



Utah Asthma Community Health Worker Training

An evidence-based program adapted for Utah

Background

Community Health Workers (CHW) are effective members of multidisciplinary team-based care¹, particularly in the comprehensive care of asthma. The Utah Asthma Program partnered with asthma professionals in the Asthma Task Force to develop an asthma-specific Utah CHW Training. The asthma CHW workgroup reviewed existing asthma CHW trainings, selected the Massachusetts Asthma CHW Training, adapted the content to be Utah specific, and piloted the Utah Asthma CHW Training in May 2016. An evaluation of the training pilot was completed to determine effectiveness and quality of the training, as well as how to improve the training.

Training Content

The Utah Asthma CHW Training includes two eight hour days of interactive learning and application of CHW skills in the Utah asthma context:

Day 1 Training Content

Morning - RN and RT Trainers

- Asthma Basics
- Asthma Medications and Devices

Afternoon - Health Educator Trainer

- CHW Role in Asthma
- Asthma Management Best-practices
- CHW Resources

Day 2 Training Content

Morning - Healthy Homes Trainer

- Asthma Triggers
- Challenges Discussion

Afternoon - Social Worker Trainer

- Working with Families
- Tools for Motivational Interviewing
- Self-Evaluation Activity

Evaluation Tools

The training pilot was evaluated using the following questions and tools:

Evaluation Questions

1. Are participants gaining knowledge?
2. Do participants know how to apply that knowledge?
3. Do participants feel the program was clear, engaging, and useful?
4. How can the training be improved?

Evaluation Tools

- Pre and Post Knowledge Tests
- Training Content evaluations
- Post Knowledge Gained Self-Assessments
- Overall Program Assessment
- CHW Asthma Workgroup Debrief with Trainers
- Reviewed by the State CHW Training Developer
- 3-Month Post Training Participant and Employer Surveys

Evaluation Results

Demographics of Participants

- 12 participants from 11 organizations including health system and the community.
- Half of participants had more than 5 years of CHW experience.
- 64% of participants reported “some” of their patient population have asthma.

Question 1: Knowledge Gained

- Knowledge test scores increased for all participants on Day 1; 91% of participants on Day 2.
- The participant knowledge gained self-assessment average scores increased both days.
- The participants understanding of the subject average score increased both days.

Question 2: Confidence and Ability

- The participant confidence average scores increased both days.
- 85% of participants reported changing their practices 3-months after the training.

Question 3: Quality of Training

- 92% of participants rated the overall quality of the training as “good” or “very good.”
- Most participants “agreed” or “strongly agreed” that information was useful, the trainers were knowledgeable, participation was encouraged, and the content was organized.
- Most participants reported that the training content was clear, engaging, and useful.
- 100% of participants intend to use the skills and knowledge from the training in their work.

Question 4: Training Improvement Recommendations

- Restructure training into five days with 2-3 hour sessions. Introduce the Asthma Home Visiting Program Training and Adoption in the final session.
- Incorporate motivational interviewing principles and application throughout training instead of at the end of the training.
- Update training content in each section to include participant suggested content areas, i.e., physiology of asthma and navigating the health system. Standardize presentations for each session of the training.

Next Steps

1. Review training to ensure inclusion of key messaging according to national standards for asthma self-management education^{2,3}.
2. Develop trainer binder with built-in activities and role plays and restructure room to encourage participation.
3. Provide trainer training to ensure trainer familiarity with the participant binder content, and coordinate teaching materials and content between each trainer and session.
4. Create a training recruitment plan for trainers and participants, including criteria for participation, cost per training program, and frequency of training sessions.

1. Smedley, B.D., Stith, A.Y., & Nelson, A.R. (2003). Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care. Institute of Medicine Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK220358/>.

2. Gardner, A. G., et. al. (2015). National standards for asthma self-management education. *Ann Allergy Asthma Immunol*. Retrieved from <http://dx.doi.org/10.1016/j.anaai.2014.12.014>.

3. National Asthma Education and Prevention Program Guidelines for Asthma Care. National Heart, Lung, and Blood Institute. Retrieved from <https://www.nhlbi.nih.gov/health-pro/guidelines/current/asthma-guidelines>.