Project HEAL: Health through Early Awareness and Learning

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Purpose

• Project HEAL is an implementation trial
  – Funded through the National Cancer Institute (CA147313)
  – Conducted in 14 African American churches
    • Prince George’s County, MD
  – Aims to compare two approaches to training lay peer community health advisors
    • Traditional in-person/classroom
    • Online training
Method

- Community health advisors complete training
  – certified by knowledge exam
- Conduct 3 educational workshops on cancer early detection (breast, prostate, colorectal)

Data Collection

<table>
<thead>
<tr>
<th>Project Timeline</th>
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<tbody>
<tr>
<td>CHA Training</td>
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<table>
<thead>
<tr>
<th>Participant Level</th>
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<tbody>
<tr>
<td>Pastor</td>
<td>Pastor Interview</td>
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<thead>
<tr>
<th>CHA</th>
<th>Fidelity Checklist</th>
<th>CHA Survey</th>
<th>Field Notes</th>
<th>CHA Interview</th>
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<tr>
<th>Church Participant</th>
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<tbody>
<tr>
<td>Baseline Survey</td>
<td>Postsession Survey + follow-up protocol</td>
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<tr>
<td>12-Mo Survey + follow-up protocol</td>
<td>24-Mo Survey + follow-up protocol</td>
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<tr>
<td>Dimension</td>
<td>How Operationalized in Proposed Study</td>
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| Reach – extent to which participants are representative of priority population, and extent to which they participated in intervention | - % of eligible congregation that enrolled in the project  
- Number of participants that attended educational sessions | - church enrollment logs  
- church attendance logs | Individual |
| Efficacy – success rate, positive minus negative outcomes | - Knowledge  
- Perceived benefits  
- Perceived barriers  
- Self-efficacy for screening  
- Self-report screening  
- Ratings of program | - participant surveys | Individual |
| Adoption – proportion of settings that will adopt the intervention | - Cooperation rate of churches (# agreed / total approached) | - program logs and records | Organizational |
| Implementation – extent to which intervention is implemented as intended in real world | - Number of training events  
- Number of CHA trainees  
- Completion of training  
- Adherence to program delivery protocol  
- Self-report of modifications or problems with program delivery  
- Number of booster sessions  
- Number and percent of survey completion  
- Number of educational sessions participants attended | - staff & church logs  
- staff & church logs  
- staff & church records/CHA certification  
- random staff observations; participant surveys  
- CHA quarterly interviews/surveys  
- staff & church records  
- survey completion rates  
- church attendance logs | Organizational |
| Maintenance – extent to which intervention is sustained over time | - Number of additional training cycles completed by location and year  
- Amount of supplemental funding for health education  
- Amount of marketing done for the program (flyers, announcements)  
- Number of collaborative meetings among CHAs (not initiated by researchers)  
- Additional health promotion activities  
- Participant-level outcomes (e.g., screening) | - staff & church records  
- CHA interviews; key informant interviews  
- staff observations; CHA and key informant interviews  
- CHA quarterly interviews/surveys  
- CHA interviews; key informant interviews  
- follow-up surveys | Organizational  
Individual |
Preliminary Findings

• Online community health advisor training was feasible but human technical assistance was needed

  **Reach**: 43% traditional; 22% online; but hard to accurately estimate the denominator

  **Efficacy**: Both groups increased in knowledge and some screenings over time; group difference NS

• **Adoption**: Once churches enrolled, they were retained (except 2 out of 14)

• **Implementation**: Workshops implemented; but timeline by church varied

• **Maintenance**: Evidence for sustainability (e.g., additional health activities in the churches)
Challenges/Lessons

• Community based participatory research
  – Variable implementation by church
  – Variation among community health advisors

• Online training still needed technical assistance
  – Future use of a “hybrid” design
Next Steps

• Examine role of context (e.g., church/organizational factors) in study outcomes
  – Participant level
  – Organizational level

• Cost comparison of the training/intervention approaches
THANK YOU