CULTURAL COMPETENCY HEALTH LITERACY

Queens, Nassau, and Suffolk Counties

Qualitative Analysis: Key Themes and Findings

Train the Trainer Refresher Session

June 1, 2017

Long Island Health Collaborative

NQP Nassau Queens Performing Provider System — An Alliance for a Healthy Community

Suffolk Care Collaborative

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Document Purpose

To measure true program efficacy of Cultural Competency/Health Literacy (CCHL) strategies, members of the planning team have developed a comprehensive plan for evaluation aimed to capture metrics that will demonstrate program successes as well as where improvements and supports can be made within the Delivery System Reform Incentive Payment Program (DSRIP) and Population Health Improvement Program (PHIP) regional strategy for addressing cultural competency and health literacy in Queens, Nassau and Suffolk counties.

This document provides an analysis of information compiled during the CCHL Refresher session which took place on June 1, 2017-six months following the inaugural Train-the-Trainer session. It should be used by partners and stakeholders to:

- Review key themes as identified by Master Facilitators, relating to: barriers to culture change, tools and resources needed to induce change and strengths of the regional CCHL curriculum
- Identify programmatic strengths, weaknesses, opportunities and threats
- Drive strategic planning for program improvement or institution of various support systems for organizations looking to induce culture change
- Serve as a comprehensive component of the evaluation plan for DSRIP and PHIP's regional strategy for addressing cultural competency and health literacy

Acknowledgements

Thank you to ***all*** CCHL Master Facilitators and their respective organizations who, by attending and leading various meetings and trainings, have demonstrated an incredible commitment to addressing gaps in cultural competency and health literacy across Queens, Nassau and Suffolk counties.

The CCHL core planning team who continuously provides planning, input and resources behind programs to ensure high quality CCHL resources are being offered to community-serving professionals:

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Introduction to CCHL Regional Strategy

As communities in Nassau, Suffolk and Queens have become more diverse, the need to incorporate cultural competency and health literacy into practice is essential to providing exceptional, patient-centered care. The goal of the *Cultural Competency 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 staff professionals who serve at risk populations, particularly those who qualify as low-income, minority, uninsured or Medicaid-eligible.

Regional System Transformation Efforts:

The Long Island Health Collaborative (LIHC), funded by the NYS Department of Health as a Population Health Improvement Program, is an extensive group of committed partners who agree to work together to improve the health of Long Islanders. Nassau Queens Performing Provider System (NQP) and the Suffolk Care Collaborative (SCC) are the two entities responsible for implementing New York State's Delivery System Reform Incentive Payment (DSRIP) throughout the Long Island region. LIHC work plan goals and DSRIP milestone projects are aligned in that they require organizations to provide cultural competency and health literacy training for their attested partners. To streamline efforts, the LIHC, NQP, and SCC are working together to ensure that cultural competency and health literacy workforce training strategies are consistent. Working collectively gives us the opportunity to reach a wider and more diverse target population while allowing organizations across the region to better serve community members.

Collaborative Program Development: This program was developed in collaboration by a diverse workgroup of members who hold value in cultural competency and workforce strategies from inception to completion. The first workgroup charge was to conduct a survey assessment to identify the need and priorities for human service organizations who will be receiving this training. Results of this survey provided the team with information about the type of training and key components that should be included within the curriculum.

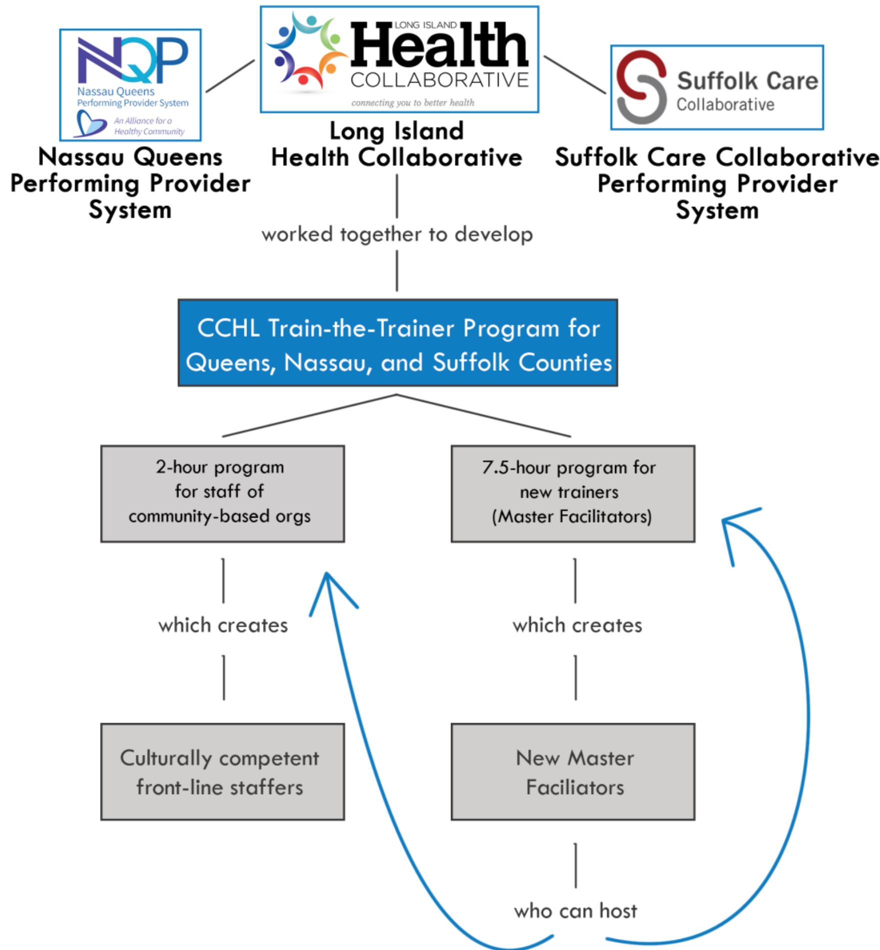
Using assessment results, the workgroup developed a request for proposal which was sent to locally based experts working in the area of cultural competency-health literacy. After reviewing several competitive proposals, the workgroup selected Martine Hackett, Ph.D. Assistant Professor, Public and Community Health Programs, Hofstra University and the National Center for Suburban Studies, Suburban Health Equity Institute as the expert lead overseeing curriculum development. Dr. Hackett's expertise encompasses culturally competent and health literate strategies, maternal-child health, infant mortality, health communications, and health disparities. Her vast experience working with community organizations is a testament to the quality of the Train-the-Trainer program.

This full day, region-specific and interactive program covers elements of:

- *Health Equity*: Social determinants of health; local stories; place and health and unconscious bias
- *Cultural Competency* and *Humility*: CLAS Standards, addressing cultural issues, cultural differences on Long Island
- *Health Literacy*: how health literacy impacts health; guidelines for health literate materials; teach-back technique

Post-training, trainers (TTTs) receive access to training materials and a certificate of completion confirming their ability to host training sessions throughout the region. TTTs emerge prepared to facilitate two different trainings: a $1^{1/2}$ – 2 hour CCHL training sessions for staff/workforce professionals, and a 7.5 hour TTT training sessions, creating future TTT-facilitators.

The CCHL Train-the-Trainer program for Queens, Nassau, and Suffolk Counties is only one arm of the full regional DSRIP/PHIP strategy for addressing gaps in cultural competency and health literacy within Queens, Nassau and Suffolk counties. The following graphic provides an overview of the structure of the TTT program and how it operates:



PROCESS

Creation

With the Long Island Health Collaborative as the program's central hub, the LIHC is charged with providing guidance to Master Facilitators and DSRIP performing provider systems.

If you are a Master Facilitator, you can always contact the LIHC for support.

Program

A curriculum was developed for community-serving organizations to spread cultural competency and health literacy trainings across the region.

Application

Prospective Master Facilitators apply for the 7.5-hour training, hosted by a Master Facilitator, e.g. Dr. Martine Hackett. Prospectives attend the session, and become certified as Master Facilitators.

Sustainable Model

Certified Master Facilitators gain access to online training materials, a training community website, refresher sessions, and ongoing support from the Long Island Health Collaborative.

Master Facilitators commit to hosting trainings for staffers and other organizations serving the community, ensuring the sustainability of the program.

Background

With the inaugural Train-the-Trainer program taking place November 7, 2016, members of the planning team have coordinated a refresher session to take place six months into the program at the midway point. Registration was restricted to eligible CCHL Master Facilitators. This TTT Refresher Session was held June 1, 2017 at Catholic Health Services of Long Island, Melville, NY. During this event, Master Facilitators were given the opportunity to network, share plans for CCHL strategy implementation at their respective organizations, 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 led 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 were asked to breakout into small groups of 4-5 participants to share their experiences related to implementing culturally and linguistically appropriate services within the organization they represent. Members of the program planning team volunteered to lead group moderated discussion. Questions proposed to participants included:

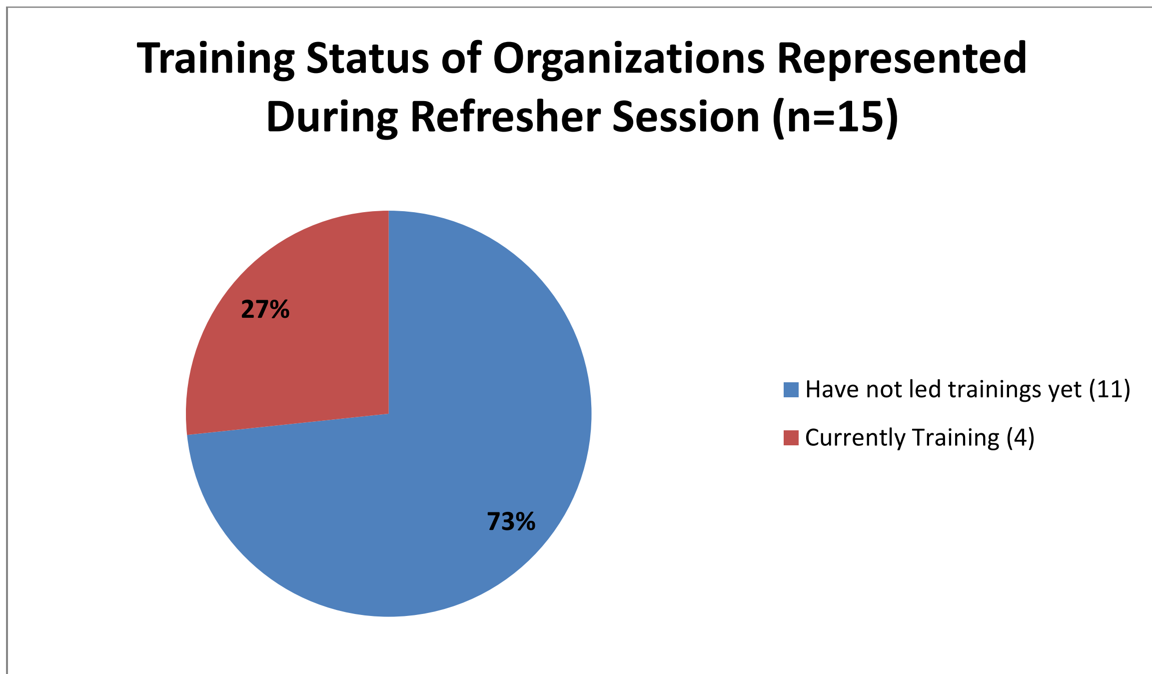
Question 1: What are some barriers to culture change within your organization?

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?

Twenty five Master Facilitators from community-based and social service organizations, provider's offices, hospitals, local health departments and performing provider systems participated during this event. From this participant pool, 15 organizations were represented.



Methodology

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 the 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 feedback by handwritten notes.

Each table's discussion was transcribed post-event. Responses were then compiled by question within this document. The 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.

Moderated Discussion Key Themes and Findings

Barriers to leading a training session

- Need for additional trainers within organization
- Not enough time to hold a full training or schedule training
- No materials available for promoting the training
- Lack of interest from Human Resources or leadership
- Need more explanation of data slides
- Tailor the training to the needs of the organization or participants
- Linking in the training to other initiatives

Barriers to Culture Change

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

Total number of statements identified during moderated discussion 28

Ranking	Key Theme	Code Association	Percentage of Discussion*
1	Leadership Support	8	28.5
2	Resources	7	25
2	Resistance to Topic	7	25
3	Regional Complexities	3	10.7
3	Language	3	10.7

* Number of key theme associated with statement divided by Number of applicable statements made in response to question 1 (eg. Leadership Support 8/28=28.5%)

Breakdown of Key Themes with Specific Examples Provided During Refresher

Key Theme	***Examples***
Regional Complexities	○ Unique characteristics of communities ○ Color lines
Language	○ Communication Styles ○ Generational variation in communication (technology) ○ Funding for translation of languages
Resources	○ Time ○ Staff coverage for leaving training ○ Money ○ Staff availability to champion program ○ How to track training ○ Staff size
Resistance to Topic	○ Unwilling to accept biases ○ Don't understand need to change ○ Why is this important? ○ Lack of exposure to diverse populations ○ Feel as though they "already know"
Leadership Support	○ Lack of diversity in leadership ○ How to align CCHL with organizational requirements ○ Culture shift: short vs. long term value ○ How to incentivize and make trainings mandatory ○ Leadership can be biased

Tools/resources currently being used by community-serving providers

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

Total number of statements identified during moderated discussion 22

Ranking	**Key Theme**	**Code Association**	**Percentage of Discussion***
1	CCHL Regional Training (TTT and Online)	5	22.7
1	Integration of CCHL Strategies into Workflow	5	22.7
2	Other CCHL Trainings	3	13.6
2	Staff Diversity	3	13.6
3	Policies/Resources	2	9.0
3	Health Literacy Tools	2	9.0
4	DSRIP Resources	1	4.5
4	Leverage Community Partnerships	1	4.5

* Number of key theme associated with statement divided by Number of applicable statements made in response to question 2

Breakdown of Key Themes with Specific Examples Provided During Refresher

Key Theme	***Examples***
CCHL Regional Training	○ 2 HR Staff ○ 7 HR TTT ○ Virtual trainings
Staff Diversity	○ Bilingual employees
Other CCHL trainings	○ State led webinars
Policies/Resources	○ Intranet/online resources ○ Language access plans ○ Access to CCHL materials ○ Organizational policies on disabilities
Integration of CCHL Strategies into Workflow	○ CCHL strategies incorporated into workflow ○ Well trained educators ○ Internal CCHL committee ○ Key players to support change ○ Use of peer feedback ○ Strategies that are applicable to your organization
Health Literacy Tools	○ Language lines ○ Cyracom ○ Different levels of education materials
DSRIP Resources	○ PAM Surveys
Leverage Community Partnership	○ Working with faith based organizations to communicate value of CCHL to congregation

Tools/resources needed to enhance services currently being provided

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

Total number of statements identified during moderated discussion 23

Ranking	Key Theme	Code Association	Percentage of Discussion*
1	Plan for Sustainability	6	26.0
2	Marketing/Informational Tools	4	17.3
3	Bilingual Programs	3	13.0
4	Establishing trust/addressing fear	2	8.6
4	Availability of Statistics and Data	2	8.6
4	Collaborations with Community Leaders	2	8.6
5	Health Literacy Tools	1	4.3

5	Staff Representing Community	1	4.3
5	Mentor Programs	1	4.3
5	Increased Funding for CCHL	1	4.3

* Number of key theme associated with statement divided by Number of applicable statements made in response to question 3

Breakdown of Key Themes with Specific Examples Provided During Refresher

Key Theme	***Examples***
Marketing/Informational Tools	○ Fun downloadable infographics that provide overview of CCHL ○ “Cheat sheet” or worksheet with overview ○ CCHL overview for community members ○ Screensavers for hospital organizations ○ Recognizing Health Literacy Month (event or promotion)
Health Literacy Tools	○ Using appropriate reading level to write patient-facing documents ○ Education materials ○ Materials specific to those living with disabilities ○ Information on screen reader systems
Bilingual Programs	○ Community programs in Spanish ○ Internally offered bilingual programs ○ Teach and incentivize staff to learn other languages
Staff Representing Community	○ Recruiting bilingual staff
Establishing trust/addressing fear	○ Addressing concerns around distrust/fear, particularly in those undocumented populations ○ Barrier that impacts access to care
Mentor programs	
Plan for Sustainability	○ Follow up post TTT training ○ Best practices ○ Trouble shooting guidelines ○ How to implement ○ Evaluating patient care/improvements ○ Looking at outcome vs. process measures ○ Supplement readings/videos
Increased Funding for CCHL	
Collaborations with Community Leaders	○ Collective impact across community serving organizations ○ Working with leaders to prioritize CCHL
Availability of data/statistics	○ Data to support need for CCHL strategies

Benefit of the CCHL Regional Curriculum

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

Total number of statements identified during moderated discussion 26

Ranking	Key Theme	Code Association	Percentage of Discussion*
1	Improve Services Provided to Clients	9	34.6%
2	Culture Change	6	23.0%
2	Program Flexibility	6	23.0%
3	Awareness	5	19.2%

* Number of key theme associated with statement divided by Number of applicable statements made in response to question 4

Breakdown of Key Themes with Specific Examples Provided During Refresher

Key Theme	***Examples***
Awareness	○ "Ah-ha" moments ○ Implicit bias ○ Teaches staff to recognize their own biases ○ Unite communities and begin discussion
Improve services provided to clients	○ How to serve/communicate with diverse populations ○ Increased knowledge re: cultural variations ○ Better informed employees ○ Helps to address relevant health needs ○ Closes gaps in care ○ Improved patient outcomes ○ Increases community reception of services ○ Fosters open/honest dialogue between providers and community
Culture Change	○ Allows for standardized curriculum ○ Outdated thinking patterns related to cultural differences, gender, et. ○ Strengthen CC within organization ○ Identified a resource/key lead within organization ○ Drive support for CCHL
Program Flexibility	○ Virtual training module is convenient ○ Tools/resources available to supplement ○ Interactive curriculum ○ Ability to link program to ongoing/internal organizational initiatives (error prevention programs for example) ○ Use of peer feedback to tailor curriculum to organizational needs

Conclusion

Key themes and feedback obtained from participants will assist the planning team, as we make mid-program modifications to address barriers and roadblocks which could prevent us from reaching program goals. The SWOT analysis was developed using information from the qualitative analysis and will be used to:

1. Drive plans for program enhancement
2. Identify and avoid external influences which could harm the success of the program
3. Allow us to more effectively support Master Facilitators who are inducing culture change within organizations across the DSRIP/PHIP stakeholder partnership

Strengths, Weaknesses, Opportunities and Threats (SWOT Analysis)

Strengths ***S***	***Weaknesses*** ***W***
1. Healthcare system reform programs (DSRIP, PHIP) provide infrastructure necessary to support CCHL initiatives 2. Streamlined partnership between DSRIP Nassau Queens PPS, Suffolk Care Collaborative and Population Health Improvement Program 3. Strong, community-connected provider partnerships 4. Passionate CCHL Advocates	1. Limited inter-organizational resources 2. Bilingual programs not as readily available 3. Availability of funding stream 4. Inability for organizations (particularly those social service and community-based) to make program attendance mandatory
Opportunities ***O***	***Threats*** ***T***
1. Leadership Buy-In 2. Diversity of communities residing in region 3. Spotlight examples of CCHL successes 4. Partners looking for promotional tools to increase awareness of CCHL 5. Health literacy month 6. Developing plans for sustainability	1. Unsupportive leadership 2. Difficulty recruiting diverse professionals 3. Target community population distrustful/fearful to access care

Program Enhancement and Follow-up Support

Next steps for program enhancement to include:

1. Develop a CCHL one page document for top-level executives to increase leadership support
    a. Engage SCC and NQP workforce directors who can do some outreach to HR teams and other workforce directors
2. Campaign to celebrate Health Literacy Month
3. Continue evaluating program to demonstrate need, success and impact on community

Plan for Dissemination of Findings

Plan for disseminating this information to Master Facilitators. WebEx?

1. Review findings from this document and get their feedback/suggestions
2. FAQ Document
3. Go over CCHL webpage
    a. Trainers Toolbox
    b. Google Drive Demo

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: You do not need to read hints to participants 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 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: .

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)

Frequently Asked Questions – TTT Refresher Session – 6/1/17

1. How do we better promote trainings?
    - Sometimes making the staff aware that this type of training exists may be enough to stimulate interest. However, we understand this is not always the case. These training do require participants to be away from their regular schedule for an extended period of time. To encourage participation, we suggest that you include some type of organizational approved incentives, make the trainings mandatory, or make people aware of the online training courses that can be done from their desks!

2. What is the ideal class size when training?
    - The nature of these training is to encourage interaction between participants through the sharing of ideas and personal experiences. We suggest no more than 35 people in a training.

3. What does age-adjusted mean?
    - Age adjustment is a mathematical method of weighting the averages of age so that populations can be more fairly compared when the median age of populations are different. This levels the playing field by taking into account that older populations are more at risk for certain illnesses.
    - Real life example – by comparing the crude death rates of Panama and Sweden without adjusting for age, it seems as though living in Sweden increases your risk of death. However, age is a factor associated with mortality (meaning that older people have a higher risk of dying). When we look at the average age of each of these populations, we notice that Sweden's population is much older as compared to Panama's population. When you adjust for age, or level the playing fields, the comparison becomes more accurate. After using the mathematical formula for age adjustment, we see that the outcomes are actually reversed - being Panamanian is associated with a higher risk of mortality.

4. What contributes to the concentrated areas of depravation on the map slides?
    - An area becomes deprived when the more affluent individuals move away, leaving only the poorer community members behind. These poorer areas tend to have less access to resources needed to keep a community health, like supermarkets and healthcare organizations.

5. Are there any slides on morbidity?
    - Morbidity refers to the state of being in ill health, while mortality is the term used to describe deaths in a population. There are no slides on morbidity currently, but they can be added for specific diseases as needed.

6. Why do Hispanics have better health outcomes when compared to others on the slides?
    - In general, Hispanics that have recently immigrated to America are less likely to have completely assimilated to the American lifestyle and cuisine. Therefore, they have kept customs and cultural differences that tend to be comparatively healthier than those of Americans'. Unfortunately, these healthy customs are progressively lost generation to generation. (Tavernise, Sabrina. "The Health Toll of Immigration." New York Times. 19 May 2013. Web. <http://www.nytimes.com/2013/05/19/health/the-health-toll-of-immigration.html>.)

7. How do you handle a participant challenging you as a facilitator?
    - We want everyone to feel comfortable during the training and, when appropriate, encourage interaction. However, there may be times when you feel that a participant or participants are obstructing the progress of the training, or worse, making others uncomfortable. We suggest acknowledging them, listening to their points, and explaining your sources for the data. Do this with confidence! For added help, we suggest asking the room for feedback. If all else fails, thank the person for their candidness, remind them that there is much more to go over in the training, and suggest discussing their point after the training, one-on-one.

8. Is there a way to teach presentation skills within the curriculum?
    - Facilitation skills tend to improve the more they are used; practice definitely makes perfect! If you are nervous about leading an upcoming training, we suggest practicing some of the sections with a family member or friend. Watching another person facilitate the training may also help build confidence. On the CCHL webpage, you can sign up to shadow a trainer or watch video of a trainer session being taught by Martine Hackett. We also included a "do's and don'ts" list on the CCHL page, www.lihealthcollab.org/cchl.