

A decorative graphic at the top of the slide consists of several colored squares (brown, red, orange, yellow) and a horizontal line with a red border. The squares are arranged in a pattern that suggests a staircase or a path. The horizontal line is a long, thin rectangle with a red border, positioned below the squares.

Building the capacity of community leaders to collect and use local health data for advocacy and planning: The Data & Democracy Statewide Training Initiative

Health DATA Program
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Presentation Outline

- Background of *Data & Democracy*
- Evaluation methods
- Evaluation results
- Conclusions
- Implications
- Next steps

Health DATA Program

- The Health **DATA** Program (**D**ata, **A**dvocacy and **T**echnical **A**ssistance) is a public service program of the UCLA Center for Health Policy Research, home of the California Health Interview Survey
- **Vision** - "Turning Knowledge into Action"
- **Goal** - to build the capacity of advocates, organizations, and coalitions to use health data to address the health policy issues important to the communities they serve

Data & Democracy Statewide Training Initiative

- **Purpose:** to build the capacity of California community-based organizations (CBOs) to access and apply data to local public health planning and advocacy through the community assessment process
- Funded between 2005 and 2007 by The California Endowment; guided by a Community Advisory Board
- Utilized a train-the-trainer model, based on adult learning and diffusion of innovation theories
- Consisted of a free, three-day training course on how to plan and conduct a community needs assessment, as well as how to train others from the same material

Long-Term Goals

- Establish a cadre of knowledgeable and skilled community advocates able to access and use health data to advance their programs and policy goals
- Build community-based capacity to engage in and use research to advance program and policy goals

Course Participants

- **Inclusion criteria:** Staff or volunteers of non-profit or CBOs serving underserved communities
- **Six city/county regions:** Orange County, San Diego, Oakland, San Francisco, Sacramento, Fresno
- **Community-based recruitment** facilitated by local and regional CBO partnerships and endorsement, electronic mailing lists, word-of-mouth, outreach
- **Concurrent Spanish *Datos y democracia*** was funded by The California Wellness Foundation and offered in San Diego, Los Angeles, Fresno

Community Workshops

- Each course participant, or “**trainer**”, was required to complete a community workshop
- Workshop participants, or “**end users**”, included community collaborative partners, co-workers, or community members
- Trainers taught to “**translate**” the community assessment curriculum for their end users
- Course was delivered using interactive adult learning and popular education methods; encouraged trainers to use similar training methods in their workshops

"Performing a Community Assessment"

Curriculum Overview

Six steps to plan and conduct a community assessment:

Step 1: Develop a Community Partnership

Step 2: Determine Your Focus

Step 3: Identify the Information (Data) You Need

Step 4: Determine How to Get the Information (Collect Data)

Step 5: Determine How to Understand the Information (Analyze Data)

Step 6: Determine How to Use and Communicate Results

Other Course Materials

- Curriculum appendices:
 - Chapters on 6 data collection methods
 - Computer Software to Compile and Analyze Data
 - Data Analysis Exercise Materials
 - Ethical Considerations in Human Subjects Research
 - Comprehensive listing of free, web-based resources
- *Trainer's Guide & Toolkit* curriculum
- All curricula and course materials are available for free download in English and in Spanish on Health DATA website:
http://www.healthpolicy.ucla.edu/healthdata/ttt_prog.html

Trainer Support

- On-call technical assistance from Health DATA staff
- \$125 stipend to support their community workshop
- Course binder containing curricula and other training materials
- CD ROM containing electronic files of curricula and slides
- Health DATA Trainer certificate
- Curricula, certificates of completion and evaluation forms for participants of trainer's community workshop
- Regional Convening offered within 6 weeks after course completion, including speakers, skill clinics, and networking with funders, researchers, and other community-based organizations

Evaluation Methods

- Initiative implementation tracking
- Application surveys
- Pre- and post-course surveys
- Course evaluations
- Convening evaluations
- Workshop evaluations
- End-user online/phone surveys
- Trainer follow-up phone interviews
- Trainer online exit surveys
- Case studies

Evaluation Results: Participation

- 238 individuals applied for courses
- There was a great demand for the course; each had a waiting list of 10-60 individuals
- 108 trainers conducted 58 community workshops, reaching 612 end users
- Project-wide activities successfully reached 849 representatives of CBOs, non-profits and collaboratives serving underserved communities
- Trainers included program directors, grant writers, advocates, *promotoras* and community health outreach workers, and other agency staff
- Trainers represented diverse underserved communities

Workshops

Course material covered in workshops included (in rank order):

- Building a community partnership (Step 1)
- Focus the assessment (Step 2)
- Determine the data needed (Step 3)
- Determine how to collect the data (Step 4)
- An overview of all 6 steps of the curriculum
- Determine how to analyze the data (Step 5)
- Discussion of how and when to conduct an assessment
- All of it
- Introduction (including how and why to do an assessment)
- Communicate assessment findings (Step 6)

Readiness

- “Readiness” was considered:
 - Little prior experience with health data
 - Little prior experience with community assessments
 - Belief that community assessments are important for own community work
- Course applicants and end users reported similar low-to-moderate levels of prior experience with health data and mixed levels of experience with community assessment
- Course participants believed course skills and community assessments in general were important to their work
- Workshop and convening participants believed community assessment and course resources were relevant and useful to their work

Satisfaction

- All project components, materials, trainers, and resources were rated highly by all levels of participants
- Average ratings ranged from 3.45 to 4.79 on a 6-point Likert scale from 0 to 5 (where 5 is “excellent”)
- Courses were rated the highest, followed closely by workshops and then convenings
- End users and convening participants reported that workshop and convening closely matched their expectations

Self-Efficacy: Trainers

- Change in capacity measured as changes in pre-post self-rated confidence, or **self-efficacy**, on course skills
- Results show positive increases in self-efficacy in all 19 training and community assessment skills between pre- and post-surveys
- Pre-post increases in self-efficacy range from +0.75 to +1.85 on a 6-pt scale

Self-Efficacy: Trainers

Skills yielding the largest magnitude increase between pre-post:

- Identifying appropriate data analysis methods for quantitative and qualitative data (average increase of +1.85 out of a 6-pt scale, or 31% increase)
- Identifying pros and cons of various data collection methods (average increase of +1.72, 19% increase)
- Training others how to plan and conduct a community assessment (average increase of +1.72, 19% increase)

Self-Efficacy: End Users

- Self-efficacy was also measured via single post-workshop items among end users
- End users reported high levels of self-efficacy in community assessment skills immediately following their workshop
- Single item asked of convening participants: “Was convening useful in increasing your community assessment knowledge and skills?”
 - Vast majority strongly agreed

Intentions

- Intentions to apply new knowledge and skills from course/ workshop/ convening were measured as several items asking degree of likelihood that community assessment skills and/or materials would be used in work
- Trainers asked post-course to state 3 goals following course, then asked re: progress in follow-up interviews
- All levels of participants reported high levels of intentions to use content and materials in their ongoing community work
- Trainers also reported high level of progress on post-course goals, including:
 - Increasing knowledge and skills of others
 - Using workshop to start a planning process
 - Using workshop to start a community assessment

Conclusions

- Train-the-trainer model successfully and positively impacted the community assessment skills of both trainers and end users
- By teaching others, trainers felt they mastered the course curriculum more deeply
- Trainers identified ways to use their community assessment skills and training resources to achieve their own organizational goals and community work
- Trainers employed many strategies in tailoring their workshops to the interests, needs, language preferences, and contexts of their workshop audiences
- Trainers were able to successfully reach a more diverse group of end users than could be achieved by Health DATA alone
- Quality of the curriculum/training resources and interest in additional health data training opportunities was reflected at all levels

Implications for Data Capacity Building

- Capacity building around accessing, collecting, and using health data are needed and sought by community advocates
- Limited “data literacy” is a big barrier for community leaders to research; very few capacity building efforts address this need
- Providing this information in a train-the-trainer model allows for a greater distribution of/ access to curriculum and resources
- Allowing trainers to “translate” the materials for their audiences ensures that these materials will be more relevant and useful for diverse audiences than one curriculum/ trainer could achieve
- Intensive support and follow-up are necessary for workshop completion and applying new skills
- Trainers with greater organizational support are better able to engage and complete requirements

Next Steps

- With generous support from The California Endowment, *Data & Democracy* will be expanded another 2 years to reach additional regions in California, and better serve areas with high demand such as LA and Fresno
- With generous support from The California Wellness Foundation, Health DATA will implement another train-the-trainer project in Spanish covering its “Introduction to health data” curriculum
- Train the Trainer alumni are now part of a Community Trainer Resource Network maintained by Health DATA to announce training and job opportunities, and to facilitate collaboration

For more information

Health DATA Program

<http://www.healthpolicy.ucla.edu/healthdata/index.html>

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