

The Boston Health Community Resource Empowerment Wellness (CREW)

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Abstract

The Men's Health CREW (Community Resource Empowerment Wellness) is a Health based training program that trains and prepares young Black and Latino men to work in the Health care field as health educators. Health CREW members gain certified competencies as community health workers through the Boston Public Health Commissions Community Health Education Center (CHEC), as first aid and CPR responders, and as men's reproductive health educators that would allow them to work in entry level health positions in health centers and hospitals in Boston. The Health CREW members also receive extensive education in public health topics including men's health, social justice, cultural competency, HIV/AIDS and maternal and child health. The project is broken down into four modules: 1) Personal Development, 2) Core Trainings (example; Outreach Methods and Public Health), 3) Sexual Reproductive Health, Community health Education Certificate, and Medical Terminology, and 4) Job and Community Placement. Most of the funding for the project would come from the City of Boston and small foundations. The Health CREW members are paid a weekly living stipend of \$275 in addition to travel passes. The program has developed a detailed evaluation of each module of the program. We performed baseline assessments of each participant's educational strengths and weaknesses prior to the start of the project. We then performed a detailed evaluation of each module of the program in order to identify problems that individual participants might have had as well as assessing the training process itself.

Executive Summary

The Health CREW demonstrates the success and importance of training men of color as a critical part of the health workforce. Young black men living in urban cities like Boston are in a dire situation today many do not have the tools such as an adequate education and cultural exposure to aspire to be productive and progressive citizens of the community. The Boston Health CREW aims to be that project that addresses some of these inadequacies, and disparities and create a model to combat them. Many lack stable and positive role models to provide them with the "blueprint" to become good fathers, successful businessmen and respectable members of society. Some even argue that today's young black man is in a crisis. Black men are the number one victims of black on black crime most often being killed or attacked by another black man. They are dropping out of school at alarming rates. In inner cities (like Boston), more than half of all black men do not finish high school and statistics show us that by their mid-30's 6 and 10 black men who have dropped out of school had spent time in prison(Orfield,2004). The disadvantage of not having an education has proven to have a direct correlation with joblessness and prison rates for black man. In 2000, 65% of black male high school dropouts in their 20's were jobless- that is, unable to find work, not seeking it or incarcerated. By 2004, 21% of black men in their 20's who did not attend college were in jail or prison(Orfield.2004).

Chronic unemployment leads to poverty and impoverished people are residentially isolated from adequate schools, jobs, and health care. A great number of black men have curable diseases, but do not know until they are near death due to the inaccessibility of health care. For example, a recent study out of the American Cancer Society shows that due to a lack of education and poverty, black men do not live as long after being diagnosed with prostate and testicular cancer as white men do.

In addition to deficiencies in educational attainment and poverty, it is a reality that racism and negative stereotyping still exist in America and black men are hit hardest with this truth. According to a report by the Justice Policy Institute in 2002, the number of black men in prison has grown to

five times the rate it was twenty years ago. Today, more Black men are in jail than in college. It can be understood that the prison population as a whole is growing exponentially, but one must consider that the African American race only claims 13% of the United States population, yet 44% of the prison population. Black men are not committing all the crime in America but they are being arrested and incarcerated at disproportionate rates in comparisons to whites.

Men fare worse than women in longevity, as well as in many disease categories, and Black men fare worse than white men. Disparities continue to persist despite recent advances in health care and outreach programs that target inequities in race and socioeconomic status. Here is a snapshot of some:

- *LIFE EXPECTANCY* The life expectancy for a black male child born in 2004 is 69.5 years, compared with 75.7 years for white males born the same year, according to the National Center for Health Statistics.

- *PROSTATE CANCER* African American men are more likely to get and die from prostate cancer than men of any other racial or ethnic group in the United States, according to the Centers for Disease Control and Prevention. An African American man has a 1-in-5 chance of being diagnosed with prostate cancer in his lifetime and a 1-in-20 chance of dying from the disease. Prostate cancer is the second leading cause of cancer death for African American men, behind lung cancer. Scientists are studying possible reasons for these disparities, "including culture, environment and differences in the biology of the disease in African American men," the CDC reports.

- *CARDIOVASCULAR DISEASE* About 42 percent of African American men have high blood pressure, compared with 31 percent of white men, according to the American Heart Association. Cardiovascular disease overall was also more prevalent among black men -- 41 percent, compared with about 34 percent of white men.

- *PHYSICAL ACTIVITY AND OBESITY* About 29.5 percent of black men report regular leisurely physical activity, compared with 33.4 percent of white men, according to the AHA. But black men fare better in the weight category than white men. About 63 percent of black men were overweight (having a body mass index of 25 or higher), compared with 69 percent of white men. And 27.9 percent of black men were obese (a BMI of 30 or higher), compared with 28.2 percent of white men

I. Community Needs Assessment

Education/Employment

Nationally, only 68% of students entering 9th grade graduate with a regular high school diploma. The rates are substantially lower for most minority groups, particularly for males with only 43% of Black, 47% Native American and 48% Hispanic males graduating from high school. The national educational trends are evident in Boston as male experience higher dropout rate and lower enrollment in post secondary education than do females. While the drop-out rate for all racial/ethnic groups is higher among males, Black and Hispanic males have the highest rates. Coupled with the increase involvement with violent behaviors and high arrest rates, these statistics present a troubling portrait of the lives of young black males in Boston (Urban Institute. 2006).

In addition to the lack of adequate education the workforce is also an area of concern for young men of color. Quoting Dr. David Satcher (former Surgeon General), in his article "Overlooked and Underserved": Improving the Health of Men of Color he states that "we must increase the representation of men of color at all levels of the health care delivery system". In addition he says

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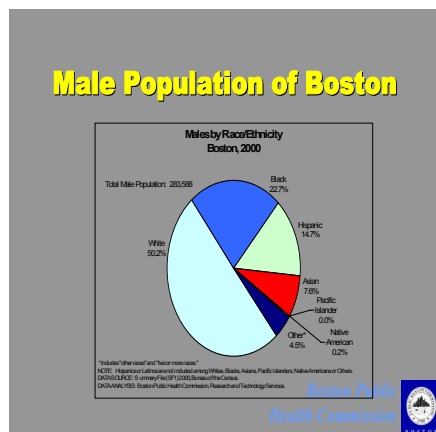
that we must “strengthen our educational pipeline programs and reexamine the academic process at our academic health institutions in our search for ways to be inclusive”. Although Boston is a racially and ethnically diverse city, the healthcare workforce does not reflect the composition of the city’s population. Providing education and training support for men of color to enter the health workforce is critical. While the Metro Boston workforce started becoming more racially and ethnically diverse during the 1990’s, the workforce remains overwhelmingly (85%) white- the third whitest workforce among large metro areas(Harvard University, Civil Rights Project. 2004). Over the 1990’s there was also a shift in terms of occupation from manufacturing to service sector. In Boston, the health sector is an important source of employment. As one of the major medical centers in the country with three medical schools, 10 hospitals, and 26-community centers, healthcare related jobs account for 30% of the city’s workforce. That number is projected to increase to 48% in 2008.

Health

The health of young men in Boston is an issue of concern. In 1992, Dr John Rich, former Medical Director for the Boston Public Health Commission, founded a clinic targeting young men for primary care. He discovered a serious lack of community resources for developing the health of young men, particularly in the area of preventative health. The “Men’s Health Act of 2001”, introduced into Congress identified a “crisis affecting the health and well-being of America’s men”. It found that men of all ages have higher rates of death from preventable diseases than women and a lower life expectancy resulting in financial cost and serious impact on families, employers, and society as a whole. Men of color suffer a disproportionate burden of morbidity and mortality. Despite making up only about 20% of the total male age population, young Black men account for about 40% of new STD cases among all male groups combined(Health of Boston. 2004). Even though violent injuries are preventable, young men in Boston disproportionately suffers from violent injuries.

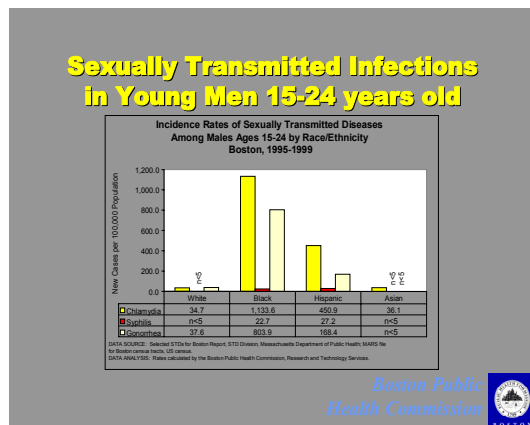
While some of the health differences between men and women are related to biological differences, experts understand that ideas about masculinity affect the way men look at their health, placing them at greater risk for health disparities. Young men are assumed to be healthy, have less access or are less likely to seek health care services. Data collected by the Commission shows young men living in lower income neighborhoods have health status indicators worse than the city as a whole. These conditions are beyond individual and include poverty, racial, and ethnic discrimination, disproportionate incarceration, and lack of access to effective primary health care and employment(Health of Boston. 2004).

Demographics



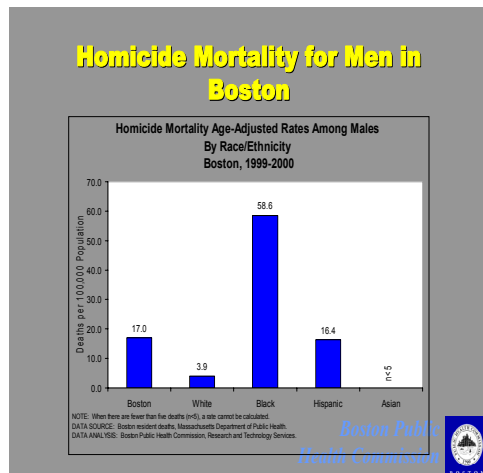
- The 2000 Census indicates that Almost 50 % of the Boston population is White, 25% **Black**, 15% **Hispanic** and 8% Asian.

Health



- Young males, 15-24 have the highest rates of new cases of STD's of any age group for males
- Rates of new cases for **Black and Hispanic males ages 15-24** were higher for each STD shown than for White and Asian males. Blacks had the highest rates for Chlamydia and for gonorrhea
- The **Chlamydia rate for Blacks was 34 times higher** than the rates for Whites and Asians and 2.5 times the rate for Hispanics.

Violence



- During 1999-2000, homicide mortality among all Boston males was greatest for Blacks. **Their rate was almost 3.5 times the overall Boston rate.**

Access to Health Care

Males Ages 18-24 who lack Health Care Coverage by Race/Ethnicity Boston, 2000

Data Source: Behavioral Risk Factor Surveillance System Survey, 1999, Massachusetts Dept. of Public Health

Ages 18-24

Boston-12.3%

White-4.5%

Black-36.9%

Hispanic-43.

Males Ages 18-24 who experienced a Time When They could not afford to see a Doctor by Race/Ethnicity- Boston 2000. Data source: Behavioral Risk Factor Surveillance System Survey, 1999, Massachusetts Dept. of Public Health

18-24 year olds

Boston-6.9% White-2.1% **Black-24.5%** Hispanic-NA

- Blacks' ages 18-24 are more likely to have experienced a time when they could not afford to see a doctor than Black men 25-34.

II. The Problem

Young men in Boston's neighborhoods of Roxbury, North Dorchester, and Mattapan between the ages of 15 and 34 are disproportionately affected by preventable diseases, due to lack of health insurance, and less access to health care (affordable), less access to preventive medical care. In Boston, young men ages 18-25 have the highest rates of new cases of STD's among any male age group despite making up only about 20% of the total male age groups combined. The high incidence rates of STD infections tend to cluster in young men of Black and Latino race/ethnicity groups. Males who live in the South and North Dorchester (a sub city of Boston), and Roxbury make up over 55% of all the violent gunshot and stabbing injuries registered at hospital emergency departments in Boston (Boston Public Health Commission Young Men in Boston 2001). Across the whole age span men experience higher rates of mortality than women, younger men present unrealized opportunities for disease prevention and health promotion.

Project target community

The target population is unemployed and marginalized Black and Hispanic, men, 18-25 living in the neighborhoods of Roxbury, North Dorchester, and Mattapan. The neighborhoods shares one border with world-renowned health care institutions and resources, and another borders with Boston's Zoo and Franklin Park Golf Course. Despite some regional advantages, a rich history and geographic beauty, Roxbury, and North Dorchester are two of the poorest neighborhoods in Boston, with many of the worst levels for health indicators and other problems. Roxbury has the youngest, poorest, least educated, and least employed population of all of the Boston neighborhoods. Twenty five percent of the residents are <15 years of age. Fifteen percent of Roxbury residents >18 years of age have had less than a ninth-grade education, as compared with 8.7% in Boston overall. The Roxbury unemployment rate (14.6%) and median household income (\$19,351) compare unfavorably with corresponding data for the entire city of Boston (\$29,180)(Boston Indicators Report 2002).

Stakeholders

Stakeholder	Describe Participation	Evaluation	Impact of Participation	Rate
Boston Hospitals	Where young men could access health care	Feedback from the young men that access the services	Proper healthcare leads to meaningful employment	High
One stop career centers	Resource pool for young men in need of service, job training	Data from career center on # of applicants that are need of services	Three fold- provide applicants, employment referrals, job training leads to meaning employment	High
Correctional Institutions	Resource pool for young men in need of service, job training	Feedback from participants	Reentry back into the community (CORI) reform	High
Local Health Ctrs.	Serve as a local health resource that could	Feedback from participants, yearly data	Access to local health service helps with the	Medium

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	provide affordable health care	reports, local health statistics	distrust in the health care system that a lot of men of color have	
Boston Public Health Comm.	Provide training and knowledge of health access, employment (entry level)	Feedback from participants, data reports from BPHC	Knowledge of health care system will allow the participants to advocate for themselves in health matters	High
Community Leaders	Provide support i.e. child care, moral, spiritual	Focus groups, town meetings, questioners	Creates a level of trust between participants and the community, could lead to employment at a later time, give the participants a level of support	High
Educational Institutions	GED, High School Diploma, College Degree	Participants feedback, Data from schools/learning	Increased education leads to meaning employment	Medium

Outline of Project Goals

The Health CREW project has identified five long term goals. It is proposed by the end of the project and within one calendar year after program graduation, Health CREW graduates will:

1. To successfully graduate 5 CREW members by June 2006
2. Be qualified for a job in the Health Field
3. Pursue or possess a job in the Health Field
4. Outreach to and educate 18-25 year old Black and Latino men about health and health care
5. Seek personal health care with increased frequency
6. Equipped men with the skills to navigate the Health Care system to advocate for their own personal health care needs

Goal # 1

To successfully graduate 5 CREW members from the program by June 2007

Goal # 2

To have CREW members qualified for a job in the Health Care field

How Measured

Health CREW members will earn certification in the following areas:

1. Health Outreach Education
2. Male and Female reproductive systems
3. CPR
4. Emergency Medical System (EMS)

Goal #3

For CREW members to pursue a Job in the Health Field

How Measured

While in the project Health CREW members will actively seek employment in Health based institutions provided for by the Boston Public Health Commission.

Goal # 4

To have CREW members outreach to 18-25 year old Black and Latino men about Health care and access

How Measured

Project manger will work with community partners (listed below) to identify potential new Health CREW members

Goal # 5

To have CREW members seek personal care with increased frequency

How Measured

Focus groups, pre- and post test

How Measured

Goal # 6

To equip CREW members with the skills to navigate through the Health Care system to advocate for their needs

Trainings, information sessions, presentations

Project Objectives

The Health CREW project has identified 10 intermediate objectives:

1. Earn certification as Health Outreach Worker from Boston Public Health Commission

- A. Health CREW members will earn their certification as an Outreach Worker in June 2007*
- B. CREW members must attend all 12 training sessions. Each session is two hours long*
- C. All the trainings are provided by the Boston Public Health Commission. Attendance is kept daily, and make us sessions can be arranged to accommodate missed sessions*

2. Earn certification in Sexual Reproductive Health

- A. Health CREW members will earn their certificate in Sexual Reproductive Health in July 2007*
- B. CREW members must attend all 4 sessions, CREW member must also past a certification exam*
- C. The organization that administers the trainings is a community partner; study sessions are available for exam.*

3. Completed Emergency Medical Services(EMS) training (for certification)

- A. Health CREW members will earn a certification in Emergency Medical Services in 2007 (date varies depending on the date the CREW , member takes the exam*
 - B. CREW members must attend all 5 trainings sessions, and pass exam*
 - C. The fee is paid by the Boston Public Health Commission, the trainings are provided by the Boston Public Health Commission, and prep sessions are available*
- 4. Improve their skills in public speaking and facilitating workshops, groups and meetings**
 - A. Through out the nine months each CREW member will receive 2 trainings on public speaking and 2 on work shop/ presentation skills. CREW members will apply these in community forms.*
 - B. All training sessions are provided by the Boston Public Health Commission, and pre and post test are administered to capture the changes*
 - C. Boston Public Health Commission resources*
- 5. Gain public advocacy skills**
 - A. Health CREW will advocate for Health care needs of Black and Latino men through the following trainings:*
 - *2 letter writing campaigns*
 - *3 voter registration drives*
 - *1 state house visits*
 - B. Health CREW members will receive trainings on Health care policy issues, as well as trainings on advocating and organizing.*
 - C. Most of the trainings are conducted by the Boston Public Health Commission as well as community partners*
- 6. Gain understanding of issues affecting men's health**
 - A. Health CREW members will receive intense trainings on issues that effect men's health. CREW member will attend 2 Men's Health Conferences in Washington DC and Atlanta GA, and lead 2 workshops apiece at local health fairs and community events- focusing on men's health*
How measured? Pre- Post Test
- 7. Learn job search skills and techniques**

Each CREW member will do the following:

 - Write and prepare a resume and Cover Letter
 - Participate in 2 mock interviews

How measured?

 - A. Pre- Post test, field observation by Program Coordinator*
- 8. Enhance leadership skills**

Notes: Pre and Post test will measure this objective
- 9. Gain broader understanding of the concept of wellness (as it relates to young men)**

III. Design

Literature Review

In 2004, fewer than 39% of all black men between the ages of 16-24 had a job. This is a statistic that is common among observers of plight of young black men in the workforce. According to a recent report by The Civil Rights Project of Harvard University (2004) people of color are more disconnected from the workforce and from education than are whites. It states that unemployment rates for Metro Boston's blacks and Latinos are well over twice as high as for whites. Particularly troubling are the relatively high shares of Latino young people who have no high school diploma, yet are neither enrolled in school nor working. Over ten percent of Latinos and Black men ages 16-19 fall into this category--almost 12 percent in the satellite cities. High school graduates have lower unemployment rates for all racial groups, and a diploma is essential as a gateway to higher education. For example, the unemployment rate of young (aged 25-44) black men without a diploma in 2000 was 13.5%

A Poor Man's Plight: Uncovering the Disparity in Men's Health, examines the health status of Black, Hispanic, Asian/Pacific Islander, Native American, and mixed race men and identifies strategies that can reduce this alarming health gap. Authored by Dr. John Rich of the Boston Public Health Commission and Dr. Marguerite Ro of Columbia University, the report finds that men of color are overall less likely to have *health insurance* and less likely to *access health care services* than their White counterparts. Moreover, the report finds, men of color disproportionately lack access to much-needed mental health, *substance abuse*, and oral health services. *A Poor Man's Plight: Uncovering the Disparity in Men's Health* also offers insight into health issues that adversely impact minority communities:

- On average, African Americans, Latinos, Native Americans, and Native Hawaiians are nearly twice as likely to have diabetes as non-Hispanic Whites of similar age.
- HIV/AIDS is the second leading cause of death for African American men between the ages of 25 and 44 and the third leading cause of death for Latino men in the same age group.
- *Men of color suffer higher rates of preventable illness, such as sexually transmitted diseases.* This is particularly the case for African American and Latino men who have rates of gonorrhea, Chlamydia, syphilis and herpes infection that are higher than for other men of color and much higher than White men.
- In 2004, men of color 18-25 accounted for 70% of deaths by homicide in the U.S. According to data from the Boston Police Department this number is 75% in Boston. *Homicide is the leading cause of death for African American men between the ages of 15 and 34 and the second leading cause of death for Latino men in the same age group.*

Dr. Henrie Treadwell, Program Director, of W.K. Kellogg Foundation stated that "Policymakers and health care providers fail to focus on how to combat the excessive and unacceptable levels of morbidity and mortality that plague the lives of poor men and men of color," she goes on to say that "The report acknowledges the historical, social, and political factors that have blocked access to care for men of color and provides us a roadmap to move forward in addressing the needs of this vulnerable population. *Community Voices-Healthcare for the Underserved* in the September 2005 edition outlines 6 policy strategies to overcome obstacles that men of color face in accessing appropriate health care. These recommendations include:

- Expand health insurance coverage for men of color;

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- Establish enhanced points of entry into health care for men of color;
- Increase the availability of community-based screening and services for men of color and increase outreach to men of color;
- Build a culturally competent workforce;
- Expand research and data collection on the health of men of color;
- Develop community coalitions of health, public health and social service providers who serve men of color; and
- Develop national, state, and local policy agendas for the health of men of color.

Program

The Boston Health CREW is a community health worker training program and service for young men of color between the ages of 18 and 25. *The mission of the Boston Health CREW is to educate and empower young men of color to take control of their health.* This is accomplished by engaging in preventative health practices, accessing health care services and advocating at a local and legislative level for their needs and the needs of other young men. *The goal of the Boston Health CREW is to train young men from Boston's inner city communities to provide health education to their peers while pursuing their own career goals.* Young men selected for the program receive training as health outreach educators and participate in a rigorous curriculum to enhance their life skills and understanding of issues facing urban communities. The Health CREW delivers a vital community service by connecting other men to information and services. The program grew from the realization and data that demonstrated young men of color are disproportionately affected by public-health problems, such as violence, sexually transmitted diseases, post-traumatic stress disorder, unemployment, under-education and despair. Young men of color often lack health insurance, access to employment, job training, health education, health care services and experience racial/ethnic disparities. The program addresses job training, increasing the pool of men of color in healthcare workforce and outreach to a high risk population. The Health CREW program is divided into three phases: Phase I - wellness and personal development, Phase II - outreach and advocacy and Phase III –employment readiness as demonstrated below:

Phase I - Wellness and Personal Development (October - January)

- “Undoing Racism” Training
- Orientation to Work Training
- Establishment of Individual Service Plans (ISP) - Housing, Education, Career (employment), Mental Health, Medical, Financial (Savings)
- Introduction to SMART approach to setting goals
- Case Management - weekly goals/tasks lists, appointments, issues
- Outreach Worker Preparatory Course: curriculum overview, vocabulary.
- Individual Health Assessments
- Presentation/Facilitation Skills Training Part. 1

Phase II - CORE Training (January - April)

- CREW members begin Outreach Worker Certification Training Program at Community Health Education Center, (CHEC)

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- CREW members begin training with Adolescent Wellness Program (AWP) in the Boston public schools and community settings
- Leadership Training
- Presentation/Facilitation Skills Training Part. 2
- Continuation of Individual Service Plans (IPS) Development
- Public Health Advocacy and Outreach
- Case Management – review of weekly goals/tasks lists, appointments, issues
- Development of Educational Goals and Job Preparation Training
- Community Service Projects

Phase III - Placement (May - July)

- CREW members begin Outreach Worker Certification Training Program at CHEC
- CREW members begin training with AWP staff in Boston public schools and community settings
- Community Service Projects
- CREW members attend ABCD Male Reproductive Health Certification Training
- Medical Terminology Training
- Job Preparation Training/Job Placement
- Preparation for Graduation
- Graduation

Participants

The Health CREW program hires 5 Black and Latino men 18-25 who live in the following sub cities of Boston: Roxbury, North Dorchester, and Mattapan. The program recruits 25-30 young men to fill these 5 positions.

How are they recruited?

The Health CREW program works with the following programs/organizations to identify potential candidates:

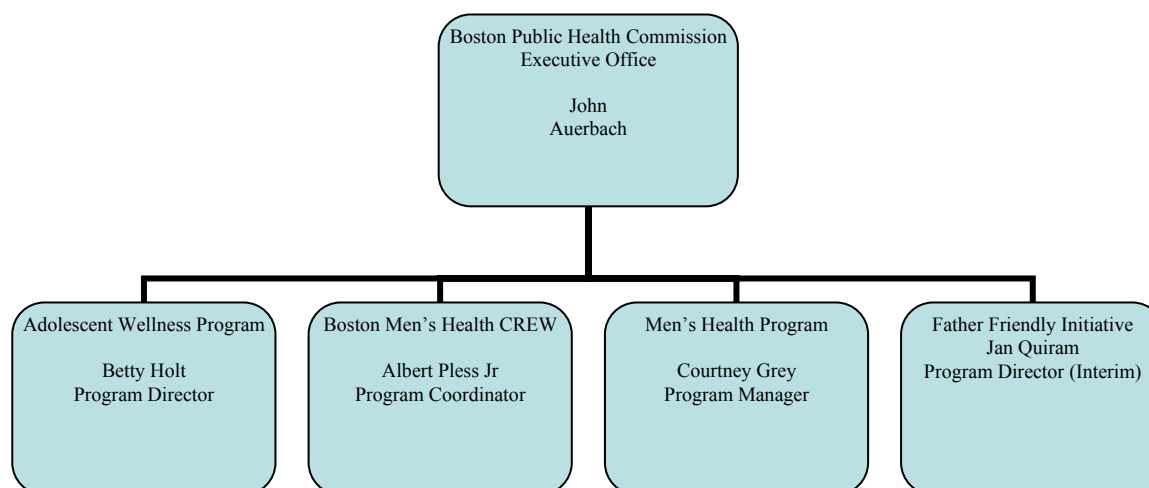
- Reentry programs
- Unemployment agencies (in the target area)
- Hospitals/Health Centers/Men's Health programs

Community Role

One of the major goals for young men's health in Boston is to increase capacity and create an advocacy community consisting of providers and men in the community. To help achieve these goals and extend the reach of the program the Health CREW works with the Department of Youth Services (DYS), Boston Public Schools, Alternative High schools, Community Based Organizations, Neighborhood Health Centers and other programs within the Boston Public Health Commission. In addition to outreach in the community and with the Commission Health Van, Health CREW members provide preventative health information, facilitates groups on substance abuse, male sexuality and proactively navigate their way through community systems at these organizations. Programs within Commission continue to provide trainings to the men, but also the men offer their expertise to help develop educational materials that are relevant to younger men.

Host Organization

The mission of the Boston Public Health Commission (BPHC), the city's health department, is to protect, preserve, and promote the health and well-being of Boston residents, particularly those who are most vulnerable. Innovative programs work with academic medical centers, community health centers, federal and state agencies, and a broad spectrum of community agencies and leaders. Together, we plan urban health policy, conduct research related to the health of the city's neighborhoods, and provide residents with access to health promotion and disease prevention. Through a variety of community-based health improvement projects, the Commission seeks to restructure and transform health care delivery systems to eliminate racial disparities in health outcomes.



Method

The project would work closely/collaborate with the following programs/organizations:

Organization/Program

- Community Health Centers
- 10 Point Coalition
- Boston Neighborhood Network
- Men of Color against AIDS
- Boston Public Health Comm.
- Suffolk County Sheriff's dept
- Emergency Medical Technician
- Boston's Medical Center

Role

Health based trainings/Employment
Mentoring/ Support groups
Promote positive messages to men
Health based information
Training/Employment
Re-entry promotion
Training/Employment
Insurance, Employment

Products and Outputs

- Employable young Black and Latino men for the Health Care field in Boston
- Lower STD and preventable disease infections among Black and Latino men 18-25
- Lower violent crimes among Black and Latino men 18-25
- Young men who are accessing Health serving organizations for preventive care

IV. Implementation

Timeline (original):

February 2006-

- Administered mid year evaluation of the trainings
- Met with stakeholders to discuss employment

March 2006-

- Met with Medical Director of the Boston Public Health Commission to discuss additional funding for the project
- Met with Stakeholders around employment
- Confirmed Graduation date
- Confirmed Graduation space

April 2006-

- Administered trainings
- Budget meetings
- Meetings with Stakeholders (trainings)

May 2006-

- Continued to work on fiscal year 07 budget
- Continue to work on trainings
- Met with Stakeholders(internships)

June 2006-

- Made preparations for Health CREW graduation in July
- Administered Post Test
- Met with Stakeholders (internships)

July 2006-

- Met with Adolescent Wellness Program Director to access the year
- Graduated the Health CREW of 2006

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- Wrote Health CREW evaluations
- Placed CREW members in jobs
- Met with Stakeholders (employment)

Aug-Oct-

- Recruited
- Revaluated/created assessment tools
- Revised curriculum
- Hired new Health CREW members
- Met with Stakeholders (employment)
- Revised curriculum

November 2006-

- Budget meeting
- Administer Pre Test
- Meet with Stakeholders (trainings)

December 2006-

- Health CREW orientation
- Conduct trainings
- Meet with Stakeholders(trainings)

January 2007-

- Administer trainings
- Meet with Stakeholders (trainings)

February 2007-

- Administer trainings
- Meet with community partners/stakeholders

March 2007-

- Administer mid program year evaluation
- Meet with stakeholders (employment)

April 2007-

- Budget meetings
- Conduct trainings

Things that did not go as planned

Overall the implementation process was successful. We graduated 5 men through the 9mth initiative as well as secured funding for the next three years through the Boston Public Health Commission. Some of the areas that did not go as planned were the following:

1. The start of the program: Based on the original timeline and planning we were due to start the project in October, but due to the criminal background checks that the city has to do delay this process. Also, we had to secure funding from the Boston Public Health Commission for stipends, and this did not happen until late November
2. The conditions in Boston in 2006 around violence and the plight of young black men were very intense. The Mayor looked for answers to this problem and they turned to the Boston Public Health Commission (the city of Boston's health arm) for possible initiatives that they could come up with to combat the violence. Due to subsequent meetings that involved the Boston police department, the District Attorney office and the City Council the project's mission of addressing preventative issues affecting young men of color was under review for possible change. This coalition wanted to pilot the program as an intervention project that uses the peer leadership model to addressing some of the "street" issues that lead to violence. Because of these meetings, and subsequent meetings the direction of the project was changed and some of the preventative health issues that we would normally had addressed through workshops and presentations were canceled.
3. Funding was also an issue that we were faced with for the first 4 months of the program. The advertised stipend was \$275.00, but due to the lack of overall funding our budget only allowed us to start the CREW members at \$225.00. This caused some anxiety due to the fact that some of the young men were making a financial sacrifice to do the project. Once we were able to address this issue it allowed us to focus on other areas.
4. Job placement went well for the most part. We were able to place all the CREW members into jobs/internships after graduation from the program in July of 2006. Only one (who went back to school) was not placed. The issue that we had with Job Placement was with the quality of jobs that we were able to find for the CREW members. Due to the criminal records of some of the CREW members they were excluded from certain types of employment. This was a concern to us due to the fact that we had had ongoing meetings with some of these employers, and we felt that we have assurance that the records would be viewed individually, and the members could address the issues on the records during interviews. Since this did not happen we had to shift our focus to other types of employment.

Task to be completed	2/ 06	3/ 06	4/ 06	5/ 06	6/ 06	7/ 06	8/ 06	9/ 06	10 /0 6	11/ 06	12 /0 6	1/ 07	2/ 07	3/ 07	4/ 07
1.Budget Meetings															
2. Health CREW Orientation /															

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Health CREW wrap up															
3. Recruit new CREW members															
4. Revise Curriculum															
5. Meetings with Stakeholders															
6. Place CREW members in Jobs															
7. Conduct Evaluations															
8. Train Health CREW															
9. Write Evaluations															
10. Hire new CREW members															
11. Work on Budget															

Staffing Pattern

Adolescent Wellness Program Director

Betty Holt

Ms Holt is the Director of the Adolescent Wellness Program. Ms Holt creates and develops the administrative functions and activities of the program. She oversees all aspects of the program operations and ensures the goals, and mission is fulfilled. In coordination with the program coordinator Ms. Holt determines new training sessions are required and ensures evaluation activities are completed in a timely manner.

Health CREW Program Coordinator

Albert W. Pless Jr

Albert Pless coordinates the daily functions of the program and supervises the Health CREW. He ensures that participants complete the training and community service aspects of the program. Albert Pless is responsible for documenting the progress of the participants. He works closely with the evaluator to assess the outcomes of the various activities

Educational Trainer

Joyce Payne (MSW)

Ms Payne serves as the primary trainer for the Health CREW. Ms Payne has Master's Degrees in Social Work and has worked in health and human services for the past twelve years. She works with other trainers within the Commission and AWP to support the Health CREW training. Ms Payne trains the Health CREW in the programs wellness curriculum, teaches public speaking and group facilitation skills. The educational trainer and program coordinator work closely in planning activities and training for the Health CREW.

Health CREW Budget
2006-2007

Expenses

Stipends (\$225/week @ 36 weeks)	\$61,200
Coordinator Salary	\$40,000
Health Educator	\$4,300
Uniforms	\$1500
Travel (conferences)	\$10,000
Local Transportation	\$3400
Marketing	\$800
Educational Materials	\$4000
Trainings	In-Kind
Supplies	In- Kind
Printing and Copying	In-Kind
Evaluation	4,000
Total	\$129,200

Revenue

Boston Public Health Commission	\$120,000
Fundraising Activities	\$20,000
Curtis Foundation	\$9,200

*The Adolescent Wellness program director and staff provide in-kind supervision, materials and office support. Trainings are provided by other Commission programs for no cost to the Health CREW

Health CREW Logic Model

Resources	Training/Education	Outputs	Short-term Outcome	Intermediate Outcomes	Long-term Outcomes
-Trainers -CREW members -Funders -BPHC staff time and expertise -Community Partners	-Concept of Wellness -Issues affecting men's health Skills -Public Speaking and Facilitation -Public Health Advocacy -Leadership -Goal Setting -Job Searching -Outreach Worker Certification	-Increased knowledge of wellness concepts -Intention to continue to do community service -Resume completed -Increased knowledge of health issues	CREW members trained -CREW members find employment	-More men seek preventative healthcare -Young black and Latino men empowered to take control of their lives	-More black and Latino men in the Health care field -Decreased rates of preventable diseases among young Black and Latino men -Raised awareness of health issues affecting men of color

V. Monitoring and Evaluation

The Health CREW program evaluation is prospective and retrospective in design. Information regarding program process is collected prospectively, during the intervention year (e.g. training evaluations) and retrospectively, at the end of the program year (e.g. key informant interview and focus group). Evaluation tools were designed specifically to gather information regarding the program objectives. The participants are administered a variety of evaluation tools which include:

Pre and Post-Test Surveys: Surveys administered to participants at the beginning and end of program. The purpose of the surveys is to evaluate change in self-esteem, knowledge of health issues, attitudes toward work and leadership skills. The post-test addresses change in health issues knowledge, leadership skills, and career and job prospects, frequency of health education and outreach, and community service.

Focus Group Guide: A semi-structured interview guide is used to conduct a focus group. The purpose of the focus group is to gather more in-depth feedback from the participants regarding expectations, satisfaction with training and overall program, the program highlights and challenges, and the program's impact on the young men.

Long-Term Follow-up Form: A questionnaire administered to participants by mail or telephone approximately one year after graduating from the program. The purpose is to assess the potential long-term impact of the Health CREW program regarding career aspirations and pursuits, frequency of health education and outreach, as well as personal health behavior change.

Training Evaluation: A survey administered to the participants at the end of each training series. This form is used to assess participant's satisfaction with the content and training materials and solicit suggestions for improvement.

Trainer Feedback Survey: A questionnaire completed by the participants. This survey is used to assess participants satisfaction with the trainer's effectiveness, including approach and materials used and to obtain suggestions for improvement.

Participant Reaction Survey: A questionnaire completed by the participants in approximately the middle of the program year (4th -5th month). This survey is used to provide the program staff with feedback regarding: expectations were met, program highlights and challenges, and programs responsiveness to participants needs.

Key Informant Interview Guide: A semi-structured interview guide is used to conduct the Key Informant Interview. The interview is conducted with the Program Coordinator and Program Director. The purpose of the interview is to assess the programs implementation and perceptions of strengths and challenges to implementation.

Monitoring/Evaluation

Goals	Objectives	Monitoring Indicators	Timeline	Benchmark Y/N
For CREW members to have a Job in the Health Field	Earn certification as Health Outreach Worker from Boston Public Health Commission	-Pre-Post Test -Certification training	Oct-July- 2007	Y-All 5 of the CREW members are currently pursuing employment in the Health care field
To have CREW members outreach to 18-25 year old Black and Latino men about Health care and access	Improve their skills in public speaking and facilitating workshops, groups and meetings	-Focus groups -Surveys --Demographics reports	Oct-July-2007	Y-CREW members have reached out to 200 Black and Latino men
To have all CREW members seek personal care with increased frequency	Gain broader understanding of the concept of wellness (as it relates to young men)	-# of CREW members with Primary care doctors -Wellness Concept comp check	Oct-July-2007	N-only 2 of the 5 CREW members has a primary care doctor and 3 of the 5 have failed the Wellness assessment checks
To equip CREW members with the skills to navigate through the Health Care system to advocate for their needs	Gain understanding of issues affecting men's health	-Feedback from trainings and workshops	Oct-July-2007	Ongoing (not able to monitor)

**Boston Health CREW 2005/2006
Evaluation Report**

End of Program Survey Highlights

Highlights:

- 4 out of 5 2005/2006 graduates of Health CREW completed a survey to assess the impact of the program;

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- Graduates reported increased knowledge about HIV/AIDS, pregnancy and STD prevention, wellness, substance abuse, tobacco, financial planning and budgeting, nutrition and stress management;
- Graduates also reported increased confidence in public speaking, facilitation, health advocacy, job searching, resume design, job interviewing and taking a leadership role;
- Two of the graduates said they were 'likely' to be doing community service in the next year;
- All graduates reported obstacles to finding a job in the health field – not enough job experience, lack of available jobs, not having enough skills and transportation to and from place of employment, lack of day care services and lack of time needed to locate a employment;
- What graduates enjoyed most about Health CREW was interacting with the people and learning new information
- 4 of the 5 CREW members found employment

Boston Health CREW 2005/2006
End of Program Survey Summary

Introduction

The Adolescent Wellness Program administered a survey to the 2005/2006 Health CREW graduates in July 2006. Four out of the five program graduates completed the survey. The purpose of the self-administered survey was to assess the extent to which the programs objectives were met. There were several areas in which participants were asked to assess their change in knowledge. These areas included: HIV and AIDS, Pregnancy and STD prevention, Concepts of wellness, Illegal drugs and drug abuse, Tobacco use, financial planning and budgeting. Participants were also asked to rate their level of confidence in areas including: Nutrition, Stress management, Public speaking, Facilitation skills (workshops, groups or meetings), Advocacy, Ability to complete job searching, Designing a resume, Interviewing for a job and Taking a leadership role. Participants were also able to provide feedback related to the likelihood of taking part in community service, frequency at which they talk about health issues with other men, confidence in obtaining a job, what they liked most and least about the program and suggestions for improvement.

Findings

Knowledge

Participants were asked to rate their level of knowledge *before* and *after* the program using a 4-point Likert scale (1=nothing to 4=a lot). The total mean score for the perceived knowledge of all the items *before* the program was 2.7, compared with the 3.7 *after* the program, an increase of 1.0 points (see Table 1). All participants showed some increase in knowledge, in all areas. The biggest increase was found in the following areas: 'concept of wellness' (+1.5), 'HIV/ Aids' (+1.3) and 'financial planning/ budgeting' (+1.3). Before the program, graduates reported knowing the least about topics including 'nutrition' and the 'concept of wellness.' Notably, in both of these areas participants reported a considerable change. The least amount of change was in the area of stress management (+ 0.7). Note some of the areas were discussed more extensively throughout the training period.

Table 1. Mean Scores* Representing Graduates' Reported Knowledge of Topics Before and After Program (N=3)

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Topics	Before	After	Change
HIV and AIDS	2.7	4.0	+ 1.3
Pregnancy and STD prevention	3.2	4.0	+ 0.8
The concept of wellness	2.0	3.5	+ 1.5
Illegal drugs and drug abuse	3.2	4.0	+ 0.8
Tobacco	3.2	4.0	+ 0.8
Financial planning and budgeting	2.2	3.5	+ 1.3
Nutrition	2.0	3.2	+ 1.2
Stress management	3.0	3.7	+ 0.7
Total	2.7	3.7	+ 1.0

* Scoring based on 4-point scale: 1=nothing, 2=a little, 3=a fair amount, 4=a lot.

Confidence in Skills

Similar to the knowledge section, participants were asked to rate their level of confidence in several areas. A 4-point Likert scale (1=not at all confident to 4=very much confident) was used (See Table 2). The total mean score for confidence of skills *before* the program was 2.7, compared with 3.4 *after* the program, an increase of 1.4. All participants showed an increase of confidence in skills listed. The most change was found in the areas of: ‘advocacy’ (+2.4), ‘designing a resume’ (+1.0) and ‘interviewing for a job’ (+1.0). Notably participants reported the least confidence in their ‘public speaking’ skills before and after the program. The least change was found in the participant’s responses to ‘taking a leadership role’ (+0.5), ‘public speaking’ (+0.7) and ‘facilitating’ (+0.7).

Table 2. Mean Scores* Representing Graduates’ Confidence in Skills Before and After Program (N=3)

Topics	Before	After	Change
Public speaking	2.0	2.7	+0.7
Facilitating workshops, groups or meetings	2.5	3.2	+0.7
Advocating for a health issue	2.2	3.0	+1.2
Job searching	3.2	3.5	+0.3
Designing a resume	3.0	4.0	+1.0
Interviewing for a job	2.7	3.7	+1.0
Taking a leadership role	3.5	4.0	+0.5
Total	2.7	3.4	+0.7

* Scoring based on 4-point scale: 1=not at all confident, 2=somewhat confident, 3=mostly confident, 4=very much confident.

Community Service and Jobs in the Health Field

Two of the four respondents said they were ‘likely’ to do community service in the next year. One respondent each stated that he was already doing community service and that he was ‘very likely’ to do community service. Two graduates said that they were ‘very confident’ about getting a job in the health field. Two of the participants said that the biggest challenges or obstacles to finding a job in the health field are ‘not having enough skills.’

Talk about Health Issues and Health Care with Other Men?

Three participants reported talking with other men about health issues and health care “frequently” and one said “sometimes.”

Liked Most and Least about Health CREW

Participants were asked what they liked the most about the Health CREW program. Two out of the four participants stated that they liked the ‘people,’ while the remaining two said ‘learning.’ When participants were asked what they liked least about the program the responses varied. Two participants stated that there *weren’t enough hours*. One participant indicated that he did not enjoy *some of the eight dimensions of wellness*. The remaining participant stated that he did not like the *research project*.

Suggestions for Improvement

Participants were able to provide suggestions to help improve the program. Of the four participants who completed the survey, three provided suggestions. The following suggestions were provided: ‘keep scheduled appointments,’ ‘no essays or research project’ and ‘be less strict.’

HealthCREW 2005/2006

Post-Test Summary

In July 2006, the 4 of the 5 participants of the 2005/2006 HealthCREW program completed a program post-test. The purpose of the survey is to provide follow-up information from which to measure participants’ change in: knowledge of health issues, self-esteem, attitudes toward work and leadership skills, and to obtain feedback about highlights and challenges of the program. A pre-test was also administered in October 2005 – January 2006 (depending on participants start date.) This document is a summary of the findings from the post-test.

The survey consisted of 26 items. 20 items tested knowledge in the areas of wellness (3), leadership (2), stress (3), and alcohol and other drug use (5), sexual health (5), and tobacco (2). Four items addressed leadership qualities, one addressed self-esteem and one, attitudes toward work. An evaluator developed the knowledge questions based on content from the program and input from staff members. The leadership quality questions were drawn from leadership literature provided by AWP (Channing) and CHEC. The self-esteem question is the Modified Rosenberg Self-Esteem Inventory (Rosenberg, 1965), and the work attitudes item is the Work Opinion Questionnaire (Johnson, Messe and Crano, 1984).

Summary

Knowledge

This section included matching, multiple choice, and fill in the blank questions about wellness, leadership, stress, substance use, sexual health and tobacco related information (see Table 1). The total average score for all of the knowledge items, combined was 65.2 (with a range of 61 to 70) and was scored out of a total of 100 points. When looking at the individual knowledge sections, the participants scored the highest in the “leadership” section with a mean score of 10 (out of 12 points). The participants also scores above average in the areas of “tobacco,” with a mean of 8 (out of 10) and the area of “substance use,” with a mean of 16 (out of 22). The participants scored the lowest in the area of “wellness,” with a mean of 6 (out of 14).

Table 1. Aggregated Knowledge Scores

Knowledge Area (highest possible score)	Mean Score	Range	Percentage of Correct Answers
Leadership (12)	10.4	10.0 – 10.5	86%

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Tobacco (10)	8.0	6.0 – 10.0	80%
Substance Use (22)	16.5	14.0 – 18.0	75%
Sexual Health (26)	17.5	14.0 – 22.0	67%
Stress (16)	7.0	2.0 – 10.0	44%
Wellness (14)	5.8	3.7 – 8.0	41%

*All participants received the same score.

Leadership

This section instructed participants to select the option that best matched how frequently they complete a series of actions related to leadership (ranging from 1= ‘never’ to 5= ‘all of the time’ (see Table 2). The average mean score for all of the leadership items, combined was 4.0 (with a range of 3.0 to 5.0), indicating above average demonstration of leadership qualities.

Table 2.

Frequency of Respondents and Corresponding Mean Scores for each Leadership Item (N=4)

Leadership Items	5 All the time n	4 Most of the time N	3 Some- time n	2 Rarely n	1 Never n	Mean Score
a. I look at all sides of the situation before reaching a decision...	*	2	2	*	*	3.5
b. I try to be aware of how others think and feel...	*	2	1	*	1	3.0
c. I try to help others perform their best...	1	1	1	1	*	3.5
d. I am willing to accept responsibility...	2	2	*	*	*	4.5
e. I am willing to try new ideas and new ways of doing things...	2	2	*	*	*	4.5
f. I am able to communicate with others effectively...	4	*	*	*	*	5.0
g. I can solve problems well...	1	1	2	*	*	3.7
h. I make it a point to offer or seek help whenever necessary...	2	1	*	1	*	4.0
Total Average Mean Score						4.0

*Participants did not select this option.

The participants, were also asked to rate their level of comfort with ‘making a presentation to a group of people at a neighborhood meeting.’ Four respondents answered this question, the answers varied slightly. Three participants would feel ‘Pretty comfortable’ making a presentation, and one would feel ‘Very uncomfortable.’

Self-Esteem

This section included instruction for the participants to select the option that best matches how much they agree or disagree with the statements (ranging from ‘strongly agree’ to ‘strongly disagree’) (see Table 3). The scoring of each item varied depending on the way in which the item was framed. Items that were positively framed (e.g. “I feel that I have a number of good qualities.”) were scored with options ranging from 6= ‘strongly agree’ to 1= ‘strongly disagree.’ Items that were negatively

framed (e.g. “I certainly feel useless at times.”) were scored with options ranging from 1= ‘strongly agree’ to 6= ‘strongly disagree.’ The total average mean score for the self-esteem items was 5.2 (with a range of 4.0 to 6.0), indicating a high level of self-esteem. See Table 3 for the distribution and responses across items.

Table 3.
Frequency of Respondents and Corresponding Mean Scores for each Self-Esteem Item (N=4)

Self-Esteem Items	Strongly agree	Agree	Mostly Agree	Mostly disagree	Dis-agree	Strongly disagree	
	n	N	N	n	n	n	Mean Score
a. I feel that I’m a person of worth, at least on an equal par with others.	3	*	1	*	*	*	5.5
b. I feel that I have a number of good qualities.	4	*	*	*	*	*	6.0
c. All in all, I am inclined to feel that I’m a failure.	*	*	1	*	2	1	4.7
d. I am able to do things as well as most others.	2	1	1	*	*	*	5.2
e. I feel I do not have much to be proud of.	*	*	1	*	*	3	5.2
f. I take a positive attitude toward myself.	2	2	*	*	*	*	5.5
g. On the whole, I am satisfied with myself.	3	*	1	*	*	*	5.5
h. I wish I could have more respect for myself.	*	*	*	2	1	1	4.7
i. I certainly feel useless at times.	*	1	1	*	1	1	4.0
j. At times, I think that I am no good at all.	*	*	1	*	*	3	5.2
Total Average Mean Score							5.2

*Participants did not select this option.

Attitudes about Work

This section instructed the participants to select the option that best matches how much they agree or disagree with the statements (ranging from ‘strongly agree’ to ‘strongly disagree’) (see Table 4). The scoring of each item varied depending on the way in which the item was framed. Items that were positively framed (e.g. “I know I can succeed at work.”) were scored with options ranging from 5= ‘strongly agree’ to 1= ‘strongly disagree.’ Items that were negatively framed (e.g. “I am not quite ready to handle a part-time job.”) were scored with options ranging from 1= ‘strongly agree’ to 5= ‘strongly disagree.’ The total average mean score for the work attitude items was 4.7 (with a range of 3.5 to 5.5), indicating relatively positive attitudes regarding work. See Table 4 for the distribution and responses across items.

Table 4.
Frequency of Respondents and Corresponding Mean Scores for each Work Attitude Item (N=4)

Work Attitude Items	Strongly agree	Agree	Mostly Agree	Mostly disagree	Dis-agree	Strongly disagree	
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	n	N	N	n	n	n	Mean Score
a. I am not quite ready to handle a part-time job.	*	*	*	1	1	2	5.2
b. I have enough skills to do a job well.	2	2	*	*	*	*	5.5
c. I know I can succeed at work.	2	2	*	*	*	*	5.5
d. I would take almost any kind of job to get money.	*	*	1	1	2	*	4.2
e. I admire people who get by without working.	*	*	1	1	1	1	4.5
f. The only good job is one that pays a lot of money.	*	1	1	1	1	*	3.5
g. Working hard at a job will pay off in the end.	1	2	*	*	1	*	4.5
h. Most jobs are dull and boring.	*	1	*	*	3	*	4.2
Total Average Mean Score							4.7

*Participants did not select this option.

Post-Test Summary Highlights

- In the knowledge section, the average score among the participants was 65%.
- The participants appeared knowledgeable in the areas of leadership (86%) and tobacco (80%).
- Participants appeared considerably less knowledgeable in the areas of: sexual health (67%), stress (44%) and wellness (41%).
- Participants received the lowest scores in the area of wellness (41%).
- In the area of leadership, two out of the four respondents selected ‘all of the time’ when asked how frequently they do the following:
 - “I am willing to accept responsibility...”
 - “I am willing to try new ideas and new ways of doing things...”
 - “I make it a point to offer or seek help whenever necessary...”
- The total average mean score for the Leadership items was 4.0, indicating some level of leadership qualities.
- In the area of self-esteem, three out of the four respondents selected ‘strongly agree,’ when asked to indicate their level of agreement with the following statements:
 - “I feel that I’m a person of worth, at least on an equal par with others..”
 - “On the whole, I am satisfied with myself.”
- The total average mean score for the Self-Esteem items was 5.2, indicating a high level of self-esteem.
- In the area of work attitudes, Two out of the four respondents selected ‘strongly agree,’ when asked to indicate their level of agreement with the following statements:
 - “I have enough skills to do a job well.”
 - “I know I can succeed at work.”
- Two of the four respondents selected ‘agree,’ when asked to indicate their level of agreement with the statement, “Working hard at a job will pay off in the end.”
- The total average mean score for the Work Attitude items was 4.7, indicating relatively positive attitudes toward work.

- When asked to indicate their level of comfort with ‘making a presentation to a group of people at a neighborhood meeting,’ three selected ‘pretty comfortable’ and one selected ‘very uncomfortable.’

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Pre-Test Summary

The 2005/ 2006 Health CREW program participants completed a pre-test. The purpose of the pre-test was to provide a baseline from which to measure participants’ change in knowledge of health issues, self-esteem, attitudes toward work and leadership skills, as well as obtain feedback on program highlights and challenges. The pre-test was administered from October 2005 – January 2006. A post-test was administered in July 2006. This document is a summary of the findings from the pre-test.

The pre-test was a 26-item, self-administered survey. The survey included twenty items with topics ranging from: wellness, leadership, stress, alcohol and other drug use, sexual health, and tobacco use. Areas addressed also included leadership qualities, self-esteem, and attitudes toward work. An evaluator developed the knowledge questions based on content of overall program and input from staff members. The leadership quality questions were drawn from leadership literature provided by AWP (Channing) and CHEC. The self-esteem questions were adapted from the Modified Rosenberg Self-Esteem Inventory (Rosenberg, 1965), and the work attitude items were adapted from the Work Opinion Questionnaire (Johnson, Messe and Crano, 1984). Participants also had the opportunity to list job or future career goals, for later comparison. The question formats are a combination of matching, fill-in-the blank, multiple choice, open-ended, and frequency scales. (See attached tool)

Knowledge

This section included questions about wellness, leadership, stress, substance use, sexual health, and tobacco related information (see Table 1). The total average score for all of the knowledge items combined was 55.25 (with a range of 26 to 62) and was scored out of a total of 100 points. When looking at the individual knowledge sections, the participants scored the highest in the tobacco section (on the tobacco related items) with a mean score of 6.5 (out of 10 points). The participants also scored above average in: leadership (mean score of 7.5 out of 12 points), sexual health (mean score of 15.5 out of 26 points), wellness (mean score of 7.5 out of 14 points) and substance use (mean score of 11.5 out of 22 points). The participants scored the lowest in the area of stress, with a mean score of 6.5 (out of 14 points).

Table 1. Aggregated Knowledge Scores (N=4)

Knowledge Area (highest possible score)	Mean Score	Range	Percentage of Correct Answers
Tobacco (10)	6.5	4.0 – 10.0	65%
Leadership (12)	7.5	4.0 – 10.5	63%
Sexual Health (26)	15.5	10.0 – 20.0	60%
Wellness (14)	7.75	6.50 – 9.75	54%
Substance Use (22)	11.5	4.0 – 16.0	52%

Stress (16)	6.5	4.0 – 10.0	46%
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Leadership

This section instructed participants to select the option that best matched how frequently they do a series of actions related to leadership (ranging from 1= ‘never’ to 5= ‘all of the time’) (see Table 2). The average mean score for all the leadership items combined was 4.0 (with a range of 3.75 to 4.3), indicating above average demonstration of leadership qualities. The participants scored the highest in response to ‘I am willing to try new ideas and new ways of doing things,’ with the majority of participants selecting ‘all of the time’ (mean score= 4.3). The participants scored the lowest in response to ‘I try to help others perform their best,’ ‘I can solve problems well’ and ‘I make it a point to offer or seek help whenever necessary’ (mean score= 3.75). See table 2 for the distribution and responses across items.

Table 2. Frequency of Respondents and Corresponding Mean Score for each Leadership Item

Leadership Items	5 All the time	4 Most of the time	3 Some- time	2 Rarel y	1 Never	Mean Score	n
	n	n	n	n	n		
a. I look at all sides of the situation before reaching a decision...	1	2	1	*	*	4.0	n=4
b. I try to be aware of how others think and feel...	2	1	1	*	*	4.25	n=4
c. I try to help others perform their best...	1	2	*	1	*	3.75	n=4
d. I am willing to accept responsibility...	2	1	1	*	*	4.25	n=4
e. I am willing to try new ideas and new ways of doing things...	2	*	1	*	*	4.3	n=3
f. I am able to communicate with others effectively...	1	*	3	*	*	3.5	n=4
g. I can solve problems well...	1	1	2	*	*	3.75	n=4
h. I make it a point to offer or seek help whenever necessary...	1	1	2	*	*	3.75	n=4
Total Average Mean Score						4.0	

*Participants did not select this option

The participants also rated their level of comfort with ‘making a presentation to a group at a neighborhood meeting’ (ranging from ‘completely comfortable’ to ‘very uncomfortable’). All four of the participants responded to this question. Three participants would feel ‘pretty comfortable’ making a presentation. However, one participant would feel ‘a little uncomfortable.’

Self-Esteem

This section instructed the participants to select the option that best matches how much they agreed or disagreed with the statements (ranging from ‘strongly agree’ to ‘strongly disagree’) (see Table 3). The scoring of each item varied depending on how the item was framed. Items that were positively

framed (e.g. “I feel that I have a number of good qualities”) were scored with options ranging from 5= strongly agree to 1= strongly disagree. Items that were negatively framed (e.g. “I certainly feel useless at times”) were scored with options ranging from 1= strongly agree to 5= strongly disagree. The total average mean score for the self-esteem was 5.6 (with a range of 5.0 to 6.5), indicating a high level of self-esteem. See table 3 for the distribution and responses across items.

Table 3. Number of Respondents and Corresponding Mean Score for each Self-Esteem Item (n=4)

Self-Esteem Items	Strongly agree 6	Agree 5	Mostly agree 4	Mostly dis- 3 agree	Dis-agree 2	Strongly disagree	Mean Score
	N	n	n	n	n	n	
a. I feel that I’m a person of worth, at least on an equal par with others.	2	1	1	*	*	*	5.25
b. I feel that I have a number of good qualities.	3	1	*	*	*	*	5.75
c. All in all, I am inclined to feel that I’m a failure.	*	*	*	1	1	2	5.25
d. I am able to do things as well as most others.	1	2	1	*	*	*	5.0
e. I feel I do not have much to be proud of.	*	*	*	*	1	3	5.75
f. I take a positive attitude toward myself.	2	2	*	*	*	*	5.5
g. On the whole, I am satisfied with myself.	3	1	*	*	*	*	5.75
h. I wish I could have more respect for myself	*	*	*	*	1	3	5.75
i. I certainly feel useless at times.	*	*	*	*	1	3	5.75
j. At times, I think that I am no good at all.	*	*	*	*	1	3	5.75
*Participants did not select this option				Total Average Mean Score			5.6

Attitudes Toward Work

This section instructed the participants to select the option that best matched how much they agreed or disagreed with the statements (ranging from ‘strongly agree’ to ‘strongly disagree’) (see Table 4). The scoring of each item varied depending on how each item was framed. Positively framed items (e.g. “I know I can succeed at work”) were scored 5 for ‘strongly agree’ to 1 for ‘strongly disagree.’ Negatively framed items (e.g. “I am not quite ready to handle a part-time job”) were scored 1 for ‘strongly agree’ to 5 for ‘strongly disagree.’ The total average mean score for the work attitude items was 5.4 (with a range of 3.0 to 6.5), indicating relatively positive attitudes regarding work. See table 4 for the distribution of responses across items.

Table 4. Number of Respondents and Corresponding Mean Score for each Work Attitude Item (N=4)

Work Attitude Items	Strongly agree	Agree	Mostly agree	Mostly dis-	Dis-agree	Strongly dis-	Mean Score
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Boston Health CREW
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				agree		agree	
	N	n	n	n	n	n	
a. I am not quite ready to handle a part-time job.	*	*	*	*	2	2	5.5
b. I have enough skills to do a job well.	1	3	*	*	*	*	5.25
c. I know I can succeed at work.	2	2	*	*	*	*	5.5
d. I would take almost any kind of job to get money.	1	*	2	*	*	1	3.25
e. I admire people who get by without working.	*	*	*	1	1	2	5.25
f. The only good job is one that pays a lot of money.	*	*	*	1	1	2	5.25
g. Working hard at a job will pay off in the end.	3	1	*	*	*	*	5.75
h. Most jobs are dull and boring	*	2	1	*	1	*	3.0
*Participants did not select this option				Total Average Mean Score			4.8

The Health CREW 2005/2006 pre-test scores varied. In the knowledge section, the average score among the participants was 56. The participants appeared knowledgeable in the all of the areas, however they scored lower in the area related to stress (40.6).

Pre-Test Summary Highlights

- Looking at the knowledge section, participants scored the highest in the area of tobacco section with a mean score of 6.5 (out of 10 points).
- The participants scored the lowest in the area of stress, with a mean score of 6.5 (out of 14 points).
- The average mean score for all the leadership items combined was 4.0 (with a range of 3.75 to 4.3), indicating above average demonstration of leadership qualities.
- Three of the four participants indicated that they would feel 'pretty comfortable' making a presentation to a group or at a neighborhood meeting.
- Responses revealed a high level of self-esteem among respondents. The total average mean score for the self-esteem was 5.6 (with a range of 3.0 to 5.7).
- Three out of the four respondents 'strongly agreed' that they 'I feel that I have a number of good qualities' and 'On a whole, I am satisfied with myself.'
- Responses revealed a relatively positive attitudes regarding work. The total average mean score for the work attitude items was 4.8 (with a range of 3.0 to 6.5).
- Three out of the four respondents 'strongly agreed' that they 'working hard at a job will pay off in the end.'
- Three out of the four respondents 'agreed' that they 'have enough skills to do a job well.'
- All four respondents agreed ('strongly agreed' and 'agreed', two each) that they know that they 'can succeed at work.'

HealthCREW 2005/2006
Pre and Post-Test Comparison

The 2005/ 2006 HealthCREW program welcomed five participants in the fall of 2005. At the conclusion of the program, in August 2006, there were a total of four graduates. Of those who

participated, four completed the pre and post-tests. The pre and post-tests provided a baseline and follow-up measure from which to document participants' change in their perceived knowledge of health issues, self-esteem, attitudes toward work and leadership skills, and to obtain feedback about highlights and challenges of the program. This document is a comparison of the results received from both the pre and post administration of the survey.

The pre and post-test were self-administered surveys that consisted of 26-items. Twenty items tested knowledge: wellness (3), leadership (2), stress (3), alcohol and other drug use (5), sexual health (5), and tobacco (2). Four items addressed leadership qualities, one addressed self-esteem, and one attitude toward work. The evaluator developed the knowledge questions based on content from last year's program and input from staff members. The leadership quality questions were drawn from leadership literature provided by AWP (Channing) and CHEC. The self-esteem questions were adapted from the Modified Rosenberg Self-Esteem Inventory (Rosenberg, 1965), and the work attitude items were adapted from the Work Opinion Questionnaire (Johnson, Messe and Crano, 1984). Participants also had the opportunity to list job or future career goals, for later comparison. The question formats are a combination of matching, fill-in-the blank, multiple choice, open-ended, and frequency scales. (See attached tool)

Knowledge

This section included questions about wellness, leadership, stress, substance use, sexual health, and tobacco related information (see Table 1). The total average score for all of the knowledge items were as follows: the pre-test was a total of 55 (with a range of 26 to 62) and the post-test was 65 (with a range of 61 to 70). Comparison of the pre and post-tests, total mean scores reflect a 10-point increase in knowledge, overall. Notably, the participants' score in the area of Wellness was lower (-1.9) on the post-test. The scores that reflected the largest increase were in the areas of Substance Use (+5.0) and Leadership (+2.9).

Knowledge Area (highest possible scores)	Pre-Test (N=4)		Post-Test (N=4)		Mean Change
	Mean Score	Range	Mean Score	Range	
Wellness (14)	7.7	6.5 – 9.7	5.8	3.7 – 8.0	-1.9
Leadership (12)	7.5	4.0 – 10.5	10.4	10.0 – 10.5	+2.9
Stress (16)	6.5	4.0 – 10.0	7.0	2.0 – 10.0	+0.5
Substance Use (22)	11.5	4.0 – 16.0	16.5	14.0 – 18.0	+5.0
Sexual Health (26)	15.5	10.0 – 20.0	17.5	14.0 – 22.0	+2.0
Tobacco (10)	6.5	4.0 – 10.0	8.0	6.0 – 10.0	+1.5
Total Mean Score	55.2		65.2		10.0

*All participants received the same score.

Leadership

This section instructed participants to select the option that best matched how frequently they do a series of actions related to leadership (ranging from 1= 'never' to 5= 'all of the time') (see Table 2). The average mean scores for the leadership items were as follows: pre-test 4.0 (with a range of 3.7 to 4.3) and post-test 4.0 (with a range of 3.0 to 5.0). Comparison of the overall responses, in both the pre and post administration, reflects no change in the area of leadership. The participant's individual scores reflected the largest increase on the following items: "I am able to communicate with others effectively..." (+1.5).

Table 2. Frequency of Respondents and Corresponding Mean Score for each Leadership Item

	Pre-Test (N=4)	Post-Test (N=4)	Change in Mean Score
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Leadership Items	Mean Score	Mean Scores	
a. I look at all sides of the situation before reaching a decision...	4.0	3.5	-0.5
b. I try to be aware of how others think and feel...	4.2	3.0	-1.2
c. I try to help others perform their best...	3.7	3.5	-0.2
d. I am willing to accept responsibility...	4.2	4.5	+0.3
e. I am willing to try new ideas and new ways of doing things...	4.3	4.5	+0.2
f. I am able to communicate with others effectively...	3.5	5.0	+1.5
g. I can solve problems well...	3.7	3.7	0.0
h. I make it a point to offer or seek help whenever necessary...	3.7	4.0	-0.3
Average Mean Score	4.0	4.0	0.0

*Participants did not select this option

The participants also rated their level of comfort with ‘making a presentation to a group at a neighborhood meeting’ (ranging from ‘completely comfortable’ to ‘very comfortable’). The responses at the time of the pre-test were as follows: Three participants stated that they would feel ‘pretty comfortable’ making a presentation. However, one participant’s would feel ‘a little uncomfortable.’ The post-test responses were similar to the pre-test. Three participants stated that they would feel ‘pretty comfortable’ making a presentation and one would feel ‘very uncomfortable.’ Participants’ responses indicate that overall they maintained a level of comfort in making presentations.

Self-Esteem

This section instructed the participants to select the option that best matches how much they agree or disagree with the statements (ranging from ‘strongly agree’ to ‘strongly disagree’) (see Table 3). The scoring of each item varied depending on how the item was framed. Items that were positively framed (e.g. “I feel that I have a number of good qualities”) were scored with options ranging from 5= strongly agree to 1= strongly disagree. Items that were negatively framed (e.g. “I certainly feel useless at times”) were scored with options ranging from 1= strongly agree to 5= strongly disagree. The average mean scores for the self-esteem items were as follows: pre-test 5.6 (with a range of 5.2 to 5.7) and post-test 5.2 (with a range of 4.0 to 6.0). The responses, in both the pre and post administration reflect a slightly lower score at the time of the post-test. The participant’s scores reflected the largest change on the following items: “I certainly feel useless at times.” (-1.7), and “I wish I could have more respect for myself ...” (-1.0).

Table 3. Number of Respondents and Corresponding Mean Score for each Self-Esteem Item

Self-Esteem Items	Pre-Test (N=4)	Post-Test (N=4)	Change in Mean Score
	Mean Score	Mean Score	
a. I feel that I’m a person of worth, at least on an equal par with others.	5.2	5.5	+0.3
b. I feel that I have a number of good qualities	5.7	6.0	+0.3
c. All in all, I am inclined to feel that I’m a failure.	5.2	4.7	-0.5

d. I am able to do things as well as most others.	5.0	5.2	-0.2
e. I feel I do not have much to be proud of.	5.7	5.2	-0.5
f. I take a positive attitude toward myself.	5.5	5.5	0.0
g. On the whole, I am satisfied with myself.	5.7	5.5	-0.2
h. I wish I could have more respect for myself	5.7	4.7	-1.0
i. I certainly feel useless at times.	5.7	4.0	-1.7
j. At times, I think that I am no good at all.	5.7	5.2	-0.5
Average Mean Score	5.6	5.2	-0.4

*Participants did not select this option

Attitudes Toward Work

This section instructed the participants to select the option that best matched how much they agree or disagree with the statements (ranging from ‘strongly agree’ to ‘strongly disagree’) (see Table 4). The scoring of each item varied depending on how each item was framed. Positively framed items (e.g. “I know I can succeed at work”) were scored 5 for strongly agree to 1 for strongly disagree. Negatively framed items (e.g. “I am not quite ready to handle a part-time job”) were scored 1 for strongly agree to 5 for strongly disagree.

The average mean scores for the work attitude items were as follows: pre-test 4.8 (with a range of 3.0 to 5.7) and post-test 4.71 (with a range of 3.5 to 5.5). The responses in both the pre and post administration reflect a slightly lower score at the time of the post-test. The participant’s scores reflected the largest change on the following items: “The only good job is one that pays a lot of money” (-1.7), “Working hard at a job will pay off in the end.” (-1.2) and “Most jobs are dull and boring” (+1.2).

Table 4. Number of Respondents and Corresponding Mean Score for each Work Attitude Item

Work Attitude Items	Pre-Test (N=6) Mean Score	Post-Test (N=3) Mean Score	Change in Mean Score
a. I am not quite ready to handle a part-time job.	5.5	5.2	-0.3
b. I have enough skills to do a job well.	5.2	5.5	+0.3
c. I know I can succeed at work.	5.5	5.5	0.0
d. I would take almost any kind of job to get money.	3.2	4.2	-1.0
e. I admire people who get by without working.	5.2	4.5	-1.0
f. The only good job is one that pays a lot of money.	5.2	3.5	-1.7
g. Working hard at a job will pay off in the end.	5.7	4.5	-1.2
h. Most jobs are dull and boring	3.0	4.2	+1.2
Average Mean Score	4.8	4.7	-0.1

*Participants did not select this option

Sustainability Plan

Internal sustainability

Based on the success and community need for this initiative the Boston Public Health Commission is determined to continue supporting these activities. The Commission will continue to fund stipends for Health CREW members while seeking additional resources from Boston Medical Center, Beth Israel Hospital and New England Medical Center. In addition, we have partnered with the South End and Whittier Street Health Centers on collaborated funding projects. The development program is actively seeking sponsorships targeting private sector funding. The program plans to expand our base of support to include health related sources of funding, (including Federal support), and possible reimbursement for outreach activities conducted by the Health CREW.

External sustainability

Political circumstances are the biggest adversary or threat to the longevity of the project. Criminal Offender Records Information (CORI) reform is a movement that is very active in the state of Massachusetts. The Health CREW project is being championed as a model for CORI reform and the state is seeking to replicate the project state wide. As stated earlier this movement is largely political, with the current administration is in favor of fair hiring practices for ex-offenders. The fear that this observer has is, when/if the pressure is placed on this administration to address CORI reform, long term-then it might fail in this attempt. Currently the Health CREW project continues to partner with various health centers, hospitals and research centers on collaborated funding. We would like to see the Health CREW positioned as a leader in health for young men, especially men of color. We view the issue of sustainability as critical. Current research and prior success of this program indicate the potential for replication in other settings. We have seen tremendous community support and are working to identify replication opportunities.

Results and Recommendations

Results

- To date, we have trained 30 young men of color to be community health workers through this intensive training initiative.
- 15 are working in the health care field
- Health CREW members reached 200 students per year with vital health information in 2006
- Health CREW graduates work for the Boston Public Health Commission, in hospitals, community health centers and/or attend college.
- Over a thousand young men in the Roxbury, Dorchester and Mattapan communities received health information, peer education and referral to health services.
- Evaluation underway in partnership with Abt Associates to understand longer term impact of the training program.
- Clearly, the program has had an impact on the Public Health Commission by raising the profile on the capacities of young men as health workers

Recommendations

Some of the recommendations that this writer has for working with this population are:

- Create partnerships with employers who are CORI friendly- review the “case by case CORI policy that the Boston Public Health Commission has at www.bphc.org or call (617) 534-7770.
- Understand and have a copy of the Criminal Record policy in your as it relates to employment and housing
- Partner with institutes of higher learning to streamline the process of getting into colleges. Find 2 year or training programs that emphasize skill building
- Develop a strong evaluation component- this will allow you to access the areas of improvement and to get additional funding.
- Find a host organization that can give you in-kind services like training materials and additional staff
- Build a curriculum that is rooted in skill building and community exposure

VII. Appendices

Health CREW ANNUAL WORKPLAN 2007

Description of Activities	Schedule	Amount	Responsible Party
Stipends T-Passes	January	\$1125 \$355	Albert Pless Betty Holt
Stipends T-Passes Educational Materials	February	\$1125 \$355 \$1000	Albert Pless Betty Holt
Stipends T-Passes	March	\$1125 \$355	Albert Pless Betty Holt
Stipends T-Passes Evaluation	April	\$1125 \$355 \$500	Albert Pless Betty Holt BPHC Research Dept
Stipends T-Passes Men’s Health Conference	May	\$1125 \$355 \$10,000	Albert Pless
Stipends T-Passes	June	\$1125 \$355	Albert Pless Betty Holt
Evaluation	July	\$500	BPHC Research Dept
Educational Materials	August	\$1000 \$800	Administration

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Marketing			Albert Pless
Uniforms	September	\$1,500	Albert Pless
Stipends T-Passes	October	\$1125 \$355	Betty Holt Albert Pless
Evaluation		\$500	BPHC Research Dept
Stipends T-Passes	November	\$1125 \$355	Betty Holt Albert Pless

History of Health CREW grants submitted:

Foundation	Date submitted	Amount	Result
Curtis Foundation	December 2006	\$7,000	Declined/Plan to apply next year
Lawrence Foundation	Jan. 2006	\$4800	Declined
Timberland	March 2006	7 Jackets	7 timberland jackets
Children's Hospital	May 2005	\$20,000 Peer Leadership	Declined/Plan to apply next year

Grant Inquires 2006 -2007:

Foundation	Project Emphasis	Initial Contact	Amount	Deadline
Helen Kimball Trust	Leadership development Job training	Submit proposal	Typical - \$6000 High - \$12,000	March 1
Sulzberger Foundation Inc.	After school youth programs Youth development <i>(tie into youth programs CREW works/ counsels)</i>	Letter of Inquiry	\$10,000	varies
Robbins De Beaumont Foundation	Employment/life skills	Phone call, letter of inquiry	Small - \$4000 High- \$50,000	March 1
Polaroid	Job training at risk youth	Phone call, letter of inquiry	\$300,000	Varies

Proposed Health CREW Fundraising Projects
2007-2008

<u>Activity</u>	<u>Amount</u>	<u>Responsibility Parties</u>	<u>Date /Notes</u>
Annual Appeal	\$10,000	Albert W. Pless Program Coordinator Betty Holt, Director	February 2007 <i>This is our first annual appeal</i>
3 House Parties	\$6000	Albert Pless	April, May, June- 2007 <i>This is our first year conducting House parties</i>
Annual Basketball Tournament	\$2000	Albert Pless/Health CREW members	January 2007 <i>This is our 2nd year sponsoring the Health CREW basketball tournament. Last year we raised \$1500. We plan to increase that due to a change in location and additional teams</i>
Bake Sales, Car washes, etc	1,000	Albert Pless/Health CREW members	October-April The Health CREW plans to conduct sales throughout the year to off set some of the cost for the Men's Health Conference in May

Boston Health CREW
Albert W. Pless Jr.



August 24, 2006

Dear HealthCrew Graduate,

I hope all is well. The HealthCREW staff and the Evaluation Unit at BPHC are working together to evaluate the HealthCREW program. We seek your help to give us your feedback about the program's long-term effectiveness. The information will be used to make improvements for the next HealthCrew.

We would like to gather this information by using the **Long-term Follow up Assessment survey**. The survey, which is included, mainly asks you about experiences since your graduation from the HealthCREW. The surveys should only take about 5 - 10 minutes to complete. Please do not write your name on the survey because your responses are confidential.

Your honest feedback (positive or negative) is most helpful, so don't feel pressured to say 'the right' thing! Your responses are confidential, meaning when we report the data, your name will never be attached to your responses. If you have any questions about the surveys please call **Albert W. Pless Jr.** at the Adolescent Wellness Program (617)534-7770. **Upon receipt of the completed surveys you will receive a stipend.** Surveys should be returned to **Albert W. Pless Jr. at the Boston Public Health Commission, 774 Albany St. 1st Floor, and Boston, Massachusetts 02118.**

Thank you very much for your help.

Regards,

Albert Pless
Adolescent Wellness

Date: _____

Health CREW Long-Term Follow-up Assessment

Thank you for filing out this assessment. This survey is confidential, so please do not write your name anywhere on these sheets.

Demographic Information:

(A.) Please check the racial/ ethnic category that best describes you.

- ☐ American Indian/ Alaskan Indian ☐ White
☐ Native Hawaiian/ Other Pacific Islander ☐ Asian
☐ Black/ African-American

(B.) Are you Latino? ☐ Yes ☐ No

(C.) Please indicate your date of birth.

Month: _____ Day: _____ Year: _____

(D.) In which town or Boston neighborhood do you live? _____

HealthCREW Training Evaluation

Training Topic: Substance Abuse Date: _____

1) Overall, how would you rate this training? (check one)

- ☐ Excellent ☐ Good ☐ Fair ☐ Poor

2) Please circle the number which best matches how much you agree or disagree with the following statements:

	Strongly Agree	Agree	Mostly agree	Mostly Disagree	Disagree	Strongly Disagree
a) The trainer was knowledgeable about the training topic.	1	2	3	4	5	6
b) The trainer encouraged participation.	1	2	3	4	5	6
c) The trainer was lively.	1	2	3	4	5	6
d) Information was presented in a clear way.	1	2	3	4	5	6
e) The workshop materials are useful to me.	1	2	3	4	5	6

f) I plan to use the information and skills that I learned.	1	2	3	4	5	6
g) There was enough time in the training to cover everything.	1	2	3	4	5	6

3) Did you learn anything new in this training?

- ☐ Yes, learned _____
☐ No

4) Will you do anything differently as a result of this training?

- ☐ Yes, I will _____
☐ No

5) What did you like most about the training? _____

6) What are your suggestions to improve this training? _____

HealthCREW Training Evaluation

Training Topic: Grammar/ Writing Date: _____

3) Overall, how would you rate this training? (check one)

- ☐ Excellent ☐ Good ☐ Fair ☐ Poor

4) Please circle the number which best matches how much you agree or disagree with the following statements:

	Strongly Agree	Agree	Mostly agree	Mostly Disagree	Disagree	Strongly Disagree
a) The trainer was knowledgeable about the training topic.	1	2	3	4	5	6
b) The trainer encouraged participation.	1	2	3	4	5	6
c) The trainer was lively.	1	2	3	4	5	6
d) Information was presented in a clear way.	1	2	3	4	5	6
e) The workshop materials are useful to me.	1	2	3	4	5	6
f) I plan to use the information and skills that I learned.	1	2	3	4	5	6
g) There was enough time in the training to cover everything.	1	2	3	4	5	6

3) Did you learn anything new in this training?

☐ Yes, learned _____
☐ No

4) Will you do anything differently as a result of this training?

☐ Yes, I will _____
☐ No

5) What did you like most about the training? _____

6) What are your suggestions to improve this training? _____

04/06

Health CREW

Training Evaluation Form

A. Today's Date: _____

B. Training Topic: _____

C. Date(s) training was conducted: _____

D. Total Number of Attendees: _____

E. Location of Training: _____

F. Facilitator:

Name: _____

Title: _____

Program/ Organization: _____

G. Training Objectives:

1. _____

2. _____

3. _____

4. _____

H. Observers: _____

I. Form Completed By: _____

Boston Public Health Commission, Health CREW

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