

SECTOR GRANT EXTENSION

STATUS REPORT 2:

COMMUNITY WELLNESS

CUSTOMER SERVICE/SOFT SKILLS TRAINING

PERSONAL AND HOME CARE AIDES

Submitted to:

**Sandra M. Steiner, Executive Director
Adams County Education Consortium
12050 Pecos Street Suite 200
Westminster, CO 80234-3493**

Submitted by:

**Judith Cohen
Market Views, LLC
1489 Steele Street #212
Denver, CO 80206**

March 12, 2010

HIGHLIGHTS

Community Wellness

- ◆ The focus was shifted to school wellness programs in Adams County
- ◆ A report, *School Wellness Programs in Adams County*, identified these programs
 - School wellness policies, required as part of federal school lunch funding, exist in all school districts
 - Six direct service programs funded by the Colorado Health Foundation
 - Two technical assistance programs funded by the Colorado Health Foundation
- ◆ A recently released report, *The Weight of the State*, documented an increasing prevalence of obesity in Colorado adults and no change in the prevalence of obesity in Colorado children
- ◆ The *Colorado Health Report Card* revealed that Colorado's childhood obesity ranking fell from third leanest in the nation to twenty-third in just four years.
- ◆ The CDC has published an extensive guide to selecting health education curricula: the Health Education Curriculum Analysis Tool (HECAT)

Customer Service /Soft Skills Training

- ◆ We identified best practices for customer service/soft skills training

Personal and Home Care Aides

- ◆ The Schmeiding Center welcomes visitors to its home caregiver training program, but visits must be planned well in advance
- ◆ Those home care agencies we were able to contact positively supported the idea of a homecare training certificate and said they would give hiring preference to those with certificates from this program

THE GRANT EXTENSION PROVIDES US THE CHANCE TO PURSUE THREE AREAS

1. Community Wellness

Goal: to improve the wellness of children and families

Expected outcome: an alignment of intention and support that may result in

- ♦ Curriculum creation and sharing
- ♦ Possible new occupation identification – community healthcare worker
- ♦ Enhanced family support for wellness activities
- ♦ Science and math applications for academic instruction that will also teach wellness concepts
- ♦ Verification of the effectiveness of the best programs available for community wellness

Research Activities

1. Existing curricula that have evidence-based positive results
2. The agencies/organizations that are currently doing work in this area
3. The resources available to community/schools/workforce/social services
4. Existing wellness community/school programs and curricula

Results

Existing Curricula

Although we have not identified specific health literacy curricula, we have reviewed the tool developed by the CDC to help school districts choose a curriculum. The Health Education Curriculum Analysis Tool (HECAT), www.cdc.gov/HealthyYouth/HECAT/index.htm, contains general instructions and information on curriculum fundamentals as well as helpful forms. It also has specific health topic modules:

- ♦ Alcohol and other drugs
- ♦ Healthy eating
- ♦ Mental and emotional health
- ♦ Personal health and wellness
- ♦ Physical activity
- ♦ Safety
- ♦ Sexual health
- ♦ Tobacco
- ♦ Violence prevention

Agencies/Organizations/Existing School Programs

We were able to identify a number of wellness programs available in Adams County school districts and described in detail in a separate report. It is striking that, in spite of the prevalence of these

programs and the large amount of money being spent in particular by the Colorado Health Foundation, the March LiveWell e-letter noted,

The recent release of the Colorado Health Foundation’s Colorado Health Report Card revealed that Colorado’s childhood obesity ranking fell from third leanest in the nation to an abysmal twenty-third in just four years, according to the latest national data available.

In February, CDPHE released a report entitled *Weight of the State: 2009 Report on Overweight and Obesity in Colorado*. The report included regional health profiles. Adams County results are reflected in the following table. The only indicator where the County exceeded the State average was percent of children engaged in physical activity.

Health Indicator	Adams County Prevalance/Rate	Colorado Prevalance/Rate
Adult overall health		
Percent reporting fair or poor general health	16.5	12.5
Percent who were overweight	39.4	37.3
Percent who were obese	26.4	19.0
Adult modifiable risk factors		
Percent who reported no physical activity during the past 30 days	22.0	17.3
Percent who were current smokers	23.3	18.8
Percent who ate 5+ servings of fruits and vegetables per day	22.5	25.1
Child overall health		
Percent who were overweight	14.3	13.2
Percent who were obese	18.6	13.3
Child modifiable risks		
Percent engaged in physical activity at least five hours per week	74.0	72.7
Percent viewing television/videos more than two hours per day	24.6	17.8
Percent who ate 5+ servings of fruits and vegetables per day	26.9	30.6

We noted in the *School Wellness Report*, that wellness programs are not evenly distributed among the Adams County school districts and that there is no coordinating body available to bring the different programs together and assure coordination. Contacts were eager to view the report and are interested in meeting each other.

Contacts

- ♦ Emily Jacobs, School Health Coordinator, Adams 14, Healthy Schools Colorado
- ♦ Cathy Romaniello, Program Director, Integrated Nutrition Education Program, University of Colorado School of Medicine, Department of Pediatrics
- ♦ Cathy Schmelter, Director of Health Resources, Get Smart Schools
- ♦ Melissa Gibson, Communication Director, Colorado Association of School Executives
- ♦ Cheryl Graves, Community Health Services, Adams 14 Schools



- ♦ Kim Zollinger, Health and Wellness Consultant, Colorado Legacy Foundation
- ♦ Kathleen Patrick, Principal Consultant, School Health Services, Colorado Department of Education
- ♦ Danette Wamsley, Food Service Director, Bennett Schools
- ♦ Ahinei Sweeney, Senior Consultant, Nutrition and Transportation, Colorado Department of Education
- ♦ Katie Lopez, Nutrition Service Foreman, Brighton Schools
- ♦ Jana Wright, Health Literacy and Education Coordinator, Partnerships for Healthy Communities
- ♦ Beverly Kingston, director, Adams County Youth Initiative

2. Customer Service/ Soft Skills Training

Goal: Improve the customer service and soft skills of newly hired and incumbent healthcare workers

Expected outcome: One or more classes to be offered to healthcare workers

Research Activities

1. Industry documentation of need
2. School review of existing curricula
3. Investigation into a more role-play/interactive form of instruction that would be made available at HS and post-secondary levels and to incumbent employees

Results

Documentation of Need

Much of our data on the need for customer service training has come from in-person interviews with local employers. A careful research study, funded by the Centers for Medicare and Medicaid Services (CMS), looked at consumer satisfaction with home care services and reinforces the need for customer service training (Anderson, et al., 2006). The study found that older recipients of home-based care who felt treated with respect were significantly more satisfied with their services than those who did not feel this way. (This study also found that worker turnover was a much less powerful predictor of satisfaction than worker timeliness and reliability.)

School Review

We were able to attend a class in the Community College of Denver's customer service course that is part of the medical clerical program. This curriculum will not be adequate for customer service training for health care employees.

Forms of Instruction

Although most published articles on customer service training describe successful program rather than evidence-based research on best practices, we have identified some characteristics of successful

customer service/soft skills training. Research suggests that a one-time customer service class is less effective than ongoing customer service training and coaching within an organization. While training employees to have empathy with and respect for each customer are goals that are commonly stated, our interviews with employers suggest that the details will differ for each organization. It is also important for employees to develop effective techniques for managing their emotions.

The first step in customer service training is to define and describe quality service with meaningful metrics. These metrics can then be used to evaluate the performance of individual employees.

Next it is important to help employees discover what is in it for them to change their mindset about customer service improvement and to subsequently change their behavior. One way to accomplish this is to ask questions such as (Scott, 2001):

1. How many times each week do you handle upset, angry, or frustrated patients or families?
2. How much time and energy is spent on these difficult interactions?

Employees learn new skills best if the instruction is focused on actual or potential experiences. Recommended tools include simulation, role playing, and visualizations drawn from actual job experiences. Hearing from actual patients and their families about their customer service expectations can also be a powerful teaching tool.

Once initial instruction is completed, it is very important to practice the lessons learned (Scott, 2001).

Customer service trainings that most organizations provide usually produce mediocre results at best because they aim at finding the quick fix. Sending the troops in for a day of generic service training may be an immediate way of communicating to employees the importance of improving their behavior, but it ignores the critical role that managers play in supporting employee performance.

Training supervisors in customer service and soft skills coaching, for example using constructive feedback as a coaching method, is one way of enforcing lessons gained in customer service classes.

Another method is to begin employee meetings with a quick “service warm-up” including discussion and exercises.

At the University of Pittsburg Medical Center, finance department employees are presented with a customer service scenario each month in the employee newsletter. The team providing the best answer wins a pizza lunch (Williams, 2007).

Contacts

- ♦ Janet Jackson, Instructor, Multicultural Customer Service, Community College of Denver

3. Personal and Home Care Aides

Goal: Improve the quality of care and the job situation of the uncredentialed persons providing care to the elderly and disabled in their own homes

Expected outcome:

- ♦ Training for personal care providers that articulates to other healthcare careers
- ♦ Certification for personal care providers

Research Activities

1. Identify minimum competencies
2. Validate employer support for a minimum certification by employees
3. Develop approved training programs at educational institutions that would offer transferable credit for this healthcare area of study

Results

Employer Support for Certification

Research indicates that training not only improves the quality of services, but it also has a significant effect on customer satisfaction. “Respondents who perceived their workers to be well trained were much more satisfied...and the findings were all significant” (Anderson, et al., 2006).

We were able to contact several home health aide providers who were positive about the idea of the home caregiver training. They indicated willingness to give hiring preference for applicants with certificates. The trainer from Seniors, Inc. indicated a willingness to pay for training. The representative from Salus said that her agency had no spare cash at the moment, but that there were new state regulations requiring training and an independent training program would make hiring easier.

The Denver Workforce Center scheduled a meeting to discuss personal and homecare aides but it was cancelled and has not been rescheduled.

Contacts

- ♦ Kelly Denning, HR Specialist/Director, Christian Living Communities
- ♦ Marti Smith, Training Supervisor, Seniors, Inc.
- ♦ Maureen Hawley, Office Manager, Salus Home Care
- ♦ Cathy Grimm, At Home Director, Jewish Family Service
- ♦ CDPHE’s Home Health Advisory Committee Meeting, March 3, 2010

Ideas for Implementation

1. Community Wellness

- ♦ Hold a two hour meeting of all those involved in providing school wellness programs in Adams County
- ♦ Find out if a coordinating organization is desired
- ♦ Identify the characteristics of this organization

2. Customer Service/Soft Skills Training

- ♦ Hold a four hour training for supervisors on how to develop in-house customer service training

3. Personal and Home Care Aides

- ♦ Identify one or two schools (Emily Griffith? FRCC? CCA?) interested in offering the Schmeiding Center home care giver program
- ♦ Visit the Schmeiding Center with school representatives and at least one employer (Seniors Inc? Christian Living Communities?)

BIBLIOGRAPHY

Customer Service

Anderson, Wayne L., Joshua M. Weiner, and Galina Kahtutsky. "Workforce Issues and Consumer Satisfaction in Medical Personal Assistance Services." *Healthcare Financing Review*, Fall 2006.

Diamond, Abigail. "Softly, Softly." *Adults Learning*, November 2008.

Moses, Blair H. "Achieving Excellent Customer Service Through Education, Competency Assessment, and Accountability." *Medical Laboratory Observer*, 1999.

Prewitt, Vana. "Are They Being Served?" *T+D*. September 2009

Scott, Gail. "Creating a Learning Environment: A Win-Win Approach." *Journal of Healthcare Management*. November-December 2001.

Shehab, Thomas M. and Larry A. Adler. "The Quest for Service Excellence—One Group's Journey." *Physician Executive*, July-August 2009.

Watkins, Eric. "Customized and Personalized: Improving Frontline Training Practices." *The Oil and Gas Journal*, March 23, 2009.

Williams, Jenni. "The Art of Customer Service." *Healthcare Financial Management*, October 2007.

Wellness Programs

Adams County District 12 Wellness Policy.

Auld, Garry W., Cathy Romaniello, Jerianne Heimendinger, Carolyn Hambidge, and Michael Hambidge. "Outcomes from a School-Based Nutrition Education Program Alternating Special Resource Teachers and Classroom Teachers." *Journal of School Health*, December 1999.

Auld, Garry W., Cathy Romaniello, Jerianne Heimendinger, Carolyn Hambidge, and Michael Hambidge. "Outcomes from a School-Based Nutrition Education Program Using Resource Teachers and Cross-disciplinary Models." *Journal of Nutrition Education*, September-October 1998.

Colorado Department of Public Health and Environment. *The Weight of the State: 2009 Report on Overweight and Obesity in Colorado*. 2009.

Goodman, Christine and Laura Tobler. "Community Health Workers: Expanding the Scope of the Health Care Delivery System." National Conference of State Legislatures, April 2008. Health Education Curriculum Analysis Tool (HECAT). Centers for Disease Control.

Mikkelsen, Leslie, and Sana Chehimi. *The Links Between the Neighborhood Food Environment and Childhood Nutrition*. The Robert Wood Johnson Foundation, 2007.

Stables, Gloria et al. "Small School-Based Effectiveness Trials Increase Vegetable and Fruit Consumption Among Youth." *Journal of the American Dietetic Association*, February 2005.