

Bridging the Gap to Deliver Culturally Competent, Health Literate Care: A Collaboratively Developed Train-the-Trainer Program Designed for Community Serving Individuals

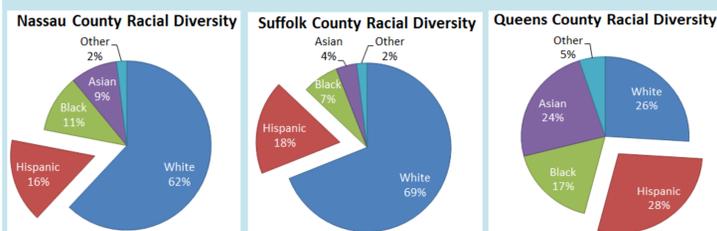
A. Anish, BS², A. Bunce, MPH¹; S. Burke³, MS, MHA, CHES; L. Clark, MS³; N. Copperman, MS, RD, CDN²; K. Feerick, MBA¹, P. Fils-Aime, MPH, MBA¹; S. Gondal, MA³; M. Hackett, PhD, MPH⁴; J. Logan, MS¹; S. Ravenhall, MHA, CHES¹; K. Whitehead, BA¹; A. Williams, MBA, PCMH-CCE³

Participating organizations and key partners representing the Long Island Health Collaborative, Population Health Improvement Program¹, Nassau Queens PPS², Suffolk Care Collaborative³, Hofstra University⁴

Contact the Long Island Health Collaborative at: info@lihealthcollab.org

Background

As communities in Nassau, Suffolk, and Queens have become more diverse, the need to incorporate cultural competency and health literacy into health services is key to providing patient-centered care. The goal of the *train-the-trainer* program is to advance cultural and linguistic competence, promote effective communication to eliminate health disparities, and enhance patient outcomes by developing a region-specific toolkit and offering advanced level training sessions which will prepare professionals who serve at risk populations, particularly those who qualify as low-income, minority, uninsured or Medicaid-eligible.



Source: Northwell Health System, Truven Market Discovery.v2015.03.26.tpn

Introduction & Audience

Aligning with the New York State Medicaid Redesign Program geared toward the Triple Aim, this training was developed to address cultural competency and health literacy (CCHL) workforce gaps across three counties. Partners include two Delivery System Reform Incentive Payment Program (DSRIP) Performing Provider Systems, Nassau Queens PPS and Suffolk Care Collaborative and the Population Health Improvement Program (PHIP).

The Long Island Health Collaborative (LIHC), funded by the NYS Department of Health, is a group of partners working together to improve health outcomes. Goals of the DSRIP program include reducing avoidable emergency department visits by 25% in five years using a multi-pronged approach to population health. A regional CCHL strategy has helped address health disparities across racially and ethnically diverse populations.

The target audience is multi-layered to ultimately reach the population receiving services:

- Trainers or 'Master Facilitators'
- Staff-level training participants
- Communities and populations receiving care

Materials & Methods

A full day curriculum was developed, featuring local stories, self-reflection, and interactive discussion. Working with a locally-based expert to create the curriculum was a priority. On Long Island, racial segregation coupled with distinct variations in health outcomes across census tracts has led to the existence of vast health disparities. Due to these characteristics, it was imperative that the curriculum be tailored to address the needs of populations living in our area of focus.

Potential trainers are asked to apply to the training, with preference given to those with facilitation skills, commitment/capacity to lead the program, and roles working with underserved populations. Curriculum components include,

- **Health Equity:** social determinants of health, place and health, unconscious bias
- **Cultural Competency and Humility:** CLAS Standards, cultural differences on Long Island
- **Health Literacy:** impact on health
- **Facilitation skills and hands-on practice**

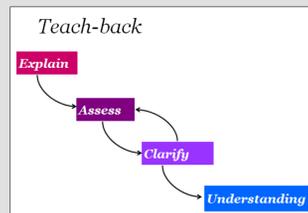
Facilitators receive a toolkit, access to didactic presentations, region-specific videos, and digital stories that help to develop the skill-set required to lead two variations of CCHL training sessions: a **staff-level** training session, and an intensive train-the-trainer session to produce new **Master Facilitators**.

Spotlight on CCHL Tools

- Unconscious Bias-Implicit Attitude Test
- AHRQ Health Literacy Toolkit
 - Guidelines for Health Literate Materials
 - Teach-back Method

Evaluation:

A multi-level plan for program evaluation was developed using the widely recognized, evidence-based Kirkpatrick Model. Because the four levels are interconnected, each level is measured to evaluate program efficacy.



Reference: Health Literacy: Hidden Barriers and Practical Strategies. Content last reviewed January 2015. Agency for Healthcare Research and Quality, Rockville, MD. www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/tool3a/index.html

Reference: The Kirkpatrick Four-Level Training Evaluation Model www.kirkpatrickpartners.com

Results

Since the November 2016 inaugural training

- 243 individuals have become Master Facilitators
- 1,070 have received staff-level training

Level 1 Reaction - satisfaction measures on trainer, content and structure of training

Audience Measured: Master Facilitators and Staff
Tool Used: Paper survey immediately post-training

Total # of Responses: 405	
Questions to Participants: Rank the following,	Average Response (1=worst, 5=best)
Your facilitator's knowledge of the subject matter	4.81
Your facilitator's ability to answer questions completely	4.81
Your facilitator's ability to explain and illustrate concepts	4.80
The usefulness of the information received in training	4.70
The usefulness of the training materials	4.70
The pace of the training session(s)	4.69
The structure of the training sessions(s)	4.68
The convenience of the training schedule	4.67

Level 2 Learning - self-reported understanding of learning objectives

Audience Measured: Master Facilitators and Staff
Tool Used: Electronic survey distributed by LIHC 1-3 months post-training

Learning Objectives – Participants rated very confident:

- Application of the cultural humility approach to learn about your client's experience, values, beliefs and behaviors
- Utilization of health literacy strategies (plain language)

Level 3 Behavior - behavior, value, opinions and insight regarding training outcomes

Audience Measured: Master Facilitators
Tools Used: Paper survey incorporated into Master Facilitator's instructor's guide + 'Refresher Session' to convene all MFs, hosted by partners every six months

"PARTICIPANTS SEEMED TO APPRECIATE THAT INFORMATION PROVIDED IN THE TRAINING WAS **RELATED** TO THEIR DAILY JOB FUNCTION"

"PARTICIPANTS WILL APPLY LEARNED MATERIAL BY BEING MORE CONSCIOUS OF THEIR **IMPLICIT BIASES**."

"THIS TRAINING ALLOWS THOSE SERVING THE COMMUNITY MEMBERS TO UNDERSTAND, A COMMUNITY IS MADE UP OF **DIFFERENT CULTURES AND BACKGROUNDS**"

"THIS TRAINING INCREASES THE UNDERSTANDING OF THE **SOCIAL DETERMINANTS OF HEALTH**, AND BRINGS TO THE FOREFRONT THE IMPORTANCE OF RECOGNIZING AND ACKNOWLEDGING THE ROLE OF CULTURE AND **HEALTH LITERACY** IN SERVICE DELIVERY."

Results cont.

Level 4 Results - How is target population being better served?

Audience Measured: Populations receiving care
Tools Used: CMS-required CG-CAHPS / HCAHPS surveys + NYS readmission rates

- State performance score cards for DSRIP partners indicated that Health Literacy scores for the region, specifically "describing how to follow instructions" increased by 2.83%
- Regional Potentially Preventable ED Visits decreased by an average of 5.9%
- Regional Potentially Avoidable Readmissions decreased by an average of 11.7%

Conclusion

Community-serving individuals in this program have sharpened their cultural and linguistic competence, enhanced their communication skills, and have begun to better serve at-risk populations.

- Level 4 Results show success and alignment with the goals of the New York State Medicaid Redesign Program
- Sustainable and cost-effective design benefits variety of audiences, e.g. police recruits, social service, and health service providers
- Trainers report feeling confident in their delivery of the program post-training
- Participants find value in applicability and relevance to their job function

Feedback and Updates

- Level 3 evaluation feedback from trainers led to the development of simplified and streamlined data elements.
- Refresher sessions with Master Facilitators led to the creation of promotional materials and a website for trainers to access training materials.

Acknowledgements

- Martine Hackett, Ph.D., MPH, Assistant Professor, Hofstra University, curriculum development and program facilitation
- Participating organizations including those trained and leading trainings throughout the region