

UT CHW MEMBER ASSESSMENT

ADVISORY COMMITTEE MEMBER/LEADER INVENTORY

I. EXPERIENCE/PERSPECTIVE ON CHW ADVISORY COMMITTEE

What best describes your role in the coalition? (Circle one)

Coalition member Leadership member Other(describe):

Have you been involved in a workgroup on this coalition? (circle one)

YES NO

Have you held a leadership position on the coalition? (circle one)

YES NO

What has been the level of regular attendance at coalition meetings? (circle one)

All or almost all members attend meetings More than ½ of the members attend meetings About ½ of the members attend meetings Less than ½ of members attend meetings

What has facilitated attendance at meetings? (open ended, please write/type response)

What are common barriers to meeting attendance? (open ended, please write/type response)

II. PERSONAL SKILLS

Instructions for this section: Please circle the response that corresponds to the knowledge and skills you have regarding the CHW profession (Check one).

How knowledgeable would you say you are about evidence- and practice-based strategies to strengthen Community Health Worker profession in Utah? (circle one)

Very knowledgeable Somewhat knowledgeable Neutral Not Knowledgeable

To what extent do you believe you have the skills necessary to contribute to strengthening the profession of Community Health Workers in UT? (Circle one)

To a great extent To a moderate extent To a minimal extent Not at all

How confident are you in your own ability to contribute to strengthening the profession of Community Health Workers in UT? (circle one)

Very confident Somewhat confident Neutral Not confident

Instructions for this section: Please check the response that corresponds to the personal skills you have (check one) and write/type in experience where skill gained (if applicable).

	NEVER DONE	NEEDS WORK	AVERAGE	ABOVE AVERAGE	EXPERIENCE(S) WHERE GAINED SKILL
Compiling or analyzing Situations or data					
Calculating/estimating Costs, income, space or risk assessment					
Coaching or counseling Guiding or tutoring					
Coordinating Activities or events					
Creating/designing New ideas, products or systems, e.g., websites					

Monitoring/evaluating Performance, programs, processes or events					
Fund raising One-to-one or through media					
Group facilitating Managing group interactions					
Interpreting Data, legal, medical records or other language					
Interviewing Seeking data from others, then making recommendations or decisions					
Observing Physical phenomena, behavior or situations					
Planning Budgeting, goal setting, scheduling					
Promoting Ideas, products or policies one-to-one or via media					
Public Relations Media campaigns, media contacts, social media, blogs					
Record keeping Logs, minutes, files, etc.					
Researching/investigating Obtaining information from library, surveys or physical data					
Speaking In public, groups or via electronic media					
Technical Conference calls, Adobe Connect, Web Ex, Face Time, Skype, Webinars, etc.					
Writing/editing Manuscripts, proposals or press releases					

III. TOP FIVE PERSONAL STRENGTHS & SKILLS I'D LIKE TO CONTRIBUTE TO THE CHW ADVISORY COMMITTEE

1.	4.
2.	5.
3.	

IV. OTHER STRENGTHS & SKILLS I'D LIKE TO ADD

V. SPHERE OF INFLUENCE/NETWORK

	NAME KNOWN	RELATIONSHIP	WILLING TO CONTACT ON BEHALF OF ADVISORY COMMITTEE? Y/N
COMMUNITY LEADERS/CHAMPIONS			
COMMUNITY ORGANIZATIONS			
COMMUNITY HEALTH WORKERS			
BUSINESS LEADERS/EMPLOYERS			
BUSINESS ORGANIZATIONS/EMPLOYER GROUPS			
LEGISLATORS			
HEALTH PLAN LEADERSHIP			
MEDIA			

VI. TIME COMMITMENT/AVAILABILITY 2015-2016 (CHECK ALL THAT APPLY)

	WEEKLY: 15 MIN-1 HR	MONTHLY: 30 MIN-1 HR	BI-MONTHLY 1HR-2HR	QUARTERLY: 1-2 HR	OCCASIONALLY: 30 MIN-2 HR
MEETINGS					
EVENTS					
OUTREACH					
LEGISLATIVE SESSION					
MEDIA					