Session II: Training Paraprofessionals: Caseloads
Responses/notes from Question for Group Discussion

When we started this session, we acknowledged that as program leaders we are charged with ensuring that our paraprofessionals achieve an appropriate balance between excellent quality of work (effective teaching that changes behaviors) and sufficient quantity of work (reaching enough numbers of participants). In our small groups, please share some of the ways in which you work to achieve these equally important goals in your state. Again, we ask that someone in your group record the key points, so that they can be summarized and shared with the entire group. Your successes and challenges/barriers are welcome here!

Quality: for behavior change and participant feedback
Quantity: based on FTE time and estimated by average number of lessons/workshops weekly

A way we address quality is using ‘testimonies’ and ‘anecdotes’ from clients that they have actually written themselves. Observation of teaching methods is also key in our state.

Our program assistants’ like quantitative goals and objectives. Although we look at their performance holistically – such as agency and client feedback, and their individual recruitment efforts – it has been a challenge in gaining the program assistants’ confidence in meeting performance if quality is considered.

Quality vs. Quantity – how do you balance. Make sure they are trained well.

Quality is essential. Quantity will result if quality of program is excellent. Community grapevine will result in increased number of participants.

We are constrained by fear of losing the client; minimum of 5 lessons, 8 maximum.

Use state data; aggregate 5 years of state data for quantity/quality to set standards for performance.

The external environment is a challenge. Barriers are welfare reform, reaching working families.

Develop quality first and then increase quantity; use larger groups in order to increase quantity and maintain quality while reaching desired numbers.

Quantity managed primarily at the unit level. Quality – state office gives feedback to offices on impacts (annually) and the supervisor’s monitor local program delivery.

Quantity – NEERS data. Quality – site visits, observation of delivery of lessons, review of participant records which include lesson plans and session notes.

Provide/refresh training on teaching methods to ensure paraprofessionals are confident in their ability to teach.

Quality is assessed by observing teaching and using NEERS 5 data.

Best practice = we provide clear instruction to our staff about what topics/lessons they need to present/evaluate. All graduates get a minimum of a certain set of information plus move on some folks.

Quality is ensuring that the message is clear and understood. Quantity – number of people that graduate the program.
Quality – paraprofessional training; selection of sites (target audience, etc.); quality curriculum.
Quantity – don’t currently have caseload policy or guidelines, are working on this; staff should spend majority of their time teaching.

Quantity vs. Quality – realize there are so many differences in audiences (rural, metro, Hispanic, Somali, adults, youth, seniors parenting, Russian, etc.) that we need to consider EPAs caseload diversity individually vs. getting blanket recommendations.

Require a minimum number of lessons; base numbers on community size.

We moved from enrollment to graduation rate.

High quality – standard curriculum statewide, group observation checklist conducted by EFNEP supervisors both with and without notice.

Quantity – goal of 75 graduates per FTE statewide may phase out of county and move elsewhere if not enough people.

Success stories from paraprofessionals collected on-line; forge partnerships at state office.

Allow staff time needed to work to do a good job to complete all aspects of their job with adults; may wind up with fewer adults.

Quality vs. quantity balance
Quantity – establish number of meetings/week
Quality – paraprofessional reviews; FBC and 24-hour recalls to assist with class content emphasis. Supervisor and paraprofessional reviews – supervisor reviews quarterly NEERS and examines by educator. We establish clientele and partner relationships to assist with retention.

Quality/Quantity – data collection system.

Quality vs. quantity – use standards to determine caseloads. Most learning takes place in 6 min.

Quality and quantity – encourage paraprofessionals to let participants select topics they would like to know more about (nutrition related).

Quality vs. quantity – we set some minimum standards or expectations, re: # of participants and lessons per paraprofessional. But we also emphasize a minimum of 6 lessons for graduation.

Limit the number of lessons taught and teach in a more considered timeframe (if not over 12 mos.)

By conducting observations, trainings and assessments.

Examine change in behavior, however, I do not emphasize this during the evaluation process so that so that evaluations are not compromised.

We review the entry/exit food recall data with each unit.

Address quality vs. quantity – observe paraprofessional in teaching session; weekly summaries submitted to supervisor.
Comparison of diagnostic reports pre and post graduation.

Tying performance evaluation to both caseload and behavior change outcomes.

The quantity should be balanced with quality when NEAs can’t do their job effectively, then quality suffers. Programs should be well-planned and structured efficiently and focused.

Quality vs. quantity – stress program input indicators; group work to meet quotas.

Utilize state approved curriculum, but delivered to a large audience (ex. youth in schools – 25 classrooms/semester).

Paraprofessional teaching visit for input; quarterly paraprofessionals send their challenges and good ideas to share; frequent seminars.

Teach as many but graduate a certain number of adults/youth.

Quality – gains of student knowledge and signed intent to change, certificate.
Quantity – simply require six – 1 hour sessions for 400 youth

Quality – Outcomes on NEERS – shows behavior changes.
Quantity – Having trouble enrolling enough people.

Use end-of-year paraprofessionals participant outcomes to determine balance between amount of behavior change & number of graduates.

Limiting the number of lessons helps the paraprofessional be engaged in recruitment.

Thought (adults) – have target goals for caseload numbers plus goals for a % of those who graduate? 900 + 70% graduates or 150 individuals?

Quantity – caseloads share info to everyone; re: unit = performance (not individual).
Quality – personal discussion, community feedback, observation with checklist, need better tools like CO’s charts.

Observations at least 2 times/yr by local supervisor and/or campus staff using standardized protocol. Follow-up conducted with educator (and supervisor if supervisor is not observer) for strengths, focused conversation and constructive criticism. All this looked at on county level in context of (1) behavior change of graduates/discontinued participants, and (2) number of participants enrolled/graduated.

Balance between behavior changed, number reached and number graduated.

NEERS5 data and annual summaries from educators.

Quantity is an issue (our program is still in infancy), however youth numbers are very good. As coordinator I encourage staff to do their very best job in teaching lessons and help participants learn.
Quality + quantity: ‘that is the question’.

The quality may see to the positive outcomes. And the quantity is accomplished with the visits.
We observe NEA’s with site/observation visits. Evaluation results keep the quality of work to the standard we expect. If there are areas to improve upon we use these as training topics. Staff have a caseload of 50% graduation rate required on the yearly evaluation.

Use core research-based curricula. Teach time expectation 10 hours/week average.

Quality & Quantitative – we not only take into consideration number of graduates, but outcomes data: BCL, 24-hr food recall, physical activity. Lesson observations are also part of performance appraisals. In some counties we need to emphasize the quality and in some places we need to emphasize quantity.

Quality – Work on teaching methods that meet client’s needs – interactive methods – not focusing on covering all lessons but provide the clients help with information that will change behavior.

One-on-one meeting once every two months with direct supervisor to discuss caseload and progress and quality of work especially paperwork like 24-hr. food recall.

I spend much time on teaching content and strategies and data collection and less on caseload, but our numbers of grads increase every year.

How do we address the quantity vs. quality balance? Points are given for both areas. Some paraprofessionals score higher in one area or both. There is also the opportunity to earn bonus points when performance exceeds in another area.

Quantity – work with groups than individuals; focus on number of graduates who learned rather than number of enrolled clients.

Paraprofessionals are part of our statewide nutrition work team and task groups (decision making bodies). Our vision team set yearly goals to increase number of lessons to 8 and minimum caseloads per year of 150, not stressing graduation.

Quality – targeting key topics that will have the most effective impact on their behavior.
Quantity – minimum of 6 lessons and try to retain enrollees over shorter period of time. Number of enrollees = 100 per/yr. per educator.

Quantity vs. quality – how do we balance. We have started using the tier data to benchmark our efforts.

Use of teaching visits; continuous education of PAs through monthly unit meetings.

Reach as many low-income families to teach a series of 6-8 lessons, including 240 recalls before and after the series.

Be careful when forming groups – interest, commitment.

Address participants concerns (quality).
Continues recruitment (quantity).

Look at % poverty and % on benefits with DHS and try to target 50% of the documented.

How are we balancing quality and quantity? Overall, training, ensuring there is new curricula and paraprofessionals are educated on the process and material.
Provide clear caseload expectations; provide paraprofessionals the tools (teaching + curricula) to do their job; minimum of 4 trainings per year for paraprofessionals.

Impact data, observation and realistic caseload expectations.

Observation: checklist forms; trainings twice/year; motivation to paraprofessionals; friendly user curriculums that are also appropriate for the audience.

Quality – through teaching observations and feedback forms sent to community partners. Quantity – graduation requirements; are pp’s busy; more groups lined up when one ends.

Paraprofessional evaluations are based on both quality and quantity. They have caseloads and also expectations for quality. We have teaching observations and evaluations. We also look at year-end reports of participant behavior change. This is also a part of their evaluation.

Observation visits, training resources and curricula.