

Curriculum for Staff from Migrant and Seasonal Head Start  
and Migrant and Community Health Centers

# Niños Seguros y Sanos

# Safe & Healthy Children

Pediatric Environmental Health Education for  
Farmworker Families



# Evaluation of the Niños Seguros y Sanos (Safe and Healthy Children) Training-of-Trainers Program for Staff of Seasonal and Migrant Head Start Programs and Migrant and Community Health Centers.

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Niños Seguros y Sanos (Safe and Healthy Children) is an initiative of Physicians for Social Responsibility (PSR), the Academy for Educational Development (AED), and Health Outreach Partners (HOP). We would like to thank the W.K. Kellogg Foundation for their generous financial support of the Niños Seguros y Sanos (Safe and Healthy Children) project.

## **Introduction**

Niños Seguros y Sanos (Safe and Healthy Children) is a pilot project of Physicians for Social Responsibility (PSR), the Academy for Educational Development (AED), and Health Outreach Partners (HOP). This project aimed to diminish health disparities among children of migrant and seasonal farm workers by implementing a prevention program intended to reduce exposure to common environmental hazards and chemicals that can lead to the development of conditions including: learning disabilities, cancer, asthma, allergies and other respiratory illnesses in which this high-risk population is disproportionately affected. The pilot targeted physicians, nurses, outreach workers, promotoras, and teachers to receive an environmental health education training intervention. These providers were selected for the training because they remain fixed in the community (while the farmworker population is more fluid) therefore provide infrastructure to sustain an environmental health program as well as have direct involvement and access to families with children in the Migrant and Seasonal Head Start program.

The Safe and Health Children Initiative (SHCI) has three primary goals:

- To develop an education and prevention program that reduces children's exposure to chemicals and environmental hazards that can lead to health issues like learning and developmental disabilities, cancer, asthma, allergies and other respiratory illnesses.
- To build on the knowledge, awareness and ability of clinicians, outreach workers and teachers to identify, prevent and reduce environmental threats to children's health.
- To encourage and involve physicians and other health professionals to advocate for policies that decrease children's exposures to environmental pollutants and toxic chemicals.

The SHCI partners, who included Physicians for Social Responsibility (PSR), the Academy for Educational Development (AED) and Health Outreach Partners (HOP), developed a Training-of-Trainers (TOT) curriculum aimed at building the capacity of community-based organizations to address the impact of environmental health exposures on migrant and seasonal farmworker children. The curriculum was piloted in Florida and Michigan with Migrant and Seasonal Head Start (MSHS) staff and Migrant and Community Health Centers' (MCHC) staff. The pilot aimed to develop a sustainable program that can be replicated in Migrant and Seasonal Head Start Programs and Migrant and Community Health Centers throughout the country. Trainings focused communicating the ways that children are uniquely vulnerable to environmental toxins as well as how to prevent and reduce exposures.

The TOT curriculum was developed using previously tested and validated educational and training materials, including PSR's American Academy of Pediatrics-endorsed *Pediatric Environmental Health Toolkit (PEHT)*, developed by PSR chapters in San Francisco and Boston in partnership with the Pediatric Environmental Health Specialty Unit at the University of California, San Francisco. The TOT curriculum was thoroughly evaluated and revised based on feedback gathered from the pilot trainees, the secondary trainees, the Migrant and Seasonal Head Start Training and Technical Assistance team members and the Migrant and Seasonal Head Start Collaboration Office. The result is a culturally and linguistically appropriate training resource guide, complete with several trainer tools as well as fact-sheets and case studies about environmental health. Other learning activities and tools included in the curriculum designed for direct use with families includes *novelas*, clue cards, and recipe cards demonstrating how to make low or non-toxic cleaning products at home. Many of the materials are

provided in both English and Spanish. The core curriculum includes modules on the unique vulnerabilities of children and how to prevent and reduce exposures, while covering multiple exposures of concern and various exposure pathways.

The focus of this program evaluation is to measure the change in knowledge, awareness and ability of clinicians, outreach workers and teachers to identify and reduce environmental threats to children's health after attending the Niños Seguros y Sanos training-of-trainers program.

## **Methods**

### Training-of-Trainer Model

The Niños Seguros y Sanos training-of-trainers program was piloted at two sites in Florida and Michigan with Migrant and Seasonal Head Start (MSHS) staff and Migrant and Community Health Centers' (MCHC) staff. Pilot trainings were designed using a Training-of-Trainer model, an educational approach in which individuals are equipped with the skills and knowledge to teach another group about a specific topic. The focus of this model is on building a team of community-based trainers with the capacity to transfer knowledge and information. The model is known for contributing to community asset building and providing the opportunity to engage community members in curriculum-based hands-on learning. Newly trained participants of the pilot trainings conducted secondary trainings with field staff working directly with children of migrant and seasonal farmworkers.

### Pilot Trainings

#### *Primary Training-of-Trainers*

Two trainings were held during the pilot year. The pilot training in Michigan was held on September 1, 2010 in Lansing, MI at the Michigan Primary Care Association. The pilot training in Florida was held on October 28, 2010 in Immokalee, Florida. Participants were recruited using a convenience sampling method and were on staff on either of the following organizations: Redlands Christian Migrant Association; Treasure Coast Community Health Center, Family Health Center of South West Florida, and Farmworker Association of Florida. PSR, AED and HOP staff conducted the TOT training.

To evaluate the change in knowledge, awareness and ability of participants after the TOT programs participants were administered pre-post survey questionnaires (Appendices 1 & 2). The participants were asked to complete a pre-training assessment form. The Pre-training assessment form (Appendix 1) provided information based on participants self reported knowledge, confidence and ability with providing environmental health education to families with children in the Migrant and Seasonal Head Start programs. The pre-assessment also provided trainers with a better understanding of outreach staff's training needs around environmental health issues. After the TOT program participants were administered a post-training assessment questionnaire (Appendix 2) to assess how much the participants learned from the training and to assess how successful the train was in conveying the information. Participants were also asked to complete a feedback form at the conclusion of the training to collect participants' opinion concerning the delivery of the training content.

Participants that completed the Niños Seguros y Sanos TOT program become primary trainers of outreach field staff that work directly with families with children enrolled in the Migrant and Seasonal Head Start and are medical followed by the Migrant and Seasonal Health Centers. These primary trainers each conducted additional trainings using the Niños Seguros y Sanos (Safe and Healthy Children)

curriculum to field staff, who are the people “on the ground” with the farmworkers and their families. Both the Michigan and Florida primary trainers completed this secondary train and collected pre-post evaluation data using survey instruments designed by SHCI. PSR, AED and HOP conducted follow-up group interviews with the primary and secondary trainers to learn more about how the Safe and Health Children Curriculum impacted their knowledge and comfort with the topics covered in the trainings.

#### *Secondary Trainings (Michigan)*

Three secondary trainings were carried out by primary trainers that had completed the Niños Seguros y Sanos TOT program in Michigan. The first two were conducted by the Telamon Corp on September 22 and 23, 2010 and the third training was held on November 4, 2010 by the Intercare Community Health Network, a federally qualified health center. Participants of the secondary trainings included: Special service assistants, center directors, RNs, health specialists, social workers and regional coordinators. Everyone was asked to complete a training feedback form at the end of the training.

#### *Secondary Trainings (Florida)*

Two secondary trainings were held in Florida by primary trainers that had completed the Niños Seguros y Sanos TOT program, one on December 22, 2010 and one on January 7, 2011. Those who participated in the secondary trainings were from Redlands Christian Migrant Association and consisted of family support workers and health specialists. At the conclusion of the training, participants were asked to fill out a training feedback form.

#### Quantitative Analysis

Data collected using the pre and post training assessment forms were analyzed using quantitative methods. The forms were administered at the beginning and the end of the training in order to assess how much the participants learned from the training and to assess how successful the trainings were in conveying the information. A Training-of-Trainers Feedback Form was administered to the participants at the end of the training day to collect information to understand how participants experienced the training. One of the primary objectives in administering this feedback form was to evaluate whether or not the delivery of the training content met the participants expectations as opposed to the Pre/Post Training assessment which measures how much participants learned from the training. To evaluate the change in knowledge and ability to provide environmental health education after participants completed the Niños Seguros y Sanos TOT program we calculated frequency distribution in responses to each question item for both the pre and post assessment forms and compared them. The frequency comparisons are presented below.

#### *Pre/Post Assessments*

The questions on the assessment form cover several different domains of knowledge and confidence to deliver environmental health education (Appendix 1 & 2). Questions 1-3 addressed the enthusiasm, knowledge and confidence about environmental health topics and providing environmental health information to clients and patients. The Question 4 contains a series of sub-questions that asks about the participants’ knowledge on certain aspects of environmental hazards and about advocating for safe and healthy environments. The Questions 5-9 asks participants to rate the change in knowledge and ability as a result of the training, questions include: rating ability to educate on steps to prevent and reduce exposure; rating ability to develop community support and collaboration; rating ability to identify and use resources and rating their knowledge on how children’s health and behavior that is

impacted by the environment. Participants were asked to assess themselves, indicating on a scale from 1 to 5 (1 being poor, 5 being excellent) on the first three questions and rate on a scale of 1 to 10 (1 being strongly disagree, 10 being strongly agree) for the remaining five questions.

The questions on the pre and post assessments were the same, with the exception of one question that asks how often the participant advises families about a series of health topics. These health topics include: breast feeding; mercury in fish; arsenic in treated wood; solvents in paints, paint thinners, cleaning products, etc.; toxic chemicals in arts and crafts supplies; poison control/home safety measures; environmental tobacco smoke; indoor air pollutants – general (other than tobacco smoke); pesticide use indoors and outdoors; pesticide residues on fruits and vegetables; pesticide use on children (lice shampoo, etc.); pesticide use on pets; tobacco use; dangerous parental occupations or hobbies; sun exposure; healthy eating habits; healthy schools/daycare; physical activities. Participants are asked to give an answer for each of the health topic by marking “most of the time,” “some of the time,” or “never” giving advice to families. This question was included in the pre training questionnaire in order to identify which, if any, environmental health topics were being addressed with families and therefore provide the training facilitators a better understanding of which topic needed to be covered more thoroughly.

The Michigan pilot trainings had a total of 25 participants all of whom filled out pre-training assessments and the post-training assessments. Of the assessments obtained from the Florida trainings, there are several pre-training assessments as well as several post-training evaluations that are unaccounted for. Two individuals submitted a pre-training evaluations but were unable to complete a post-training evaluations because they either left the training early or failed to come to the training altogether. Two other individuals completed a pre-training assessment but their post-training assessments could not be found. Reciprocally, post-training assessments initialed “EGE,” “SC,” and “BS” was collected but a corresponding pre-training assessments could not be found. 31 participants attended the Florida training and after matching pre and post assessments, 23 matched survey pairs remained for analysis.

#### *Training of Trainers Feedback Form*

The Training of Trainers feedback form is divided into a multiple-choice section and an open response section. The multiple choice section comprised of 13 questions: rate the overall training, overall satisfaction with the training, did overall training meet goals and objectives, did Becoming a Trainer meet objectives, did Unique Vulnerabilities of Children meet the objectives, did Prevent and Reduce Exposures meet the objectives, did Community Support and Collaboration meet the objectives, was participation encouraged, was there enough time, was the training space comfortable and conducive to learning, would you recommend the training, and rate the level of information presented. The overall training was rated “excellent,” “good,” “average,” “fair” or “poor;” the satisfaction with the training was rated “very satisfied,” “somewhat satisfied,” or “not satisfied;” the level of information presented was rated “too simplistic,” “just right,” or “too difficult” and the remaining 10 questions were answered “yes,” “somewhat,” or “no.” The open response section has 5 questions: which training activities were useful, how the information learned will be taught to others, one way the training can be improved, additional environmental health topics that could be discussed, and any additional comments.

The first multiple choice question asked to rate the overall training by choosing either “excellent,” “good,” “average,” “fair” or “poor.” The remainder of the multiple choice questions asked the participants to circle “yes” “somewhat” or “no” and asked if the information was presented in a clear manner, if the training met their goals and objectives, if participation was encouraged by the trainers, if

there was sufficient time, if the training space was comfortable and conducive to learning, and if they would recommend the training to others.

The second type of question asked the participants to rate the questions on a scale from 1 (strongly disagree) to 10 (strongly agree) and comprised of seven questions (question #2 asked for participants to rank 3 aspects making it essentially be 3 separate questions). Participants were asked if they thought the training increased their knowledge about the unique vulnerabilities of children, about how to prevent and reduce children's exposure to environmental hazards, and about developing community support and collaboration; if they felt more confident about their ability to be a trainer because of the training; if they feel more confident about their ability to educate farmworker families on how to protect their children; and if they feel more confident about using community resources. The last question asked them to rank how satisfied they were with the training, with 1 being "very dissatisfied" and 10 being "very satisfied."

The last five questions are open response questions asked which training activities were useful, how the information learned will be taught to others, one way the training can be improved, additional environmental health topics that could be discussed, and any additional comments.

All participants were given a Feedback Form at the end of each training, however not everyone answered all the questions. In Michigan there were 5 surveys out of 25 surveys collected and in Florida there were 8 surveys out of 29 surveys collected that had blank answers.

#### *Secondary Trainings (Michigan)*

To evaluate the effectiveness of the secondary trainings, participants were administered pre and post assessment surveys and the TOT Training Feedback Form. On September 22<sup>nd</sup>, 24 people participated in a secondary training and 24 surveys were collected and analyzed, and on September 23<sup>rd</sup>, 16 people participated and 15 surveys that were collected and analyzed. On November 4<sup>th</sup>, 20 participated in the training and 20 surveys collected were analyzed.

#### *Secondary Trainings (Florida)*

The evaluations that were administered to the secondary trainees in Florida were modified from the ones used at the Michigan trainings in order to gather the most information about the effectiveness of the training program. There are three types of questions: multiple-choice, ranking on a scale, and open response. There were 27 people attended on the 22<sup>nd</sup> and 16 people participated on the 7<sup>th</sup>. All surveys were collected from the 43 participants and were analyzed.

#### *Qualitative Analysis*

Group interviews were held with a total of 12 participants from the initial Safe and Healthy Children Training-of-Trainers (TOT) and the secondary Safe and Health Children trainings conducted in Michigan and Florida. Four small group interviews were held 2-3 months after the trainings in order to assess behavior change that may have taken place as a result of attending the trainings. The sample of interviewees included Migrant and Community Health Center outreach staff, a representative from the Michigan Primary Care Association, Migrant and Seasonal Head Start health specialists, teachers, and a program director.

The Safe and Healthy Children Initiative developed two different group interview guides for primary and secondary training participants, respectively. These tools enabled the interviewer to stay focused on

collecting relevant data during the allotted 30-minute timeframe for each of the interviews. The Primary Trainer Group Interview Guide tool was a bit more comprehensive and focused on thoroughly evaluating the TOT events in Lansing, Michigan and Immokalee, Florida. It included questions about the TOT's timing, participant's experience with the training, how the curriculum has been used, any noticeable behavior or attitude fluctuations, and common barriers preventing any attitude or behavior change. In contrast, the Secondary Trainer Group Interview Guide strived collect information on how successfully the Safe and Healthy Children's Curriculum was being used during farmworker family health education encounters. Because the interviews were conducted so close to the trainings, some participants had yet to incorporate the curriculum into their outreach efforts; in these instances, questions were altered to discuss intended use of the curriculum.

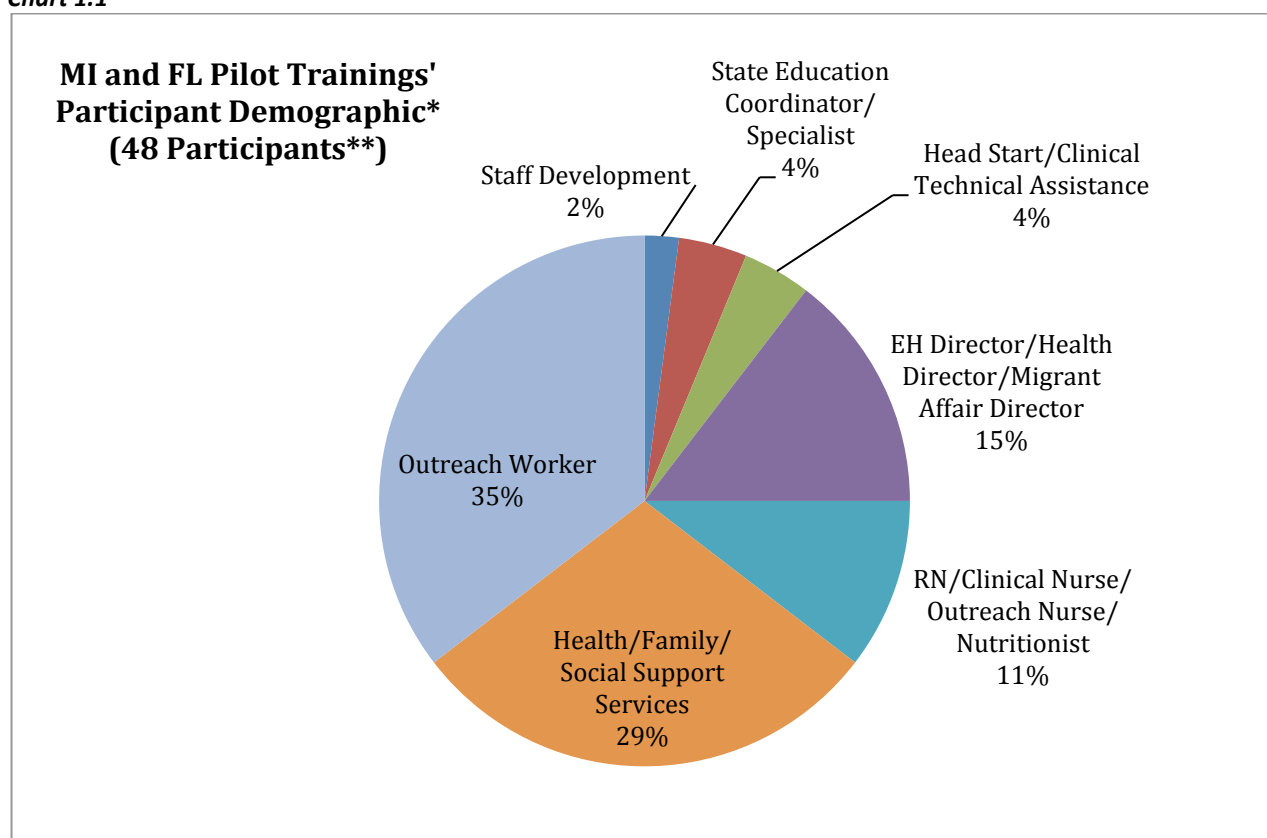


## Results

### Participant Description

The primary Niños Seguros y Sanos TOT program was held in Michigan in September, 2010 and in Florida in October 2010. Approximately 48 participants attended these two trainings. Chart 1.1 shows the professional demographics of participants attending these trainings. Participants attending the TOT program included 35% outreach workers and 29% Health/ Family support service workers that have directly contact with families with children enrolled in the Migrant and Seasonal Head Start program or Health Clinics. Also included were clinical staff from the Migrant Health Clinical (11%) and Environmental Health and Health Directors (15%) who are critical for ensuring future sustainability of the TOT program.

**Chart 1.1**



*\*The categories were chosen to best comprehensively group the various participant self-identified occupations. **Health/Family/Social Support Services** category includes family support workers, MIS and health coordinators or specialists, family service specialists, disability services coordinators, and USDA clerk. **EH Director/Health Director/Migrant Affairs** category includes those participants who listed themselves as “director” or “manager” with no specificity.*

*\*\* The demographics were taken from those participants who had completed a pre-test and a post-test.*

Participants attending the primary TOT training in Michigan and Florida were asked about the frequency they provide environmental health education to families. Table 1 lists nineteen specific environmental topics participants were asked the frequency to which they included information about these issues in their education with migrant farmworkers and their families. This question allowed SHCI to identify which topics are already being discussed frequently and which topics were rarely discussed that could guide future trainings.

**Table 1 – How often do you advise families about the following health issues, as appropriate for the age of the child? [MI and Florida Combined Total Responses, Raw Values and Percentages (N = 48)]**

	Most of the time	Some of the time	Never	% Most of the time	% Some of the time	% Never
Breastfeeding	18	16	14	37.5 %	33.3 %	29.2 %
Mercury In Fish*	8	9	30	17.0 %	19.1 %	63.8 %
Arsenic in Treated Wood	3	9	36	6.3 %	18.8 %	75.0 %
Lead in Paint, Water, Other Sources**	8	23	14	17.8 %	51.1 %	31.1 %
Solvents in Paints, Paint Thinners, Cleaning Products, etc.	7	17	24	14.6 %	35.4 %	50.0 %
Toxic Chemical in Arts and Crafts Supplies	7	16	25	14.6 %	33.3 %	52.1 %
Poison Control/Home Safety Measures	18	15	12	37.5 %	31.3 %	25.0 %
Environmental Tobacco Smoke	17	19	12	35.4 %	39.6 %	25.0 %
Indoor Air Pollutants – General (excluding tobacco smoke)	12	18	18	25.0 %	37.5 %	37.5 %
Pesticide Use Indoors and Outdoors	21	14	13	43.8 %	29.2 %	27.1 %
Pesticide Residues on Fruits and Vegetables	21	14	13	43.8 %	29.2 %	27.1 %
Pesticide Use on Children (lice shampoo, etc.)	10	20	18	20.8 %	41.7 %	37.5 %
Pesticide Use on Pets	4	12	32	8.3 %	25.0 %	66.7 %
Tobacco Use*	16	20	11	34.0 %	42.6 %	23.4 %
Dangerous Parental Occupations or Hobbies	16	9	22	33.3 %	18.8 %	45.8 %
Sun Exposure	17	17	14	35.4 %	35.4 %	29.2 %
Healthy Eating Habits	26	14	8	54.2 %	29.2 %	16.7 %
Healthy Schools/Daycare	26	13	9	54.2 %	27.1 %	18.8 %
Physical Activity	22	16	10	45.8 %	33.3 %	20.8 %

\*One participant did not answer this question (N=47)

\*\*Three participants did not answer this question (N=45)

The topics of “Healthy Eating Habits” and “Healthy Schools/Daycare” are the most discussed topics with 54.2% of participants indicating they address these issues most of the time. The second most discussed topic is “Physical Activity” with 45.8% carrying out conversations most of the time. Despite these three topics being the most frequently discussed topics, only about half of the participants answered “most of the time.” This indicates that the 16 of the remaining topics were discussed only some of the time or never discussed by the majority of the participants. 5 participants from the Michigan training even answered that they never discuss any of the topics with the migrant farmworkers and their families. Pesticide use indoors and out was the most frequent environmental hazard covered 44% most of the time and 29% some of the time. While other household hazards are such as paints, solvents and household cleaners (15% most of the time, 35% some of the time), and tobacco smoke (35% most of the time and 39% some of the time) are under discussed given their considerable threat to childhood health.

### *Knowledge of Environmental Health Threats*

The Pre-post assessment surveys frequency distribution for Michigan and Florida are expressed on two different tables, and then their combined results are expressed on another table (Table 2). Each table is divided into three rankings: “highest rank,” “middle rank,” and “lowest rank.” For those questions using a scale from excellent to poor, the “highest rank” are the answers of “very good” and “excellent” (4 and 5), “middle rank” are “good” (3), and the “lowest rank” are those answered “fair” or “poor” (2 or 1). The questions using a 1 to 10 scale, the “highest rank” are answers ranked 8 through 10, middle rank are answers rank 5 to 7, lowest rank are answers ranked 1 through 4.

**Table 2 – Michigan and Florida Pilot Training Evaluation Combined Results (N=48)**

		<b>High Rank</b>	<b>Middle Rank</b>	<b>Low Rank</b>
<b>General Enthusiasm</b>	<b>Pre</b>	68.8% (33 out of 48)	25.0% (12 out of 48)	6.2% (3 out of 48)
	<b>Post</b>	83.3% (40 out of 48)	16.7% (8 out of 48)	0%
<b>Knowledge of EH</b>	<b>Pre</b>	27.1% (13 out of 48)	56.2% (27 out of 48)	16.7% (8 out of 48)
	<b>Post</b>	79.2% (38 out of 48)	18.8% (9 out of 48)	2.1% (1 out of 48)
<b>Confidence</b>	<b>Pre</b>	50.0% (24 out of 48)	27.1% (13 out of 48)	22.9% (11 out of 48)
	<b>Post</b>	66.7% (32 out of 48)	29.2% (14 out of 48)	4.2% (2 out of 48)
<b>Children’s Behavior</b>	<b>Pre</b>	29.2% (14 out of 48)	56.2% (27 out of 48)	14.6% (7 out of 48)
	<b>Post</b>	56.2% (27 out of 48)	39.6% (19 out of 48)	4.2% (2 out of 48)
<b>Children’s Health</b>	<b>Pre</b>	47.9% (23 out of 48)	37.5% (18 out of 48)	14.6% (7 out of 48)
	<b>Post</b>	68.8% (33 out of 48)	29.2% (14 out of 48)	2.1% (1 out of 48)
<b>Prevent and Reduce</b>	<b>Pre</b>	33.3% (16 out of 48)	41.7% (20 out of 48)	25.0% (12 out of 48)
	<b>Post</b>	64.6% (31 out of 48)	35.4% (17 out of 48)	0%
<b>Develop Support</b>	<b>Pre</b>	25.0% (12 out of 48)	45.8% (22 out of 48)	29.2% (14 out of 48)
	<b>Post</b>	62.5% (30 out of 48)	35.4% (17 out of 48)	2.1% (1 out of 48)
<b>Identify and Use Resources</b>	<b>Pre</b>	22.9% (11 out of 48)	52.1% (25 out of 48)	25.0% (12 out of 48)
	<b>Post</b>	62.5% (30 out of 48)	35.4% (17 out of 48)	2.1% (1 out of 48)

The combined results of the Michigan and Florida trainings seen in both Table 2 (above) and Chart 2a and 2b show that for every single question over half of the participants answered in the highest rank after completing the training, and less than a quarter of the participants answered in the lowest rank after completing the training. All participants rated their enthusiasm for providing environmental health education, abbreviated as “General Enthusiasm” in the charts and tables, as “good” or higher and felt that their knowledge on how to prevent and reduce exposure, “Prevent and Reduce” farmworker child’s exposure was five or higher. Participants felt their knowledge increased about how children’s behavior is affected by environmental hazards (“Children’s Behavior”), about how children’s health is affected by environmental hazards (“Children’s Health”), about how to develop community support and collaboration to advocate for healthy environments in farmworker communities (“Develop Support”) and about how to identify and use community resources to help advocate for safe and healthy environments for farmworker families (“Identify and Use Sources”). From these results it is evident that overall the participants felt more comfortable and felt they became more knowledgeable on the subject of environmental health.

Chart 2a – corresponds to the values from Table 1

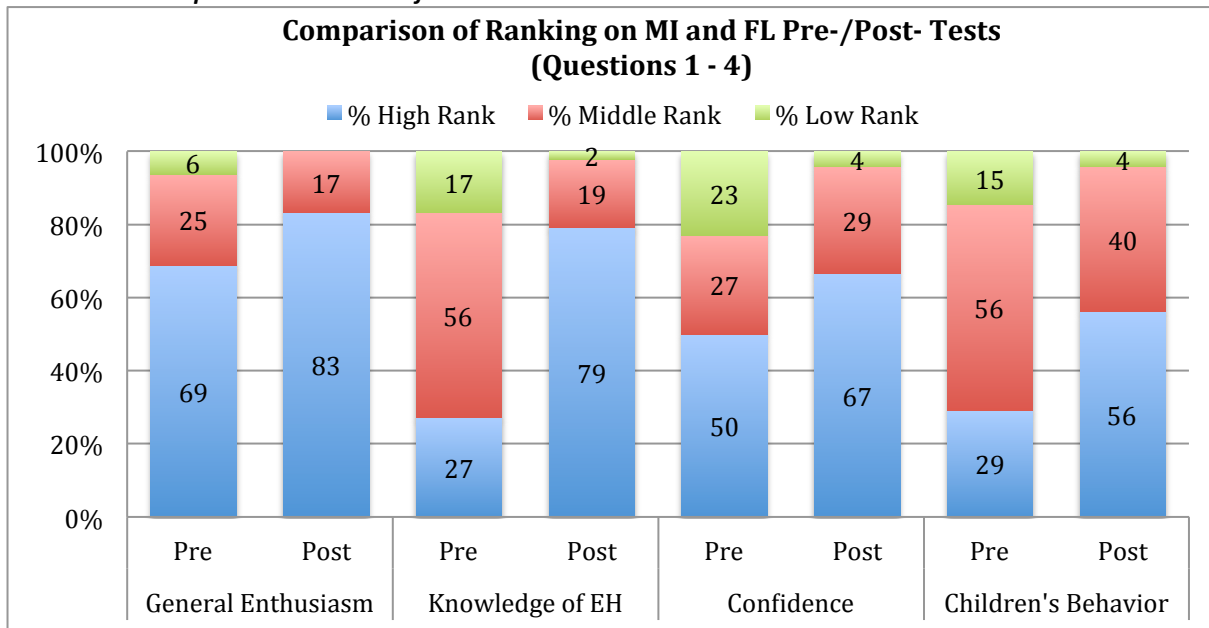


Chart 2b – corresponds to the values from Table 1

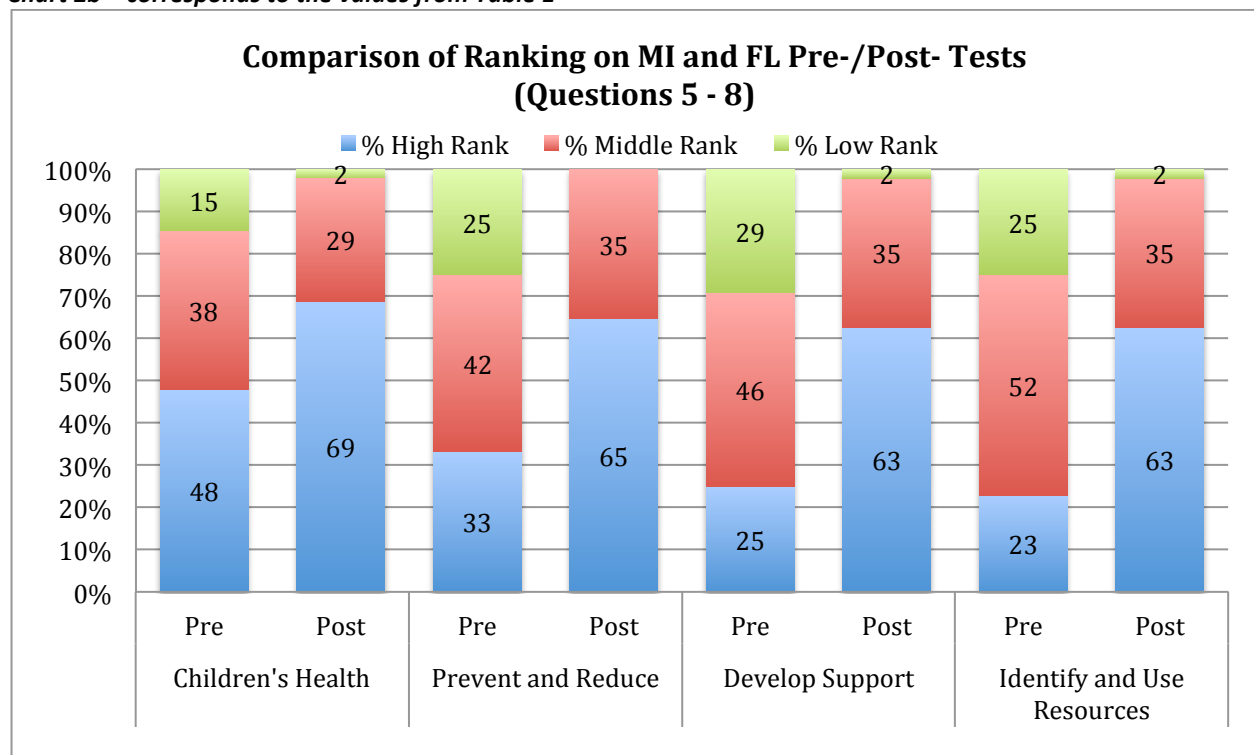


Chart 3

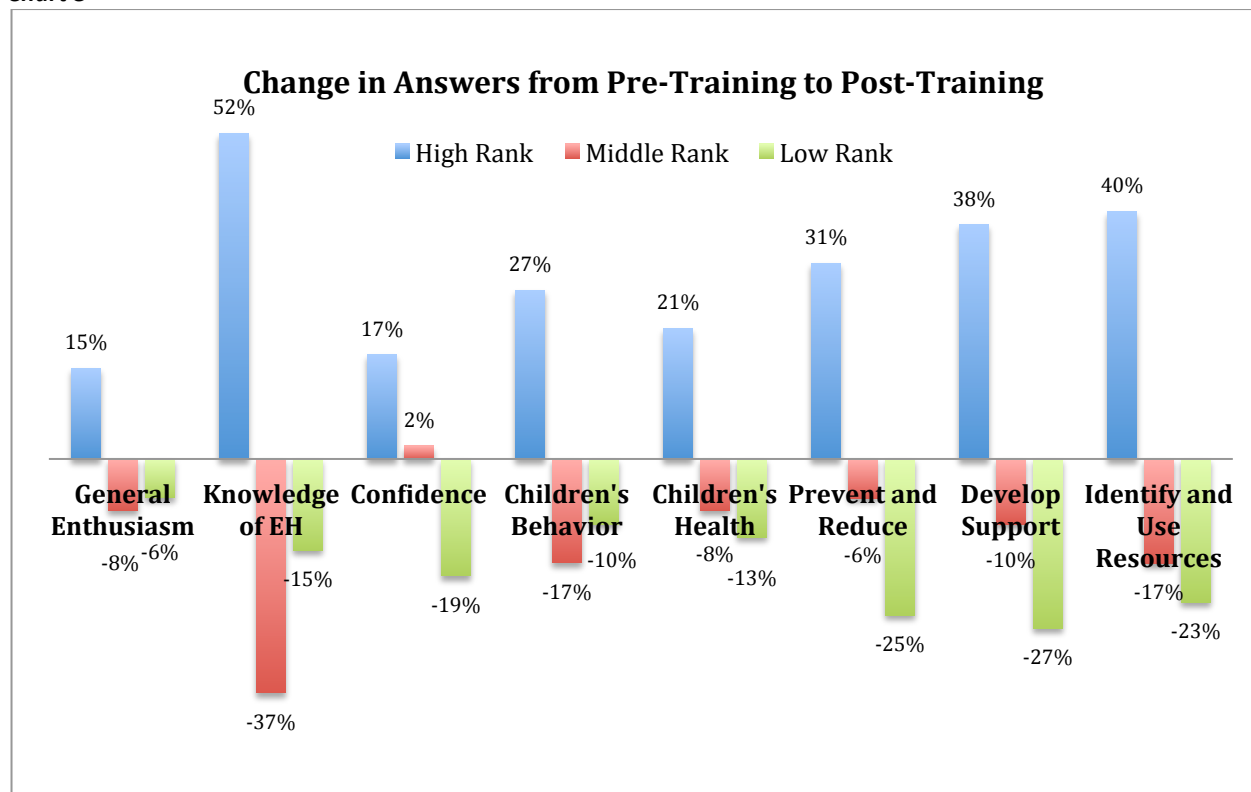
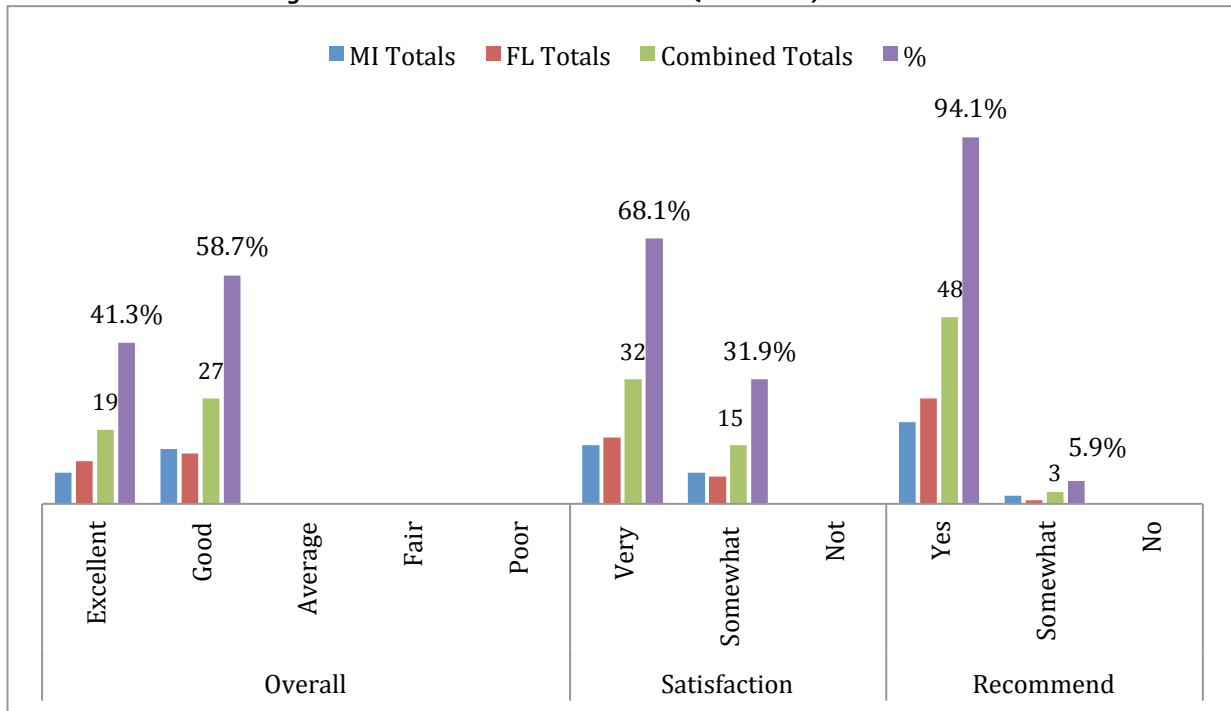


Chart 3 indicates the changes in response from pre-training assessments to post-training assessments. The positive percentages indicate that after the training participants had considerable gains in self-reported knowledge. The improvements were detected in the following domains: enthusiasm for environmental health education; general knowledge of environmental health; confidence level discussing environmental issues; knowledge of children's health and behavior affected by environmental hazards; knowledge to prevent and reduce exposures; knowledge of how to develop community support and collaboration on environmental health issues; and knowledge regarding identifying and use community resources to advocate for a safe and health environment. Negative percentages indicated that less participants had lower scores on knowledge for these various issues after the training. From this chart, it is evident that in every category, more participants answered in the highest ranking after participating in the training, with the most increase seen in their knowledge of environment and health topics, expressed as "Knowledge of EH."

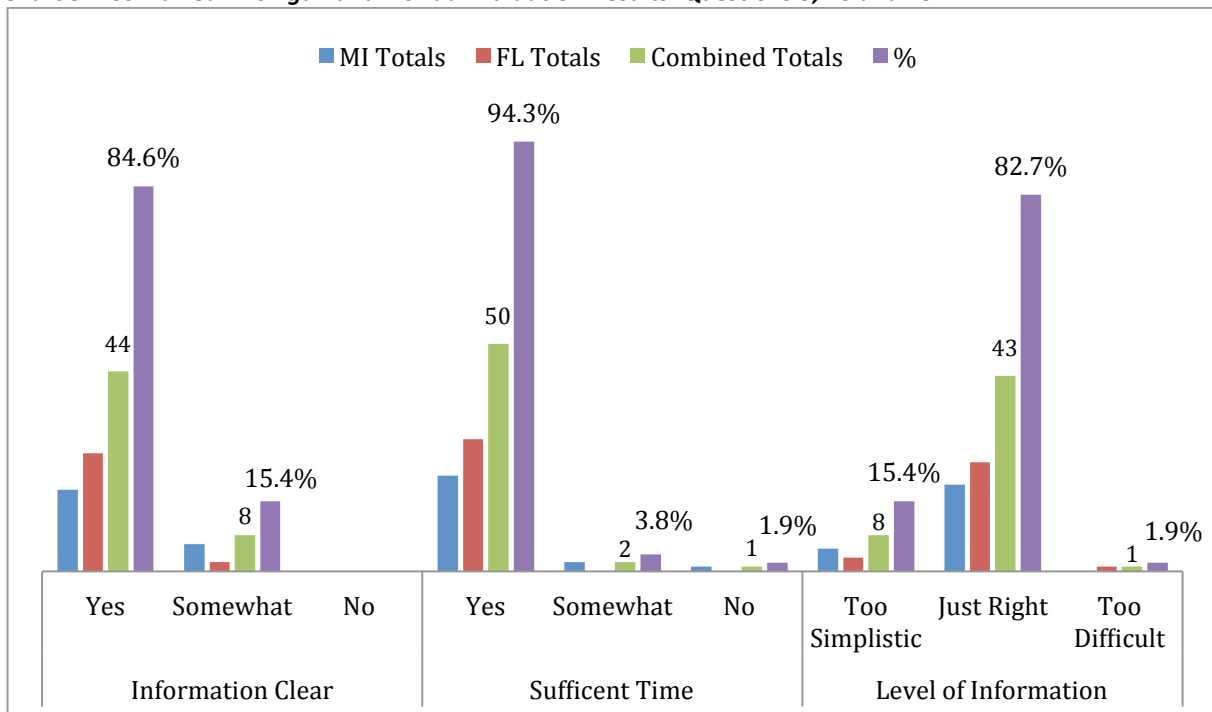
The results, displayed in Charts 4 through 6 below, revealed an overall positive evaluation about the trainings. 41.3% of participants rated the overall training as "excellent" (Overall) and the remaining 58.7% rated the training as "very good" (Chart 4). 68.1% of participants said they were very satisfied with the training and 94.1% of participants said they would recommend the training to their peers, written as "Satisfaction" and "Recommend" in Chart 4. As seen in Chart 5, 84.6% said the information was presented in a clear manner ("Information Clear"), 82.7% said that the information was presented at the appropriate level ("Level of Information") and 94.3% felt there was sufficient question and answer time during the training ("Sufficient Time"). 66.0% felt that the overall trainings met their goals and objectives ("Training Goals") and at least 65% of participants felt that objectives were met for each section of the training: Becoming a Trainer (B.a.T), Unique Vulnerabilities of Children (U.V.o.C), Prevent and Reduce Exposures (P.a.R.E), Community Support and Collaboration (C.S.a.C) (expressed in Chart 6 as

“B.a.T Objectives,” “U.V.o.C Objectives,” “P.a.R.E Objectives,” and “C.S.a.C Objectives,” respectively). All participants except one felt that the environment was conducive to learning and that the trainers encouraged participation.

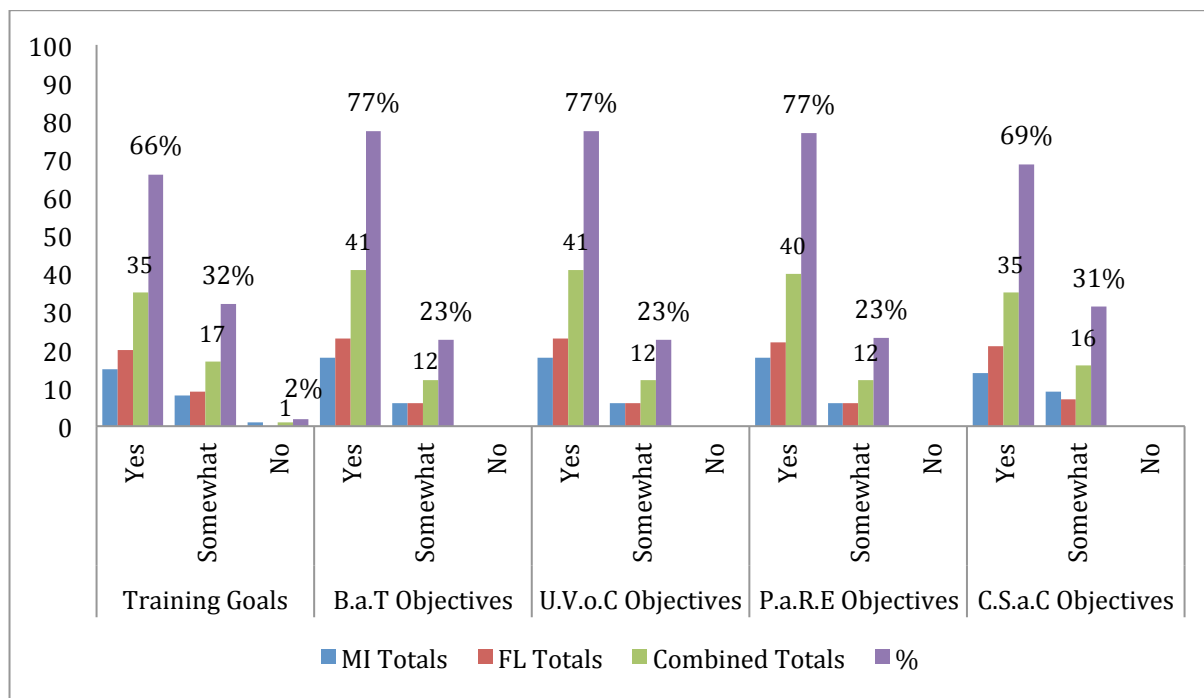
**Chart 4 – Combined Michigan and Florida Evaluation Results: Questions 1, 2 and 12**



**Chart 5 – Combined Michigan and Florida Evaluation Results: Questions 3, 10 and 13**



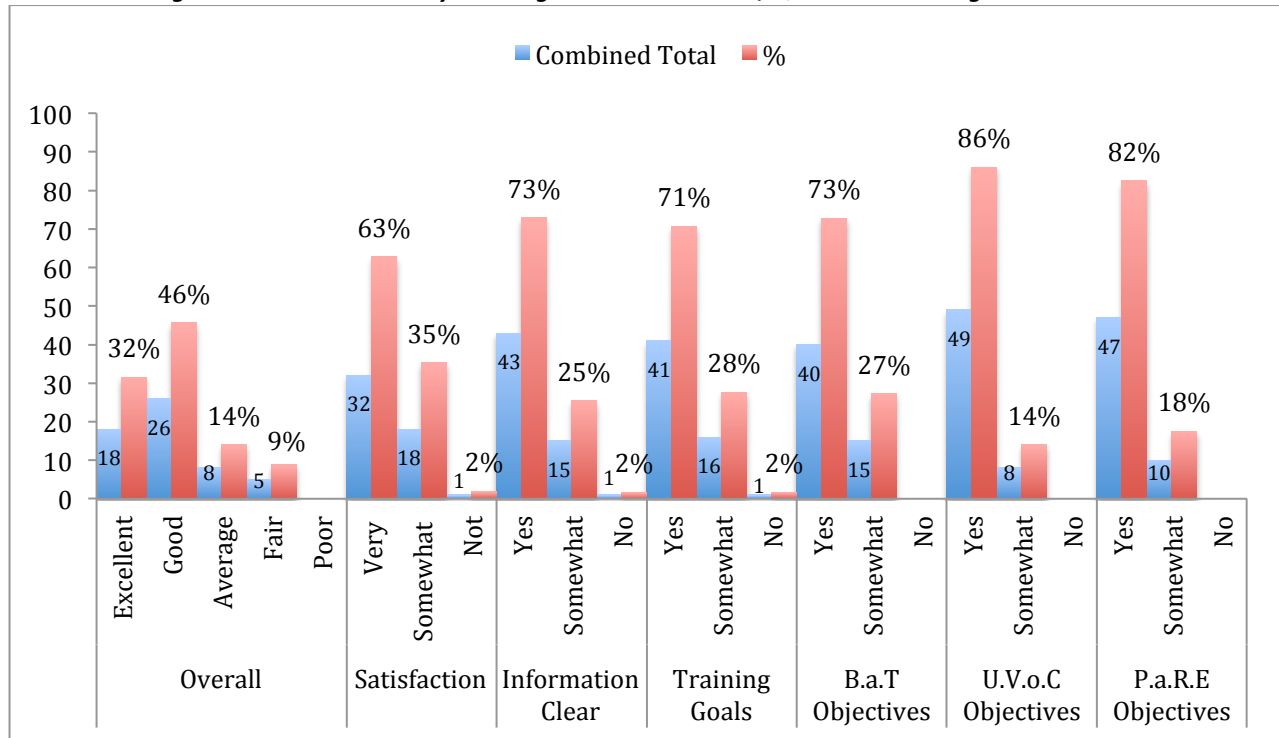
**Chart 6 – Combined Michigan and Florida Evaluation Results: Questions 4 through 8**



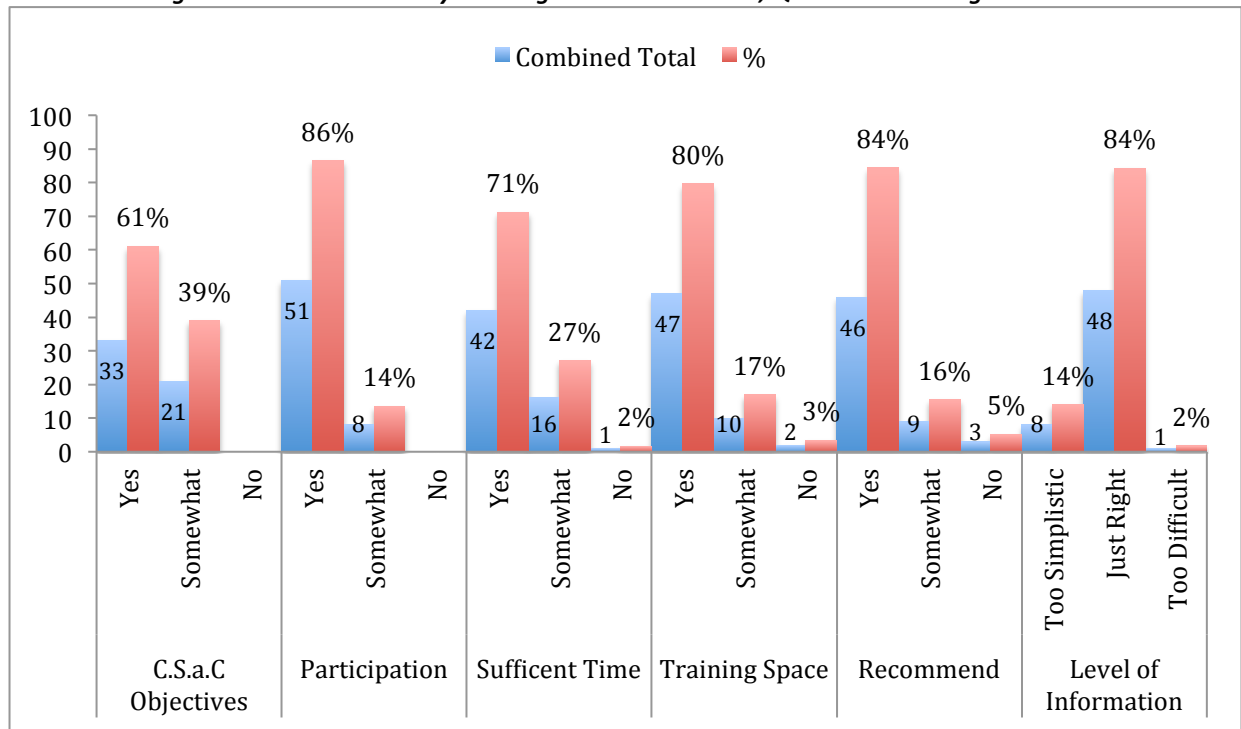
**Secondary Trainings (Michigan)**

As displayed on Chart 7 and chart 8, 77% rated the overall training as either “good” or “excellent.” Approximately 63% were “very satisfied” with the overall training and 84.5% said they would recommend the training to others. 61% felt the “Community Support and Collaboration” section met its objectives, 83% felt the “Prevent and Reduce Exposures” section met its objectives and 86% felt the “Unique Vulnerabilities of Children” section met its objectives, as seen on Chart 7 and Chart 8. The majority of the participants felt the material was at an appropriate level (84.2%), that the material was presented clearly (72.9%), and that there was sufficient question and answer time allotted (71.2%).

**Chart 7 – Michigan Combined Secondary Training Evaluation Results, Questions 1 through 6\***



**Chart 8 – Michigan Combined Secondary Training Evaluation Results, Questions 7 through 13\***



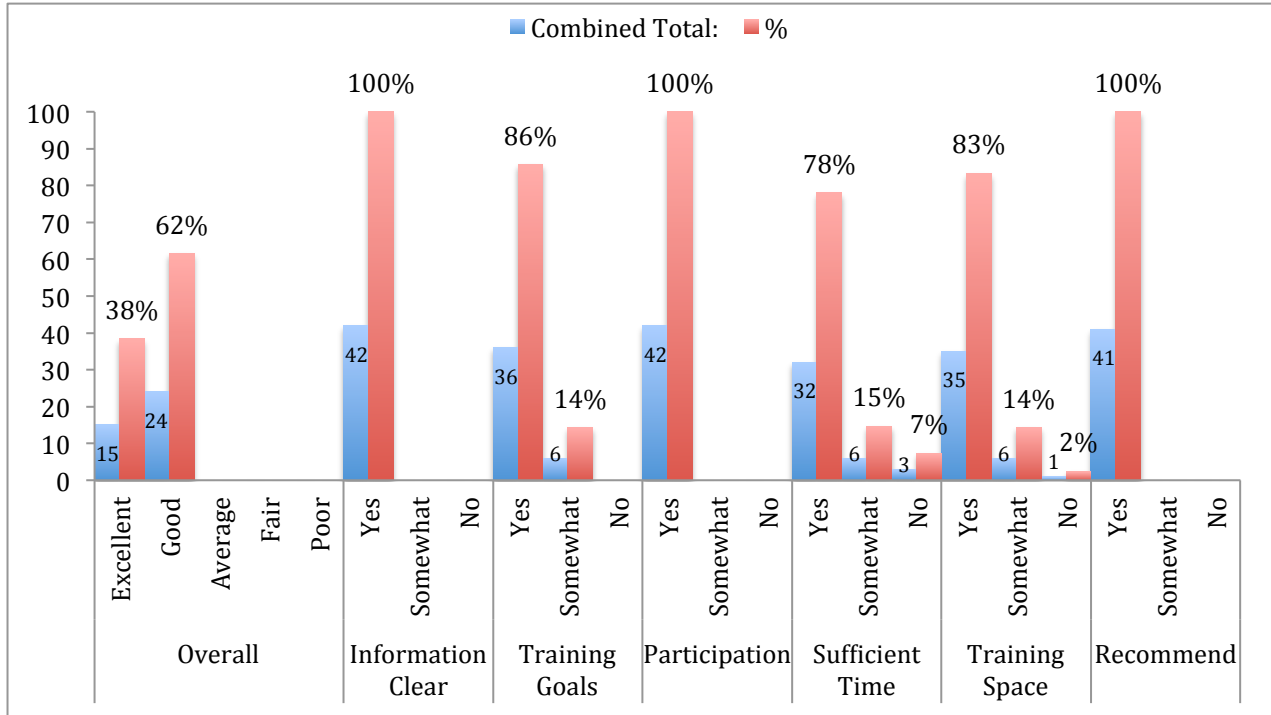
\*Abbreviations are kept consistent between the different charts and tables unless otherwise indicated



**Secondary Trainings (Florida)**

Chart 9 shows the results of the feedback from the secondary training that was held in Florida. 100% of the participants ranked the overall training as “good” (61.5%) or “excellent” (38.5%) and said they would recommend the training to their peers; every participant also said that the information was presented in a clear manner and that participation was encouraged by the trainers. 78.0% said that there was sufficient question and answer time; 83.3% said that the training space was conducive to learning, and 85.7% felt the training met their goals and objectives.

**Chart 9 – Florida Combined Secondary Training Evaluation Results for Multiple Choice Questions 1 and 7 through 12**



**Chart 10 – Florida Combined Secondary Training Results: Questions 2 – 6. The chart shows how the predominant responses by the participants were in the highest rank, indicating that participants gave a ranking of 8 or above.**

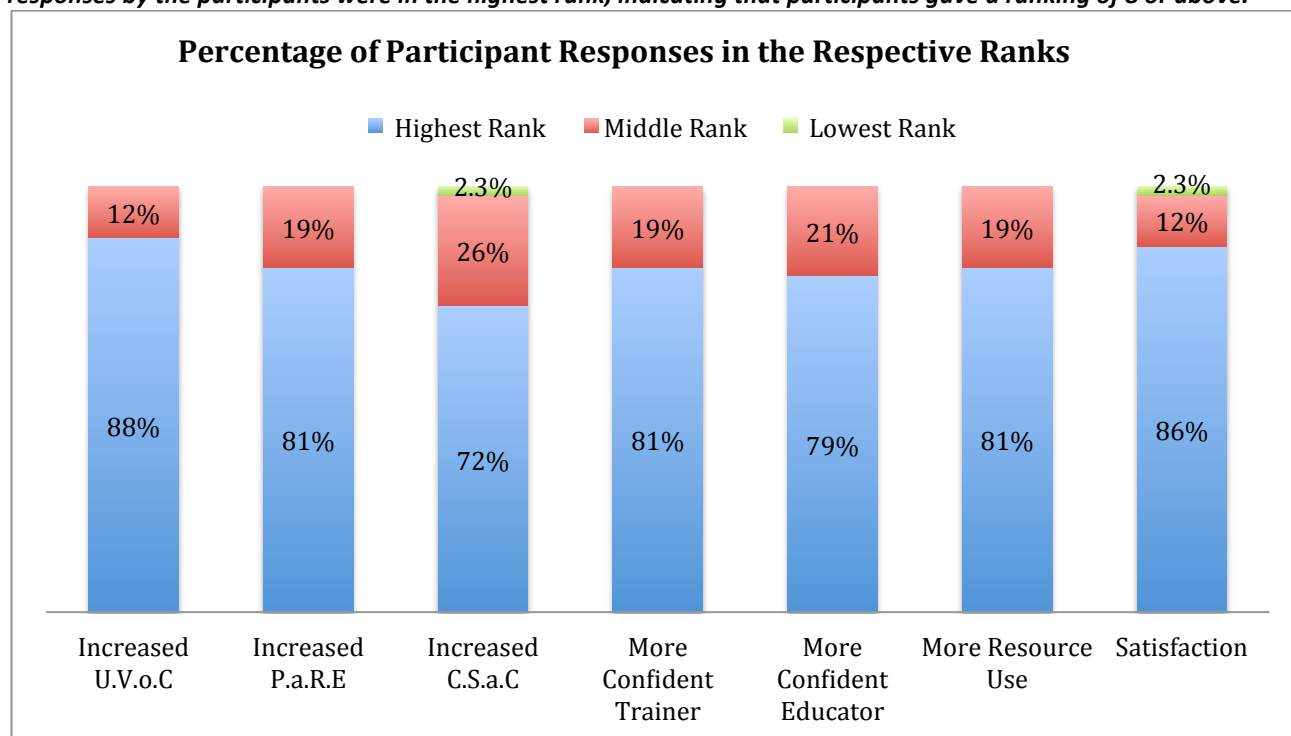


Chart 10 displays the percentages of the responses to questions 2 through 6 that asked participants to rank each statement on a scale with 1 meaning “Strongly Disagree” and 10 meaning “Strongly Agree.” Again, the “Highest Rank” corresponds to the answered marked 8 or above, “Middle Rank” for answers 5 through 7, and “Lowest Rank” for answers 4 or below. More than 70% of the participants gave a rating of 8 or higher for all seven questions. 86% ranked their satisfaction with the training as an 8 or higher, written as “Satisfaction” on the chart. 81% felt their confidence increased about using community resources (“More Resource Use”); 79% were more confident about their ability to educate about how to protect farmworker children (“More Confident Educator”); and 81% felt more confident about their ability to be a trainer (“More Confident Trainer”). 88% felt their knowledge increased about unique vulnerabilities of children, 81% about how to prevent and reduce children’s exposure, and 72% about developing community support and collaboration (“Increase U.V.o.C,” “Increased P.a.R.E,” and “Increased C.S.a.C,” respectively). Overall, the evaluation results indicate that the participants found the information relevant and vital.

#### Comments/Open Response Section

In the Michigan trainings, some participants remarked that there was perhaps too much time spent on brainstorming and answering questions, and that the flow of the training could have been better. Another common answer was that the materials were helpful but the organization of the materials could have been better; one participant wrote “too much skipping around in our notebooks, easy to get lost,” while another said “organization of subject matter in binder and proper identification of subject material [is needed].” The other repeating requests were to have more materials in Spanish and more information about prenatal exposure. These concerns were addressed in the Florida training by reorganizing the training binder and providing more Spanish language educational materials to be used directly with families. Prenatal exposures were not addressed as it is beyond the scope of this project.

For the Florida trainings, the concern was focused on difficulties that may arise when passing the information onto the migrant workers and their families. There were some requests to make the materials simpler and to translate the entire curriculum into Spanish not just the resources for the families.

Between the two pilot trainings, we had several positive comments indicating that the training was successful. "All of the presenters did a great job," responded a participant. "I think the training will work well with outreach workers. The provider toolkit looks like something the providers at my FQHC would appreciate and use." Another participant indicated, "most of my education to migrant/seasonal farm workers has been focused on pesticides" and that the training "broadened my knowledge and introduced me to new topics to discuss with families." One participant expressed that after taking the training, he/she "[could] talk more confidently about health effects on the migrant community, specifically." A different participant wrote something similar, saying, "whenever I am asked, I will be more knowledgeable in responding to questions on pediatric environmental health."

### **Secondary Trainings (Michigan)**

On the feedback forms from the September 22<sup>nd</sup> training, participants indicated that they would like more information about signs and symptoms of exposure as well as more specifics on migrant family living environments, and participants asked for more time during the training. There were also comments about the need for better organization and presentation, and to emphasize what the training is and how to use it effectively.

The November 4<sup>th</sup> participants wrote that they would have liked more time to absorb the information that was presented, more copies and handouts to be provided for distribution (preferably translated into Spanish), and more information about toxins and food to be presented.

On the 23<sup>rd</sup> some participants echoed the need for more hard facts, statistical data and information about pesticides and environmental toxins. One participant wrote "would have like more facts - a lot seemed to be just what presenters thought to be true - but statistics would be better." Another common response was to clearly state the purpose and objectives of the training and each subsequent section of the training at the beginning. Participants felt that had the trainers done this it would have decreased the confusion and made the training much more meaningful. Responses also indicated that the people wanted more hands-on activities to increase participation. The most upsetting comments were regarding the trainers who presented the information; there were several comments wishing that the trainers be more prepared and familiar with the materials beforehand. "It was discouraging to hear the trainers say they hadn't read the materials ahead of time but were going to go ahead and present," wrote one participant, and another participant who had indicated that he/she would not recommend the training to others because of lack of organization and depth of information

Although the negative comments were disheartening to read, the criticisms voiced by the participants were beneficial to improving the curriculum. We also had numerous positive feedback indicating that participants supported the efforts of the training and found the resources informative and useful. One participant wrote, "I appreciated the discussion of the examples, and the pictures in the binder that had to do with environmental health hazards. I could see how they would be helpful in working with families to show there is a need for greater precautions to be taken." Another said "[The training] was good, very informative and the visual was [a] good [way] to see the effects on the adult and child."

## **Secondary Trainings (Florida)**

Many people commented that they wished they were given more time to explore the information and wished there were more breaks so they were not exhausted by the end of the training. Another concern was that the language of the curriculum may be too difficult for many of the farmworker families to understand because they are not as educated and therefore elementary English will be more effective to teach the families. There was a suggestion to hold the training at the beginning of the season so the information could be fresh in the trainers' minds and to perhaps have refresher courses throughout the season, and there was also a suggestion to have more region specific examples of hazards in the environment.

There were multiple comments showing the appreciation for the training. "This is an important topic in our community," said one participant. "The resource section in the back is great for exploring on your own what is useful and relevant." Another wrote, "I learned so many things I wasn't aware of." "[The training] was good, it open[ed] my mind more on how to prevent pesticides, [it taught me to] be more aware."

## ***Qualitative Results***

### **Primary Trainers Group Interviews (Florida and Michigan)**

The primary trainer interviewees reported that the initial TOT prepared them to become trainers of the Safe and Healthy Children TOT Curriculum through the wealth of training materials and demonstrated use of activities. Participants felt that the materials were covered very thoroughly during the TOT; they particularly thought the clue cards were "key to giving the presentation well." Some suggested improvements to increase overall effectiveness of the curriculum and TOT experience included enhancing the organization of the TOT curriculum binder (such as adding page numbers and a table of contents page to the binder) and laminating clue cards.

The group reported positive experiences using the various training materials such as clue cards and recipe cards. One participant incorporated relevant local data to the "Community Collaboration" module of the curriculum. Another used the training materials with non-farmworker populations. According to interviewees, the "Becoming a Trainer" module was varied and seemed dependent upon individual experience levels of the trainers. Feedback for this module ranged from "extremely helpful and applicable" for all training areas to "basic but well presented." One group interviewee expressed, "The becoming a trainer section was pretty marvelous." Another participant felt that the recipients could have benefited from a longer and more thorough instruction on facilitating trainings. Some recommended changes to the curriculum materials included simplifying the language within activities and the PowerPoint presentation. For example, one participant suggested renaming the "Unique Vulnerabilities" module "Special Risks." In addition, the group felt that they could benefit from further simplification of concepts provided through the materials.

The feedback garnered from the group interviewees indicated that the Safe and Healthy Children TOT Curriculum supplemented participants' environmental health resources and provided a more comprehensive overview of environmental health education content. One participant stated, "[I] was already the pesticide champion in the agency, but now with the curriculum, this is a breakthrough." Another commented, "The curriculum has some wonderful activities and points... This came across very easily to the family workers." The group felt confident addressing the unique vulnerabilities of children to environmental hazards; participants believed the presentation of information "came very easily" to

training recipients. Participants also reported increased confidence when addressing ways to prevent and reduce exposure of environmental toxins to peers and farmworker families. One group interviewee expressed, “the training helped put knowledge in a nice teachable framework,” which echoed the feedback provided by other group interviewees.

Common barriers experienced in applying education received through this program included inadequate internal dissemination to new and seasonal staff, as well as presenter difficulty delivering such a lengthy training. Interviewees from Michigan reported the timing for delivering trainings to additional outreach staff and farmworker families did not coincide well with the farmworker season. As a result, Michigan trainers expressed an interest in additional training and capacity building to prepare for providing environmental health education to additional staff and farmworker families during the next farmworker season.

### **Secondary Trainer Group Interviews (Florida and Michigan)**

Secondary trainer group interviewees from Florida reported frequent use of the Safe and Healthy Children TOT Curriculum. In addition, components and information gained from the curriculum are regularly incorporated into their daily work with farmworker families. Interviewees reported using curriculum materials such as the pediatric environmental health toolkit magnets, the cabbage activity, and clue cards; the majority of interviewees indicated that they distribute and demonstrate some of the activities to farmworker families at health fairs and group meetings. In particular, group interviewees indicated the clue cards were very effective tools for educating families about the unique vulnerability of children to environmental hazards. A couple of suggested improvements included increasing the number of handouts and packets and simplifying the material language.

Since using the Safe and Healthy Children TOT Curriculum, participants noticed a steady increase in number of times they have provided environmental health education to farmworker families. Many interviewees reported to have gained more awareness about patterns and possible environmental health issues affecting families. Additionally, some interviewees commented on how they incorporated environmental health information into other aspects of their work, such as complementing state requirements for infant health and safety.

The tools provided in the Safe and Healthy Children TOT Curriculum helped the group confidently address the unique vulnerabilities of children to environmental hazards by simplifying key concepts using adult-centered learning principles. Participants also reported they successfully addressed these issues by gaining trust from the farmworker community. One interviewee felt that the information and material was “very personal and [helped] connect them with the families. [I] don’t need to go into scientific and ‘lofty’ complicated explanations. [It was] very hands on for people with little or no education, which makes the materials very useful.”

With the information and knowledge learned from the curriculum, the group felt very comfortable addressing ways to prevent and reduce exposure of environmental toxins to families. Participants stated that the curriculum helped them provide more context and concrete information, especially when addressing specific environmental toxins affecting families, such as lead and contaminants that aggravate asthma. One group interviewee felt that it was “vital that we have this information and can talk to parents.”

Once again, interviewees in Michigan expressed concern regarding the timing of the training. Due to schedule limitations of the farmworker season, participants have not been able to take full advantage of using the curriculum to reach out to farmworker families. Furthermore, both interviewees from Michigan and Florida expressed a need for translating the entire curriculum into Spanish.

#### **4. Findings**

Results show that overall participants found the training increased their knowledge about environmental health and safety and increased their confidence on their ability to deliver the information to others. Participants felt that the topic was relevant to the migrant farmworker community and were enthusiastic about sharing the information with their peers as well as with additional migrant farmworkers. 90% of the total participants from all the trainings answered that the training was overall either “excellent” or “good,” and that they would recommend the training to their peers.

The evaluations results allowed for changes to be made in order to improve the curriculum. The trainings were carried out in the following order:

MI pilot training → 2 MI secondary trainings → FL pilot training → 3<sup>rd</sup> MI secondary training → FL secondary training

The results indicated several issues with the secondary trainings that could not necessarily be addressed solely by editing the curriculum. There were multiple comments indicating problems with the trainers, such as the objectives not being stated clearly, trainers not knowing the information thoroughly, or that there was not enough time to absorb the information.

Some trainees also pointed out that the timing of the trainings were not ideal. The Michigan trainings were held at the end of the migrant season and therefore trainees were not able to spread the information to as many migrant workers. The workers in Florida has a similar issue and indicated in follow-up interviews as well as on the comments section that they would like another training before the migrant season begins with possible refresher courses throughout the season.

#### **5. Conclusions**

The information presented to the migrant outreach workers, family support workers, and health specialists who work with migrant families through the training programs were positively met with interest and enthusiasm. The Safe and Healthy Children Initiatives was successful in increasing knowledge about environmental health and safety and well as establishing necessary steps to disseminate the information to others. Although there were minor difficulties in the execution of the secondary trainings, the bottom line is that the information was disseminated and that people find the contents of the training to be important.

To capitalize on the success of the project we suggest the following steps be carried out over the next year:

1. Translate the entire curriculum into Spanish.
2. Professionally vet the curriculum and training materials for plain language.
3. Develop and disseminate additional hands on educational activities to be used with families.

4. Create a refresher course that can be implemented at the beginning of each migrant season.
5. Develop a shorter companion piece to the curriculum with main points that can be used when training time is short or in the field.
6. Create a mechanism for updating the curriculum with new science and or policy changes.
7. Regional specificity.

## Appendix 1

### **Safe and Health Children Training: Pre-Training Questionnaire**

We would like to learn more about the level of experience our training participants have prior to the training we provide. Please answer the following questions to the best of your ability. Your honest answers are appreciated. The information obtained from this survey will be compared with the information that we will obtain from a post-training surveys at the end of the day.

Thank you for filling out this short survey as part of your participation in the Safe and Health Children Training Program.

1. How would you rate your enthusiasm for providing environmental health education to your clients/patients?
  - Excellent
  - Very good
  - Good
  - Fair
  - Poor
  
2. In general, how would you rate your knowledge of environmental health topics?
  - Excellent
  - Very good
  - Good
  - Fair
  - Poor
  
3. How would you rate your confidence level for discussing environmental health issues with your clients/patients?
  - Excellent
  - Very good
  - Good
  - Fair
  - Poor



4. How often do you advise families about the following health issues, as appropriate for the age of the child?

<b>Health Issues</b>	<b>Most of the time</b>	<b>Some of the time</b>	<b>Never</b>
a. Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>b. Specific chemical exposures:</i>			
b1. Mercury in fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b2. Arsenic in treated wood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b3. Lead in paint, water, other sources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b4. Solvents in paints, paint thinners, cleaning products, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b5. Toxic chemicals in arts and crafts supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Poison control/ home safety measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Environmental tobacco smoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Indoor air pollutants – general (other than tobacco smoke)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>g. Pesticides</i>			
g1. Pesticide use indoors and outdoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g2. Pesticide residues on fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g3. Pesticide use on children (lice shampoo etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g4. Pesticide use on pets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Dangerous parental occupations or hobbies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Sun exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Healthy eating habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Healthy schools/ daycare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rate questions #5 - #9 on a scale of 1 to 10, with 1 being the lowest possible score and 10 being the highest possible score. Please check one rating per each of the topics listed below.

5. I am knowledgeable about how children’s behavior is affected by environmental hazards.

<b>Strongly Disagree</b>										<b>Strongly Agree</b>
1	2	3	4	5	6	7	8	9	10	

6. I am knowledgeable about how children’s health is affected by environmental hazards.

<b>Strongly Disagree</b>										<b>Strongly Agree</b>
1	2	3	4	5	6	7	8	9	10	

7. I am knowledgeable about how to prevent and reduce farmworker children’s exposure to environmental hazards.

<b>Strongly Disagree</b>										<b>Strongly Agree</b>
1	2	3	4	5	6	7	8	9	10	

8. I am knowledgeable about how to develop community support and collaboration to advocate for healthy environments in farmworker communities.

<b>Strongly Disagree</b>										<b>Strongly Agree</b>
1	2	3	4	5	6	7	8	9	10	

9. I am knowledgeable about how to identify and use community resources to help advocate for safe and healthy environments for farmworker families.

<b>Strongly Disagree</b>										<b>Strongly Agree</b>
1	2	3	4	5	6	7	8	9	10	

**Additional Information:**

10. How many years have you worked with farmworker families? \_\_\_\_\_

11. Job title:

Outreach Worker

Teacher

Other—please specify: \_\_\_\_\_

12. Gender:

Male

Female

13. Initials for First, Middle, and Last name: \_\_\_\_\_

14. Birthdate (mm/dd/yy): \_\_\_\_\_

## Appendix 2

### **Safe and Health Children Training: Post-Training Questionnaire**

This questionnaire serves to assess the level of experience and knowledge our training participants attained during today's training. Please answer the following questions to the best of your ability. Your honest answers are appreciated. The information obtained from this survey will be compared with the information obtained from the pre-training survey.

Thank you for filling out this short survey as part of your participation in the Safe and Health Children Training Program.

1. How would you rate your enthusiasm for providing environmental health education to your clients/patients?
  - Excellent
  - Very good
  - Good
  - Fair
  - Poor
  
2. In general, how would you rate your knowledge of environmental health topics?
  - Excellent
  - Very good
  - Good
  - Fair
  - Poor
  
3. How would you rate your confidence level for discussing environmental health issues with your clients/patients?
  - Excellent
  - Very good
  - Good
  - Fair
  - Poor

Please rate questions #4 - #8 on a scale of 1 to 10, with 1 being the lowest possible score and 10 being the highest possible score. Please check one rating per each of the topics listed below.

4. I am knowledgeable about how children's behavior is affected by environmental hazards.

<b>Strongly Disagree</b>									<b>Strongly Agree</b>
1	2	3	4	5	6	7	8	9	10

5. I am knowledgeable about how children's health is affected by environmental hazards.

<b>Strongly Disagree</b>									<b>Strongly Agree</b>
1	2	3	4	5	6	7	8	9	10

6. I am knowledgeable about how to prevent and reduce farmworker children's exposure to environmental hazards.

<b>Strongly Disagree</b>									<b>Strongly Agree</b>
1	2	3	4	5	6	7	8	9	10

7. I am knowledgeable about how to develop community support and collaboration to advocate for healthy environments in farmworker communities.

<b>Strongly Disagree</b>									<b>Strongly Agree</b>
1	2	3	4	5	6	7	8	9	10

8. I am knowledgeable about how to identify and use community resources to help advocate for safe and healthy environments for farmworker families.

<b>Strongly Disagree</b>									<b>Strongly Agree</b>
1	2	3	4	5	6	7	8	9	10

**Additional Information:**

9. How many years have you worked with farmworker families? \_\_\_\_\_

10. Job title:

Outreach Worker

Teacher

Other—please specify: \_\_\_\_\_

11. Gender:

Male

Female

12. Initials for First, Middle, and Last name: \_\_\_\_\_

13. Birthdate (mm/dd/yy): \_\_\_\_\_

**Appendix 3**

**Safe and Healthy Children Initiative  
Training-of-Trainers  
TRAINING FEEDBACK FORM**

Following are questions that will help us evaluate the Safe and Healthy Children Initiative training. We will use this information to improve our training content and facilitation. Therefore, your honest feedback is appreciated.

*Instructions: Please circle one answer for each of the multiple choice questions listed below.*

- |   |                                    |                               |                                  |                               |                               |
|---|------------------------------------|-------------------------------|----------------------------------|-------------------------------|-------------------------------|
| 1. <b>How would you rate the overall training content?</b>                                | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| 2. <b>Overall, how satisfied are you with this training</b>                               |                                    | Very Satisfied                | Somewhat Satisfied               | Not Satisfied                 |                               |
| 3. <b>Was the information presented in a clear manner?</b>                                |                                    | Yes                           | Somewhat                         | No                            |                               |
| 4. <b>Did the overall training meet your goals and objectives?</b>                        |                                    | Yes                           | Somewhat                         | No                            |                               |
| 5. <b>Did the Becoming a Trainer section meet the stated objectives?</b>                  |                                    | Yes                           | Somewhat                         | No                            |                               |
| 6. <b>Did the Unique Vulnerabilities of Children section meet the stated objectives?</b>  |                                    | Yes                           | Somewhat                         | No                            |                               |
| 7. <b>Did the Prevent and Reduce Exposures section meet the stated objectives?</b>        |                                    | Yes                           | Somewhat                         | No                            |                               |
| 8. <b>Did the Community Support and Collaboration section meet the stated objectives?</b> |                                    | Yes                           | Somewhat                         | No                            |                               |
| 9. <b>Was participation encouraged by trainers?</b>                                       |                                    | Yes                           | Somewhat                         | No                            |                               |
| 10. <b>Was there sufficient question and answer time?</b>                                 |                                    | Yes                           | Somewhat                         | No                            |                               |
| 11. <b>Was the training space comfortable and conducive to learning?</b>                  |                                    | Yes                           | Somewhat                         | No                            |                               |
| 12. <b>Would you recommend this training to someone you know?</b>                         |                                    | Yes                           | Somewhat                         | No                            |                               |
| 13. <b>Was the information presented at the appropriate level</b>                         |                                    | Too Simplistic                | Just Right                       | Too Difficult                 |                               |

**Additional Questions:** Please reflect on your experience in participating in the Safe and Healthy Initiative Training and provide short answers to the following questions.

Safe and Healthy Children Initiative

## Training-of-Trainers

### TRAINING FEEDBACK FORM (Continued)

14. **Which training activities did you find most useful?**
  
  
  
  
  
  
  
  
  
  
15. **How do you intend to apply what you have learned to teach your peers and/or farmworker families about pediatric environmental health?**
  
  
  
  
  
  
  
  
  
  
16. **Please tell us at least one way that the training can be improved:**
  
  
  
  
  
  
  
  
  
  
17. **What other Environmental Health topics would you like to learn more about?**
  
  
  
  
  
  
  
  
  
  
18. **Additional comments (optional):**

*Thank you for sharing your experiences with us.*