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## **Evaluation of the training provided for Health Champions and its impact on public health**

### **Focal Points:**

- An evaluation of the uptake and success of Health Champion training and implementation throughout ten boroughs in South London during 2014
- After training the majority of attendees were able to implement their new role and increase interventions with patients
- Impact into practice over the longer term needs to be identified

**Introduction:** In 2008, the Healthy Living Pharmacy (HLP) framework was developed in an attempt to permit pharmacies to provide an assortment of services, termed 'Healthy Living Services' tailored to the local need of the population.<sup>1</sup> The HLP framework comprises three different levels with Level 1 being the minimum requirements and Level 3 outlining the maximum necessities required for the successful implementation of an HLP. It is identified that at the core of Level 1 of the HLP framework, a successfully trained and active Health Champion (HC) must be established. Training involves undertaking training in 4 modules; Inequalities in Health, Effective communication, Health living messages and Impact of Behaviour change in Health and Wellbeing. These are followed by an assessment, resulting in a Royal Society for Public Health's Level 2 Award in Understanding Health Improvement. This paper reports an evaluation of the uptake and success of HC training and implementation throughout ten boroughs in South London during 2014.

**Methods:** Pre and post training quantitative data surveys were created, based on the content of the HC training and role of the HC to evaluate pre-existing knowledge before training and to understand activity of a newly trained HC post training. Pre-evaluation surveys (n=354) were distributed to HC trainees prior to their first training session between 2<sup>nd</sup> April and 16<sup>th</sup> July 2014. After a minimum of one month of training, the post-evaluation questionnaire was posted to the qualified HC trainees (n=282) for return by post, with a follow up phone call after two weeks. Both tools were assessing the confidence of the HC and the importance and impact of their role. The responses were collected and statistically analysed using a paired t-test via Microsoft Excel. This study was ethically approved by a higher education institution ethics committee.

**Results:** 100% (n=354) and 19% (n=54) response rates were achieved to the pre-evaluation and post-evaluation parts of the study respectively. Post HC training, it was identified that 83% of the qualified HC population were actively practicing their new role, 87% admitted to an increase in their awareness of facilities to signpost patients to. A 23% increase in the confidence level of executing the duties associated with the HC and a +104.25% increase in health interventions were also observed (288 health interventions made post HC, 141 interventions pre HC). However this increase was not statistically significant (P<0.5). In addition, no impact was seen on the HC pro-actively visiting local community groups after the training.

**Discussion:** The data gathered indicates an overall positive impact on the confidence level, attitude towards healthcare provision and an increased awareness of facilities to signpost customers to. However, statistical calculations indicate no positive impact stemming from the training and implementation of HCs on public health. This however may be due to the low attrition during the post-evaluation arm of the study, and the fact that the post-evaluation was done very quickly after the initial training, thereby not producing a true reflection of the impact of HC training and

implementation in South London. Further work is currently being completed after a longer period of time of training implementation, to see the full impact on public health.

**References:**

1. Department of Health. Pharmacy in England: Building on strengths – delivering the future. [Online]London: DoH; April2008, Report No:Cm7341. Available from:  
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