

Healthy Works: Prevention Initiative

Resident Leadership Academy (RLA) Post-Survey

Introduction

The Resident Leadership Academy (RLA) post-survey will be used to understand the change in knowledge among RLA participants between beginning and completing the Resident Leadership Academy. We do not request your name for this survey, but do ask that you complete the questions regarding yourself in the same way as you did on the pre-survey so that we can anonymously connect your pre- and post-survey to one another.

Note: The survey should take less than 10 minutes to complete.

About You

Date: _____ Training site: _____

First initial of first name: _____ First two initials of last name: _____

Address (Number only): _____

- Where you live, work, and play can affect your health. These things are called social determinants of health. **Please use a check mark to indicate your response to each of the following questions:**

	Yes	No	Not Sure
Do community members have access to safe housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do community members have access to health care services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do community members have access to healthy foods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do community members have supports for healthy eating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do community members have community-based resources in support of community living and opportunities for recreational and leisure-time activities available to them? (e.g., community groups, community activities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there exposure to crime, violence, and social disorder (e.g., presence of trash, lack of cooperation) in the community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)			

2. **Please use a check mark to indicate how often you agree with each of the statements below:**

	Never	Sometimes	Always	Not Sure
I know how to maintain and/or improve my health and the health of my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand how to access resources to improve my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know the strengths and weaknesses of my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand the role different people and groups play in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am a leader in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to contact decision makers in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am confident talking to decision makers about health issues in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to get different people and groups to find common ground or come to a decision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to make plans for a project and then see them through	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. **Please rank the following statements about your experience with the training, with "1" indicating the item the training helped you with the most and "4" indicating the item the training helped you with the least.**

The training helped me to...

_____ Learn how to improve my health and the health of my family

_____ Develop my leadership, community organizing, and advocacy skills

_____ Learn how to make change in my community

_____ Meet other community members with similar concerns

4. **Please share what skills, knowledge, and/or strategies you were most happy to learn or develop through the training:**

5. **During the training, I felt I learned best by (Check all that apply):**

- Reading information
- Doing activities
- Watching others
- Listening to others speak

6. **Which elements of the curriculum were most important to increasing your key knowledge and skills (e.g., manual sections, activities, speakers, and/or videos that you most enjoyed and/or learned the most from)?**

7. **What was missing? Please discuss the knowledge or skills you hoped to learn or develop that were not addressed in the training:**

8. **Please use a check mark to indicate your level of satisfaction with each of the following:**

	Not Satisfied	Satisfied	Very Satisfied	Extremely Satisfied
The RLA curriculum overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery of the RLA curriculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of RLA sessions offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>