Cultural Competency/Health Literacy *Train the Trainer* Program Evaluation Plan

Reference: The Kirkpatrick Four-Level Training Evaluation Model (http://www.kirkpatrickpartners.com/OurPhilosophy/TheKirkpatrickModel)

1. Reaction: Participant reaction to training, instructor and curriculum content.
2. Learning: Were all learning objectives met?
3. Behavior: How information is applied post-training or what challenges prevent behavior change.
4. Results: Were targeted health outcomes improved?

The four levels are interconnected and create chain reaction. To fully evaluate program efficacy, each level should be measured.

Plan for Evaluation of Levels Plan developed considering feasibility and value of data elements being collected.

Level	Who	Tool	Timeframe	What is being measured?	Plan
1 Reaction	All participants 7.5 hour and 2 hour program	Paper Post-Training Survey Accessible: http://bit.ly/2heKsqe	Immediately following 2 or 7.5 hour training session	Participant satisfaction on: • Trainer • Content and Structure of training Space for open ended comments	Training Evaluation Survey to be distributed by TTT facilitator post-program. Evaluation will be collected by facilitator and returned to Sarah Ravenhall and PHIP for compilation/analysis within Google Poll.
2 Learning	Applicable to only **2 hour participants**. TTT's excluded based on their baseline knowledge and interest in CCHL.	Electronic Survey: Workgroup to collaboratively develop evaluation tool.	2-3 months post-training	Participant understanding of learning objectives (self-reported comprehension)	Framework for development will be learning objectives outlined within the program curriculum. Sarah to send all participants link to survey via email. Email addresses acquired in sign-in-sheet post-training.
3 Behavior	Focus on Master Trainers. We will ask master trainers how they predict staff will apply curriculum within daily workflow.	• Interview questions will be developed collaboratively via workgroup. As appropriate, TTTs will be interviewed in-person, via telephone or by email. Possibility of recording in-person	2-3 months post-training	Value, opinions and insight regarding training outcomes. Interview questions will focus on: • What worked well • What didn't work • How staff will apply learned material • Key findings and take-away messages	Participants will be asked to participate in an Interview as appropriate. Evaluation findings will be collected and analyzed by PHIP. There *may* also be opportunity for direct observation of

				What is being implemented? What behavior or workflow changes are being made?	staff/master trainers.
	interviews. • TTT Group refresher to reinforce and promote training fidelity (June 1, 2017) See Appendix of evaluation plan for				
4 Results	Target population served.	Will vary by organization/entity measuring. **Examples:** • HCAHPS • CG-CAHPS* • Internal Performance Measures • Readmission Rates • PPS Performance Metrics	12 months post-training and beyond	Measurement at the organizational and PPS level. • What specific examples indicate that CLAS standards are being met? • Is information available in different languages? • Do you have access to a language line? • Are new policies being implemented? • What cultural competency/health literacy tools are being utilized?	Strategy for measuring overarching results and health outcomes will be discussed with TTT facilitator and organizational leadership on a case-by-case basis. Measurement approach will be dependent on what is already being collected internally or what the needs or interest of the organization is related to Cultural Competency/Health literacy strategies. Measurement of efficacy will also take place at PPS level with consideration of other Cultural Competency/Health Literacy regional strategies. Full PPS CCHL Strategy Documents accessible: • NQP CCHL Strategic Plan • SCC CCHL Strategic Plan

*NYSDOH DSRIP CG-CAHPS Survey (Administered Fall annually)

Health Literacy Questions QHL13, QHL14, QHL16 (Flip to pay-for-performance in DY4)

1. Q13: In the last 12 months, how often were these instructions easy to understand?
2. Q14: In the last 12 months, how often did this provider ask you to describe how you were going to follow these instructions?
3. Q16: In the last 12 months, how often did this provider explain what to do if this illness or health condition got worse or came back?

Methodology* for Evaluation of Qualitative Data Collected at: TTT Group Refresher Session

Data Collection/Event Description: A Train the Trainer Refresher Session will be held June 1, 2017 at Catholic Health Services of Long Island, Melville, NY. During this event, Master Facilitators will be given the opportunity to network, share plans for CCHL strategy implementation,

review TTT curriculum, ask questions from a subject-matter expert and obtain new tools which will support them in their role as "Master Facilitator". During program introduction, program lead, Dr. Martine Hackett, Hofstra University will lead a recorded facilitated discussion around the following question: *"How are your trainings going? If you have not held a session yet, what is holding you back?"*

Later in the agenda, participants will be asked to breakout into small groups of 4-5 participants where they will share their experiences related to implementing culturally and linguistically appropriate services within the organization they represent. Questions are as follows:

Question 1: What are some barriers to culture change within your organization?

Question 2: What tools/resources are currently being used within your organization specific to Cultural Competency/Health Literacy?

Question 3: What tools do you feel are needed to enhance the services you provide to clients?

Question 4: How has or how will the CCHL TTT program benefit the organization you work for?

Data Collection Tool & Process: Please see appendix item 1: *Train the Trainer Refresher Session Script for Breakout Session Table Moderator*. Facilitated discussion (qualitative data elements) will be hand-written by volunteer group moderators. Our Data Collection Tool provides question hints and moderation tips for volunteers to use to eliminate bias and ensure validity of feedback. Volunteers will write out notes and feedback being provided by participants in each roundtable. Participant names will be collected, but not used or distributed within the final report.

Data Collection Tool & Process: After consent was obtained from each participant, qualitative data was captured via both audio recording and note taking during moderated discussion. To review data collection tool, please see appendix item 1: *Train the Trainer Refresher Session Script for Breakout Session Table Moderator*. Notes from moderated discussions (qualitative data elements) were hand-written by group moderators. Our Data Collection Tool provides question hints and moderation tips for volunteers to use to eliminate bias and ensure validity of feedback. Participant names are not used or distributed within the final report.

During refresher event, five sub-groups were formed and asked to participate in moderated discussions where information regarding cultural competency and health literacy strategies was collected. Five moderators were assigned, one to each table, to lead the discussion and capture discussion by handwritten note.

Each table's discussion was transcribed post-event. Responses were then compiled by question within this document. PHIP team reviewed responses offered within each transcription to get a feel for key theme presented by participants.

*Data Analysis Process***:**

1. PHIP team electronically transcribed facilitated discussion occuring during *program introduction*
2. PHIP team electronically transcribed notes/feedback for each group participating during the breakout session.

3. PHIP team will read through each transcription, question by question.
4. While reading, the PHIP team will compile a comprehensive list of key themes associated with statements. Themes will be used to categorize each statement emerging from discussion. See Methodology for Coding section.
5. PHIP team will compile a final report addressing key findings/themes and recommendations for follow-up post-program.
6. Report will be shared with participants, partners and other stakeholders as appropriate.
7. *CCHL key leads from NQP, SCC and LIHC will convene to discuss findings and identify ways to bolster the CCHL DSRIP strategy using results from qualitative analysis obtained during TTT refresher session.*

Methodology for Coding: Each statement transcribed was appropriately coded according to the key themes it aligned with using *descriptive coding*. Descriptive coding is a process involving summarization of the key theme based on the content of the qualitative data being presented. Key themes were identified and organized according to similarity between statements. Key themes identified are specific to the question being asked.

Train the Trainer Refresher Session June 1, 2017

Script for Breakout Session-Table Moderator

I. Introductions

> 1. Introduce yourself to the group
>
> 2. Tell participants: "Information collected during this discussion will be used to further enhance the CCHL programs we offer to partner organizations. Your feedback will be summarized in a report; however we will not attach your name or organization to any insight you provide during this conversation. The goal of this activity is two-fold 1. For you to have the opportunity to speak with one another about cchl strategies and 2. For key players from the SCC, NQP and LIHC partnership identify ways that will help service providers continue to provide culturally and linguistically appropriate care to diverse communities".
>
> 3. Does anyone have questions? If not, get started by asking question 1 below.

II. Questions

❖ Questions: Responses to each question will be analyzed and used to identify key themes that could be addressed to bolster overarching CCHL strategy. Read this question verbatim to participants.

❖ Moderator Hint: <u>You do not need to read hints to participants</u> as we do not want to influence feedback being provided. Rather use this as background information that, as a table moderator, will help you as you guide discussion.

Question 1: What are some barriers to culture change within your organization?
Moderator Hint: Here, we are looking to identify barriers to implementing culturally and linguistically appropriate strategies. Barriers could potentially hinder an organization from delivering meaningful services. Some examples might include: limited resources, leadership buy-in, etc.
Write your notes here:

Question 2: What tools/resources are currently being used within your organization specific to Cultural Competency/Health Literacy?

Moderator Hint: Are any partners utilizing strategies which could be replicable for other organizations? What strategies are professionals currently using to clearly communicate with diverse community members? For example: cchl patient care policies, language translation lines, pocket tip cards, etc.

Write your notes here:

Question 3: What tools are you lacking? Or what tools do you feel are needed to enhance the services you provide to clients?

Moderator Hint: What types of tools and services are needed to further enhance the services we are providing to communities? Some possibilities might include: language lines, reworked policies that incorporate themes of cultural competency and health literacy.

Write your notes here:

Question 4: How has or how will the CCHL TTT program benefit the organization you work for?

Moderator Hint: We are looking to elicit opinion from the Master Facilitator on how the TTT training program AND having a trained Master Facilitator on staff will strengthen your organization's role as a service provider to effectively work with diverse communities. For example: having a Master Facilitator on staff will allow us to maintain annual update training for staff.

Write your notes here:

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III. Closing

Tell Participants: "At this time, we are going to leave the breakout sessions and return to the main agenda". Thank you for willingness to share so that we can work to further improve the CCHL strategies we are offer to community-serving partners. Your role as *CCHL Master Facilitator* within your organization is critical to the success of not only training staff members, but also igniting a shift in culture change that is imperative to the diverse populations we serve. Thank you for all you do!"

Guidelines for Moderating Facilitated Discussion[1]

1. **Keep a neutral, non-judgmental demeanor**
   a. say and demonstrate that there are no right or wrong answers
   b. remain calm, even when others are emotional (sad, angry or otherwise)
2. **Ask questions one at a time.** Do not ask "double-barreled" questions (i.e., two questions at once)
3. **Pause after asking a question to give people time to respond**. Count to five or ten silently before you speak again. If no one begins talking, repeat the question or say something like, "It seems as though the question might be confusing" or "I wonder what this silence means."
4. **Do not assume you know what someone means when his/her response is vague. Probe for clarity, completeness and concrete examples**. Possible probes include (Litoselliti, 2003, p. 78-79):
   a. How do you mean this?
   b. In what way is this linked to…?
   c. What is the relationship between…?
   d. Could you explain further?
   e. What makes you say that?
   f. How important is that concern?
   g. Tell us more about that.
   h. Keep talking.
   i. Give me a description of what it's like to…
   j. Would you give me an example of what you mean?
   k. Please describe what you mean.
   l. What I heard you say was…./ It sounds like you're saying…
   m. I'm wondering how would you deal with a situation in which…?
   n. What am I missing here?
   o. Is there anything else?
5. **Remember that your interest is to get as many different viewpoints as possible. Sometimes it is useful to draw out commonalities and differences through probing**. Examples of wording (Litoselliti, 2003, 75):
   a. What do others think about….?
      Do others agree with….?
   b. Do you recognize…?
   c. Is this familiar?
   d. I see some of you nodding…
   e. You don't seem to agree with…
   f. Are there any other points of view on this?
   g. Does anyone see it differently?

6. **Keep track of time to make sure you get through all of the questions. Sometimes this might mean stopping a discussion of a particular topic.** You can say something like, "Thank you for your insights on that issue. Now I have another question for you to consider. How do you feel about xx?."
7. **Avoid the following**:
    a. Using of the word 'why' and instead use the phrasing "In what ways?" or "Please say more about that?" This wording is less direct and elicits less of an 'automatic' answer.
    b. Giving your opinions. Your role is to facilitate – not engage in – discussion. You are there to listen!
    c. Asking close-ended questions that require a 'yes' or 'no' answer.
    d. Nodding your head or other body language that indicates that you agree (or disagree) with a participant's answer
    e. Saying 'right' and 'correct' in response to participants' comments
8. In general, your role as the moderator is not to give your opinions or advice; however**, if there is misinformation said during the group that has potentially negative consequences, you have an ethical obligation to correct this information at the end of the group if no one else has said anything**. Usually, if you wait, other group members will address and you will not have to step in.

[1] References:

Krueger, R. A. (1994). Focus Groups: A Practical Guide for Applied Research (2nd Edition). Sage Publications, Thousand Oaks, CA.

Litoselliti, L. (2003). Using Focus Groups in Research. Continuum. New York, NY.

Some of the notes regarding Assistant Moderator note-taking were modified from focus group training documents from the HEP project in Detroit, MI and The Shanti Project in Ann Arbor, MI (A. Shultz & M. Yoshihama, personal communication, 2006)