Evaluating a multi-site, standardized training program for community health workers: processes for evaluation design and implementation

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What is MiCHWA?

The Michigan Community Health Worker Alliance (MICHWA) is a statewide coalition of CHWs and stakeholders whose mission is *to promote and sustain the integration of CHWs into Michigan's health and human service systems through coordinated changes in policy and workforce development*. Founded in 2011, MiCHWA participants include CHWs, organizational partners, and other CHW supporters who make up a governance structure including a management team, steering committee, four working groups and an evaluation advisory board. MiCHWA's working groups are the Michigan CHW Network, Communications, Education & Workforce and Policy & Finance. MiCHWA is housed by the University of Michigan School of Social Work.

What is MiCHWA's CHW Curriculum?

MiCHWA actively supports CHW education and training. In 2014, MiCHWA's partners began the process of creating a core competency-based CHW training curriculum to support the CHW role. Using the Minnesota CHW curriculum as a base, MiCHWA partners created a Michigan-specific curriculum. This curriculum covers the following competencies:

- Role, Advocacy and Outreach
- Organization and Resources: Community and Personal Strategies
- Teaching and Capacity Building
- Legal and Ethical Responsibilities
- Coordination, Documentation and Reporting
- Communication Skills and Cultural Competence
- Healthy Lifestyles
- Mental Health

MiCHWA's CHW training launched in 2015 using the new MiCHWA CHW curriculum. The launch included three pilot training programs, with training sites in Detroit, Grand Rapids and Lansing. Following launch, edits were made to the curriculum's pace and organization; the content, however, largely remained unchanged. Since the pilots, five additional training cohorts have been held in the cities of St. Clair Shores, Grand Rapids, Dearborn, and Flint. The pilot cohorts (Cohorts 1-3) and Cohort 4 used the pilot version of the MiCHWA curriculum. Cohort 4 began too soon after curriculum edits began to implement the new materials. Cohorts 5-8 used the updated, edited curriculum that incorporated evaluation data from the pilot classes. See Exhibit B for additional details. In total **155** CHWs have successfully completed this training program. Training evaluation is overseen by the MiCHWA Evaluation Advisory Board and managed by MiCHWA staff and students.

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BACKGROUND

In 2015, MiCHWA and its partners launched Michigan's first ever standardized Community Health Worker (CHW) training program using the MiCHWA CHW Curriculum with three pilot cohorts in various locations statewide. To evaluate the impact of this multi-site training, MiCHWA's Evaluation Advisory Board, comprised of academic, community, and CHW partners, worked with training partners to develop and implement a comprehensive evaluation of the CHW training program and its implementation. The pilot evaluation included pre- and post-questionnaires completed by CHW training participants, qualitative interviews with CHW training participants three to five months post-training, and qualitative interviews with CHW employers of trainees four to six months post-training. A mid-point evaluation was conducted using facilitated dialogue in two of three training cohorts. Pre- and post-questionnaires included Skillset Confidence Scales that asked CHW trainees to assess their confidence per competency objective before and after training.

EVALUATION TOOLS & METHODS

Pre-Post-Questionnaires

Purpose: Collect demographic information including work experience and education; assess impact of curriculum before and after training program.
Key Element: Skillset Confidence Scales asked participants to rank their level of confidence in performing sub-tasks of each core competency in the CHW training curriculum. The post-questionnaires collected information on participants' experiences in training overall, training tools, aspects of instruction and the Skillset Confidence Scales. On Skillset Confidence Scales, participants could select from a scale of 1-4 corresponding to "Not Confident," "Low Confidence," "Confident," or "High Confidence" (Exhibit A). In reporting, Skillset Confidence Scale scores were aggregated for the participants who completed the Skillset Confidence Scales on both the pre-questionnaire and post-questionnaire. Participants with missing data were excluded from analysis to ensure a one-to-one pre-post match for the Confidence Scales.

Communication Skills and Cultural Competence

Objective	How confident are you that you can...			
a. Demonstrate effective communication skills when collaborating with clients and members of the service team.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence
b. Relate "culture" appropriate verbal and nonverbal communication when interacting with clients, their families and healthcare providers.	☐ Not Confident	☐ Low Confidence	☐ Confident	☐ High Confidence

Exhibit A

Analysis: Quantitative pre- and post-questionnaire data were analyzed using descriptive statistics, including means and standard deviations, using Microsoft Excel. Qualitative entries were arranged by question and, when possible, themed. Due to low numbers of CHW participants per training, most training reports include all qualitative responses per question.

Post-Training Interviews

Purpose: Assess perception of CHW training program impact and experience, including training program logistics and suggestions for future training, from CHW participants and their employers three to five months post-training.
Key Element: Interviews, lasting 20-30 minutes, were conducted by phone using a semi-structured interview guide. Interviews were only conducted with pilot cohorts (Cohorts 1, 2 and 3).
Analysis: All interviews were recorded and loosely transcribed. Responses were themed, as able. Due to the low total number of employers, findings were limited. To date, interviews have not been repeated with additional cohorts of CHWs or their employers due to staffing limitations.

Mid-Point Reviews

Purpose: Gather feedback from training program participants halfway through training on content, instruction and logistics.
Key Element: The mid-point reviewed was conducted using a semi-structured guide in a large group setting by a MiCHWA facilitator.
Analysis: Results were grouped by question, aggregated and verified via recording, then presented in a two-page report. Themes were identified, as appropriate, and selected quotes highlighted.

Chart of MiCHWA CHW training program evaluations and timeline			# Enrolled in Program	# Completed Program	# Completed pre-post evaluations	Mid-Point Review Conducted	Post-training CHW interviews	Post-training Employer interviews
2015	Pilots	Cohort 1	17	15	14	Y	Y, 3 of 15	Y, 3 of 9
		Cohort 2	9	9	9	Y	Y, 5 of 9	Y, 3 of 3
		Cohort 3*	31	27	25	N	Y, 7 of 27	N
		Cohort 4	20	18	15	N	N	N
2016	Post-Pilot Content	Cohort 5	30	30	27	N	N	N
		Cohort 6	20	18	17	Y	N	N
		Cohort 7	16	16	16	N	N	N
		Cohort 8					N	N
Totals			143	133	123	3 mid-points	3 cohorts w/ CHW interviews	2 cohorts w/ employer interviews

*In Cohort 3, two non-CHW program managers also completed training. For evaluation purposes, they were excluded from analysis and reporting.

Exhibit B

DISSEMINATION & USING FINDINGS

Reporting Methods

We created CHW training cohort-specific reports. Each report contains information on training demographics, including participant experience and background, and how participants experienced training. Skillset Confidence Scales were reported by sub-objective from greatest gain to least gain (Exhibit C). A dot plot tracking total participant improvement by competency was included with each cohort report as a visual documenting overall cohort improvement within each competency area (Exhibit D).

Organization and Resources: Community and Personal Strategies	Pre-test Average	Post-test Average	Percent Change
c. Incorporate health determinants when applying principles of health promotion and disease prevention.	2.14	3.29	54%
a. Demonstrate knowledge about community resources.	2.57	3.43	33%
b. Navigate and continue the process of locating resources in the community and adding new information to the community map.	2.57	3.29	28%
e. Demonstrate effective home visit strategies and understand the importance of home visits and their principles and strategies.	2.86	3.43	20%
d. Demonstrate critical thinking as a framework for solving problems and decision making.	2.93	3.29	12%

Exhibit C

For training reports with qualitative interviews or mid-point reviews, mini-reports of the additional evaluation elements were included as appendices in the final cohort-specific reports.

Engaging Instructors

Training evaluation data provide a cohort-specific story of training implementation and experience. When aggregated, these data can be used to track training impact with varying cohort characteristics, instructors or formats. MiCHWA trainers must implement the full MiCHWA CHW Curriculum but may customize their tools and methods as part of training program implementation. Thus, the evaluation tools include both standardized questions and others that reflect the varying tools and teaching methods used by different instructors.

To make data more meaningful for instructors, MiCHWA staff worked with instructors to identify additional analyses. For example, evaluators separated Skillset Confidence Scales results by CHWs with less than one year of experience as a CHW compared to CHWs with a year of experience or more. Evaluators also compared CHWs with a high school education/GED with those with more than high school education/GED. These comparisons helped illustrate how CHW trainees may be impacted differently by the training program, depending on their demographic and experiential characteristics.

Mass Edits: Using Pilot Data for Training Adjustments

During summer 2015, all MiCHWA CHW Curriculum instructors met to discuss pilot evaluation results and identify needed edits and changes to the training curriculum and its implementation. Through a day-long workshop, the curriculum content was discussed, edited and reorganized. Instructors also identified non-content areas to address, including timing, course pace and teaching methods, using evaluation data as a reference.

Dissemination

Cohort-specific reports are sent to training partners, including instructors and community colleges. Final cohort reports are also posted on MiCHWA's website unless mass dissemination is restricted by a funder. Future dissemination of methods and results will be essential for the ongoing improvement of training program evaluation. Evaluation tools and cohort-specific reports can be downloaded on www.michwa.org.

Chart 1: Confidence increased between pre-tests and post-tests

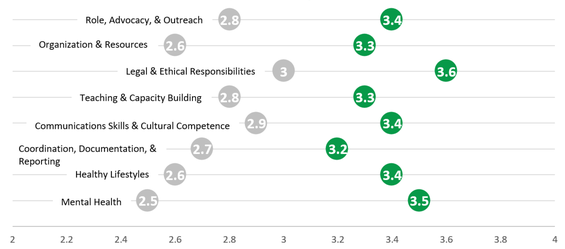

Exhibit D

EVALUATION SUSTAINABILITY

Evaluation Administration

To date, MICHWA's CHW training program evaluation has been conducted in-person by MiCHWA staff and graduate social work students. Data entry, analysis and reporting has been conducted by students. While this has worked to date, sustainability of this method is variable due to inability of staff to attend all future training sessions in person and the churn of students that complete placements or graduate. As MiCHWA's training program expands statewide, the logistics of in-person, confidential administration of the questionnaires will become difficult or impossible. Yet, computing resources needed for online administration may not be available training sites. To assure evaluation sustainability, MiCHWA will need to prepare alternative strategies to preserve scarce resources and CHW confidentiality.

Refining Our Tools and Methods

Following the pilot cohorts, the pre- and post-questionnaires were shortened and some questions adjusted. For example, we now collect gender orientation demographics (male, female, transgender, other) after engaging with CHWs that work with the LGBTQ population and identify beyond the gender binary. Additionally, MiCHWA staff adjusted data collection methods when CHW participants have not been present for either the pre- or post-questionnaire administration but have successfully completed training. Methods adjustments, as required, have helped evaluators capture additional data and strengthen overall results and will be essential for future training program evaluations.

Next Steps

Immediate next steps include disseminating evaluation results and evaluation processes, including standardizing training on how to evaluate CHW training. A how-to guide was created and will need refinement to serve as a tool to walk evaluators through the evaluation process. MiCHWA plans to continue evaluating CHW training cohorts, and the MiCHWA Evaluation Advisory Board will continue to refine evaluation methods and tools as needed. With long-term sustainability in mind, MiCHWA will also considered administering all or part of the pre- and post-questionnaires electronically. MiCHWA will also assess when, if at all, additional post-training interviews would be valuable to conduct with CHW trainees and CHW employers.

Overall Impact

Evaluation is an essential tool for assessing delivery and impact of CHW training programs, including the effectiveness of curricula and instruction methods. MiCHWA's CHW training evaluation has provided needed feedback for instructors, community college partners and employers about training impact and opportunities for improvement. Partnership with research institutions and/or graduate students can help launch or maintain an evaluation process and provide ongoing support to CHW training statewide.