

TRIBAL COLON CANCER PROVIDER TRAINING EVALUATION REPORT

Introduction

Cancer disparities are prominent among the American Indian population.

Disproportionately high rates of colon cancer were identified among three tribal communities in Michigan via linking the individual tribal enrollment rosters to the State cancer registry. In response, the Inter-Tribal Council of Michigan received funding from the Department of Health and Human Services Office of Minority Health in 2015 to work with the three tribes to develop and implement the Tribal Colon Cancer Collaborative Project. The Project used a community-based participatory research approach and a learning collaborative model to implement a multipronged initiative to improve colon cancer screening rates and outcomes among the three tribal communities. Local Tribal Coordinators were trained in the use of evidence-based interventions, including patient navigation and quality improvement processes, and implemented activities within their respective tribal health settings.

Training Evaluation

The primary purpose of the evaluation data collection activities and the use of the results is based on assessing the program against its own goals and informing program improvement to protect and promote the health of participants. Data were collected from health providers (including Tribal Coordinators) from the three tribal communities to assess their health-related knowledge and skills. These internal program evaluation assessments were administered to participants in person using paper and pencil following the Quality Improvement and Patient Navigator Training sessions.

Providers who received training. Providers from all three tribes who participated in

trainings and program implementation varied by primary field, with 42.9% identifying as a lay health worker without a health-related degree or certificate, followed by 28.6% identifying as a registered nurse, 14.3% as a paraprofessional with a health-related degree or certificate, and 14.3% as a program coordinator. Over half (57.1%) of providers were in their position for more than five years and 42.9% were in the 35- to 49-year age range. The majority (71.4%) identified as AI, whereas (28.6%) identified as White or European American.

Patient Navigation Training

Provider intentions, training helpfulness, and satisfaction. Tribal Coordinators and health staff ($n = 7$) from all three tribes who participated in the three-day Patient Navigation Training completed a 35-item, post-training internal evaluation survey that collected their demographic information and assessed their experiences in the training. An eight-item subscale assessed respondents' intentions to use patient navigation services in their work. Items were scored using this rubric: 1 (Yes, I intend to implement this skill), 2 (I'm considering it), 3 (I already do it), and 4 (It doesn't apply to me). The proportion of each response by item was tabulated. Items included "Use strategies to assess risk factors for colorectal cancer" and "Understand patient colonoscopy results."

A six-item subscale asked respondents to indicate the helpfulness of aspects of the training. Items were scored on a four-point, Likert-type scale, ranging from 1 (Not at all helpful) to 4 (Very helpful), with higher scores indicating greater perceived helpfulness of the training. An overall mean score was calculated. Items included "Course activities and exercises" and "Course presentation slides and lectures." Of note, one of the items (i.e., "Online portion of the

course”) was excluded from analysis given its absence of responses due to non-applicability. Scores showed adequate reliability ($\alpha = .72$).

A five-item subscale assessed respondents’ overall satisfaction with the training. Items were scored on a five-point, Likert-type scale, ranging from 1 (Very dissatisfied) to 5 (Very satisfied), with higher scores indicating greater satisfaction with the training. An overall mean score was calculated. Items included “Overall learning experience” and “Overall quality of course content.” Scores showed relatively low reliability ($\alpha = .61$).

Quality Improvement Process Training

Provider knowledge, skills, and training satisfaction. The Tribal Coordinator and health staff who participated in the two-day Quality Improvement (QI) Training ($n = 12$) completed two 23-item, post-training evaluation surveys. Each survey collected demographic information and asked respondents about their perceived QI-related knowledge and skills.

The knowledge and skills subscale on both surveys consisted of 13 items.. Items were scored on a four-point, Likert-type scale, ranging from 1 (Strongly disagree) to 4 (Strongly agree), with higher scores indicating greater knowledge and skills. Unfortunately, the data from both days were not coded in a way to allow for their linkage to the same participant. Thus, an overall mean score was calculated for each day of training. Items included “I understand how to establish a baseline” and “I can develop a process map.” Scores showed adequate reliability for Day 1 ($\alpha = .94$) and Day 2 ($\alpha = .95$).

Both surveys included a four-item subscale that assessed respondents’ satisfaction with the training. Items were scored on a four-point, Likert-type scale, ranging from 1 (Strongly disagree) to 4 (Strongly agree). Mean scores were calculated for each day of training. Items

included “The presenters were knowledgeable” and “The materials were clear.” Scores showed adequate reliability for Day 1 ($\alpha = .83$) and Day 2 ($\alpha = .96$).

Heath Provider Knowledge, Skills, and Experiences with Patient Navigation Training

Provider intentions to implement changes to practices. Providers from all three tribes ($n = 7$) were asked what changes, if any, they planned to make in their practices as a result of the training. All respondents (100%) reported that they planned to use strategies to improve their communication with clients. Over half indicated that they planned to [assess] client readiness to change (85.7%), understand, and communicate patient colonoscopy results (71.4%), apply motivational interviewing techniques (71.4%), use strategies to assess risk factors for colorectal cancer (57.1%), discuss screening modalities with patients (57.1%), and tailor health messages to client needs (57.1%). Less than half (42.9%) reported that they planned to implement navigation services (some or all).

Perceived helpfulness of training and satisfaction. As shown in Table 1, providers had moderate to high average scores on the perceived helpfulness of the patient navigation services training ($M = 3.66$, $SD = .38$). On average, respondents reported the following elements of training were particularly helpful: course manual and handouts ($M = 3.86$, $SD = .38$), course presentation slides and lectures ($M = 3.71$, $SD = .49$), and time for q & a ($M = 3.71$, $SD = .49$).

Table 1

<i>Descriptive Statistics for Measures of Patient Navigation Services Training (n = 7)</i>				
	<i>M</i>	<i>SD</i>	Range	Cronbach's Alpha
Overall Perceived Helpfulness of Training	3.66	.38	3 to 4	.72
Overall Satisfaction with Training	4.43	.51	4 to 5	.61

Respondents had moderate to high average scores on their training satisfaction ($M = 4.43$, $SD = .51$). They reported the highest average satisfaction with the overall effectiveness of the trainers ($M = 4.71$, $SD = .49$) and the overall learning experience ($M = 4.71$, $SD = .49$).

Heath Provider Knowledge, Skills, and Experiences with Quality Improvement Training

Provider knowledge and skills. Providers from all three tribes ($n = 12$) completed two post-training evaluation assessments (i.e., Day One and Day Two) that assessed their knowledge and use of quality improvement processes. As shown in Table 2, participants had moderate to high average scores on their quality improvement knowledge and skills: $M_{\text{Day1}} = 3.34$ ($SD = .40$) and $M_{\text{Day2}} = 3.54$ ($SD = .43$).

Table 2

Descriptive Statistics for Measures of Quality Improvement Process Training (n = 12)

	Day 1				Day 2			
	<i>M</i>	<i>SD</i>	Range	Cronbach's Alpha	<i>M</i>	<i>SD</i>	Range	Cronbach's Alpha
Quality Improvement Knowledge and Skills	3.34	.40	3 to 4	.94	3.54	.43	3 to 4	.95
Satisfaction with Training	3.58	.40	3 to 4	.83	3.78	.42	3 to 4	.96

Satisfaction with training. As shown in Table 4, participants had moderate to high average scores on their overall satisfaction with the quality improvement training. The scores were as follows: $M_{\text{Day1}} = 3.58$ ($SD = .40$) and $M_{\text{Day2}} = 3.78$ ($SD = .42$).

Additional support and technical assistance was provided via quarterly Project Learning Collaborative conference calls and webinar and during annual face to face meetings. The Learning Collaborative sessions allowed for additional training and peer to peer learning facilitated by the ITCM Project Director. The intention of the Learning Collaborative was to support local Tribal Coordinators and staff during implementation of Patient Navigation services and QI projects aimed to increase colon cancer screening rates.