

An Evaluation of the Data Learning Collaborative for RCORP Grantees: November 2022 – February 2023

KEY FINDINGS AND RECOMMENDATIONS

The following key findings and recommendations are based on an evaluation of the Data Learning Collaborative technical assistance (TA) provided from November 2022 to February 2023 through the Rural Communities Opioid Response Program (RCORP). The RCORP-TA Evaluation Team at the WWAMI Rural Health Research Center (RHRC) conducted this evaluation after the TA was received and included an online assessment of the January and February sessions and interviews with participants from November to February sessions. The OMNI Institute hosted this event in partnership with the RCORP-TA provider, JBS International.

Key Findings

- A total of 145 unique individuals attended the Data Learning Collaborative sessions offered from November through February. Most attendees of the Data Learning Collaborative sessions only participated in one session (65.5%, n=95/145), and a small proportion attended all four sessions from November to February (4.8%, n=7/145).
- The number of attendees per month increased: 44 individuals attended the November sessions (Data for Sustainability and Funding), 44 the December sessions (Data Interpretation and Analysis), 56 the January sessions (Engaging Partners in Data Conversations), and 81 the February sessions (A Deeper Dive into Health Equity). A total of 21 attendees completed the online evaluation after the January sessions (37.5%; n=56) and 39 after the February sessions (48.1%; n=81).
- A majority of respondents to the online assessments of the January and February sessions reported that the sessions met their intended learning objectives. Over three-quarters indicated that the January session met the learning collaborative's objectives about engaging partners in data conversations to a great extent or quite a bit. More than half of respondents similarly reported the February session, "A Deeper Dive into Health Equity," met its objectives. No online assessments were planned or administered for the November or December sessions.
- Interview participants who had attended November through January sessions reported learning a variety of skills, including data collection, analysis, interpretation, and dissemination. Participants felt validated hearing about the issues other attendees were facing and benefited from opportunities to network and learn how to engage consortium members in data practices.
- Assessment respondents from the January session, "Engaging Partners in Data Conversations," overwhelmingly reported they were extremely or very confident they could apply the information to their own work or the work of their organization (90.0%, n=18/21). In comparison, fewer than 60% of grantees (59.0%, n=18/39) were extremely or very confident they could apply what they learned from the February session, "A Deeper Dive into Health Equity," to their work or the work of their organization.

- Interviewees implemented learnings from the sessions, including updating data collection processes, improving data analysis and interpretation, and engaging consortium members in data practices. Barriers to implementing learnings included limited resources and capacity, resistance to change among consortium members, and difficulty obtaining and analyzing data aligned with the grant’s reporting requirements.
- Nearly all respondents from the January session on data conversations (76.2%, n=16/21) and more than half of participants from the February session on health equity (59.0%, n=23/39) found the sessions extremely or very helpful.
- Most respondents were satisfied with the format and facilitation of the session, with nearly all participants reporting that the content was organized and easy to follow (98.4%, n=59/60) and that the instructors were prepared and knowledgeable (91.7%, n=55/60). Interviewees also expressed satisfaction with the TA and particularly valued the opportunities for peer-to-peer learning.
- Respondents found the sessions valuable and relevant to their job and organization. However, several interviewees and assessment respondents indicated that the sessions had gradually lost their relevancy to attendees’ questions and needs related to data practices.
- Interviewees and respondents suggested the following improvements to the TA: opportunities for engagement during and between sessions, a centralized location for shared resources, and increased focus on project sustainability, data reporting requirements, stakeholder buy-in, analytical techniques and metrics, and data sharing agreements.

Recommendations

- We recommend continuing to provide the Data Learning Collaborative sessions because RCORP participants generally deemed them useful. Topics should be tailored to the needs of individual attendees, who asked for more content on metrics for sustainability after the grant, data-sharing agreements, stakeholder buy-in, analysis techniques, and expectations around data reporting.
- To ensure that the information and support provided are relevant to the attendees’ needs, we recommend dedicating time in each session for break-out group discussions among participants with similar community demographics, project roles, or skill levels. Offering different levels of the Data Learning Collaborative sessions according to skill level may be useful since grantees in the first year of the RCORP grant have different needs than those in later years.
- Ongoing support for attendees with diverse skill sets should be provided to address challenges in implementing session learnings. Additional training or coaching sessions, peer-to-peer learning, sharing of resources, and homework activities between sessions could enhance collaboration. Since participants highly valued learning from other grantees, offering peer-to-peer learning opportunities between sessions could be useful to increase engagement and improve the implementation of the TA learning objectives.

BACKGROUND

From November 2022 through February 2023, the OMNI Institute hosted monthly Data Learning Collaborative sessions in partnership with the Rural Communities Opioid Response Program (RCORP) TA provider, JBS International. Training sessions each lasted 1.5 hours over videoconference and were offered twice per month. Facilitators sent out objectives before the sessions and asked attendees to come prepared to share their experiences, questions, and thoughts related to those objectives. Table 1 lists the objectives for each session.

Table 1. Objectives for Each Data Learning Collaborative Session by Month

Month	Session title	Objectives
November	Using Data for Sustainability and Funding	<ul style="list-style-type: none"> • Review and understand practices for using data for sustainability and funding • Understand and practice applying data storytelling interpretation practices for sustainability and funding • Understand and practice applying data visualization best practices for sustainability and funding
December	Data Interpretation and Analysis	<ul style="list-style-type: none"> • Share your experiences, questions, and thoughts about data interpretation practices • Share your experiences, questions, and thoughts about continuous quality improvement related to data analysis and interpretation
January	Engaging Partners in Data Conversations	<ul style="list-style-type: none"> • Engage partners in data sharing • Methods for data sharing with partners and key stakeholders • Understanding strategies for engaging difficult partners in conversations about data
February	A Deeper Dive into Health Equity	<ul style="list-style-type: none"> • Review health equity concepts • Understand various options for health equity practices • Understand how to apply health equity practices

METHODS

Data Sources and Measures

The RCORP-TA Evaluation Team at the WWAMI Rural Health Research Center (RHRC) invited attendees to complete an online assessment of the Data Learning Collaborative at the end of each session on January 11, February 15, and February 16, 2023. The online assessment focused on the extent to which the sessions met the learning objectives, the quality and helpfulness of the sessions, and the attendees’ confidence in applying what they learned. Session facilitators from JBS sent an email encouraging attendees to participate in the evaluation. Attendees received up to three additional emails reminding them to complete the assessment.

The RCORP-TA Evaluation Team also conducted interviews in April lasting 15 to 30 minutes with participants who attended sessions from November through February about their insights on the sessions, including what they learned, how they used and implemented these learnings, and their satisfaction with the TA.

Analysis

We calculated frequencies and percentages for the online assessment data, and two analysts identified themes in the open-ended responses. We performed a thematic analysis of the interview data. See the Technical Appendix for details on the analysis.

FINDINGS

Training Attendance

In total, 145 individuals attended at least 1 of the Data Learning Collaborative sessions offered at 2 time points each month on the same topic, with 44 participating in the November sessions, 38 in the December sessions, 56 in the January sessions, and 81 in the February sessions. Most attendees only attended one session (65.5%, n=95/145), while a small proportion participated in all four sessions (4.8%, n=7/145) (Table 2).

Table 2. Number of RCORP Data Learning Collaborative Sessions Attended from November 2022 to February 2023, (n=145)

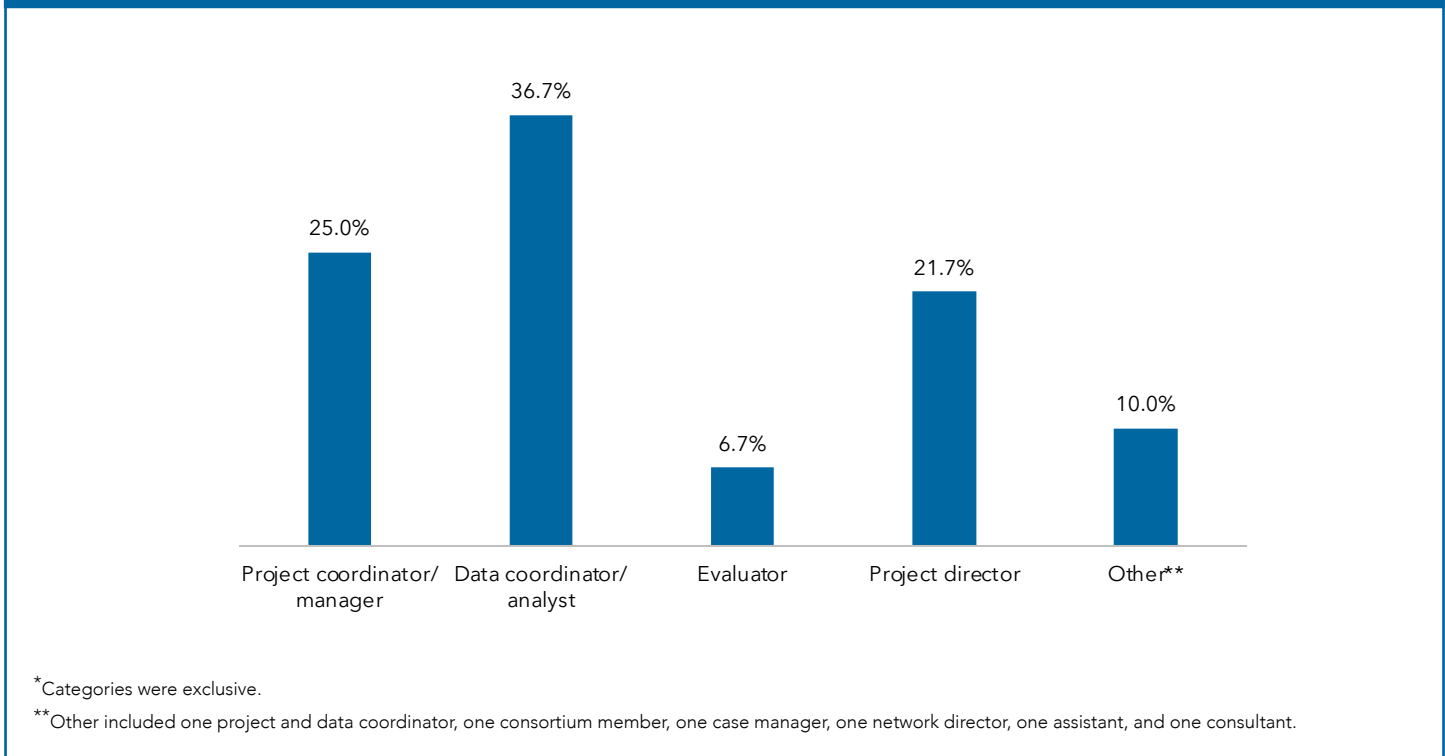
Number of sessions attended	Attendees
1	95 (65.5%)
2	33 (22.8%)
3	10 (6.9%)
4	7 (4.8%)

Participants

Online Assessment Respondents

A total of 60 unique individuals completed the online assessment after the January (37.5%, n=21/56) and February sessions (48.1%, n=39/81). Figure 1 shows respondent roles from both sessions, with most participants working as data coordinators/analysts (36.7%, n=22/60) or project coordinators/managers (25.0%, n=15/60) or project coordinators/managers (25.0%, n=15/60).

Figure 1. Respondent Roles* RCORP Data Learning Collaboratives (January and February 2023, n=60)



Interview Participants

Twelve attendees from 12 grantee organizations as part of the Implementation II and III, and Neonatal Abstinence Syndrome (NAS) cohorts participated in semi-structured interviews. Most interviewees (n=8) worked as data coordinators or analysts, followed by project directors (n=3) and one clinical staff member. Seven interviewees attended more than one session between November and February, while five interviewees attended a single session.

Primary Learning Objectives

Respondents to the online assessment rated to what extent the Data Learning Collaborative sessions met each session's learning objectives. A vast majority of respondents (ranging from 76.1%, n=16/21 to 81.0%, n=17/21 for each of the objectives) reported that the January session met the intended learning objectives to a great extent or quite a bit (Figure 2).

A slightly smaller proportion of respondents, 65.8% (n=25/39) to 71.8% (n=28/39), reported that the February session met its learning objectives related to applying health equity practices to a great extent or quite a bit (Figure 3).

Figure 2. Extent to Which the RCORP Data Learning Collaborative Met the Objectives of the Data Learning Collaborative Session "Engaging Partners in Data Conversations" (January 2023)

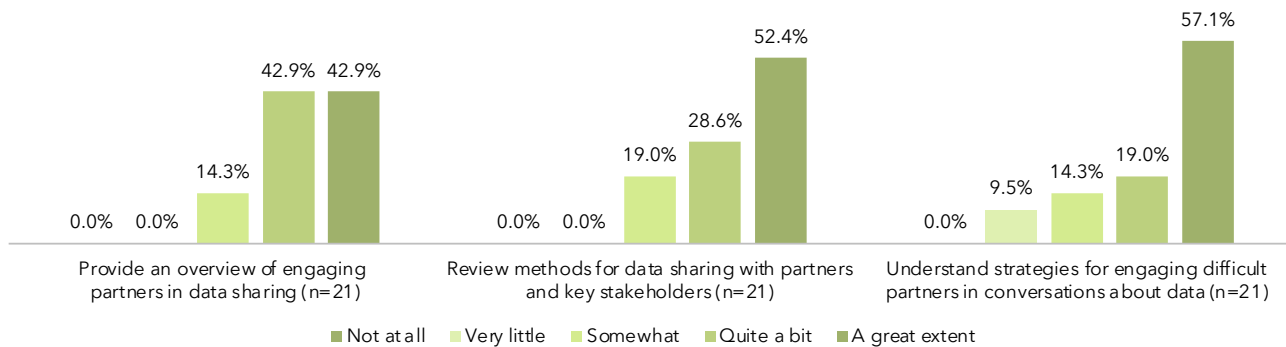
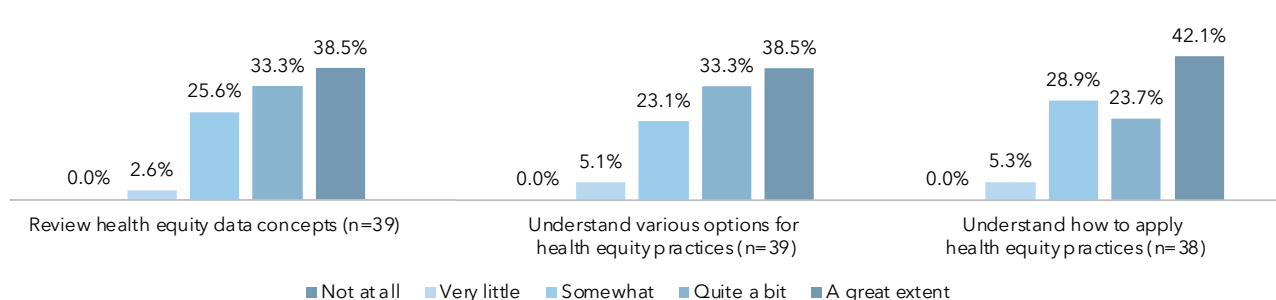


Figure 3. Extent to Which the RCORP Data Learning Collaborative Met the Objectives of the Data Learning Collaborative Session "A Deeper Dive Into Health Equity" (February 2023)



Interview participants also commented on the sessions' learning objectives, where they reported gaining skills in a variety of data practices and learning about health equity data concepts. A few interviewees reported becoming more intentional about equity in their data collection practices due to the health equity session.

Data Practices

"I remember the data visualization examples being really interesting [...] I think the presenter actually had like several that she put up and then had us like talk about like what we, what worked well, what didn't work well, what could be changed [...] It just gives you ideas of like, how could I make my data more visually appealing."

– Implementation II Grantee

Health Equity Data Concepts

"I really appreciated going over equitable approaches to collecting and educating on data collection."

– Implementation III Grantee

Benefits of the Data Learning Collaborative Sessions

Along with the skills gained, interviewees reported benefitting from the Data Learning Collaborative sessions in many ways, including being able to network, feeling validated in their challenges, and noticing how other grantees faced similar barriers to implementing data practices (Table 3). The interview participants frequently mentioned the advantages of the session focused on engaging their consortium members.

Table 3. Benefits of the RCORP Data Learning Collaborative Sessions

Theme	Illustrative respondent comments
Feeling affirmed to do this work	<p><i>"I remember feeling like it [the session], it was very [...] reinforcing of a lot of the things that, that we know we should be doing and kind of fall through the cracks because they're not, they're not part of the like, work plan necessarily."</i></p> <p>– Implementation II Grantee</p>
Noticing that other grantees faced similar issues	<p><i>"It sounds maybe a little funny, but like that validation of like, I'm not crazy. I'm not the only person struggling with this. It really just gives me a sense of, you know, cooperation amongst the masses that [...] data is not always the easiest thing to do."</i></p> <p>– Implementation III Grantee</p>
Networking (ie, connecting and sharing ideas)	<p><i>"I had already been doing this for two years before the data collaborative came on. [...] It helped me to network, it helped me to find other colleagues doing this."</i></p> <p>– Implementation II Grantee</p>
Learning about how to engage consortium members in data practices	<p><i>"The engaging partners, I do remember that one [objective] too [...] I think what was really helpful was they [the session facilitators] talked about making like one pagers and [...] trying to like put the data [...] into like some kind of package that the partner that you're having trouble with [...] would [...] understand and appreciate."</i></p> <p>– NAS Grantee</p>

Implementation of Learnings from Data Learning Collaborative Sessions

Assessment respondents from the January session, “Engaging Partners in Data Conversations,” overwhelmingly indicated they were extremely or very confident they could apply the information shared to their own work or the work of their organization (90.0%, n=18/21) (Figure 4). In comparison, fewer than 60% of respondents (59.0%, n=23/39) reported they were extremely or very confident they could apply what they learned from the February session, “A Deeper Dive into Health Equity,” to their work or the work of their organization (Figure 5).

Figure 4. Confidence in Applying Information from the RCORP Data Learning Collaborative Session “Engaging Partners in Data Conversations” (January 2023, n=20)

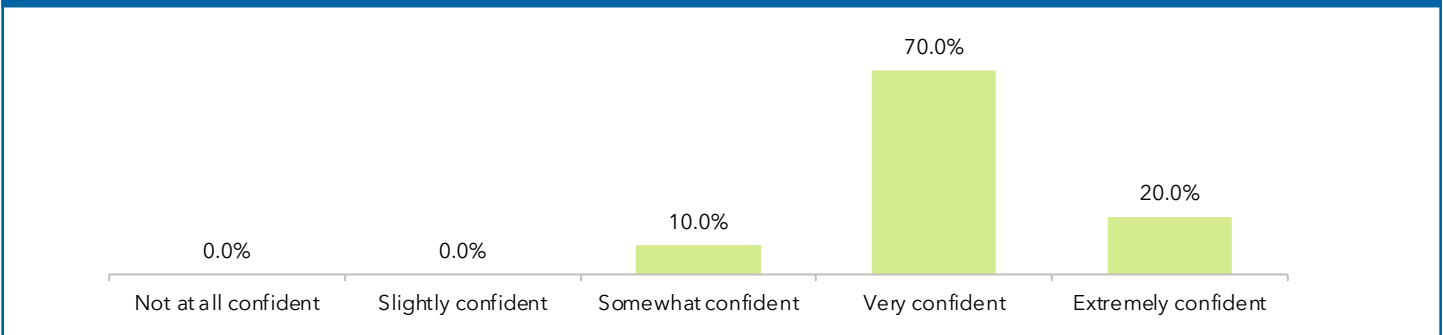
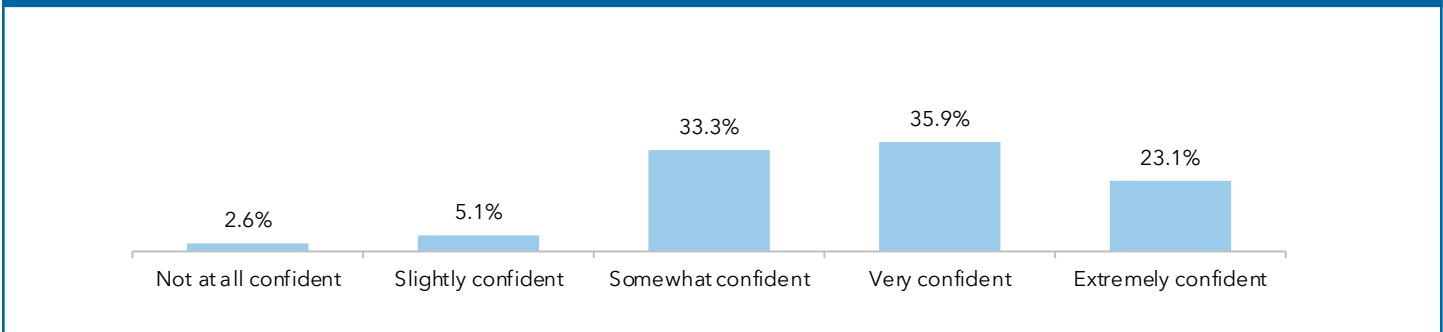


Figure 5. Confidence in Applying Information from the RCORP Data Learning Collaborative Session “A Deeper Dive into Health Equity” (February 2023, n=39)



Interviews showed that attendees shared what they learned with their consortium members (Table 4). Many interviewees started implementing data practices in new ways to communicate their findings through data storytelling and visualizations using interactive dashboards to create more buy-in with their partners and communities. Interviewees also applied new data collection methods and data-sharing practices because of what they learned during the sessions.

Table 4. Implementation of Learnings from the RCORP Data Learning Collaborative Sessions

Theme	Illustrative respondent comments
Implementing data practices after the session (ie, data visualization, analysis, sharing, storytelling, collection)	<p><i>"We literally learned it from there [data learning collaborative session] [...] We found that [...] sometime[s] we are very much collecting data and everyone is [...] contributing data, but they really don't know because people in rural areas love stories. And if you can tell stories about [...] the data, I think that that's very well received."</i> – Implementation III Grantee</p> <p><i>"We did implement [...] a bimonthly kind of quality improvement plan [...] Every two months when we have a work group meeting, [...] I do share those metrics and those have become a really interesting point of conversation. So that was a good thing that came out of that collaborative learning session."</i> – Implementation II Grantee</p>
Engaging consortium members in data practices	<p><i>"Really engaging our partners [...] I think the more that we can show them the importance of the work that we're doing and show them that data [...] it just keeps them more engaged with us and gets them more passionate about the work that we're doing."</i> – Implementation III Grantee</p>
Collaborating with local government, grantees, communities, and external organizations	<p><i>"We actually have a data-sharing community of practice. So as those who share their data with us, then we put it on our website and we share it with [...] our community [...] so that they can get grants."</i> – Implementation II Grantee</p>
Changing how data practices are implemented	<p><i>"I don't think it changed the activities we were planning, but it definitely shapes the way we go about them."</i> – Implementation II Grantee</p>

Barriers and Facilitators to Implementing Learnings from the Data Learning Collaborative Sessions

Interviewees discussed the challenges of implementing what they learned (Table 5). Some reported that consortium members were challenging to engage because of members’ limited time and resistance to health equity data concepts or novel data practices. High expectations for data reporting requirements and limited accuracy in data collection created barriers to implementation. One interviewee reported that standardization of reporting requirements resulted in the data not reflecting the realities in rural areas.

Table 5. Challenges to Implementing Learnings from the RCORP Data Learning Collaborative Sessions

Theme	Illustrative respondent comments
Limited time for attendees to implement and consortium members to meet	<p><i>"It's honestly just time. I mean, all these people [consortium members] really [want to] be engaged [...] They're like doing the work. It's just they can't attend the consortium meeting because they're just too busy."</i></p> <p>– NAS Grantee</p>
Limited ability to engage consortium members in data practices	<p><i>"Being able to keep them [consortium members] engaged I think is [...] always a challenge [...] With conflicting work, things coming up and priorities changing [...] throughout the time and funding being available for [...] one of our folks has majorly changed their ability to be involved with us."</i></p> <p>– Implementation III Grantee</p>
Challenges with collecting, sharing, and accessing data	<p><i>"[O]ne of the biggest hurdles to overcome is to capture [the data]. You have to report it. So it all depends on how you are reporting if you want to capture that data, because if it's not, if it doesn't exist, you're not gonna pull it."</i></p> <p>– Implementation III Grantee</p>
Challenges in collecting data that fits with data reporting requirements	<p><i>"They [HRSA] ask for a lot of [data] [...] We listen to the data calls to try to fit our scope of work in this grant with the information that they want back. I feel like sometimes it's not a lot of information that we're able to contribute because we are not providing direct services for patients."</i></p> <p>– Implementation II Grantee</p>
Discomfort or limited expertise in data practices	<p><i>"They [session facilitators] talked about [SPSS] as an alternative to Excel [...] which [...] struck me as fantastic and [...] potentially over my head. [...] I do not have a strong background in statistics. [...] So that one [data practice] was a little scary."</i></p> <p>– Implementation II Grantee</p>

Participants described few factors supporting them in implementing learnings from the TA. Two interviewees mentioned that the resources provided by JBS, the RCORP-TA Portal and the Performance Improvement Measurement System (PIMS) office hours, were sources of implementation support.

"I love the [RCORP] TA portal. [...] It's always really easy to find on the [RCORP] TA portal and to download those resources there."

– Implementation II Grantee

Satisfaction with TA

Respondents provided feedback on the overall helpfulness of the January and February sessions. The January session on data conversations received a more positive response, with 76.2% (n=16/21) finding it extremely or very helpful (Figure 6), compared to 59.0% (n=23/39) for the February session on health equity (Figure 7). Respondents who attended the February session on health equity indicated in open-ended assessment responses that new ideas for data collection were particularly helpful.

Figure 6. Overall Helpfulness of the RCORP Data Learning Collaborative Session “Engaging Partners in Data Conversations” (January 2023, n=21)

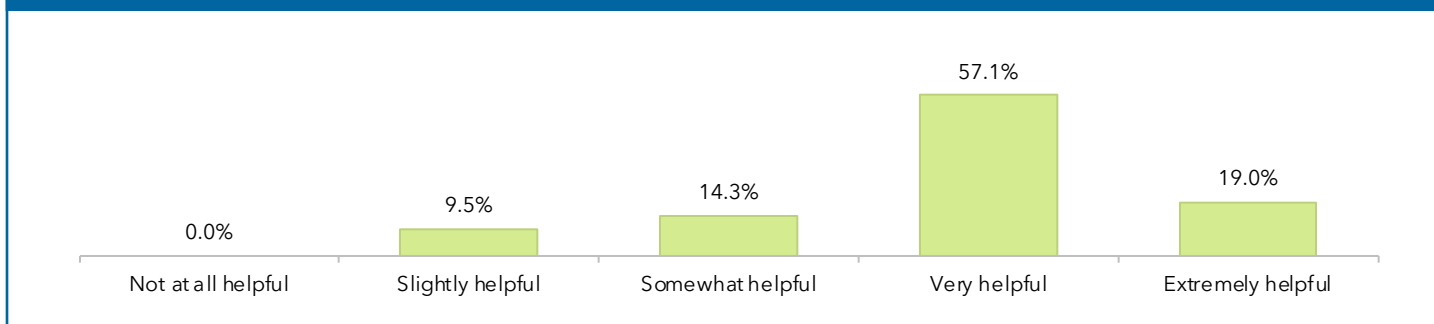
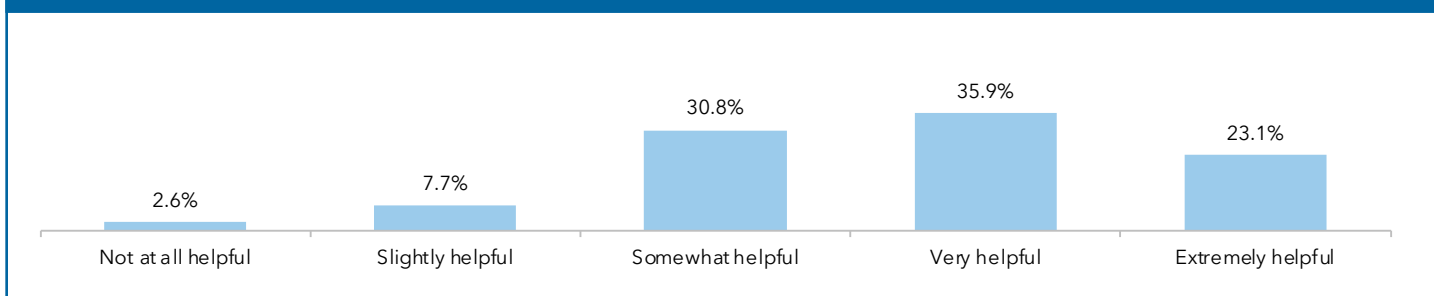


Figure 7. Overall Helpfulness of the RCORP Data Learning Collaborative Session “A Deeper Dive into Health Equity” (February 2023, n=39)



Nearly all respondents to the January and February online assessments reported that the content was well-organized and easy to follow (98.3%, n=59/60), and 91.7% (n=55/60) strongly agreed or agreed that the instructors were well-prepared and knowledgeable about the topic (Figure 8).

During the interviews, most participants also expressed their satisfaction with the format and facilitation of the sessions.

“I’ve always had a positive experience with, with the way it’s facilitated [...], things are moved along well. It’s, it’s professionally handled.”

– Implementation II Grantee

“I really like how it’s run because they start off with the announcements, then they get right to the content they want to [...] cover that day. And then they follow up with questions and answers, and they keep it to an hour.”

– Implementation II Grantee

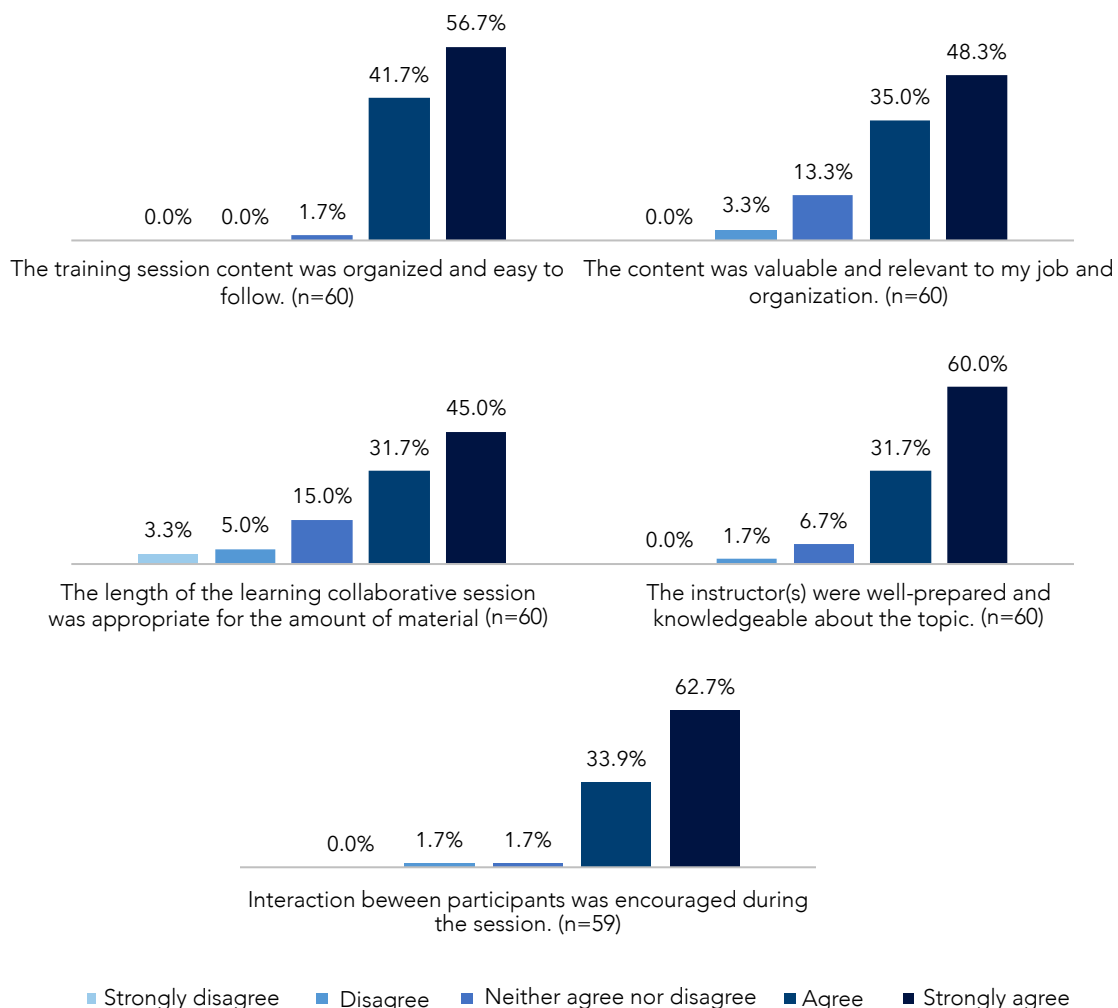
More than three-quarters of respondents (83.3%, n=50/60) strongly agreed or agreed that the content of both the January and February sessions was valuable and relevant to their job and organization (Figure 8). However, in the open-ended responses, participants mentioned that the sessions gradually became less pertinent to their evolving needs as they gained more experience with the RCORP grant. Similarly, during interviews, participants shared that the content of the sessions started to become overly basic for their level of expertise since their questions and concerns had already been addressed in earlier sessions. Nonetheless, some grantees expressed that they enjoyed supporting newer grantees, despite not benefiting much from the learnings themselves.

"I find that a lot of it is very good if you're in your first year, but you get into your second or third year, [...] it's not as applicable. I mean [...] you're pedaling the bike rather than trying to figure out how to build it a little more."
 – Implementation II Grantee

Some interview participants noted that certain issues had been resolved earlier in the grant or did not apply to their specific service area or project size. Three interviewees specifically mentioned that the learnings from the February session on health equity data concepts were not as relevant or applicable in a rural area mainly because of the limited diversity of their communities.

"Implementing them [Health Equity Data Concepts] kind of sometimes [...] is not very relevant because [...] we don't have [a] very diverse population in our communities... I feel [...] the discussion, especially on that particular learning collaborative, had maybe more diverse communities [...] in mind."
 – Implementation III Grantee

Figure 8. Quality Ratings of RCORP Data Learning Collaborative Sessions (January and February 2023)



Interviewees also reported that the sessions were useful for sharing and hearing about other attendees' experiences, feedback, and resources. The assessment and interview findings reinforce each other, with nearly all respondents strongly agreeing or agreeing that interaction between participants was encouraged within the session (96.6%, n=57/60) (Figure 8). In open-ended responses, participants expressed their enjoyment of the peer-to-peer learning aspects of the session.

"I like when people share their successes. I think that might be where I came up with, [...] my like, best ideas."
– NAS Grantee

"Learning different, successful, and targeted outreach tactics used by other grantees - especially for difficult to engage groups like law enforcement."
– Implementation III and IV Grantee

However, some interviewees expressed that the format was more didactic than interactive and that attendees were reluctant to speak up during discussions. Additionally, both interview participants and assessment respondents reported that they did not appreciate "being called on to provide input."

Suggested Improvements to TA

Interviewees and assessment respondents offered suggestions to enhance the TA. Some interviewees recommended emphasizing topics such as data-sharing agreements, stakeholder buy-in, and general data practices. Other interviewees desired a focus on sustainability beyond the grant.

"I think starting to look beyond the grant at some point would be helpful [...] How do we maintain these relationships? And [...] what sort of metrics do [...] we want and [...] [what session facilitators] experience as helpful to have going forward?"
– Implementation II Grantee

A few interviewees needed more explicit guidance on the PIMS report, suggesting a dedicated session where JBS could review the report categories. This finding is supported by an assessment respondent who wanted a better understanding of "what JBS/HRSA is looking for."

"That would help me tremendously if someone had taken that [PIMS] report and gone over all of the data that we needed to collect and its interpretation or clear definition of what goes in this box or what goes in this category here."
– Implementation II Grantee

Additionally, interviewees suggested gathering input from participants before the sessions, offering more frequent sessions, incorporating interactive elements like homework assignments and small-group discussions, and creating opportunities for peer-to-peer learning.

"If you are going to create [a] collaborative around a particular, like subject matter, [...] I probably would start by identifying what those areas of importance might be, like health equity, and come up with maybe three of them and then send them out to [consortia] and ask the program director with their consortium to please rank those three topics in terms of area of interest to the work they're doing."
– Implementation III Grantee

One interviewee recommended a centralized location to access shared resources, while another suggested shorter session lengths to increase participation. Aligned with the interview findings, another assessment respondent shared the need for sharing resources before the sessions.

“When a webinar is so heavily dependent on participant active engagement for content, the materials should be distributed before the webinar so it can be considered and the participant be in a better position for active engagement to be the center of the learning.”

– Implementation III Grantee

Despite the valuable suggestions made by some attendees, several interviewees mentioned that few improvements were necessary since JBS was already incorporating their feedback into the sessions.

DISCUSSION AND RECOMMENDATIONS

Discussion

The monthly Data Learning Collaborative sessions were well-received by attendees, who found them valuable for learning new data collection, management, and analysis skills. Both assessment respondents and interviewees expressed satisfaction with the format and facilitation of the sessions, as well as the opportunities for peer-to-peer learning. Similar to findings from a previous WWAMI RHRC report, attendees felt validated in their challenges as they heard about the issues faced by others.¹ These findings suggest that TA sessions about data practices are valuable and important to continue offering to RCORP grantees.

As a result of attending these sessions, attendees learned about and started implementing new data practices to disseminate findings to their communities and consortia. These practices included visualization and storytelling techniques, data collection and sharing practices, and health equity data concepts. Respondents reported higher confidence in applying the information gained during the session on engaging partners in data conversations to their work than during the training on health equity data concepts, potentially suggesting that these practices are more challenging to implement in rural areas. Interviewees also attributed their challenges in implementing learnings to attendees’ and consortium members’ limited time, as well as resistance from consortia to implementing data practices and health equity data practices. Interviewees also spoke of challenges with the grant expectations for data reporting and accuracy of data collection, which aligns with findings from a previous WWAMI RHRC report where data and reporting were a major or minor challenge for two-thirds of grantees.²

Most attendees only participated in one session of the Data Learning Collaborative from November to February. However, the February session on health equity had almost twice the number of attendees as the November session. Although some attendees faced challenges in implementing the learnings from the sessions, most respondents generally perceived that the TA was helpful and well organized and met the intended learning objectives. Respondents found the learning collaborative valuable and relevant to their job and organization. However, attendees highlighted in the open-ended responses and interviews how the TA sessions gradually became too introductory for their needs and were more beneficial to newer grantees.

Limitations

Interviewees' views may not accurately represent the views of all attendees because they engaged in more sessions than other attendees. Interviewees also struggled to recollect their learnings because they participated in interviews in April, months after the sessions. However, the assessment results, which include a larger sample of attendees, support the interview findings, which minimizes the concern for bias from the qualitative interviews. Finally, the evaluation only included assessments from the January and February sessions. Thus we have no assessment data about the quality, overall helpfulness, and how the November and December sessions met the intended learning objectives.

Recommendations

Ongoing Support

Since some attendees faced challenges implementing session learnings, providing continued guidance and support through additional training sessions, one-on-one coaching, or online resources is important. Ensuring that resources are shared in a centralized location, such as the RCORP-TA portal, before and after each session could help attendees access and implement important learnings effectively. Interviewees also valued the support they received through collaboration and discussion with peers. It is therefore important to encourage these collaborative networking opportunities among grantees between sessions to support sharing and implementing learnings.

Content of TA

Some attendees felt that the information provided in the sessions was too basic for their needs. We recommend tailoring the content of the sessions by asking attendees about their preferences for the content before the sessions. Attendees requested more content specific to sustainability after the grant, data-sharing agreements, stakeholder buy-in, analysis techniques, and expectations around data reporting for the grant. These recommendations align with a previous WWAMI RHRC report, which found that grantees anticipated the need for TA on data and reporting, including specific requirements and instructions related to the PIMS report as well as guidance on engaging consortium members in data sharing.³ Offering attendees an opportunity to provide input on the content could increase buy-in and participation and help ensure that the information provided is relevant and responsive to their needs.

Our findings also suggest that dividing the existing training into a component appropriate for all grantees and a part for small-group discussions based on a topic tailored to the grantees' interests may be beneficial. Offering different levels of sessions according to attendees' relative experience in the grant may also ensure that their unique needs are met. Pairing grantees with similar community demographics, project roles, or skill sets within break-out groups or between sessions can also increase engagement and learning. Providing more detailed information about the TA prior to the session could also help more experienced grantees determine whether it is relevant to their current needs.

TECHNICAL APPENDIX

Qualitative Methods

All qualitative interviews were professionally transcribed and then analyzed using thematic analysis. One analyst reviewed all transcripts to develop an initial codebook. We further developed this working codebook by summarizing individual text segments into codes that we added to the codebook. Two researchers independently analyzed three transcripts using the initial codebook and discussed inconsistencies until reaching consensus. The lead analyst revised the codebook, applied the final coding scheme to all transcripts, and organized the codes into a hierarchy of themes.

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FUNDING

This report was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$12,672,053 with zero percent financed through non-governmental sources. The views expressed are those of the authors and do not necessarily represent the official views of, or an endorsement by, HRSA, HHS, or the U.S. Government.

SUGGESTED CITATION

Dunn JA, Keppel GA, Burchim SE, Miller SG, Patterson DG, Andrilla CHA. *An Evaluation of the Data Learning Collaborative for RCORP Grantees: November 2022 – February 2023*. Evaluation Brief. WWAMI Rural Health Research Center, University of Washington; July 2023.

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