

# Training, Technical Assistance, and Mentoring With Community Partners Study

## Results

This study focused on answering the question, “What is the diversity of PRC training,<sup>\*</sup> technical assistance (TA),<sup>†</sup> and mentoring<sup>‡</sup> with communities and partners?” Results from this study provide some data to answer the following overarching evaluation question: What does the PRC Program contribute to public health practice and policy by training the public health workforce? PRC Program indicator data will supplement these results.

As part of the Congressional mandate for the PRC Program, PRCs are expected to conduct training and provide technical assistance and mentoring for researchers, public health practitioners, students, and community members. A catalog of PRCs’ training programs (<http://www.cdc.gov/prc/training/index.htm>) shows that activities include training for large national programs, training for local health departments or community-based organizations, or training tied to research activities (such as training for community health advisors). In addition, PRCs often provide technical expertise to local organizations and community members as they implement their own prevention research. Further, communities and public health partners provide training and technical assistance to academics at PRCs to help make their research practice-based and community-oriented.

Data from this study is the result of telephone interviews with selected PRCs (Appendix F, Interview Guides 6 and 7). Throughout both sets of interviews, the respondents had difficulty distinguishing between training and TA when responding to questions. The interviewer provided definitions both at the beginning of the interviews and during interviews as needed.

Findings that answer the study question are provided in the following two sections:

- Diversity of PRCs’ training with their community partners
- Diversity of PRCs’ TA with their community partners

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<sup>\*</sup> Training is defined as transferring knowledge, skills, and competencies to people who are in a position to use what they have learned

<sup>†</sup> Technical assistance is defined as providing “guidance, support, and expertise to an identified group or agency as the group works toward a desired outcome.”<sup>2</sup>

<sup>‡</sup> Mentoring is defined as “a sustained relationship and partnership between two people, one of whom is more experienced than the other in which the ‘more experienced person’ or mentor offers encouragement and support to increase the self-confidence and skills of the ‘less experienced person’ or mentee.”<sup>3</sup>

## **Diversity of PRC Training With Community Partners**

### *Identifying and Reaching the Audience for Training*

#### *Recipients of Training*

Training recipients included a wide range of persons and groups. One respondent trained medical residents, graduate students, and fellows, and another trained health professionals, faculty, and community partners. One respondent indicated that training is for the community committee and Youth Advisory Board members and collaborators “who might be directly involved in a research project with us.”

#### *Location of Audiences*

A few respondents noted that their PRCs’ training reached local, national, and international audiences. Some respondents reported the audience was located in a geographic area such as a county, city, state, or region within the United States, and one respondent reported that the audience was located throughout 26 family housing developments.

### *Nature of and Rationale for Training*

#### *Types of Training*

The types of training varied by PRC and by intended audience. Two respondents reported training public health practitioners; one PRC was about to implement evidenced-based public health training and the other is implementing health literacy training. Additionally, one respondent reported training the PRC’s community advisory network on new adolescent health research; two PRCs reported training their community committee on evaluation, and one of these PRC respondents also trained the community committee on conducting needs assessments, obtaining funding, and conducting community surveys. Other types of training reported by individual PRCs included training community residents on lifestyle modifications and healthy living practices, training older volunteers to help their peers develop and maintain physical activity, and training staff on conducting focus groups.

#### *Purpose of the Training*

Some respondents indicated that the purpose of training was skill-building. One PRC reported,

The purpose of training our [community committee] representatives...is to give them a broader background in behavioral and social science applications for their community organizations and for improving the health and well-being of residents.

Other purposes identified by individual respondents included training people to be interventionists, training residents to be community health advocate leaders, and disseminating “scientific-based evidence about risks and protective factors” for adolescents.

#### *Identification of the Training Need*

Respondents identified training needs in two main ways: (1) by conducting surveys to assess training needs and (2) by responding to requests for training. For example, one respondent noted,

Working with our [community committee], we have done some surveys with them to assess their training needs and have periodic and ongoing training with them. We have also assessed the training needs of our local staff here....We have done a survey across the country with other PRCs and then also with the [National Association of] Chronic Disease Directors.

Another respondent commented,

...occasionally, we receive requests from people to support them in meeting specific training needs. Another [method] is that we have a large number of partners and...we will be working on projects [together] and the training needs become apparent..., and then the third way that we become aware of these training needs is through direct assessment of people that we work with. We want to do a project and we recognize that additional training will be real helpful to them.

### *Frequency of Training Activity*

Training activities are both ongoing and newly developed. For example, one respondent stated,

We have been training in evidence-based public health and other areas for quite some time. [But] this core research project has brought a new set of training activities to our program.

Similarly, another respondent stated,

We have a 30 year history of training and educational activity in our host division. But when the PRC came on the scene, it really provided a fresh impetus for bringing new people into the process and conducting new research and developing new perspectives.

### *Community Partner Engagement in Training*

#### *Involvement of Community Partners*

Some respondents noted that community partners became involved in training activities by volunteering or by being solicited. One respondent stated,

Our [community committee] members generally are very active and engaged and put themselves forward pretty quickly to help with different projects.

A couple of respondents noted that community partners were solicited for training activities via flyers, advertising, and polling at meetings to determine topics and logistics.

#### *Role of Community Partners*

All respondents indicated variety in community partners' roles in developing, providing, or evaluating training activities. Partners were involved in train-the-trainer activities, conceptualizing training, providing funding and space, actively involving community advisors at forums, developing and implementing training curricula, recruiting participants, identifying topical areas at community committee meetings with PRC researchers, and establishing training goals and objectives. One respondent noted,

It is just an iterative process [community partners' involvement in establishing goals and objectives]. They might come up with the idea [for training], and we help flesh it out, or we might come up with the idea and they help us flesh it out.

### *Enhancement of Community and PRC Capacity through Training*

#### *Skill-Building for Community Partners*

Across the nine PRCs, there was wide variation in PRC training for building skills and knowledge among community partners. Both the PRCs' core research focus and the community committees' training needs influenced the types of training. Respondents from two PRCs mentioned training related to grant writing, and two other PRCs provided training on motivational interviewing. Other skill-based trainings performed by individual PRCs included developing social marketing plans, conducting focus groups, and conducting community assessments.

### *Skill-Building for PRC Staff*

Some respondents indicated that the community implemented trainings to increase or develop skills among PRC staff. Trainings included developing “culturally sensitive, culturally competent health education curricula [for] the schools,” understanding the roles of staff at community organizations, and working with local communities. As a follow-up, these respondents were asked how PRC staff identified and conveyed their training needs to the community. One respondent mentioned that PRC staff identified their needs informally, while another respondent indicated that PRC staff identified their training needs through surveys and needs assessments.

### *Institutional Value of PRC Training Activities*

Most respondents mentioned institutional support and value for their training. For example, one respondent stated,

It’s our research function to see the extent to which these training activities and this...model is effective...it’s really the heart of what we’re doing. So this isn’t peripheral for us, it’s central.

Another respondent pointed out that the PRC was featured in the dean’s report and the university’s annual research report in “two articles about the [PRC’s]...health advocacy program,” which included training.

Most respondents said they had adequate space for training at their institutions and that community partners provided space as well. Some respondents said they had someone designated to provide training, some noted that staff were hired to provide training as needed, and some noted that need for training staff still existed at the time of the interview.

A couple of respondents pointed out that their institution’s support for training activities included rewarding faculty through honoraria. A few respondents said training activities were not valued for promotion and tenure. For example, one respondent stated,

Training doesn’t help you much. In fact, I was told to do less of it.

However, a couple of respondents indicated that training activities were supported for promotion and tenure. One respondent stated,

I can tell you with great confidence that the teaching and the training and the community engaged work we do, including the research, is the kind of thing that we completely document on our dossiers and our CVs. It is the kind of thing that is reviewed and rated and ranked by those appointment, promotion, and tenure committees.

### *Training Activities and PRC Research*

Most respondents stated that the PRC’s training activities were related to the PRC’s research. One respondent noted,

We not only integrate training into our research programs but we integrate our research programs back into the training mission....About four or five courses...have content...directly related to the work of [our] PRC.

Another respondent mentioned,

...a lot of our [PRC’s] research involves community-based work...with intervention implementation or training related to policy development.

However, the PRCs also received training requests from community groups related to their interests rather than a particular research project. For example, one respondent provided training on childhood obesity even though it did not directly relate to a PRC research project. Another respondent noted that the PRC's training activities were not related to the PRC's research at the time of interview; however, data from the center's core research would be used in collaboration with the community committee to determine future training activities.

Respondents who answered yes to the question, "Are your PRC's training activities related to your PRC's research?" were asked: "Are these trainings only for PRC staff or are these trainings related to your PRC research for community partners?" Most respondents commented that the training activities included PRC staff and community partners. One respondent noted,

There are two arms to our trainings. The training we do for our community partners...and then there are thousands and thousands of people we train in [name of topic] and it's not part of our research.

Another respondent stated,

We haven't yet invited our community partners to monthly seminars in which researchers discuss their current research projects.

## **Diversity of PRC TA With Community Partners**

### *Process of Delivering TA*

#### *Identification of TA Needs and Goals*

Respondents shared various ways to identify TA needs and goals of their communities. A couple of respondents indicated a formalized process, such as an assessment of health priority needs and community committee members' completion of a survey. A couple of respondents mentioned that identification of TA needs and goals was informal, based on requests. Those requests were verbal (phone requests) or written (e-mail) and, as one respondent noted,

...generally, if [community partners] need things, we just provide it for them.

#### *Mechanisms to Track or Monitor TA*

A couple of respondents mentioned using databases to track or monitor TA. A couple of other respondents reported that TA was tracked via a written report. One respondent indicated,

We document our TA efforts as well as evaluate them through our evaluation plan.

A few respondents noted that not all TA is tracked. For example, one respondent said a grid was used to track TA; however, it was not detailed and some things such as phone calls for TA "get lost." Another respondent called the question about tracking and monitoring TA "complicated" because the center had many projects. A couple of respondents noted that their PRCs had no formal mechanism to track or monitor TA.

#### *Evaluation of TA*

Some respondents reported that the PRC conducted informal evaluation of TA, one respondent reported formal evaluation, and one respondent indicated that no evaluation takes place. Methods for evaluation included looking at success as measured by additional grants or additional service in the community, checking with the community to see how programs were progressing, doing workshop evaluations, soliciting anecdotal reports from TA recipients, and evaluating change "on an ongoing basis." For example, one respondent stated,

[The evaluator] kind of does an ongoing watching of the trends. Technical assistance, like anything else, it kind of comes in spurts. She just kind of notes that.

Another respondent mentioned,

We evaluate [TA] by sending representatives out into the community to basically see how the programs are going...[S]ummary reports are written and they are included in [the] supplemental part of our interim [report] and at the end of the year reports.

#### *Provision of TA by PRC Staff*

Some respondents reported that all staff provided TA, but most respondents said that specific staff members were designated to provide TA. Types of PRC staff who provide TA included evaluation directors, research staff, community liaisons, communication staff, principal investigators, community development personnel, or as one respondent described, “anyone who has the expertise and time.”

### *Recipients, Mechanisms, and Frequency of TA*

#### *Recipients of TA*

Most respondents said they provided TA to numerous partners including individual partners, community and coalition board members, community health advisors (CHAs), nonprofit organizations, community-based organizations, and county health departments. However, one respondent reported providing TA to a specific partner only, while another mentioned only two specific partners. In addition, one respondent stated that TA recipients include people

...involved in health promotion [and] disease prevention in the communities that we work in...for example, if the health department wanted us to [provide] technical assistance on some project.

#### *Mechanisms to Provide TA*

The most common ways to provide TA were e-mail, meetings, telephone, and published guides. A couple of respondents used reports, literature reviews, and workshops. Some respondents mentioned traveling to community committee meetings, sending materials, distributing literature, providing assistance with dissemination projects, developing publications, and in-kind support and services through planning activities.

#### *Institutionalization of the Topic or Skill*

Most respondents reported that TA took place on both routine and case-by-case bases. For example, one respondent mentioned that some TA was routinely given with ongoing grants, while other TA was provided to agencies on a case-by-case basis.

Respondents that routinely provided TA to an agency were asked if routine assistance helped institutionalize the topic or skill and thereby allowed for continuation of projects. A couple of respondents noted difficulty in institutionalizing skills acquired through TA because people at the agency moved on to new grants having new demands and that, although the organization recognized what was needed, the PRC assumed responsibility for ongoing TA. For example, one respondent stated,

Well, [routine TA] has achieved institutionalization at that particular agency, and I guess that is why I was asking about the definition of TA. I don't think that if we stepped away from the project at this point in time that they [name of organization] would be able to maintain the same level of evaluation and data analysis. So I think there is an appreciation, and definitely the communication, for what is needed, but we are still doing the bulk of the work.

### *Formal Agreements*

Most respondents reported that they had formal agreements in place to provide TA, while a few respondents said they had none. One respondent reported a transition from formal to informal TA within the same project; it started with a memorandum of understanding, but the agreement for continued collaboration became informal.

### *Types of TA*

A few respondents reported that their partners knew the types of TA they could receive from the PRC—either tailored or overall support. One respondent stated that partners knew the type of TA they could receive around evidence-based strategies. Another respondent commented that their partners would not refer to their requests for assistance as TA; rather, they viewed the PRC as a resource and contacted the PRC for assistance with projects or tasks.

### *Frequency of TA for Community Partners*

Most respondents reported a range in the amount of time the PRC provided TA to community partners. For example, one respondent indicated 4–8 hours per week, another indicated 5–20 hours per week, and another indicated at least 8 hours per day and two staff members who devoted most of their time to TA. One respondent mentioned that one staff person devoted at least 20 hours per week and other staff provided TA as needed.

### *Frequency of TA for PRC Staff*

A few respondents provided a range or timeframe regarding the frequency with which community partners provided TA for PRC staff. One respondent indicated about five hours per week, while another respondent reported that TA occurs at least monthly to obtain input on topics such as how to design a brochure, how best to reach a specific audience, and how to help the PRC identify contacts. Another respondent mentioned not recently calling on community partners for TA.

Some respondents had difficulty quantifying an answer. A respondent mentioned,

We are in touch with [community partners] all the time so...it is almost daily.

Another respondent commented,

We do not quantify it that way because that is integrated as part of our jobs and responsibilities. That is just an integral part of how we do what we do.

## *Enhancement of Community and Institutional Capacity through TA*

### *Topics or Skills for Community Partners*

TA topics varied depending on the PRC's core research project(s) and the needs of its community partners. Most respondents provided TA on physical activity research. A few respondents provided TA related to grant writing, understanding CBPR, nutrition, and evaluation or program evaluation. A couple of respondents provided TA on policy, and a couple of respondents provided TA on skills related to needs assessments.

### *Topics or Skills for PRC Staff*

While a couple of respondents noted there were no topics that their PRC staff or faculty received TA on from the community, most respondents did provide examples. Two respondents mentioned that their PRCs received TA on how the community wanted to see a grant designed, and two respondents reported receiving TA from their community on cultural sensitivity or cultural appropriateness. Other topics identified by individual PRCs included disaster preparedness, effective communication with partners, and community engagement.

### *Institutional Value of TA*

Some respondents reported overall institutional support for TA. One respondent mentioned a university initiative regarding translational research in which the PRC was represented and noted,

There is a whole section on community engagement....A part of that is a two-way communication, or a bi-directional communication, and I would say that TA is part of that.

Most respondents indicated that their institution did not highly value TA because additional staff would be required to meet TA needs. TA is contingent on resources such as funding, availability of staff, and faculty needs in other areas. One respondent commented, We have got to have the funds...we have to be able to document the funding sources for that.

However, one respondent had an optimistic viewpoint and noted,

Instead of saying how many [faculty and staff] we added, I think the fact that we did not lose any was absolutely phenomenal....The dean is also supportive. When grants were obtained, the PRC was permitted to hire people...[despite] hiring freezes.

Most respondents indicated that their institution did not highly value TA in relation to promotion and tenure. One respondent was the only tenured faculty at the PRC and reported,

We are pretty traditional as far as promotion and tenure...if you have an article in the [New England Journal of Medicine], that is certainly going to count more than if I would pick somebody out to do a focus group out in the community.

Another respondent pointed out that the faculty most actively involved in TA were not tenure-track faculty; however, some tenure-track faculty were involved in TA.

Most respondents mentioned that their PRCs had space and equipment for TA, and one respondent indicated access to a public relations group to use for TA if they wished.

### *Mentoring Relationships Resulting From TA*

Most respondents reported that they had mentoring relationships with community partners, but two respondents reported no such relationship.

One respondent reported a reciprocal mentoring relationship on an organizational level with an organization that was represented on the PRC's community committee. This organization works with the PRC's core research project in areas such as grant writing, strategic planning, and evaluation. On an individual basis, a mentoring relationship existed between the PRC principal investigator and a member of the organization regarding implementation of grants. One respondent provided examples of mentoring by PRC staff, which included the director of the PRC working with a school vice-principal, a project leader working with community residents, and the respondent working with state health department staff. Another respondent reported that a PRC staff member mentored a health commissioner on program development and evaluation contracts, among other areas. Another respondent reported a three-year mentoring relationship with an intern.

# Training, Technical Assistance, and Mentoring with Community Partners Study

## Discussion

### Highlights

- The types of training and TA activities varied widely across PRCs and by intended audience.
- The purposes of training and TA are threefold: (1) enhancing public health skills and knowledge for community partners in areas such as program evaluation, needs assessments, and grant writing; (2) enhancing public health skills and knowledge among PRC staff in areas such as cultural competency and cultural sensitivity—e.g., developing school health education curricula, understanding staff’s roles at community organizations, and understanding how to work with communities; and (3) training community partners to participate in research projects, such as train-the-trainer or community health worker programs.
- Most respondents quantified training activities, but TA activities occur often and continuously, and some respondents had difficulty quantifying the frequency of TA.
- Institutions provided support for training activities but gave less value to and support for TA.
- Most respondents reported that mentoring relationships existed with communities and partners on an organizational level in areas such as strategic planning and on an individual level in areas such as implementation of grants. The duration of these relationships varied.
- Training and TA recipients included a wide range of persons, partners, and groups and collaborators such as community committee and coalition board members involved in the PRCs’ research projects.
- Partner engagement in training and TA depended on the PRC’s core research project and needs of community partners. Training was both offered and solicited.
- Institutionalization of skills for continuation of projects and to achieve desired outcomes present challenges for partners. Partner organizations sometimes relied heavily on the PRC’s expertise due to lack of institutionalization of skills at the organization or staff moving on to new positions.

### Recommendations

Macro makes several observations for future evaluation.

- Future evaluation could assess how training and TA enhance community engagement and increase community capacity.
- Future evaluation could further examine the training and TA provided by communities to academic partners.
- Future evaluation could assess community and public health practice partners’ perspectives of PRC training, TA, and mentoring, including perceived benefits.
- PRCs with institutional support for training and TA activities could share how that support came about.

## References

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