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

![Project Timeline Diagram]

- **Pastor**
  - Pastor Interview

- **CHA**
  - CHA Training
  - Session Evaluation
  - Fidelity Checklist
  - CHA Survey
  - Field Notes
  - CHA Interview

- **Church Participant**
  - Baseline Survey
  - Postsession Survey + follow-up protocol
  - 12-Mo Survey + follow-up protocol
  - 24-Mo Survey + follow-up protocol
<table>
<thead>
<tr>
<th>Dimension</th>
<th>How Operationalized in Proposed Study</th>
<th>Source of Data</th>
<th>Level</th>
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</table>
| 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