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Evidence-based Community Health Advisor Training in African American Churches Project Report

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OFFICE OF COMMUNITY OUTREACH AND ENGAGEMENT

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Executive Summary

This report summarizes findings and accomplishments from the Evidence-based Community Health Advisor (CHA) Training in African American Churches project. The purpose of the project was to train lay members of African American churches to promote health in their communities, with an emphasis on cancer prevention and screening for breast, prostate, colorectal, and lung cancers using the existing evidence-based Project HEAL Community Health Advisory Training. Community Partners led project outreach and recruitment to enroll African Americans, 21+ years old, who regularly attended church services, and were willing to complete the 7-hour CHA training and associated survey and knowledge check for certification. A total of 130 CHAs representing 22 churches were trained in 10 different training sessions from October of 2021 to May of 2022. Trained CHAs generally reported favorably on their training experience and perceived outcomes. All trained CHAs successfully completed the CHA training knowledge check to earn their Project HEAL certification with minimal to no differences by training site (Baltimore as compared to Prince George's County), training method (virtual as compared to in-person), and gender. The next steps of the project include the development and dissemination of a project lay report for those that participated and supporting trained CHAs in the health promotion efforts at their churches.

Introduction

Purpose

The purpose of the Evidence-based Community Health Advisor (CHA) Training in African American Churches project was to train lay members of African American churches in the University of Maryland Greenebaum Comprehensive Cancer Center (UMGCCC) catchment area to promote health in their communities, with an emphasis on cancer prevention and screening for breast, prostate, colorectal, and lung cancers using the existing evidence-based Project HEAL Community Health Advisory Training.

Team

This project was led by Principal investigator, Dr. Cheryl L. Knott, managed by Mr. Nathaniel Woodard, and designed and delivered with the input and contributions of community partners Nurse Barbara-Jean (BJ) Robinson-Shaneman, Col. Jimmie L. Slade, Rev. Alma Savoy, and Ms. Roxanne Carter.

Outreach and Recruitment

Community Partners led project outreach and recruitment using project-tailored recruitment materials tailored by leveraging existing relationships with local churches via phone, email, and in-person outreach. Churches that participated in or expressed interest in previous clinical trials led by the investigator were approached first. Community partners also recruited new churches via the same recruitment methods along with snowball methods in the form of referrals from recruited churches. Participating churches were located in the UMGCCC catchment area and were identified by the church leadership as African American churches. Each church shared names and contact information for prospective CHAs that were African American, 21+ years old, regularly attended church services, and were willing to complete a 7-hour Project HEAL

training and associated survey and knowledge check for certification. Trained and certified CHAs received a $200 electronic gift card to compensate their time and/or help support subsequent health promotion activities the CHAs would bring to their communities.

Program Implementation

CHAs were recruited and trained on a rolling basis throughout the project. Each 7-hour training consisted of 10 modules (e.g., breast cancer, prostate cancer, COVID-19, how to conduct an educational workshop) and was led by the project manager in tandem with one or more community partners. Ten CHA trainings were conducted in the project taking place on Saturdays between October 23, 2021 and May 7, 2022. Five trainings occurred in Baltimore using an in-person format, one training in Prince George's County was conducted in-person, and four virtual trainings attended by Prince George's County residents were delivered via Zoom. At the end of the training, CHAs completed a post-training survey and a knowledge check in which they were required to score at least an 80% to become certified Project HEAL Community Health Advisors. CHAs were also linked to additional resources they could use to help foster health awareness and promotion at their church. Tweaks to project implementation and content were made based on feedback from trained CHAs throughout the project (e.g., the introduction of virtual training methods via Zoom). A total of 130 CHAs (56 CHAs in Baltimore; 74 in Prince George's) representing 22 churches (10 in Baltimore; 12 in Prince George's) were trained and certified in this project, a 150% increase over the 52 trained and certified CHAs in the Project HEAL Integration trial. Nearly half (62 CHAs or 47.7%) of the CHAs in this project were trained online via Zoom.

Table 1: CHA demographics (N=130)

		Frequency (%)
Race		
	Black or African American	130 (100%)
Age[M]		58.99 (14.12)
Gender		
	Female	96 (80%)
	Male	24 (20%)
Education		
	Some high school or less	1 (0.8%)
	High school or GED	19 (15.7%)
	Some college	25 (20.7%)
	2 year technical or trade school	9 (7.4%)
	4-year college degree	35 (28.9%)
	Master's degree or higher	32 (26.4%)
Employment		
	Full-time	55 (45.5%)
	Part-time	14 (11.6%)
	Receiving disability	4 (3.3.%)
	Retired	38 (31.4%)
	Not currently employed	10 (8.3%)
Cancer survivor		22 (18.2%)
	Breast•	13 (59.1%)
	Lung•	2 (9.1%)
	Prostate•	2 (9.1%)
	Other•	6 (27.3%)
Family history of cancer		81 (75%)
Prior health promotion experience		70 (58.3%)

Valid percentages ignoring missing data are presented. Percentages may not sum to 100 as participants were able to select multiple cancer diagnoses.
•Percentage is of those diagnosed with cancer.
[M]Mean (SD) are presented instead of frequency (%).

Data and Findings

CHA demographics

Trained CHAs were members of their church, but this project also saw participation from church leadership, including clerical staff, health ministry members and leaders, and even first ladies, bishops, and pastors of the church. The mean age of participating CHAs was 58.99 (SD = 14.12) and 80% of CHAs were female (see Table 1). Most CHAs (83.4%) had at least some college education and 55.4% held a bachelor's degree or higher. CHAs were most often employed full-time (45.5%), retired (31.4%), or employed part-time (11.6%). Some CHAs were cancer survivors (18.2%), but 75% of CHAs able to respond had a family history of cancer. More than half of the CHAs (58.3%) had some prior experience in health promotion (e.g., work experience, church health ministry experience).

CHA perceptions of the training

On a scale of 1 (not useful) to 4 (very useful), 100% of participants found the training to be useful with 95% of participants finding the training 'very useful.' After completion of the training, 98.4% of participants agreed that they felt well-trained to fulfill their role as a CHA and 82.4% of those participants 'strongly agreed' that they felt well-trained (see Table 2).

Table 2: CHA perceptions of the training (N=121)

	Frequency (%)
Training utility	
Very useful	115 (95%)
Useful	6 (5%)
Somewhat useful	0 (0%)
Not useful	0 (0%)
Felt well trained to fulfill role	
Strongly agree	98 (81%)
Agree	21 (17.4%)
Disagree	0 (0%)
Strongly disagree	2 (1.7%)
Wish own skills as a CHA were stronger	
Strongly agree	43 (35.8%)
Agree	31 (25.8%)
Disagree	23 (19.2%)
Strongly disagree	20 (16.7%)

Valid percentages ignoring missing data are presented.

When asked what they liked most about the training, participants shared that they felt the session had critical content that was very clearly and well-presented. One participant shared, "I enjoyed how the information was presented and how it was made easy to follow, and comprehend, which gave me the confidence that I will be able to inform others." Participants also found the presentations 'empowering' and commented specifically on the presenters' abilities to communicate the information and keep the session engaging. One participant stated, "It was a great review for me. The material was presented in format that was easy to follow. [The presenters were] able to hold my interest even though I am familiar with the information."

Most participants felt the training was strong as is without additional improvement. However, common feedback regarding improvements that could be made were with regard to training length. But the comments about training length were split between lengthening the training to include additional breaks and content and shortening the training to reduce the number of

hours required to become certified. Another comment from some CHAs was on the availability of print materials. While all materials and resources from the project, and more, were made available to the CHAs online via an easily accessible direct link, some CHAs indicated that they would have appreciated print copies of all materials. One CHA said, "Even though it may be a little costly, possibly provide handout materials to all participants." While the budget for this project did not allow us to print copies of all materials for each trained CHA, we did print communal copies for each church that participated in the project.

CHA post-training confidence and health promotion plans

On a scale of "not at all confident" (1) to "very confident" (5), 84.3% of CHAs responded that they felt confident presenting cancer information to their church (55.88% of which felt very confident), 80% indicated confidence in responding to cancer-related questions, and 84.3% felt confident engaging church members in discussions about cancer (see Table 3).

Most participants (90.3%) indicated that they planned to conduct cancer education sessions at their church, 87.4% suggested they would like to bring other health activities to the church, 95.5% indicated that they would recommend this training to a peer (83.6% strongly agreed that they would recommend the training), and 95.4% indicated that they would recommend this project to a fellow church member (86.2% strongly agreed that they would recommend the project). Anecdotally, CHAs would frequently approach facilitators after the training to express their excitement for sharing what they learned with other members of their community. CHA

Table 3: CHA confidence and health promotion plans post-training (N=121)

	Frequency (%)
Confidence presenting cancer information	
Very confident	57 (47.1%)
Somewhat confident	45 (37.2%)
Neutral	15 (12.4%)
Somewhat not confident	4 (3.3%)
Not at all confident	0 (0%)
Responding to questions about cancer	
Very confident	44 (36.7%)
Somewhat confident	52 (43.3%)
Neutral	20 (16.7%)
Somewhat not confident	3 (2.5%)
Not at all confident	1 (0.8%)
Engaging church members in cancer discussions	
Very confident	59 (48.8%)
Somewhat confident	43 (35.5%)
Neutral	16 (13.2%)
Somewhat not confident	1 (0.8%)
Not at all confident	2 (1.7%)
Plan to conduct cancer education sessions	
Strongly agree	67 (65%)
Agree	26 (25.2%)
Disagree	7 (6.8%)
Strongly disagree	3 (2.9%)
Plan to conduct other health activities	
Strongly agree	62 (55.9%)
Agree	35 (31.5%)
Disagree	12 (10.8%)
Strongly disagree	2 (1.8%)
Recommend becoming a CHA to others	
Strongly agree	92 (83.6%)
Agree	13 (11.8%)
Disagree	2 (1.8%)
Strongly disagree	3 (2.7%)
Recommend the project to others	
Strongly agree	94 (86.2%)
Agree	10 (9.2%)
Disagree	2 (1.8%)
Strongly disagree	3 (2.8%)

Valid percentages ignoring missing data are presented.

perceptions of the training, perceptions of their skills as CHAs, interest in bringing health promotion activities to their church, and reported likelihood of recommending the training and the project did not differ by site (i.e., Baltimore as compared to Prince George's County), training method (virtual or in-person), nor gender.

CHA knowledge check performance

All 130 trained CHAs successfully completed the knowledge check for certification. The vast majority (88.5%) of CHAs successfully completed the knowledge check on their first attempt. CHAs' best attempts on the knowledge check earned them an average score of 34.64 (SD=2.42) out of 40 or 86.6% correct. Analyses did not demonstrate any differences in score or number of attempts needed to successfully complete the knowledge check by CHA site or gender, however, scores on the knowledge check did differ by training method. On average, those trained online using Zoom (virtual training method) correctly responded to 1.15 more questions in their highest scoring attempt than those trained in-person (mean = 35.24, SD = 2.28 and mean = 34.09, SD = 2.44, respectively; $p < .01$). However, this difference in score is just over 1 more missed question on a knowledge check of 40 items, and this difference by training method may not be practically significant. The number of attempts needed to successfully complete the knowledge check did not differ statistically by training method but descriptively, those trained virtually successfully completed the knowledge check in .13 fewer attempts on average when compared to those trained in-person (mean = 1.08, SD = .27 and mean = 1.21, SD = .59, respectively; $p = .12$). As all CHAs were able to successfully complete the certification knowledge check with no practical significances in score or attempts required by group, both training methods (virtual and in-person) seem effective for CHA training.

Table 4: CHA knowledge check performance by group

			Mean (SD)	t-value	df	Mean difference	p-value
Score	Site	Baltimore	34.24 (2.40)	-1.66	127	-.71	.10
		Prince George's	34.95 (2.41)				
	Training method	Virtual	35.24 (2.28)	2.77	127	1.15	>.01
		In-person	34.09 (2.44)				
	Gender	Male	34.08 (2.75)	-1.26	117	-.70	.21
		Female	34.78 (2.34)				
Attempts needed to pass	Site•	Baltimore	1.21 (.62)	1.33	73.54	.12	.19
		Prince George's	1.09 (.29)				
	Training method•	Virtual	1.08 (.27)	-1.58	96.84	-.13	.12
		In-person	1.21 (.59)				
	Gender	Male	1.08 (.28)	-.85	118	-.09	.40
		Female	1.18 (.52)				

•Equal variances between groups not assumed per Levene's Test for Equality of Variances.

Next Steps

Next steps in the current project include the development and dissemination of a lay report of the project findings to share with those CHAs and churches that participated. We also look

forward to hearing from our CHAs about their planned and executed health endeavors and providing technical support for them upon request.

Acknowledgments

We would like to thank the church leaders that allowed us to bring this project into their churches, especially those that allowed us to use church space for training purposes. We would also like to thank our dedicated roster of 130 Community Health Advisors that trained in this project!

Appendices

Recruitment materials

Fliers

CS

SI

Community Health Advisor Eligibility

Project HEAL

Health through Early Awareness and Learning

To be eligible, potential Project HEAL Community Health Advisors must:

- Be African American;
- Be 21+ years old;
- Regularly attend church services;
- Complete Project HEAL training that consists of:
  - A 7-hour live (Zoom or in-person) training session,
  - An online certification exam,
  - A 5-minute survey

"Guide me in your truth and teach me."

-Psalms 25:5a [NIV]

MEMORANDUM OF UNDERSTANDING
Between
University of Maryland School of Public Health
And
_____CHURCH NAME _____

As of ____/____/_____ this Memorandum of Understanding, serves as a partnership between Dr. Cheryl L. Knott at the University of Maryland School of Public Health and _____(CHURCH NAME)_____ for the purposes of conducting Project HEAL (*Health through Early Awareness and Learning*). _____(CHURCH NAME)_____ has agreed to participate in this project over the course of about 6 months under the following conditions:

The responsibilities of University of Maryland School of Public Health under the leadership of Dr. Cheryl Knott are listed as follows:

- Provide at least 7 hours of trainings and additional technical assistance to the designated Community Health Advisors on the required skills and core content necessary to conduct Project HEAL cancer education workshops
- Provide all training materials (e.g. brochures, handouts)
- Conduct evaluations of the training program
- Report project findings to _____**(CHURCH NAME)**_____ and CHAs

The responsibilities of _____**(CHURCH NAME)**_____ are listed as follows:

- Recruit at least 10 members by ____/____/_____ from the congregation (at least 1 female and 1 male screened and approved by project staff) to be trained to serve as Community Health Advisors
- Deliver the program as designed and using the provided materials
- Not reproduce materials without Dr. Knott's permission
- Support project data collection activities using approved project surveys
- Support the CHA training and health programming within the church

The project period is August, 2021 through June, 2022.

_____ _____
_____**(PASTOR NAME)**_____ Date
_____**(CHURCH NAME)**_____

Cheryl L. Knott, PhD Date
University of Maryland, School of Public Health

Updated 8/26/21

MEMORANDUM OF UNDERSTANDING
Between
University of Maryland School of Public Health
And

_____
(CHA NAME)

As of _____/_____/_____ this Memorandum of Understanding, serves as a partnership between Dr. Cheryl L. Knott at the University of Maryland School of Public Health and the CHA, as listed above, for the purposes of conducting Project HEAL (*Health through Early Awareness and Learning*). The CHA has agreed to participate in this project and complete the one-time training session under the following conditions:

Dr. Knott's responsibilities:

- Provide training to identified CHAs on the delivery of the program, core content, etc.
- Make training materials available to CHAs (such as: PowerPoint presentations, brochures, handouts)
- Conduct evaluations of the training program
- Report project findings back to the church and CHAs

CHA's Responsibilities:

- Undergo seven hours of Community Health Advisor (CHA) training
- Complete a brief survey regarding the training experience
- Complete a training knowledge check with a score no lower than 80% in order to become certified as a CHA
- Not reproduce materials without Dr. Knott's permission

The CHA will receive a token of appreciation valued at $200 in the form of an electronic gift card for participation as outlined above.

X

_____ _____

CHA Signature ***Date***

Cheryl L. Knott, Ph.D. *Date*
University of Maryland, School of Public Health
Department of Behavioral and Community Health

_____

CHA Name

Updated 10/20/21

Instruments for data collection

Post-training survey

For the full version of the post-training survey, please email woodardn@umd.edu.

Project HEAL

Health through Early Awareness and Learning

Community Health Advisor
Post-Training Survey

Name: _____ Date: _____

Name of Church: _____

Knowledge check

For the full version of the post-training survey, please email woodardn@umd.edu.

CHA Sustainment Knowledge Check

This check has 40 questions designed to be sure you are prepared to confidently present the Project HEAL materials. To successfully complete the check, you will need to correctly answer at least 34 of the 40 questions (85% or higher). If your score at the end of the check does not reflect 34 or more correct answers, you may retake the check after reviewing your notes and previous responses.

Do you give permission for our team to use this knowledge check information for quality assurance?

- ○ Yes
- ○ No

Have you submitted your signed consent form to Nate Woodard (Program Manager)? **If not, stop here and submit the consent form that was reviewed during the training session**. Should you need another copy, email **woodardn@umd.edu**.

- ○ Yes, I have submitted the signed consent form to Nate
- ○ No, I have not submitted the signed consent form

Name: _____

Email: _____

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Additional Resources for CHAs

The additional materials made available to trained community health advisors in this project are available at the following link: http://bit.ly/chaslinks