

# Section 5: Training and Support Tools

## Purpose

Training your program staff to serve as health educators, peer educators, and/or outreach coordinators is a crucial element in the success of your program.

This section provides two tools to help you assess your current training and support activities.

- The first tool (discussed in Part 5A), focuses on key elements that are important in developing more effective training and support activities.
- The second tool (discussed in Part 5B), is a self-assessment tool for health educators, which will provide information on how comfortable and prepared your educators feel to teach the curriculum, and gives them a chance to share their views on the training and support they receive.
- If you use peer educators in your program, there are modified versions of each tool in the Appendix that could be used with peer educators.

## Overview of Steps for these Tools

To use these tools, you will need to:

1. Complete the both of the tools
2. Summarize your findings
3. Interpret the data and discuss program changes based on the data
4. Report Findings

## **Materials for this Section**

- Training and Support Program Tool (Appendix 5A)
- Health Educator Self Assessment Tool (Appendix 5B)
- Peer Educator Versions of the Tools (Appendix 5C.1 and 5C.2)
- Sample of Completed Training & Support Tools Tool (Appendix 5D)
- Sample of Training & Support Summary (Appendix 5E)

# Part 5A: Training and Support

## Step

# 1 Complete the Training and Support Program Tool

### Training and Support Program Tool

This tool is designed to provide the program director and/or training coordinator an opportunity to assess current training and support practices, and identify areas for enhancing training and support. The *Training and Support Program Tool* is divided into three sections:

- Section A: The Type of Training Provided to Health Educators
- Section B: The Type of Support Provided to Health Educators
- Section C: Characteristics of Effective Health Educators

There are many other important elements of training and support. For the purpose of the tool kit, however, the focus was limited to a few key elements drawn from the literature (see references at the end of this section).

### Determine Who Will Complete the Tool

The training and support tool should be completed by the person(s) responsible for overseeing and monitoring the health/peer education staff. It is also recommended that the Program Director or Coordinator complete the tool.

## Complete the Tool

Here are the steps needed to complete the tool:

- Select the program and support training tool that is consistent with the staff used to implement your program Health Educators (Appendix 5A); Peer Educators (Appendix 5C.1).
- Give a copy of the tool to the program staff person(s) responsible for training and overseeing the health education staff.
- Have them complete the tool individually following the instructions provided on the tool. Emphasize to staff completing the tool that it is important for them to fill out the tool based on their honest assessment of current practices. Emphasize this is a way for all of you to identify training and support areas that could be improved.

## Summary

After completing this step, all three sections of the tool should be complete and ready to summarize. Next, have the education staff complete the self-assessment tool (Part 5B).

## Step

# 2 Summarize Your Training and Support Data

### Summarize Your Data

Start by looking at the responses in each section of the tool (i.e., training, support, characteristics), and then look at the responses overall to identify trends or patterns. Here is an example of how you might do this.

### Compute Responses to each Section on the Tool

If more than one person completed this tool, you can compute the average score for each item, which is discussed below. If only one person completed this tool, skip to “Summary” below.

Sections A1 through C4 on the training and support tool have a five-option scale so you can compute the average score for each item. Here is an example of how you might do this.

### Example: Three program staff completed the items in Section A.

#### *Compute the Average Across People Completing the Tool*

- Add the point values of the selected answers from all program staff who answered item A5.
  - 2 people selected *Somewhat Well* (3 points each).
  - 1 person selected *Well* (4 points).
  - 2 people (3 points) + 1 person (4 points) = 10
- Divide this total by the number of people who answered the question.
  - 10 points divided by 3 people who answered = 3.33
- The maximum possible score of 5 points indicates that the program staff rated the current practice of adequately preparing the health education staff to deliver the core elements of the curriculum as *Very Well*.

- The minimum score of 1 point indicates that the program staff rated the current practice of adequately preparing staff to deliver the core elements of the curriculum *Not Very Well*.
- Repeat the above process for each item in each section.
- Record the average score next to each item on a blank copy of the tool.

## Summary

After completing this step, you should have your training and support data summarized so that you can begin to identify common patterns. You also should have a list of possible changes that could be made to your training and support activities.

After your education staff completed the *Self-Assessment Tool*, be sure to complete the steps in Part 5B to summarize the data so that you can look across both sources of data to make final decisions about training and support refinements.

## Step

# 3 Interpret Your Data

### What do you look for?

When interpreting your data, you want to focus on the common patterns in your results. Look at the results for each section. For example:

- What training and support areas (sections A and B on the tool) were rated Very well? Not Very Well?
- How many characteristics of effective health educators (section C on the tool) were true for all of your staff? Not true for any?
- Overall, what is working well and what is not?

Here are examples of the patterns you might observe.

### Positive Patterns

Training and support practices are working well if staff completing the tool provided high scores on the five-option scale questions related to training and support practices provided (scores of 4 or 5). For example:

- Current training practices were rated as Well to Very Well (score of 4 or 5) in preparing staff to deliver the core elements of the curriculum

### Areas Suggesting a Need for Improvement

There may be room for improvement to training and support in areas receiving moderate or low scores (average score of 3 or less), on the five-option scale questions. For example, you may want to refine your practices if you see these types of patterns:

- Training practices addressing training staff to deliver culturally relevant or developmentally appropriate activities and messages were rated Somewhat Well (score of 3).

## Look at Data From the Self-Assessment Tool: Health Educator (5B) or Peer Educator (5C.2)

After your health education staff has completed the educator self-assessment tool, it is important to review and then compare their answers with the ratings on the training and support tool where the items overlap. This step can help you identify areas that are in agreement or disagreement.

Here are the steps to follow:

- Look across the results from the two tools side-by-side and identify the areas where there is *agreement* and areas where there is *disagreement* on the items that are similar on the two tools.
- Note: Not all of the items will overlap. The items from the Health Educator Self Assessment Tool (Appendix 5B) will overlap most with Section A of the Training and Support Program Tool (Appendix 5A).
- Focus on the items where there is a difference between your ratings and how the educators are experiencing their training and support (particularly when you rate the level of training more positively than educators do).

## Plan Your Next Steps

After reviewing your data, take time to think about changes you may need to make in the training and support provided for your health educators. It may be helpful to discuss the results as a group. Here are some questions to consider:

- Which of the changes are most important for you to make? What makes these changes so important?
- Which changes will be the most difficult to make? What makes these changes difficult?
- Do you need more information or technical assistance to make any of the changes you identified? If so, what type of information and or assistance? Where can you get it?

There are many factors that could affect which refinements can be made (e.g., time and resources required to make and sustain the change). It may be helpful to summarize the changes you want to make, the resources needed to make the change, the benefits of making the change, and a timeline. Here's an example of what this might look like.

Desired Change	Things we need to make change	Benefits of making change	Timeline for making change

## Summary

After completing this step, you should have a sense of what aspects of training and support are working well and what areas could be strengthened to support and meet the needs of the educators.

Ask yourself: *What changes do we want to make first to enhance our current training and support practices?*

# Part 5B: Health Educator Self-Assessment Tool

## Step

# 1 Collect Health Educator Self-Assessment Data

### Health Educator Self Assessment Tool

This tool is designed to give educators a chance to rate how comfortable and prepared they feel to implement a curriculum, and to identify additional training and support needs. You may already collect this information in a different way. If not, consider the following points to help you determine if you could learn more from using this tool.

- If you have new staff or high staff turn over, consider collecting self-assessment data from each health educator after they have implemented the curriculum for the first time.
- If you are implementing a curriculum that you just started using in the last few years, or if you are implementing your curriculum in a new setting, consider collecting self-assessment data after your educators have implemented the program one or two times.

### Have Educators Record Information on Tool

Here are the steps needed to complete the tool:

- Select the self-assessment tool appropriate for your education staff: Health Educators (Appendix 5B); Peer Educators (Appendix 5C.2).
- Make one copy of the self-assessment tool for each educator teaching your curriculum.
- Have each educator work individually to complete the tool. Emphasize that their answers will help you get more information about ways to improve the training and support activities for the curriculum.

## Step

# 2 Summarize Your Health Educator Self-Assessment Data

### Summarize Your Data

Start by looking at the educators' answers in each area (i.e., comfort, preparedness, adequacy of training and support), and then look at their answers overall to identify trends or patterns.

### Compute Level of Educator Comfort and Preparedness and the Adequacy of the Training Provided

The first three sections (Perceived Comfort, Preparedness, and Adequacy of Training) on the health educator self-assessment tool have a five-option scale. If more than one educator completed this tool, you can compute the average score for each item. If only one educator completed the tool, skip to "Summary" below. Here is an example of how you can calculate the average score.

#### Example: Three health educators answered item 1.

- Add the point values of the selected answers from all health educators who answered item 1.
  - 2 educators selected *Somewhat Comfortable* (3 points each).
  - 1 educator selected *Comfortable* (4 points).
  - 2 people (3 points) + 1 person (4 points) = 10
- Divide this total by the number of people who answered the question.
  - 10 points divided by 3 people who answered = 3.33
- The maximum possible score of 5 points indicates that the educators feel very comfortable working with the population they are teaching.
- The minimum score of 1 point indicates that the educators do not feel at all comfortable working with the population they are teaching.
- Repeat the above process for each item.

## **Compute Level of Educator Training Needs in Group Facilitation Skills**

Items in the section on Training Needs have a four-option scale. Repeat the process described above for calculating an average score using the four-option scale.

## **Note Additional Areas of Training and Support Identified**

The last two items are open-ended items. Create a list of educators' answers to each question and cluster similar answers together.

## **Summary**

After completing this step, you should have your self-assessment data summarized so that you can begin to identify common patterns and how you might make training and support refinements.

Ask yourself: *Do I have input from all the health educators?*

## Step

# 3 Interpret Your Data

### What do you look for?

When interpreting your data, you want to focus on the more common patterns in your results. For example:

- In what areas did they report feeling most comfortable? Least comfortable?
- In what areas did they report feeling most prepared? Least prepared?
- Did educators identify any new areas in which they need training?
- Overall, what is working well and what is not?

Here are examples of the patterns you might observe.

### Positive Patterns

Training and support activities are working well if your health educators provided high average scores on the five-option scale questions related to educators' comfort and preparedness, and related to the adequacy of the training provided. For example:

- According to the health educators, their comfort and preparedness were high across the areas included on the self-assessment tool.
- The educators noted that their training and support needs are generally being met by the existing training activities.

### Patterns Suggesting a Need for Improvement

There may be room for improvement if your educators provided moderate or low scores (average score of 3 or less), on the five-option scale questions, or if they routinely noted similar training and support needs. For example:

- Educators' average score on the five-option scale used to rate their preparedness to work with the population they are teaching was 2.50. *To address this, you may want to have educators co-facilitate the program with another educator who is more experienced with the population so they can see a positive model. You also could provide*

*professional development opportunities for your educators that will help them learn strategies for working more effectively with the population they are teaching (e.g., if they have experience with youth but are now working with adults, they may need additional training on adult learning).*

- The majority of educators reported that they need more opportunities to share their experiences addressing problematic issues. *To address this, you may want to schedule an additional program staff meeting each month, or create a listserv on which the educators can post their questions and provide one another with answers on a regular basis.*

If you see patterns that suggest a need for training and support improvement, it may be helpful for staff to discuss the results as a group.

## Summary

After completing this step, you should have a sense of what aspects of training and support are working well and what areas could be strengthened or revised to meet the needs of the educators.

Ask yourself: *What changes can I make to improve training and support for my health educators? What resources will I need to make these changes?*

## Step

# 4 Report Your Findings

### Prepare CPI Summary

Prepare your *draft* CPI summary and submit the following to your Evaluation Liaison:

1. Copy of the completed training and support tools (i.e., one training and support tool and one educator self assessment).
2. *Draft* summary of your CPI results. The summary should address the following.
  - Who was involved in completing the training and support tools?
  - What process was used to complete the tools (e.g., did your site work as a group)?
  - What did you learn from the training and support data you collected?
  - What changes you are most likely to make based on what you learned from the training and support data you collected?

### CPI Due Dates

Refer to Section 1, **CPI Requirements** (page 1-3) for CPI due dates and instructions for submitting your *CPI draft* summary and completed tools for review by your Evaluation Liaison.

## References

Centers for Disease Control and Prevention, HIV/AIDS Prevention Research Synthesis Project. Compendium of HIV Prevention Interventions with Evidence of Effectiveness, November (1999). [pages 3-2 to 3-50]

Goldsmith, M., & Reynolds, S. (1997). Step by step to peer health education programs: a planning guide. Santa Cruz: ETR Associates.

Hedgepeth, E., & Helmich, J. (1996). Teaching about sexuality and HIV. Principals and methods for effective education. New York: New York University Press.

Heltizer, D., Soo-Jin, Y., Wallerstein, Garcia-Velarde, L.D. (2000). The role of process evaluation in the training of facilitators for an adolescent health education program. American Journal of School Health, 70 (4):141-147.

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