Feasibility of a Motivational Interviewing Training for Community Health Workers

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Background: The demand for community health workers (CHWs) has increased exponentially given the prevalence of preventable chronic disease and dismal healthcare access in developed and developing nations. As CHWs navigate challenging conversations and facilitate behavior change, they are commonly tasked with providing motivational interviewing (MI). However, implementation of MI training for CHWs to ensure high-quality use is yet explored.

Objective: Determine the feasibility of an evidence-based MI training targeting CHWs.

Study Design, Settings, Participants: A convenience sample of CHWs enrolled in a CHW training program in Oklahoma were invited to participate in this single-arm feasibility study. Once enrolled, CHWs completed: (1) a pre-training survey, (2) four asynchronous online modules covering didactic material, (3) “homework assignments” to practice MI skills, (4) a final 2-hour interactive in-person session, and (5) a post-training survey.

Measurable Outcomes/Analysis: Data were collected and analyzed using descriptive statistics to evaluate feasibility, represented by acceptability (Likert-scale questions), demand (changes in actual use via the Helpful Responses Questionnaire (HRQ)), implementation (success/appropriateness of recruitment, data collection, and study execution), limited efficacy (changes in knowledge and self-efficacy via the Motivational Interviewing Knowledge and Attitudes Test (MIKAT) and self-efficacy questionnaire (SE-12), respectively), and practicality (extent to which the training adhered to established standards).

Results: Most participants rated the training as “Excellent” or “Good” (93%). HRQ scores increased pre-to post-training (ranges: 1.61-1.97 to 1.63-2.25). The recruitment goal was exceeded by 60%; data collection procedures appeared overly burdensome (33% completed all data collection procedures); and time limited execution of all planned training activities. Knowledge remained stable though confidence decreased by 22%. The only evidence-based element not covered was “Developing a Change Plan.”

Conclusion: While CHW-specific MI training was feasible, there are key implementation barriers. One, the extent to which established infrastructures can support MI training that meets necessary standards to improve use of and confidence in delivering MI needs to be further examined. Two, balancing rigor and burden in data collection for research and/or quality assurance is critical.

Funding: None

Food Insecurity and Sugar-Sweetened Beverage Consumption Among Young Adults in Community College

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Background: Food insecurity has been linked to lower dietary quality for adults, including high consumption of...