	4	Prepared	1
Looking for work as a CHW	3	Supervision	1
Overworked/Overwhelmed	3	Sustainable CHW positions that pay a thriving wage	1
Increased communication	1	Volunteer	1

Most responses indicate a supportive work environment, team, and/or supervisor. CHWs also report they enjoy their work and find it meaningful.

**What is the highest degree or level of school you have completed? (If currently enrolled mark the highest degree already received). Mark only one.**

	Pre-n=57, 44.5%	Post-n=41, 32%	3-month n=24, 18.75%	6-month n=23, 18%	1 year n=14, 10.9%
No high school diploma	1	1	1	0	0
High school diploma, GED, or equivalent	8	3	2	2	1
Some college credit, no degree	21	14	6	5	3
Trade/technical/vocational training	3	2	3	5	3
Associate's Degree	5	6	6	7	2
Bachelor's degree	13	6	3	4	2
Other	6	8	3	0	3
Prefer not to reply	0	1	0	0	0

For participants' written comments, the results are as follows:

Master's Degree	18
Multiple Bachelor's Degrees	1
Some Master's Level Coursework	1

Only participants that selected "Not working as a CHW," "Not working – not looking for work," or "Prefer not to reply" for the first question in the Career Impact Survey answered this question (automatically populated when these responses are selected).

**Do you currently hold any health-related degree, license, or certificate?**

	<b>Pre- n=114, 89%</b>	<b>Post- n=98, 76.6%</b>	<b>3-month n=69, 53.9%</b>	<b>6-month n=46, 35.9%</b>	<b>1 year n=33, 25.8%</b>
Yes	47	52	44	27	24
No	65	40	22	18	8
Prefer not to reply	2	6	3	1	1

For participants' written comments, results were tabulated as follows:

Healthcare/other medical professionals	39	Registered Health Information Technician	2
Mental Health/social work/counseling/addictions	23	AHEC Trainings	1
Multiple degrees/licenses/certificates	19	Applied Behavior Analysis	1
CHW	17	CDC Diabetes Prevention Certification	1
Medical assistant/billing	13	Doula	1
BA/BS degree	13	NCCPSS	1
Mental Health First Aide	10	Parents as teacher home visit	1
Other	9	Peer support	1
Associate degree	6	Personal Trainer	1
Master's degree	5	Phlebotomy	1
CPSS	4	Trauma Resiliency	1

In both the pre-and post-surveys, more than 40% of participants indicated they currently hold a health-related degree, license, or certificate with various health-related degrees/ licenses/ certificates reported. Furthermore, over 55% of respondents in the follow up surveys reported they currently hold a health-related degree, license, or certificate. Only participants that selected "Not working as a CHW," "Not working – not looking for work," or "Prefer not to reply" for the first question in the Career Impact Survey answered this question (automatically populated when these responses are selected).

**In the past year, have you attended any continuing education class, training, or any other educational opportunities (including the SCCT), that you have not yet reported in this survey?**

	<b>Pre- n=114, 89%</b>	<b>Post- n=98, 76.6%</b>	<b>3-month n=69, 53.9%</b>	<b>6-month n=46, 35.9%</b>	<b>1 year n=23, 18%</b>
Yes	46	33	43	27	15
No	66	62	23	16	7
Prefer not to reply	2	3	3	3	1

Over 55% of participants in the pre-survey indicated they had not attended any continuing education class, training, or any other educational opportunities, while about 63% of participants

in the post-survey indicated they had not attended any continuing education class, training, or any other educational opportunities. Moreover, about one-third of participants in the follow-up surveys reported they had not attended any continuing education class, training, or any other educational opportunities.

**In the past year, how much time have you spent on training/education that has not yet been reported in this survey?**

	<b>Pre- n=114, 89%</b>	<b>Post- n=97, 75.8%</b>	<b>3-month n=69, 53.9%</b>	<b>6-month n=46, 35.9%</b>	<b>1 year n=23, 18%</b>
Zero	38	22	12	10	2
1 - 8 hours	19	12	12	5	4
2 - 3 days	3	4	12	6	6
More than 3 days	43	46	21	21	6
Attended the SCCT only	5	5	8	2	3
Prefer not to reply	6	8	4	2	2

More than half of all survey respondents indicate spending time on training/education that was not yet reported in this survey within the last year.

**What best describes the training you received? Mark all that apply.**

	<b>Pre- n=233, 182%</b>	<b>Post- n=206, 160.9%</b>	<b>3-month n=144, 112.5%</b>	<b>6-month n=94, 73.4%</b>	<b>1 year n=43, 33.6%</b>
Classroom lecture	35	28	26	22	9
Hands-on demonstration	30	19	15	9	5
Web-based class	64	68	45	28	13
Live web-based seminar	40	38	24	17	9
Conference/meeting	38	41	27	12	5
Other	6	4	1	2	0
Prefer not to reply	20	8	6	4	2

**Please specify the training names or topics.**

ACA Marketplace	1	Fraud, waste, & abuse work-based	1	OSHA Trainings	2
Active shooter training	1	Grant Writing	1	Other	19

Advocacy	1	Harm Reduction	3	Parkinson's	1
AHEC/MAHEC courses	7	Health and Wellness Coach	3	Pathways Home Training	2
Bachelor's Degree Courses	2	Healthcare Administration	1	Peer Support Specialist	6
Benefits Counseling	1	HIPAA	3	Person Center Planning	1
Bloodborne Pathogens	2	Homeless annual conference	1	Pharmacy Tech	1
BLS/CPR/First Aid/ACLS	8	HOP training	1	Poverty	1
Bull City	2	Housing Related Training	6	Professional development	1
Care Management/Coaching Training	2	Human Trafficking Awareness	1	Project Management Training	1
Caregiving	1	Insurance	1	PSB training	1
Certified Nursing Assistant Training/CEUs	4	Integrated health and behavior with electronic record tracking	1	RAPS Standards in Medical Devices	1
Child Wellness/Development	6	Leadership	1	Recovery Coach Training	1
CHW Trainings/SCCT	27	Legal Aid	1	Relias	1
Client Rights	1	Listening Training	1	Resilience Training	2
Clinical Social Work Summer Institute	1	Master's Degree	1	Scoliosis informational training	1
Clinical Supervision	1	Maternal Health	5	Second Chance Alliance Trainings	1
College Courses	3	Medical Insurance	1	Seizure Management	1
Communication Training	1	Medical/Medical Equipment	1	SHIIP-Medicare Training	1
Community Health Ambassador Training	1	Medicare/Medicaid Related Trainings	3	SKYE Learning Introduction to Nonprofit Management	1
COVID-19 Trainings	2	Medication Aide/Medication training	2	STIs and HIV/AIDS	2
CPSS	1	Meditation	1	Suicide Prevention/Awareness	2
Cultural & diversity work-based training	1	Mental Health and Substance Abuse Training/CEUs	31	Supervisor training	1
Customer Service	1	Mental Health First Aid	14	TCL Program	1
Cyber Security	2	Mental Health Tech	1	TCM Training	3

		Microsoft Team Training	1	Team Building	2
Diabetes Education	4	Mindfulness Training	1	The Power of One-Taking Accountability	1
DIALYSI, KIDNEY CARE	1	Moms Demand Action	1	Tobacco Treatment and Smoking Cessation	3
Diversity-Just Be Fair	1	Motivational Interviewing	6	Transition to Community Living	1
Election Training	1	N/A	9	Trauma Related Training	8
Embodiment Basic Course	3	NADD Trainings	1	Triple P Primary Care Training	1
Emotional CPR	1	NAHRO Conference	1	Violence Interruption Reduction Training	1
EMT Training/CEUs	1	NAHRO in NOLA	1	Women's Health Awareness Conference	1
ESL class	1	NC Fast	1	Work Training/Meetings	2
Ethics	3	NC Tide Conference	1	Workplace Harassment	1
Everytown Survivor Network Trainings	1	NCHTEC Medical Case Management Toolkit 2024	2	WRAP Training	3
Financial Literacy	1	Nursing Certification/CEU	2		

**How was the training funded? Mark all that apply.**

	<b>Pre-n=152, 118.75%</b>	<b>Post-n=132, 103.1%</b>	<b>3-month n=92, 71.9%</b>	<b>6-month n=65, 50.8%</b>	<b>1 year n=29, 22.7%</b>
Employer-provided	30	37	30	17	8
Paid for by the employer	28	22	15	8	7
Paid for by you	28	28	11	14	4
Government-provided (free of charge)	18	10	14	8	3
Privately provided (free of charge)	17	9	10	10	2
Other	11	10	6	3	3
Prefer not to reply	20	16	6	5	2

The answers that were written in are summarized in the table below.

N/A or No Training	7
Grant Funded	6
Community partners / resources	5
Scholarship/Financial Aid	4
Self-pay	3
Other	2
Unknown	2
No Charge	1

Almost 80% of participants in the pre- and post-surveys reported they did not pay for training themselves; instead, training was either provided by the employer or paid for by the employer, private entity, or government. In the 3-month, 6-month, and 1-year surveys, most participants who answered this question reported an employer-provided training or training was paid for by the employer, private entity, or government. Responses are somewhat varied across all surveys.

Participants offered additional comments reflecting how improvements can be made to the Standardized Core Competency Training (SCCT), to this evaluation or in the lives and careers of Community Health Workers in North Carolina. Participants advocated for opportunities to acquire employment. Some voiced concerns about not being able to find employment post-certification. Participants also expressed the need to gain hands-on experience through a practicum or field training. While many participants stated the curriculum was well-rounded and prepares you to be a CHW, some reported it was geared towards recent high school graduates rather than working professionals with varied experience and education levels.

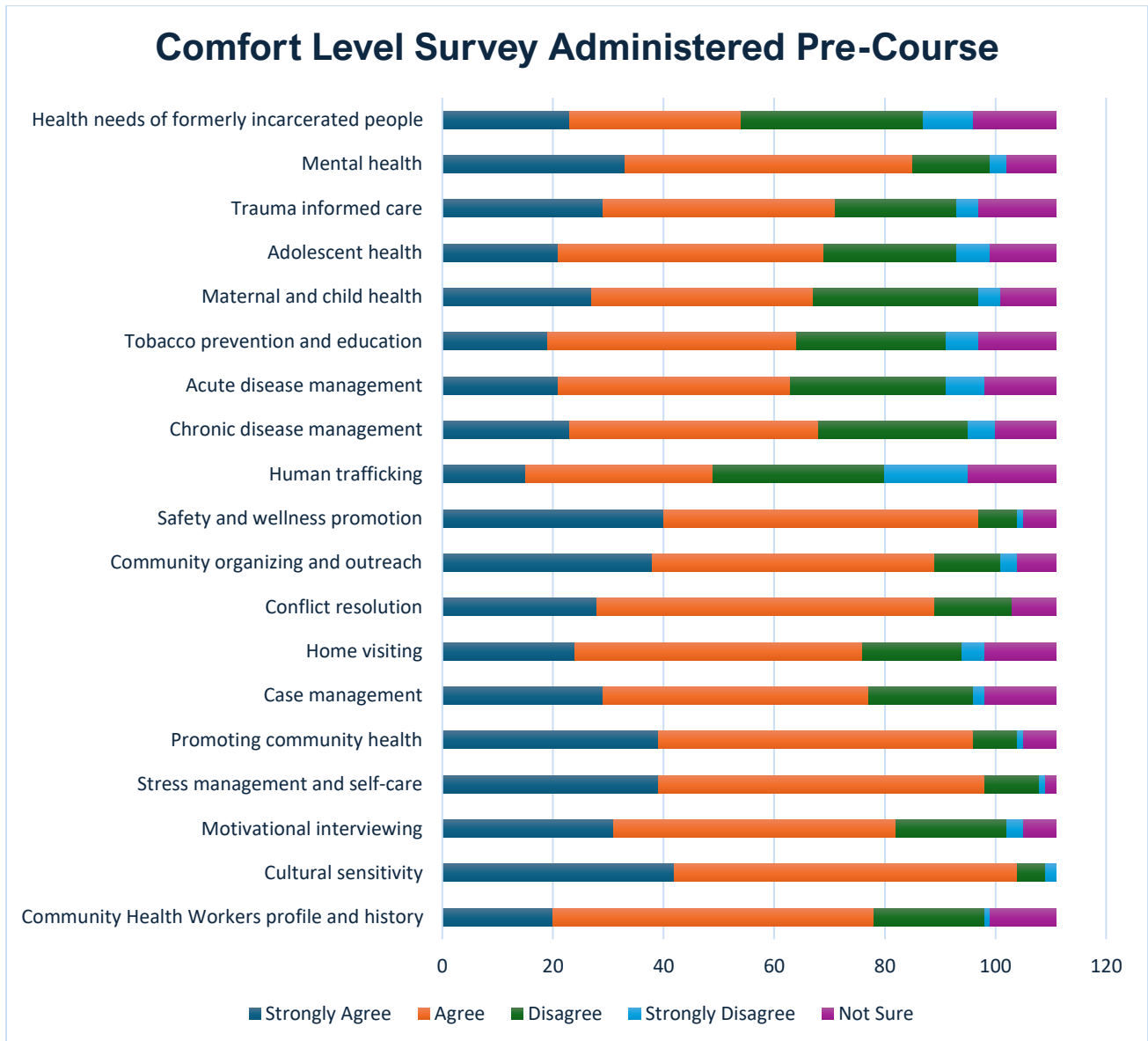


*Comfort Level Survey*

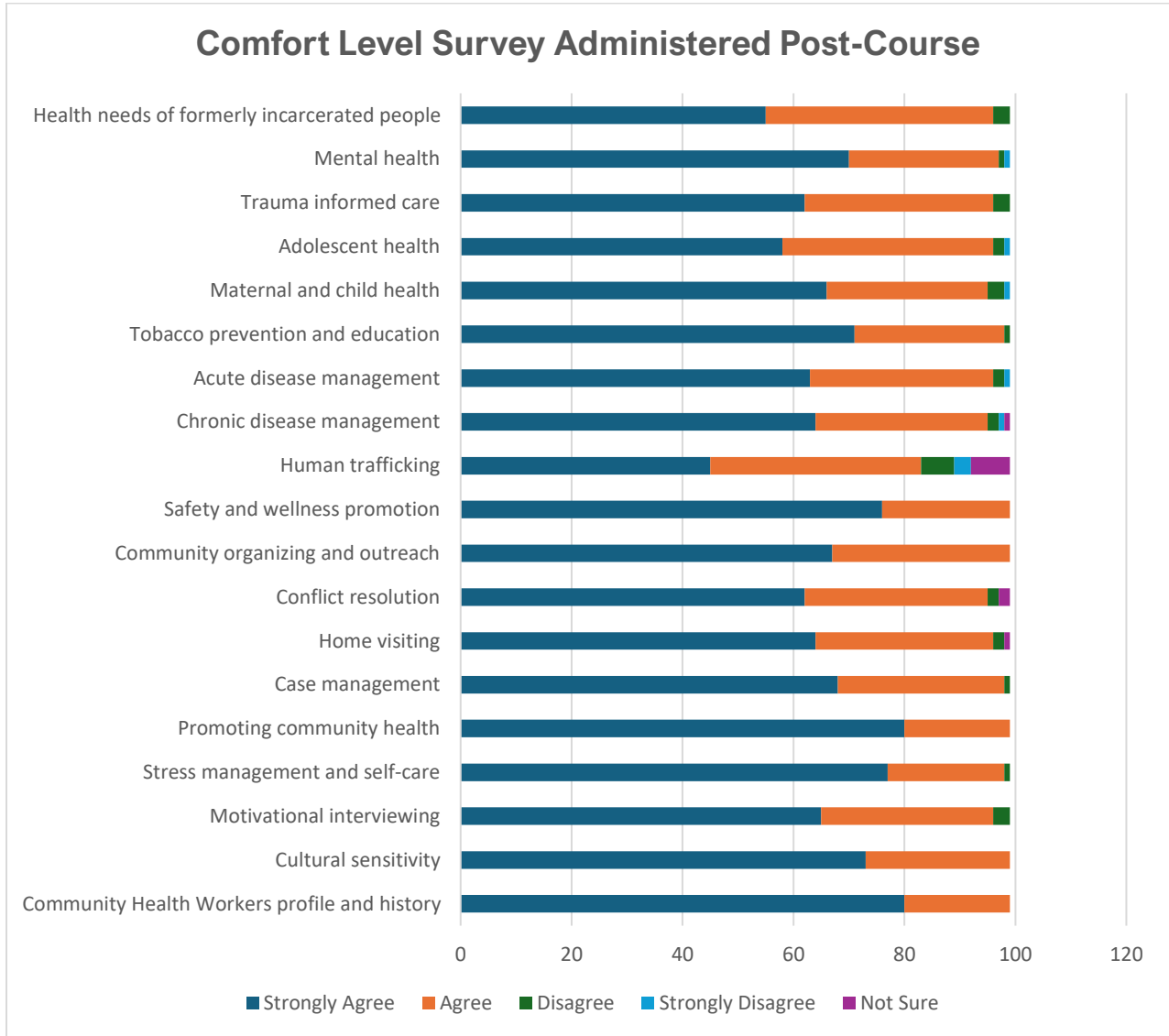
The comfort level survey measures self-efficacy related to knowledge and skills commonly associated with CHW roles. The survey contains 19 items using a Likert rating scale. Participants rate their confidence with skills such as motivational interviewing, conducting home visits, and promoting wellness. Participants are also asked to rate their confidence with knowledge of topics such as the health needs of formally incarcerated people, chronic disease management, and material health.

The following charts represent pre and post survey results. The “strongly agree” response indicates a high degree of confidence.

**Figure 7**  
*Comfort Level Survey Administered Pre-Course*



**Figure 8**  
*Comfort Level Survey Administered Post-Course*



Participant responses pre and post course show an increase in “strongly agree” and “agree” responses indicating an increase in confidence for each item.

The average pre-score is 41.97 out of 95 with lower scores indicating a greater degree of confidence (1, strongly agree; 2, agree; 3, disagree; 4, strongly disagree; 5, not sure). The average post-score is 26.43 out of 95. Participants' paired scores indicate a 37% decrease in scores which represents a significant increase in confidence/self-efficacy at the end of the SCCT course.

A paired t-test was conducted to determine the significance of the difference between the two means. The two-tailed P value is less than 0.0001. The null hypothesis was rejected, indicating a statistically significant difference in the pre and post-responses.

**Table 1**

*Pre- and Post- Comfort Level Survey Paired T-test Results*

	<i>Pre</i>	<i>Post</i>
Mean	41.97	26.43
Standard Deviation	13.66	7.55
N	69	69
t-score	8.5432	

### Training Quality Survey

Participants are asked to complete the Training Quality Survey after completing the course. This survey provides direct feedback from students on their experience in the class and their satisfaction.

#### Did the instructors do a good job overall?

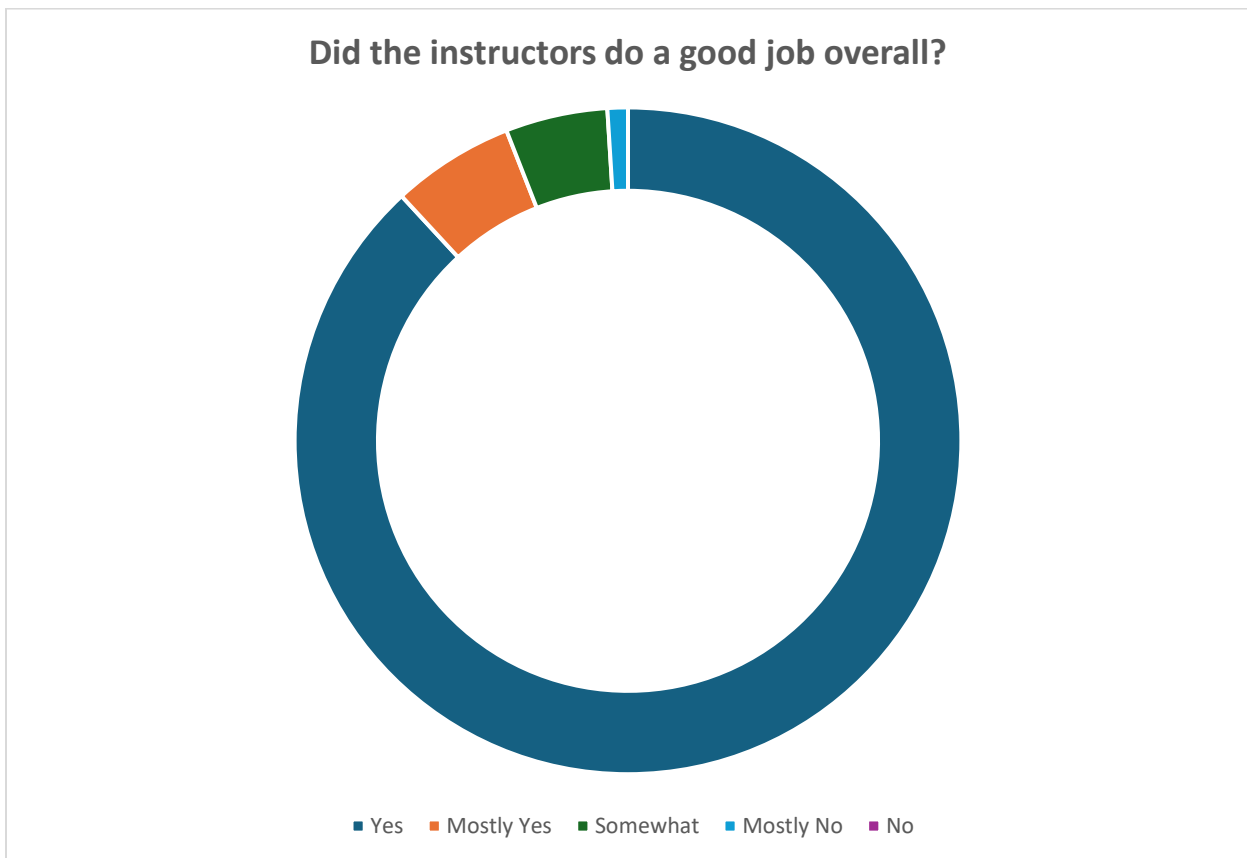
n=101, 78.9%

Yes	89
Mostly Yes	6
Somewhat	5
Mostly No	1
No	0
Prefer not to reply	0

Roughly 90% of participants indicated that the SCCT was delivered well by instructors.

#### Figure 9

*Did the instructors do a good job overall?*



Written responses regarding instructor experience are outlined in the table below.

Excellent overall	24	Maximum learning outcomes	1
Knowledgeable	5	Desired more information on certification	1
Not all material was covered/Material needed to be updated	3	Responsive	1
Other	3	The instructor could have been more interactive	1
Supportive	2	Unresponsive	1
Not applicable/None	2		

**Are you satisfied with what you have learned?**

**n=101, 78.9%**

Yes	87
Mostly Yes	12
Somewhat	1
Mostly No	1
No	0
Prefer not to reply	0

Most participants indicated being satisfied with what they have learned, and only about 2% of participants indicated they were somewhat satisfied or not satisfied at all with what they have learned.

Participant comments are as follows:

Satisfied	17
Not applicable/None	4
Unsatisfied due to content being taught	2
Advanced class requested	1
Unsatisfied with the certification process	1

**Was the training easy to follow?**

**n=101, 78.9%**

Yes	84
Mostly Yes	15
Somewhat	2
Mostly No	0
No	0
Prefer not to reply	0

A review of written responses is listed in the table below.

Training is easy to follow and accessible	10
Not applicable	5
Instructor was supportive	3
Lack of clarity and preparation from instructors	3
Technology Issues	3
Fast-paced	2
Informational PowerPoints/online content	1

Most participants (98%) indicated the training was easy to follow.

**Was the wording of the materials clear?  
n=101, 78.9%**

Yes	84
Mostly Yes	14
Somewhat	2
Mostly No	0
No	0
Prefer not to reply	0

Almost all the participants indicated the wording of the materials was clear. Written responses regarding the wording of the materials are listed in the table below.

Clear information	3	Instructor provided clarification	3
Information relevant	1	Spelling Errors	1
Unclear assignments	1	Not applicable/None	4
Instructor presentation was unclear	1		

**Did the training keep you engaged?  
n=100, 78.1%**

Yes	72
Mostly Yes	20
Somewhat	4
Mostly No	4
No	0
Prefer not to reply	0

Over 90% of participants noted that the training kept them engaged or mostly engaged. About 8% of participants indicated they were somewhat engaged or not engaged at all.

Written comments are compiled below:

Excellent quality	10
Not applicable	3
Engaging Instructor	2
Not engaging due lack of student engagement	1
Not interactive	1
Too fast-paced	1

**Was the quality of the content consistent throughout the course?**  
n=100, 78.1%

Yes	85
Mostly Yes	13
Somewhat	2
Mostly No	0
No	0
Prefer not to reply	0

Almost all participants (98%) indicated that the quality of the content was consistent throughout the course.

Participant comments are as follows:

Not Applicable	5
Consistent	3
Outdated	1
Translations not accurate	1

**Was the content in-depth enough?**  
n=100, 78.1%

Yes	71
Mostly Yes	19
Somewhat	5
Mostly No	4
No	1
Prefer not to reply	0

Roughly 90% of participants indicated that the content was in-depth enough, while 10% of participants noted that the content was not in-depth enough.

Individuals' written comments are grouped in the table below.

In-depth content provided	4
Not applicable	4
Time limitations prevent the addition of more information, but more depth would be helpful.	4
Other	2
Content was basic	1
Vague and non-informative at times	1

**Were your training expectations fulfilled?**  
**n=100, 78.1%**

Yes	83
Mostly Yes	10
Somewhat	3
Mostly No	4
No	0
Prefer not to reply	0

**Figure 10**  
*Were your training expectations fulfilled?*





Approximately 93% of participants indicated that the training expectations were fulfilled or mostly fulfilled.

Written responses regarding training expectations being fulfilled are outlined in the table below.

Training expectations fulfilled	10
Not applicable/None	5
Feels prepared to be a CHW	1
Felt basic	1
Incomplete	1
Mentorship Program requested	1
More engagement needed	1

**Would you recommend this training to a colleague or friend?  
n=100, 78.1%**

Yes	89
Mostly yes	5
Somewhat	2
Mostly No	3
No	1
Prefer not to reply	0

Additional written comments are listed below.

Recommended or would recommend the training	9
Not applicable/None	5
Informative	1

94% of participants reported they would recommend this training to a colleague or friend or mostly indicated they would recommend it to a colleague or friend.

**Will this training help you better deliver services to your clients?  
n=100, 78.1%**

Yes	86
Mostly yes	8
Somewhat	4
Mostly No	1
No	1
Prefer not to reply	0

Most participants (94%) indicated that this training will help them deliver client services better.

When asked to provide additional comments, respondents reported they felt more equipped personally and professionally. Another comment emphasized the resource building they've attained from the SCCT. Additionally, students noted to gain specific skill sets and learn how to best serve specific populations they work with in the community.

Additional Comments have been deidentified and are listed below:

- Awesome class. Best wishes!!
- Class was very informative. Class layout was easy to follow.
- Content that was outlined in PowerPoint objectives was not addressed in the PowerPoint. Links to resources in PowerPoints were most often expired links, and zoom classes often did not provide more information than a base definition of terminology. I would have enjoyed a more engaging and in depth coverage of the course topics as I do think a deeper understanding of each one is important to learn as a CHW.
- My professor was a wonderful instructor, filled with deep knowledge and made class worth attending.
- I am so grateful for the skill sets taught and the way we will be able to combat so many social and structural determinants of health with the education provided through this training.
- I appreciate the opportunity to take this class, and to move forward with certification to serve my community.
- I appreciated the course but I just felt that the course material was outdated and was mostly common sense. Some of the links were broken or the webpages had been taken down.
- I enjoy the course and it does take a lot time but it was worth it.
- I enjoyed the class and did learn. I would have liked more personal stories from other students about their work in the field. The final projects were interesting and if something like that, without the pressure of grading, was in the beginning, I think that would bond us and get more participation
- I really enjoyed the class and the opportunity to be able to take the class.
- I really enjoyed the course, learned a great deal of information and I know this class is going to help me be successful in the CHW field.
- I really enjoyed this class, and as I am about to retire will definitely love to become a CHW part time.
- I really enjoyed this class.
- I thought it was a really great overview of lots of things. Maybe follow up with additional trainings for specific areas of focus?
- I will be taking the class again only this time I will make sure I have the materials I need to finish
- Loved the course, very informative!
- My instructor has an enormous patience with students that creates a safe environment to express any opinion you have without the fear of been criticized.
- Recommendations of more courses to be a professional CHW
- Teacher was awesome
- thank you

- The class was very helpful in helping me understand the need for Community Health Workers and how they can influence and create a healthier community one person, family at a time.
- The program is well designed. I learned so much about myself and the necessity of Community Health Workers.
- This class was well thought out and presented. Mrs. Norville taught with compassion and confidence
- This course needs more hours class
- This is a great course that allows a person to use the skills learned to help others and it has a great career path.
- This was one of my best trainings that I've taking. I'm confident as a CHW i can enhance my career further in serving and supporting individuals in the community
- To my instructor keep doing you, you are the best.
- Thank you for the course, it was a great opportunity for professional and personal growth.
- I had an excellent teacher, I would take another course with her again, if possible, thank you!
- The only thing that most of us had problems using canvas to deliver our work, a little more time to explain how to use it correctly.
- Thank you for supporting this type of Classes. Congratulations. I am happy to have participated.
- The exams that were taken every week were very confusing. Many times the language did not make sense (for example it was missing words), or the correct answer did not make sense and even the teacher could not explain to us why what we had written was wrong.
- I had the opportunity to receive this course with a Spanish speaking instructor, it is incredible in the way she transmits her knowledge, with a lot of passion and dedication, she was always there with availability. It has been an excellent experience for me.

### *Pre- and Post- Tests*

Pre- and post- tests are designed to measure knowledge outcomes. The pre-test is administered within two weeks of the start of each SCCT class, and the post-test is administered within two weeks of the end of each class. The pre- and post-test include 56 questions that were written based on SCCT course content. This tool measures knowledge using a series of multiple-choice and true-false questions. The items are the same on the pre and post-tests.

The average pre-test score is 44.2 out of 56 and the average post-test score is 49.8 out of 56. Participants' paired scores indicate a 13% increase in scores. A paired t-test was conducted to determine the significance of the difference between the two means. The two-tailed P value is less than 0.0001. The null hypothesis was rejected, indicating a statistically significant difference in the pre and post-responses.

**Table 2**  
*Pre- and Post-test Paired T-test Results*

	<i>Pre</i>	<i>Post</i>
Mean	44.2	49.8
Standard Deviation	4.84	4.30
N	93	93
t-score	6.9507	

**Table 3**  
*Correct Responses by Pre/post-test Questions*

Question	n (pre)	# of participants with correct answers (pre)	n (post)	# of participants with correct answers (post)
1	109	24	102	14
2	109	98	102	100
3	109	93	102	94
4	109	85	102	92
5	109	59	102	71
6	109	77	102	89
7	109	102	102	96
8	109	65	102	91
9	109	56	102	81
10	109	99	102	98
11	109	68	102	88
12	109	64	102	95
13	109	94	102	96
14	109	60	102	91
15	109	82	102	94

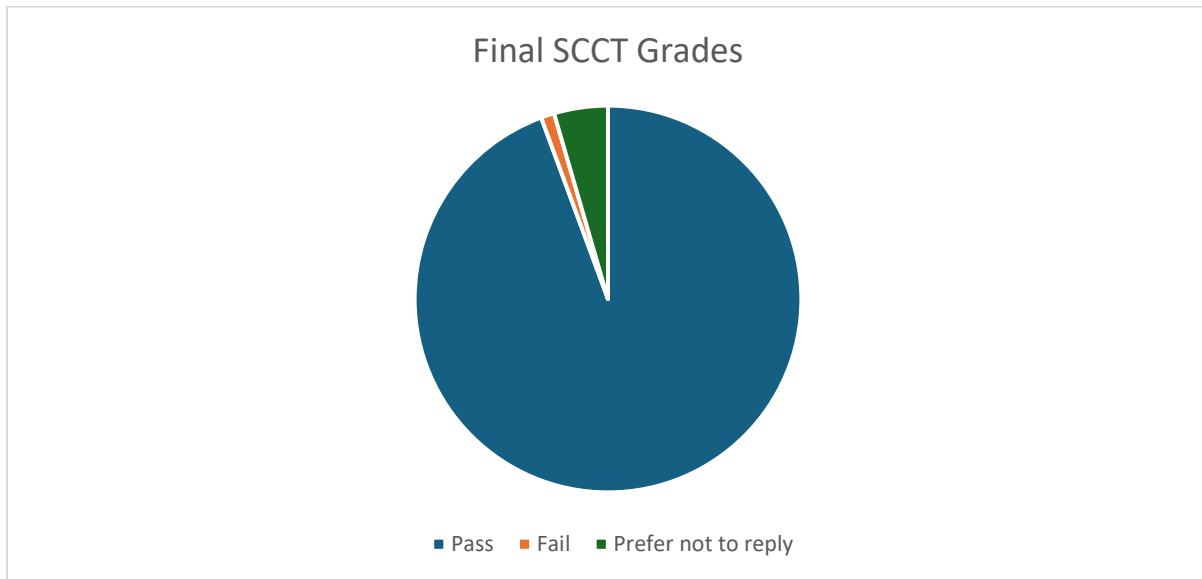
16	109	86	102	88
17	109	88	102	96
18	109	75	102	88
19	109	100	102	98
20	109	91	102	90
21	109	96	102	99
22	109	99	102	101
23	109	89	102	95
24	109	82	102	75
25	109	96	102	99
26	109	95	102	94
27	109	101	102	97
28	109	102	102	101
29	109	103	102	101
30	109	99	102	101
31	109	94	102	100
32	109	87	102	95
33	109	85	102	91
34	109	57	102	66
35	109	98	102	96
36	109	94	102	98
37	109	89	102	96
38	109	99	102	101
39	109	100	102	97
40	109	98	102	96
41	109	101	102	100
42	109	86	102	98
43	109	99	102	96
44	109	95	102	98
45	109	98	102	97
46	109	97	102	96
47	109	83	102	94
48	109	79	102	97
49	109	102	102	101
50	109	0	102	4
51	109	100	102	99
52	109	53	102	63
53	109	96	102	95
54	109	58	102	62
55	109	92	102	91
56	109	95	102	93

### Final SCCT Course Grades

Pass	84	94.38%
Fail	1	1.12%
Prefer not to reply	4	4.5%

The overwhelming majority of CHWs earned a passing grade in the SCCT course.

**Figure 11**  
Final SCCT Grades



## **Evaluation Limitations**

Not all CHW SCCT participants opted to be part of this evaluation; participants who have opted to take part in this evaluation are a subset of all CHW SCCT participants. Many participants did not complete all the measures. There was a low return rate for posttests resulting in a lower sample of pre-post pairs. There was a low return rate for follow-up posttests as well.

## **Summary of Findings**

Overall, the SCCT course is viewed as valuable and impactful among CHW students and instructors. Most students report a high level of satisfaction and impact on their employment and skill level. CHW students enrolled in the course represent diverse geographical locations and racial and ethnic groups that are mostly reflective of the communities they serve. However, gender identity, sexual orientation, and languages spoken represent less diversity, not reflecting the overall population of most NC communities.

CHWs continue to serve diverse populations including those who are uninsured, justice-involved, families, people with low incomes, the unhoused, immigrants, and individuals with mental illness and chronic illness. CHWs enrolled in the SCCT report their primary roles are advocacy, coordination, and linkage of services, and providing health education.

Compared to the start of the class, CHW students demonstrated an increase in confidence/self-efficacy across 19 CHW competencies. The overwhelming majority of CHWs taking the SCCT report are satisfied with their work, and they are supported by their team and supervisor.

Among participants who completed both the pre- and post- tests measuring knowledge outcomes, an increase in knowledge was present. The increase in knowledge outcomes is lower than in prior years. This change may be accounted for by the fact that more CHWs taking the course over the prior year have prior CHW experience as compared to 2020 and 2021. Most SCCT students in those years were taking the SCCT course as a requirement to provide COVID-19 response services with little to no prior CHW experience. Almost all CHW students earned a passing score for the SCCT which makes them eligible for certification by the NC CHW Association. CHW students and instructors have found online course delivery methods to be effective and convenient. However, there are some barriers to technology access including insufficient broadband in rural areas.

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