Classroom vs. online training for peer community health advisors in African American Churches

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Disclosure

• I, or an immediate family member, including spouse or partner, have NO financial relationship(s) relevant to the content of this educational activity.
Overview

• Dissemination & implementation (D&I) research
• Project HEAL background
• Community Health Advisor (CHA) training – online vs. classroom
• Study group comparisons
• Conclusions
• What’s next for Project HEAL
Dissemination/Implementation

• Well-documented gap between evidence-based interventions (EBIs) and putting them into practice
  • Translational continuum:
    • Basic science discovery
    • Translation
    • Dissemination
    • Adoption
  • Research agenda has increased the focus on dissemination and implementation (D&I) research
Health IT

- eHealth increasingly used as a method to disseminate health information
- Effective eHealth promotion interventions have been reported in a variety of health areas

### Benefits of eHealth Interventions

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<th>Reduced delivery costs</th>
<th>Convenience to users</th>
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<td>Enhanced fidelity</td>
<td>Reduction of geographic-, time-, and mobility-based barriers</td>
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Project HEAL

• “Health through Early Awareness and Learning”
  • NCI-supported study
• Works through African American churches to test two strategies of implementing EBIs in cancer early detection (breast, prostate, colorectal)
• Uses a lay Community Health Advisor (CHA) approach
Project HEAL

Breast Cancer EBI  Prostate Cancer EBI  Colorectal Cancer EBI

Project HEAL

Cluster Randomized Design

Traditional CHA Training  Technology-based CHA Training
(n = 8)               (n = 6)
CHA Training

- Two CHAs (1 male, 1 female) per church identified by Pastor
- 13 content-specific modules
- CHA certification after passing knowledge exam
- CHAs are provided other materials including:
  - Training manual
  - Cancer resource guide
  - Recruitment flyers
  - Educational workshop slides
CHA Training

Traditional approach:
• Minimum of 6 hours in-person training
• In-person knowledge exam
• Maximum technical assistance as requested

Technology approach:
• Self-paced online training
• Online knowledge exam
• Minimal technical assistance
Welcome to Project HEAL's Community Health Advisor (CHA) Training. Thank you for your time and dedication to this project. Thanks for your service to your congregation.

This training includes 5 parts:

1. Informed Consent - describes the project's purpose and lets you know what to expect.
2. Memorandum of Understanding - describes what we expect from you and what you can expect from Dr. Holt and the Project HEAL Staff.
3. Training Presentations - individual training modules that give you the information you will need to be able to teach the HEAL workshops.
4. Exams - after you read the training modules, test your knowledge, to become a certified Community Health Advisor.
5. CHA Training Evaluation Survey - after becoming a certified Community Health Advisor, please take our CHA Training Evaluation Survey to provide valuable feedback about our online training.

Once you complete the 6 steps, you will have all the tools necessary to start preparing to lead your workshops.

If you have any questions, please feel free to contact the below Project HEAL staff:

- Sherle Lou Santos - Program Manager
  - 301-405-7593
Results

Participant demographics
• N = 381 baseline enrolled
• Age 40-75 Mean age = 54.99 (SD 9.10)
• N=120 men; N=261 women
• 28.6% single; 46.8% married; 15.8% separated/divorced
• 32% high school; 35.7% some college; 26% 4+ years college
• Median household income $50-60,000
• 65% completed follow-up
Results

Implementation outcomes

• CHAs in both study groups implemented the series of 3 workshops in their churches

• Participant recruitment:
  • Online: Total N = 162; Mean = 27.00 (SD=14.60)
  • Traditional: Total N = 227; Mean = 28.38 (SD=9.74)
Results

Cancer knowledge- prostate & colorectal

- The intervention resulted in significant overall pre-post increases in:
  - colorectal cancer knowledge ($p < .05$)
  - prostate cancer knowledge ($p < .001$)
- Knowledge specific to the prostate cancer “controversy” decreased significantly ($p < .05$)
- No statistically significant study group differences
  - Technology group had marginally greater increases in prostate cancer knowledge ($p = .05$)
Results – mean knowledge scores

Results

Cancer knowledge- breast

• The intervention resulted in significant overall pre-post increases in:
  • mammography knowledge ($p < .001$)
  • Breast cancer knowledge decreased significantly ($p < .001$)
• No statistically significant study group differences
Results - mean knowledge scores

Breast Cancer
- N=238
- N=146

Mammography
- N=244
- N=153


ps<.001
Results

Participant satisfaction

- Participants expressed significantly greater satisfaction (e.g., interest; relevance; importance; trust) with the workshops in the technology approach than in the traditional approach \((p < .01)\).
Results – participant satisfaction

Satisfaction – out of 39.
Conclusions

• The technology (online) method of training lay Community Health Advisors...
  • is feasible
  • is at least as effective for study-related outcomes as the traditional classroom method
  • may result in greater participant satisfaction than the traditional classroom method
    • need to investigate possible reasons for that from our process data
Limitations

- Specific to African American churches
- Assumes computer and Internet access
- Need for minimal technical assistance may impact ease of dissemination
What’s Next?

• Churches completing 12-month follow-up assessments
• Analysis of organizational factors in churches and participant & implementation outcomes
• Examine sustainability of Project HEAL in churches
• Future research
  • Expansion to other populations, faiths, settings, and health problems
  • Global health/cultural translation
Acknowledgements

• Project Team
  • Principal Investigator – Dr. Cheryl L. Holt
  • Co-Investigators – Dr. Muhiuddin Haider, Dr. Tony Whitehead, Dr. Min Qi Wang, Dr. Mary Ann Scheirer, Dr. Janice Bowie
  • Graduate Research Assistant – Erin K. Tagai, MPH
  • Community Partners – Col. Jimmie Slade & Roxanne Carter
• Supported by the National Cancer Institute (R01CA147313)
• Approved by the University of Maryland Institutional Review Board (10-0691)
Questions?