

COMMUNITY HEALTH REPRESENTATIVE PROGRAM

BASIC ONLINE TRAINING EVALUATION REPORT

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Introduction

The Community Health Representatives Program (CHRP) was established by Congress in 1968 in response to the expressed needs of American Indian and Alaska Native (AI/AN) governments, organizations, and the Indian Health Service (IHS), for a health care program which would provide an outreach component to meet specific tribal health care needs. It was based on the concept that community members, trained in the basic skills of health care provision, disease control and prevention, would be able to achieve the most success in effecting change in community acceptance and utilization of limited health care resources. It is an IHS funded, tribally contracted and directed program of well-trained, community-based, health care providers, who provide health promotion and disease prevention services in their communities. Funded with IHS-CHR appropriations, the Community Health Representative (CHR) is a well-trained, medically guided tribal or AI/AN community-based health care provider who may include traditional AI/AN concepts in his/her work.

The CHR is a unique concept for providing health care, health promotion, and disease prevention services. The demand for CHRs is growing. CHRs have demonstrated how much they assist and connect with the community, and their work has become essential to for the spectrum of Tribal community-based services. The CHRs are great advocates because they come from the communities they serve and know specific tribal healthcare needs; and their dedication to their work has helped many who have had trouble having their healthcare needs met. The health promotion and disease prevention efforts that CHRs provide have helped people from the community improve and maintain their health. CHRs have also contributed to lowering mortality rates through providing health education and reducing tribal health expenses. CHRs reach out and help people on an individual basis and are an important part of health delivery services for AI/AN communities. The overall goal of the CHR Program is to address health care needs through the provision of community-oriented primary care services, including traditional Native concepts in multiple settings, utilizing community-based, well-trained, medically-guided health care workers.

Training

The training component of the CHR Program is to provide an environment that will promote the individual CHR's educational growth and proficiency in providing health care, health promotion, and disease prevention services. The CHR program has provided in-person CHR Basic training to participants and in 2015, implemented the CHR Basic Online (web-based) training modules to provide CHRs with general health education to build and support an integrated sustainable CHR workforce with the aim to promote health and prevent disease and disability in AI/AN communities. CHRs are required to successfully complete the CHR web-based modules within one year of employment.

As a result of the change in mode of delivery of CHR training from in-person to web-based, the CHR program decided to evaluate the effectiveness of the online training by obtaining data from participants who have completed the CHR Basic online training. The purpose of this evaluation is to inform decision making aimed at improving training content as well as contributing to best practices for implementing CHR training.

Methods

This assessment utilized only quantitative methods. A questionnaire was developed with input from staff of the CHR program at IHS headquarters. Proposed survey and tool were shared with all IHS Area CHR coordinators and feedback received was incorporated into the final assessment tool. The finalized questionnaire was submitted along with all supporting “Request for Approval under the Generic Clearance for the collection of Qualitative Feedback on Agency Service Delivery” documents for Office of Management and Budget (OMB) approval. The questionnaire was approved with OMB Form No.: 0917-0036.

We conducted a cross-sectional survey of CHRs who had completed the CHR Basic online training in 2015 using the OMB approved questionnaire administered online with the survey monkey tool. The survey was emailed to all participants who were listed as having completed the online training. Sampling was not done because the anticipated sample size was small.

Data were collected over a three month period using the survey monkey online tool. Completed surveys were downloaded from the web in excel format and subsequently converted to Stata-MP version 12. We calculated descriptive statistics for all study variables. Stratified analysis were conducted by certifications and participants taking CHR training for the first time. Analysis included Chi square tests of significance, however the sample size was not large enough to determine statistical differences. Data were analyzed using Stata-MP version 12.

Study Results

Of the 83 participants who started the CHR Basic Online training survey, 68 completed the full questionnaire (82% response rate). 79% of study participants were female and 21% were male.

Figure 1 below illustrates the age distribution of participants. Majority, approximately 34% of participants were between ages 40-49 years old and about 27% were between the ages of 50-59.

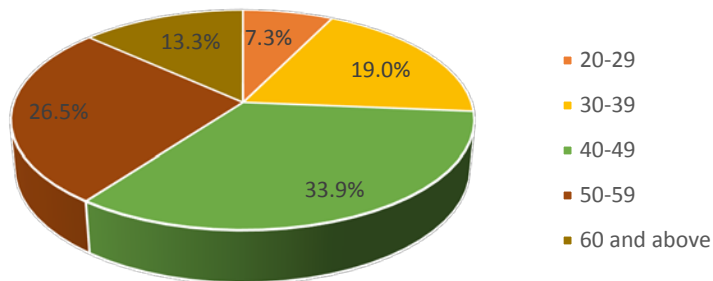


Figure 1: Age distribution of participants (N=68)

Figure 2 below illustrates the highest level of education completed by participants. Twenty-seven out of 68 participants (approximately 40%) who completed the survey had some college education and 23 (34%) had completed college.

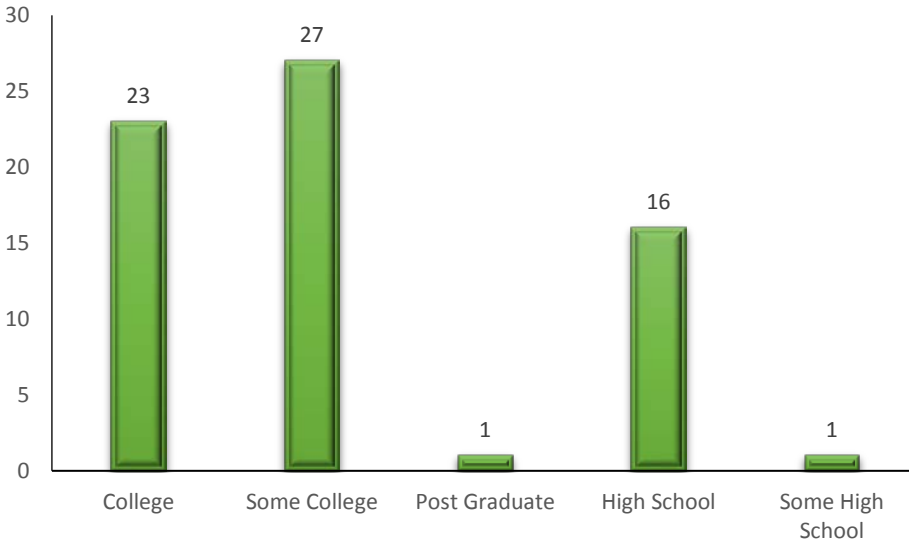


Figure 2: Participant highest education level completed (N=68)

Forty-four (65%) participants had some type of certification, 23 (52.3%) had a certified nursing assistant (CNA) certification, 2 had licensed practical nurse certification (LPN) and 4 had an Emergency Medical Technician (EMT) certification. Other certifications listed include home health aide, BLS instructor, first responder and registered medical assistant.

Participants indicated a range of prior CHR experience, from 1 to 33 years (Mean = 5 years). Fifty-six percent of participants reported that this was the first time they had ever taken a CHR training course. The overwhelming majority (94%) of participants who completed the survey reported that the CHR online basic training was useful.

Figure 3 below illustrates responses from participants regarding the level of knowledge and skills in specific modules before and after CHR basic online training.



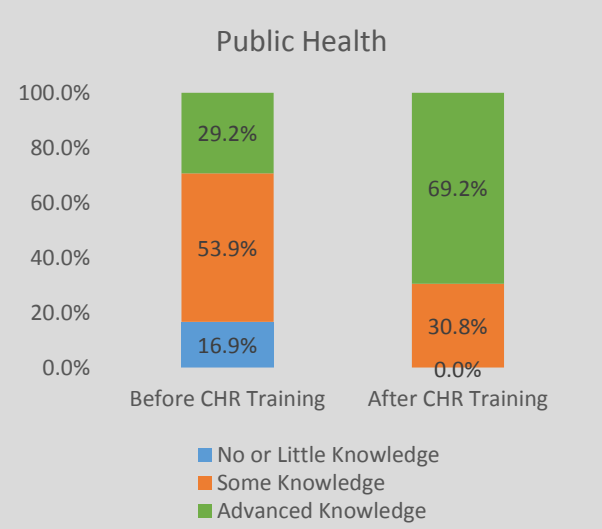
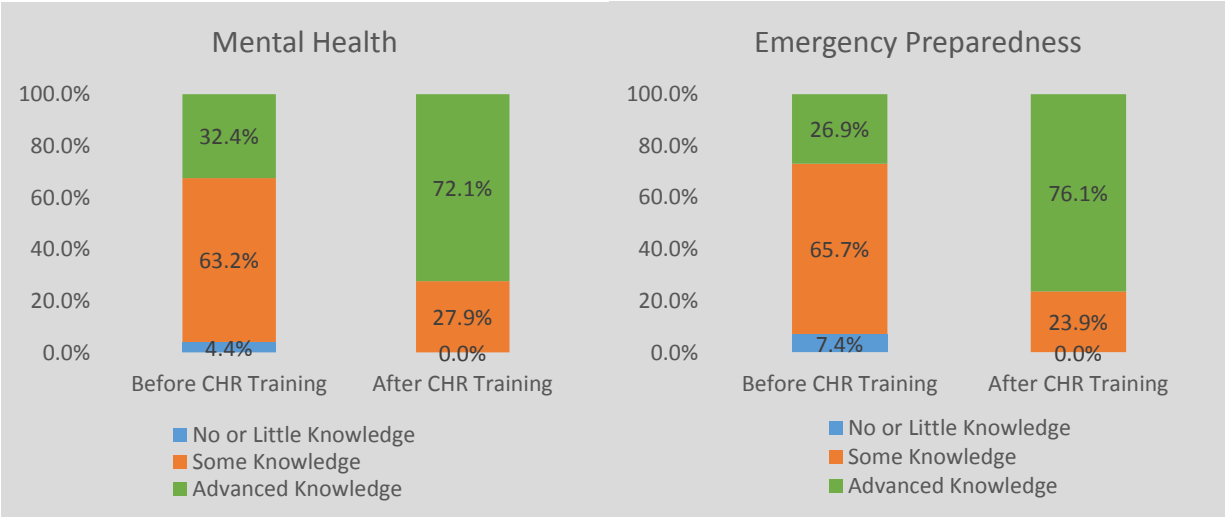


Figure 3: Knowledge and skills before and after completing CHR training by specific training module (N=68)

Overall and for each of the 9 modules in the CHR basic online training, participants indicated gaining at least some knowledge as a result of the training. For all training modules, more than 60% of participants reported having advanced knowledge after completing the training modules. Using the CHR basic skills module as an example, 11.7% had no knowledge and 50% had some knowledge before completing the training; on completion, 19.1% reported having some knowledge and 80.9% reported having advanced knowledge.

Figure 4 below illustrates how useful each specific module was to the survey participants. Approximately 90% of participants found that the training modules were useful. The modules with the highest proportions of usefulness (94.1%) were Infectious Control, Communicable Disease, Chronic Disease and Mental Health.

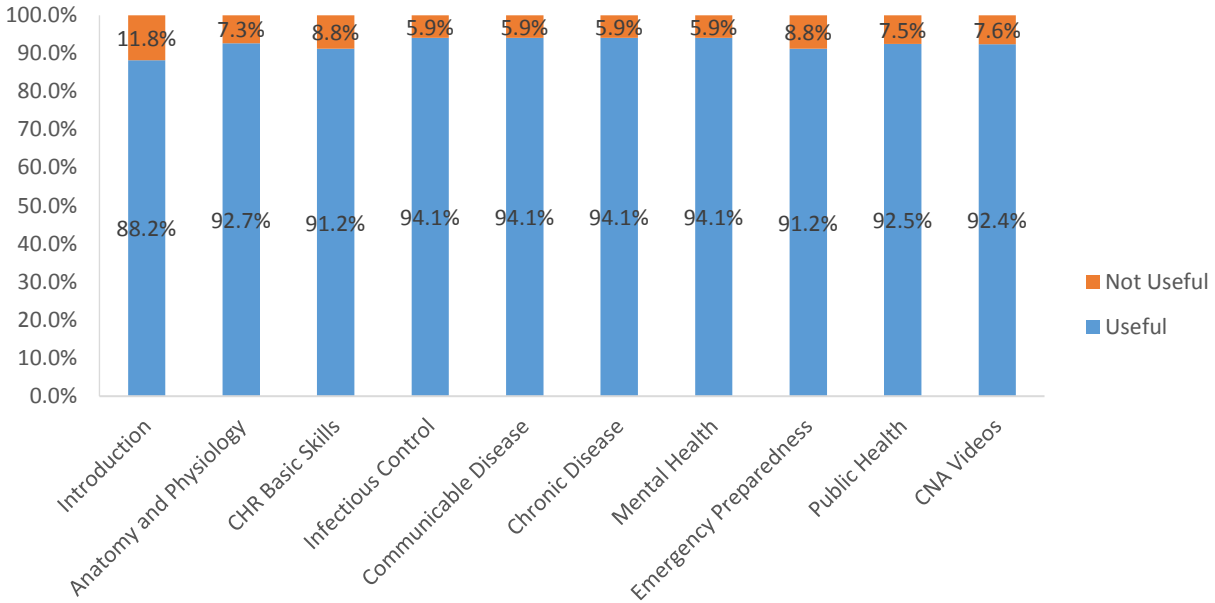


Figure 4: Level of usefulness after completing CHR training by specific training module (N=68)

Ninety-three percent of survey respondents reported that they felt more knowledgeable, capable and confident to utilize information acquired from the basic CHR online training in their work as a CHR.

Thirty-two out of 68 (47.1%) of survey respondents indicated that they were ‘very likely’ and 25% indicated that they will ‘definitely’ change their behavior in delivering services as a result of the knowledge gained from the CHR online training. This can be seen in figure 5 below.

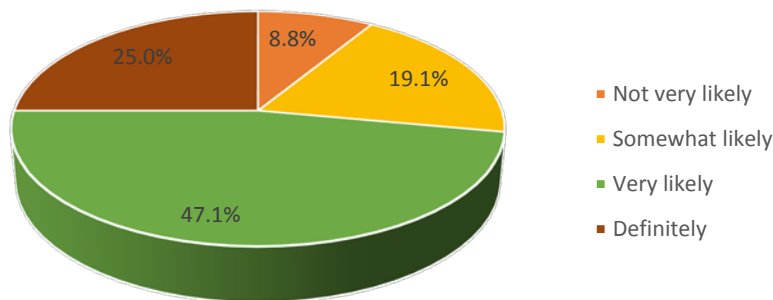


Figure 5: Percentage of survey participants likely to change behavior (N=68)

Figure 6 below shows that 50% of survey participants will definitely recommend the basic online CHR training to someone.

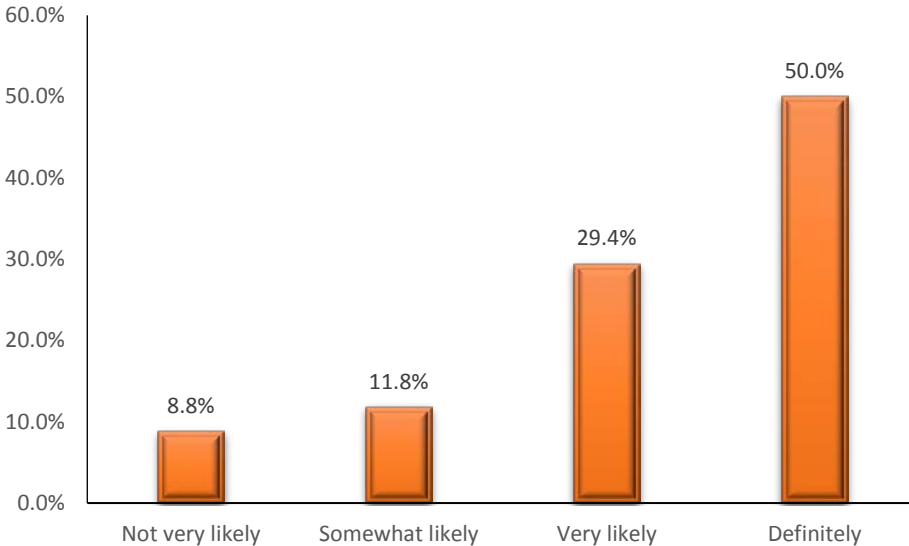


Figure 6: Percentage of survey respondents who will recommend CHR training to someone, (N=68)

Further stratified analysis revealed that 35.3% of participants who had some certification were very likely to change any behaviors or how they delivered services and they reported that they are definitely likely to recommend CHR training to someone. More than 26% of participants who had previously taken a CHR training indicated that they were very likely to change any behaviors or how they delivered services. More than 29% of participants who were taking the CHR training for the first time reported that they were definitely likely to recommend CHR training to someone. Approximately 52% of participants who reported taking the CHR training for the first time found each module useful compared to 42% who had completed a prior CHR course. These differences were not statistically significant.

Summary and Next Steps

The purpose of this evaluation was to inform decision making aimed at improving training content as well as contributing to broader evidence base on best practices for implementing CHR training. The results from this study indicate that the web-based (online) method of CHR training was beneficial since majority of participants gained advanced knowledge after completing each training module. In addition, the majority of participants acquired more knowledge and felt capable and confident to utilize information acquired from the CHR online training to improve their work as a CHR. Each training topic and module was useful to approximately 90% of participants and this demonstrates that training content is valuable and provides some new information to CHRs. Data also demonstrated that first time participants found it slightly more useful than those who had completed a prior CHR course.

Overall, the CHR basic online training module is a good resource and provides important and significant information to improve the knowledge and skills for new, as well as previously trained CHRs. A total of 72.1% of respondents indicated that they are either ‘very likely’ or will ‘definitely’ change behaviors or how they deliver services and apply the knowledge they gained from this CHR online training in their work. This is an important finding and underscores the importance of implementing this training to better train and equip CHRs with knowledge and skills needed to provide a variety of the much needed health services within AI/AN communities. CHRs may be stronger advocates because they come from the communities they serve and know specific tribal healthcare needs; and hence it is important to provide them with adequate and relevant training to better prepare them in providing health care, health promotion, and disease prevention services within AI/AN communities.

Limitations

Data were not available to compare the effectiveness of in-person CHR training to the online CHR training to assess any differences in modality of training delivery. Future evaluation studies could be designed to address this question. Also, the number of participants in this study was small; therefore although some differences were observed in stratified analysis, they were not statistically significant due possibly to insufficient statistical power. Future studies should target a larger pool of participants.

Next Steps

CHR perform majority of their work in the communities in which they live providing healthcare services to clients. Training for CHRs has been shown to be beneficial, however it will be valuable to obtain data on the services they provide and how useful they are from their clients’ perspective. It is suggested that a client satisfaction survey be conducted since these results will provide feedback to the CHRs on their work as well as insight into specific areas in CHR training that need to be strengthened. This will also provide the necessary data and evidence to change and improve certain aspects of the CHR program.

APPENDIX

Form Approved
OMB Form No. 917-0036
Expiration Date: 7/31/2018

Indian Health Service (IHS)
Community Health Representatives (CHR)
Basic Online Training Evaluation

1. What is your age?
 - a) 18-19
 - b) 20-29
 - c) 30-39
 - d) 40-49
 - e) 50-59
 - f) 60 and above

2. What is your sex?
 - a) Male
 - b) Female

3. What is the highest level of education you completed?
 - a) Middle School
 - b) Some high school
 - c) High school
 - d) Some college
 - e) College
 - f) Post graduate

4. Do you have any certifications? Yes ____ No _____. If yes, please select from list below.
 - a) CNA
 - b) LPN
 - c) EMT
 - d) RN
 - e) Other (specify) _____

5. How many years of experience do you have as a CHR? _____, Not Applicable

6. Is this the first time you are taking a CHR training course?
 Yes _____ No _____
 If no, when was the last time you took a CHR training (year) _____ and what was the mode of training
- a) In-person through I/T/U
 - b) In-person through non I/T/U
 - c) Online through I/T/U
 - d) Online through non I/T/U

7. Do you think this CHR training was useful?
- a) Yes
 - b) No

8. In the table below, assess your knowledge and skills before and after completing the CHR training modules. For each module, please select whether you had ‘no knowledge’, ‘some knowledge’ or ‘advanced knowledge’ for both ‘Before’ and ‘After’ CHR Training.

Modules	Before CHR Training			After CHR Training		
	No or Little Knowledge	Some Knowledge	Advanced Knowledge	No or Little Knowledge	Some Knowledge	Advanced Knowledge
Introduction						
Anatomy & Physiology						
CHR Basic Skills						
Infectious Control						
Communicable Disease						
Chronic Disease						
Mental Health						
Emergency Preparedness						
Public Health						
CNA Videos						

9. In the below table, select whether you found each module useful or not useful.

Modules	Useful	Not Useful
Introduction		
Anatomy & Physiology		
CHR Basic Skills		
Infectious Control		
Communicable Disease		
Chronic Disease		
Mental Health		
Emergency Preparedness		
Public Health		
CNA Videos		

10. Do you feel more knowledgeable, capable and confident to utilize information acquired from this training in your work as a CHR?

- a) Yes
- b) No

11. Are you likely to change any behaviors/how you deliver services or apply knowledge gained from this training in your work as a CHR?

- a) Not very likely
- b) Somewhat likely
- c) Very likely
- d) Definitely

12. How likely are you to recommend this CHR training to someone?

- a) Not very likely
- b) Somewhat likely
- c) Very likely
- d) Definitely

Thank you for participating

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0917-0036. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to

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