



**CULTURAL  
COMPETENCY  
HEALTH LITERACY**

Queens, Nassau, and Suffolk Counties

## **Cumulative Report:**

# **CCHL Program Evaluation**

## **Train-the-Trainer and Workforce Training**

**February 2020**



# *Table of Contents*

- I. [Executive Summary](#)
- II. Document Purpose
- III. Acknowledgments
- IV. Introduction
  - a. Delivery System Reform Incentive Payment (DSRIP) Program
  - b. What is Cultural Competency and Health Literacy?
  - c. Barriers to implementing CCHL
  - d. National CLAS Standards
- V. Training Program Content Overview
  - a. Social Determinants and their role in population health outcomes
  - b. The relationship between location and health outcomes and disparities along Long Island
  - c. Unconscious bias
  - d. National CLAS standards and reduction of health disparities
  - e. Using humility in providing care
  - f. Health Literacy Components
  - g. Explanation of the “teach-back” method
- VI. Approach
  - a. Training Types
  - b. Strategies to Engage Organizations
- VII. Measurements, Evaluation, and Analysis Strategies
- VIII. Break Down Of Participants To Date
- IX. Significant Findings
- X. Methods For Continued Improvement
- XI. Plans For The Future
- XII. References

## Executive Summary

A core planning team, which consisted of the Long Island Health Collaborative, Nassau-Queens PPS, and Suffolk Care Collaborative, decided on creating a program that would aid in advancing cultural and linguistic competence, promote effective communication to eliminate health disparities and enhance patient outcomes. In 2016, a region-specific curriculum for a self-sustaining Cultural Competency and Health Literacy training was developed by Martine Hackett, Ph.D. Assistant Professor, Public and Community Health Programs, Hofstra University and the National Center for Suburban Studies, Suburban Health Equity Institute. Since its inception, over 1500 health service providers have been trained on the importance of cultural competency, how to convey cultural humility, and on utilizing the teach-back method to effectively communicate with their clients regardless of health literacy levels. According to CG-CAHPS/H-CAHPS performance scorecard, there have been increases relating to health literacy in Nassau, Suffolk, and Eastern Queens. These performance scorecards are created using post-admissions surveys from hospital patients and record changes on the following health literacy measures: “explained what to do if illness got worse,” “instructions easy to understand,” and “describing how to follow instructions.”

## Document Purpose

This document provides an analysis of information compiled during all of the Cultural Competency Health Literacy (CCHL) training sessions and subsequent follow-up from November 2016 to February 2020. Members of the planning team developed a comprehensive plan for evaluation aimed to measure the efficacy of the CCHL program. The metrics that have been captured demonstrate program successes and aid the team in making improvements. These metrics also support Delivery System Reform Incentive Payment Program (DSRIP) and Population Health Improvement Program (PHIP) regional



strategies for addressing cultural competency and health literacy outcomes in Queens, Nassau, and Suffolk counties.

## **Acknowledgments**

Thank you to the CCHL core planning team, which continuously provides planning, input, and support to ensure high-quality CCHL resources are being offered to community-serving professional. Dr. Martine Hackett, the Long Island Health Collaborative, Nassau-Queens PPS, and Suffolk Care Collaborative have demonstrated a strong commitment to addressing gaps in cultural competency and health literacy across Queens, Nassau, and Suffolk counties.

The Long Island Health Collaborative is an initiative funded by the New York State Department of Health through the Population Health Improvement Program grant.

## **Introduction**

### ***Delivery System Reform Incentive Payment (DSRIP) program***

In 2014, Governor Andrew M. Cuomo worked to create a waiver that allowed New York State Department of Health to reinvest \$8 billion in federal savings generated by the Medicaid Redesign Team (MRT). With these funds, the Delivery System Reform Incentive Payment (DSRIP) program was formed to support community-level collaborations and focus on healthcare system reform, with the overarching goal of achieving a 25 percent decrease in preventable hospital use over five years.<sup>1</sup> DSRIP funds will be based on performance linked to the achievement of project milestones.

### ***What is Cultural Competency and Health Literacy?***

According to The Patient Protection and Affordable Care Act of 2010, health literacy is defined as, “the degree to which an individual can obtain, communicate, process, and understand basic health information and services to make appropriate health decisions”.<sup>2</sup>

Improved health literacy benefits both the patient and health care provider in the following areas:

- Finding and providing appropriate information and services
- Communicating needs and personal preferences
- Responding to information and services
- Process the meaning and usefulness of the information and services
- Understand the choices, consequences, and context of the information and services
- Communicate about health and healthcare
- Process what people are explicitly and implicitly asking for
- Understand how to provide useful information and services
- Choose which information and services work best for different situations and people

### ***Barriers to implementing CCHL***

Although increasing cultural competencies and health literacy can significantly improve patients' experiences interacting with health care providers, there are barriers to implementing CCHL training programs.<sup>3</sup>

The most common barriers due to the following:

- Lack of knowledge of cultural competency and health literacy within organizations
- Lack of resources (training programs, materials, time, etc.)
- Pushback from agencies that don't see value
- Lack of funds

### ***National CLAS Standards***

According to the Office of Minority Health through their "Think Cultural Health" initiative, the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care is a way to improve the quality of services provided to all

individuals, which will ultimately help reduce health disparities and achieve health equity. CLAS is about respect and responsiveness: respecting the whole individual and responding to the individual's health needs and preferences.

Health inequities in our nation are well documented. Providing CLAS is one strategy to help eliminate health inequities. By tailoring services to an individual's culture and language preferences, health professionals can help bring about positive health outcomes for diverse populations.

The provision of health services that are respectful of and responsive to the health beliefs, practices, and needs of diverse patients can help close the gap in health outcomes. <sup>4</sup>

## **Training Program Content Overview**

### ***Social Determinants and their role in population health outcomes***

According to the World Health Organization, social determinants of health are the circumstances in which people are born, grow up, live, work, and age. These determinants also include the systems in place to offer health care and services to a community. These circumstances are, in turn, shaped by a wider set of forces: economics, social policies, and politics.<sup>5</sup>

### ***Relationship between location and health outcomes and disparities along Long Island***

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 the core area of focus.

## ***Unconscious bias***

Unconscious bias, also referred to as implicit bias, are defined as categorizations of specific groups of people formed by individuals outside of the group. These biases can affect the treatment of said group positively or negatively as preference or discrimination, respectively. Much of the time, unconscious biases about various groups stem from well-known stereotypes and other bigoted portrayals. Unconscious bias is far more prevalent than conscious prejudice and often incompatible with one's conscious values. <sup>6</sup>

To facilitate open and honest conversation during trainings among participants surrounding the topic of unconscious bias, participants are required to take Harvard's Implicit Association Test (IAT) through Project Implicit before sessions began. The IAT measures attitudes and beliefs that people may be unwilling or unable to report. The IAT may be especially interesting if it shows that you have an implicit attitude that you did not know about. For example, you may believe that women and men should be equally associated with science, but your automatic associations could show that you (like many others) associate men with science more than you associate women with science. <sup>7</sup>

## ***National CLAS standards and reduction of health disparities***

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 CCHL training 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.

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.

## ***Using humility in providing care***

Rather than seeking to be expert in others' cultural norms or beliefs, cultural humility invites us to admit that there is much we don't and can't know.

Cultural humility is an approach that emphasizes recognizing the need to learn about the client's experience, values, beliefs, and behaviors by asking and listening deeply to what they tell us.

The cultural humility framework encourages each of us to study and learn about the history and traditions of other communities and reminds us that we cannot become experts in the culture or cultural identity of another. Only the clients and communities we work with are the true experts in their own experience, culture, values, and beliefs.<sup>8</sup>

## ***Health Literacy Components***

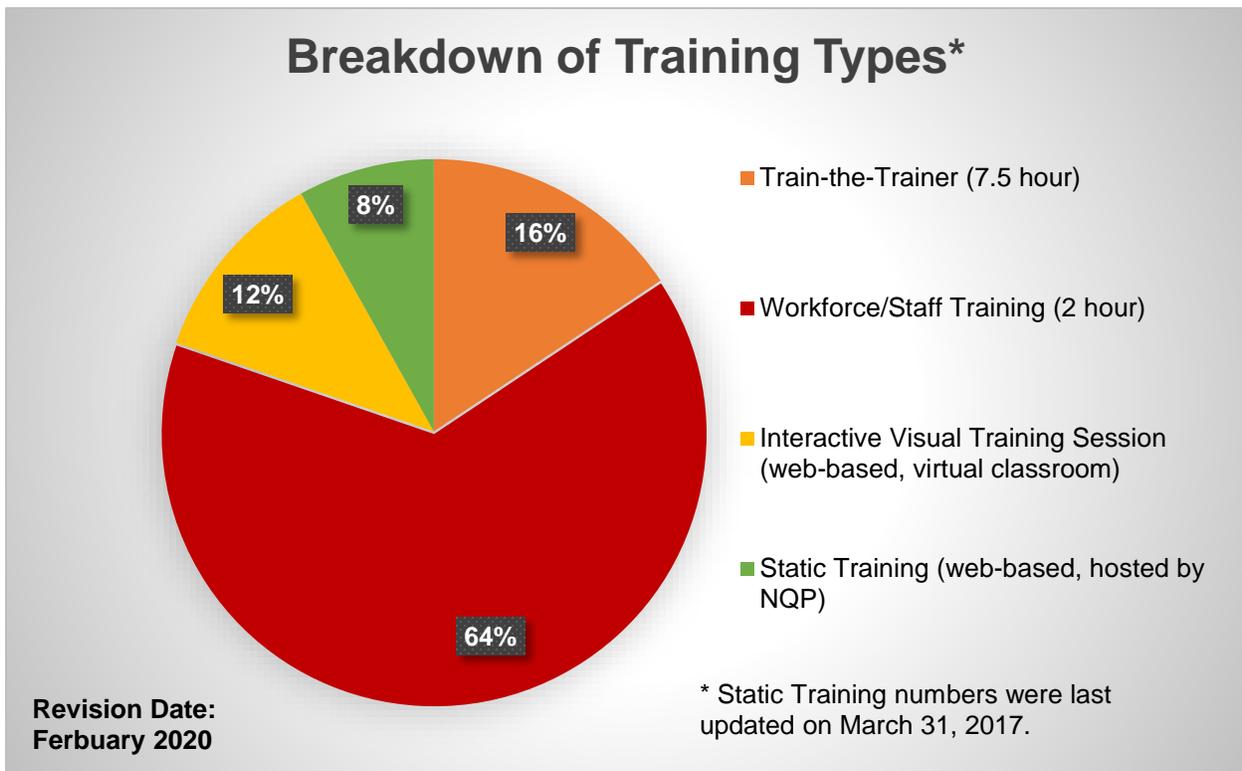
Through self-reflection and discussion, the CCHL training addresses the following lessons:

- Health Equity and the impact of social determinants of health through local stories, and the relationship between place and health. <sup>9</sup>
- Unconscious bias
- Cultural Competency and Humility - CLAS Standards, addressing cultural issues, and cultural differences on Long Island and Queens
- Health Literacy - how health literacy impacts health, guidelines for health literate materials, and the teach-back technique
- Facilitation skills, tips and hands-on practice for those who participate in the 7.5-hour training

## ***Explanation of the “teach-back” method***

The idea of the teach-back method is to explain the self-management process, then assess the person's knowledge by asking them to teach it back to the clinician. The

provider can then clarify if the patient or client does not quite have it down. This cycle can be repeated until there is a shared understanding.



## Approach

### *Training Types*

Every organization is unique, with varied staff sizes, space, resources, and needs. To better serve participants' needs, the following trainings were created:

- **Train-the-Trainer (TTT)**
  - Full day (7.5-hours) in-person training where participants receive a certificate naming them "Master Facilitators." This gives them the ability to teach the course at their organizations.

- Unlike other options, TTT sessions require participants to do “pre-work” that include an online implicit-association test and several readings on the social determinants of health, health literacy, and cultural competency and humility.
- TTT sessions provide interactive self-reflection and discussion, a review of the staff training curriculum, along with facilitation skills and hands-on practice.
- **Workforce/staff training**
  - 2-hour in-person training suited for front-line staff provides basic training on cultural competency, health literacy, and offers practical strategies.
- **Interactive Virtual Training Session (web-based, virtual classroom)**
  - This 90-minute training was designed for organizations looking for a flexible option to conduct CCHL staff trainings.
  - Virtual trainings take place on set dates via Webex, with curriculum expert Dr. Martine Hackett leading each session.
  - During these interactive trainings, participants can respond to live polls, pose questions, and share feedback about the program.
- **Static training (web-based, hosted via NQP)**
  - This 1.5-hour training is self-paced - best for staff with very little time to commit.
- **Learn Management System (LMS)**
  - There is also a recorded training available to implement via large organization LMS

**This program is offered for free**

Thanks to the New York State Department of Health, DSRIP + PHIP funding, and the strategic development of this curriculum, this program is paid for in full by the Long Island Health Collaborative, the Nassau Queens Performing Provider System, and the Suffolk Care Collaborative.



But what would it cost your organization to implement this program on its own?

www.lihealthcollab.org/CCHL  
info@lihealthcollab.org  
(631) 257-6957

<b>Program Development</b>	<b>\$8,000</b>
Research and create interactive, locally relevant materials on cultural competency, health literacy, health disparities and unconscious bias.	
<b>Curriculum</b>	<b>\$3,500</b>
Write training manual, resource toolkit, prework, instructors guides, etc.	
<b>Evaluation Plan</b>	<b>\$1,500</b>
Develop a four-level evaluation plan, measuring reactions, learnings, behaviors, and results	
<b>Training Session Prep</b>	<b>\$1,000</b>
Assemble a team to logistically and physically practice and carry out a training session	
<b>Inaugural Training Session</b>	<b>\$2,000</b>
Host the first training session, training no more than 30 participants with the CCHL curriculum	
<b>Training Materials</b>	<b>\$600</b>
Includes printed curricula, tools for interactive portions, food, etc.	
<b>Each Training Refresher</b>	<b>\$1,000</b>
Host annual session to convene Master Trainers, review and discuss data, analyze feedback, adapt and update program as necessary	
<b>Webpage Resource</b>	<b>\$2,000</b>
Includes build out of web-based training pages, gathering resource material, hosting updated training material, and regular page maintenance	
<b>Trainer's Time</b>	<b>\$400</b>
The value of time spent by an individual trainer to prep for and host a full-day training, based on a \$25/hr salary	

An estimated value of **\$20,000**

**Luckily, these costs are covered.**

Sustaining region-wide progress in the field of cultural competence and health literacy is crucial to the delivery of healthcare in Queens, Nassau, and Suffolk Counties. Working collectively allows organizations to better serve their communities.

**Start CCHL training in your org NOW**

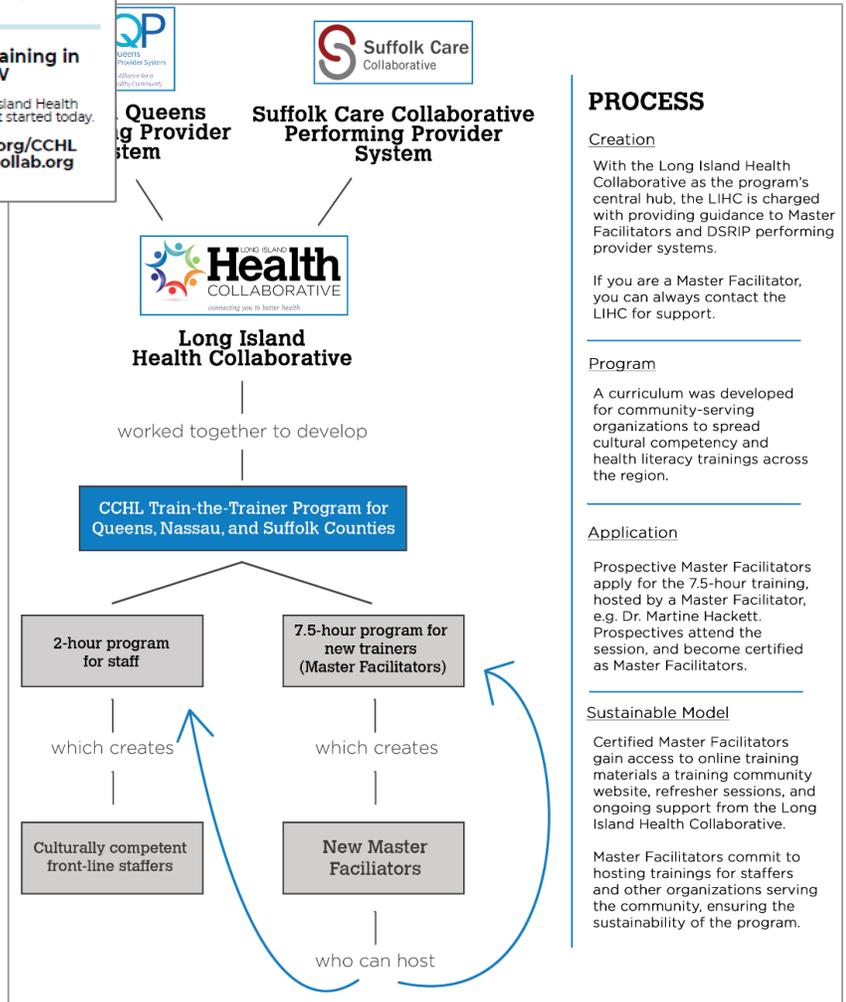
Contact the Long Island Health Collaborative to get started today.  
lihealthcollab.org/CCHL  
info@lihealthcollab.org  
(631) 257-6957

The program follows a self-sustaining model that can be tailored to different organizational needs. After the initial training, certified Master Facilitators (individuals who have participated in a 7.5-hour training) can lead an unlimited number of 2-hour internal staff trainings or 7.5-hour Train-the-Trainer sessions. This provides organizations with the flexibility to develop and sustain a comprehensive plan for training all internal staff members on the value of

CCHL. Master Facilitators can lead group trainings during orientation sessions for new hires, for annual employee updates and trainings, for community partners, and more.

**Strategies to Engage Organizations**

Sustaining region-wide progress in the field of cultural competence and health literacy is crucial to the delivery of healthcare in Queens, Nassau, and Suffolk Counties. Working collectively allows organizations to better serve their communities. To facilitate the ease



of employees bringing the CCHL program back to their organization, the two flyers were created to engage their coworkers and increase leadership buy-in.

The flyer to the left was created to inform an organization's upper management on the importance of cultural competency and health literacy. One enticing detail on the back of the flyer is how much the CCHL program would cost an organization to create from scratch. Thanks to the New York State Department of Health, DSRIP, PHIP funding, and the strategic development of this curriculum, this program is paid for in full by the Long Island Health Collaborative, the Nassau Queens Performing Provider System, and the Suffolk Care Collaborative.

The flyer to the right was created to inform interested individuals about the types of sessions available and where and when the next in-person training would be held. We share this flyer template with all of our master facilitators so that they can increase engagement among their coworkers.

## Measurements, Evaluation, and Analysis Strategies

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.

Level 1 measures participants' reactions to the CCHL curriculum. This paper survey immediately distributed post-training rates participants' level of satisfaction on the trainer, content, and structure of training. The survey is distributed to participants of both the 7.5-hour and 2-hour session.

Level 2 of the evaluation process focuses on participants' self-reported understanding of learning objectives. Similarly to Level 1, this electronic survey is distributed by email to both 7.5-hour and 2-hour session participants one



The flyer is titled "Upcoming CCHL Trainings" and features a logo of a person with colorful dots representing a brain or network. It is divided into three columns describing different training sessions:

- Virtual Training Session**: For those who prefer a web-based training, can't appoint a Master Facilitator within their organization, or are new to CCHL strategies. 90-minute virtual trainings take place on set dates via WebEx, with curriculum expert Dr. Martine Hackett leading each session. During these interactive trainings, participants are able to respond to live polls, pose questions, and share feedback about the program.
- Train-the-Trainer Session**: TTT is the self-sustaining model, simultaneously teaching the CCHL material, and how to facilitate subsequent trainings. During this full day session, participants will become Master Facilitators. MFs get access to a CCHL toolkit, didactic presentations, and valuable resources that can be used to activate culture change within their organizations. MFs are certified to lead both staff trainings and additional TTT sessions within their organizations.
- Staff Training Session**: An in-person training suited for front-line staff, these two-hour trainings can be integrated into professional development sessions, scheduled meeting times, or new employee onboarding programs. This setting serves to foster group discussion and worker interactions related to CCHL strategies in practical application.

Below the descriptions, there is a section for "The next available CCHL training session," with two boxes: "TYPE OF TRAINING" and "DATE OF TRAINING (location if available)".

To register, visit [www.lihealthcollab.org/cchl](http://www.lihealthcollab.org/cchl)

For more information on this training, contact **CONTACT INFORMATION**

month after their training.

Level 3 measures behavior, value, opinions, and insight regarding training outcomes by surveying master facilitators directly after hosting a CCHL session. The questions examine whether the MF believes that changes concerning cultural competency and health literacy will take place at participants' organizations due to their levels of engagement.

Finally, Level 4 analyzes whether target populations feel that they are better served due to the CCHL program. Using the CMS-required CG-CAHPS / HCAHPS surveys and NYS readmission rates, inferences are made on the correlation between the CCHL training and state performance scorecards. These DSRIP partner scores indicate Health Literacy scores for the region, specifically "describing how to follow instructions," "explained what to do if illness got worse," and "instructions easy to understand" have improved.

There were difficulties in successfully implementing some levels of the evaluation process due to the follow-up timeframes being too far from the original training and having very low response rates. The following changes were proposed and accepted by the CCHL core planning team to two levels of the CCHL Evaluation plan:

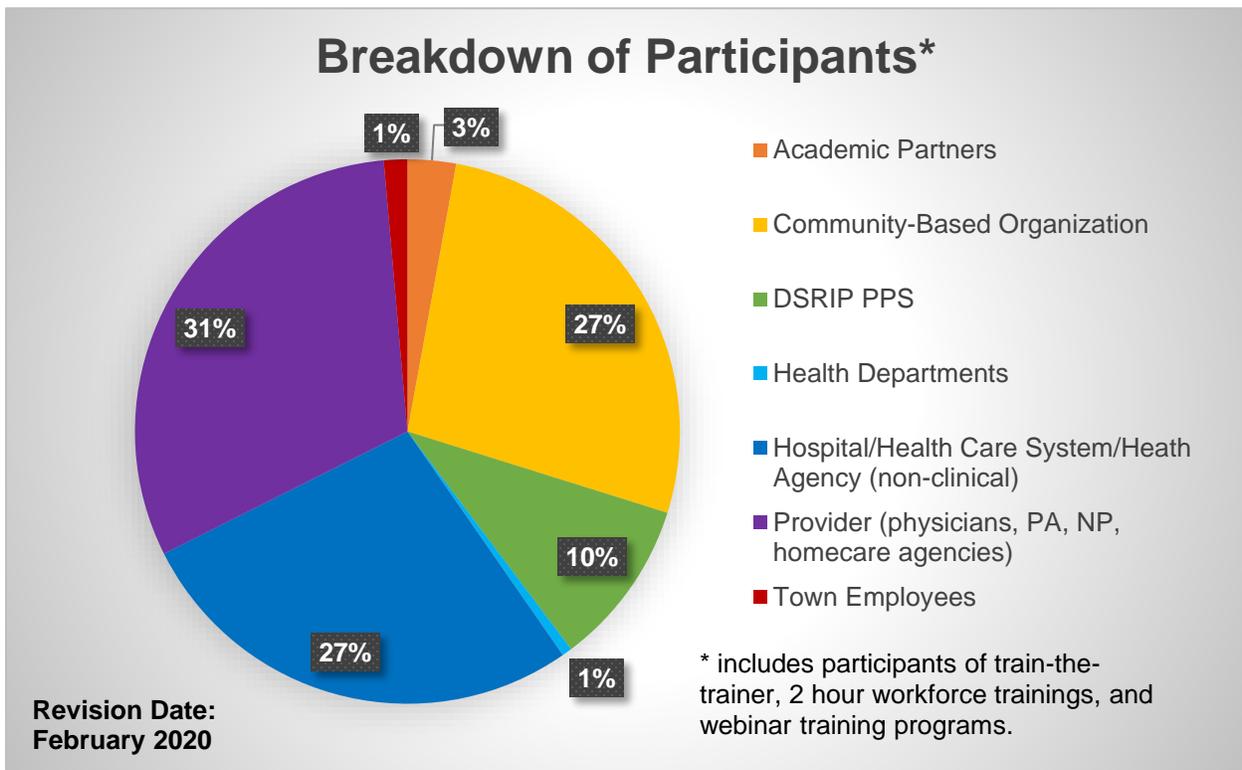
- **Level 2** - Changing the audience to include participants in the TTT sessions in addition to the staff-level sessions, adding a question that asks whether a Master Facilitator has conducted an additional training, and sending the Level 2 survey out one month after the initial training, rather than three months after.
- **Level 3** - Incorporating survey into the CCHL Instructor's Guide, and asking Facilitators to take the Level 3 survey immediately upon finishing the training.

Since these changes, response rates for level 2 continue to be over 50% for participants of the 7.5-hour training.

## **Break Down of Participants to Date**

Since the first CCHL training in November of 2016 through February 2020, **a total of 1830 people from 171 organizations** across Long Island, Queens, Brooklyn, Manhattan, and the Hudson Valley have taken the CCHL program.

Participants' organizations have been categorized by hospitals/healthcare systems non-clinical staff, community-based organizations, clinical providers, DSRIP PPS, town employees, health departments, and academic partners. Below is a breakdown of participants by organization type.



## Significant Findings

**Level 1 Results:** Immediately following 2- or 7.5-hour training session, participants gave their CCHL sessions the highest rating (5 of 5) for all eight of the following questions:

- Your facilitator's knowledge of the subject matter
- Your facilitator's ability to explain and illustrate concepts
- Your facilitator's ability to answer questions completely
- The usefulness of the information received in training
- The structure of the training session(s)
- The pace of the training session(s)
- The convenience of the training schedule
- The usefulness of the training materials

A majority of participants commended the use of videos and how interactive the training was. The most mentioned complaints were technical difficulties with viewing the videos and making explanations of data more concise.

**Level 2 Results:** One month post-training, participants felt most confident in concepts of the “teach-back” method and less confident in their understanding of how the National CLAS standards can help reduce health disparities.

Following the training, participants felt most successful in using the following techniques:

- Utilization of health literacy strategies: Using plain language
  - Very successful: 58.98%
  - Fairly Successful: 33.20%
- Use of the “teach-back” method to ensure clients understand the information provided to them
  - Very successful: 58.20%
  - Fairly successful: 30.86%

**Level 3 Results:** Immediately following 2- or 7.5-hour training session, Master Facilitators (MFs) were asked how they predict staff will apply curriculum within daily workflow. MFs reported feeling that:

- This training was important for those serving community members due to its impact on further expanding knowledge of culturally and linguistically appropriate services/care.

- This training will most impact participants' interactions among the population they serve and their co-workers/peers.

MFs also stated that the Instructor Guide successfully led them through the training, and they were able to answer all participant questions during the training. Some obstacles did occur, mostly in regards to technical difficulties or location of the trainings.

Almost all MFs stated that their training was positively received (88.89%) and that participants were engaged (50%).

**Level 4 Analysis:** 12 months post-training and beyond, the impact of CCHL on the target populations served will be evaluated using measurements that vary by organization. HCAHPS, CG-CAHPS (NYSDOH DSRIP measurement administered annually), Internal Performance Measures, Readmission Rates, and PPS Performance Metrics will all be analyzed to determine program success or need for improvement.

The CAHPS Clinician & Group Survey (CG-CAHPS) assesses patients' experiences with health care providers and staff in doctors' offices. The survey includes standardized instruments for adults and children that can be used in both primary care and specialty care settings. To customize their questionnaires, users can also add supplemental items, including a structured series of open-ended questions.<sup>10</sup>

The HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey is the first national, standardized, publicly reported survey of patients' perspectives of hospital care. This survey collects data from discharged hospital patients to measure their perceptions of their hospital experience.<sup>11</sup>

Due to our non-involvement the measurement approaches mentioned above, level 4 of our evaluation of the CCHL program will be dependent on what is already being collected internally or what the needs or interest of the organization is related to cultural competency and health literacy strategies.

As per Suffolk Care Collaborative's Measurement Year 4 CG-CAHPS/H-CAHPS performance scorecard relating to health literacy, there was a decrease from Year 3 in patients being "explained what to do if illness got worse'." However; the other two measures for health literacy ("describing how to follow instructions" and "instructions easy to understand") increased.

Measure	Desired Direction	MY1 Final Performance	MY2 Final Performance	MY3 Final Performance	MY4 Final Performance
Health Literacy - Describing How to Follow Instructions	↑	79.20%	✓ 81.44%	✗ 80.57%	✓ 81.97%
Health Literacy - Explained What To Do If Illness Got Worse	↑	83.75%	✓ 86.29%	✓ 89.79%	✗ 88.01%
Health Literacy - Instructions Easy to Understand	↑	97.03%	✗ 96.48%	✗ 94.50%	✓ 96.12%

**Suffolk Care PPS CG-CAPHS Performance Scorecard for MY4**

According to Nassau Queens PPS's Measurement Year 4 CG-CAHPS/H-CAHPS performance scorecard, there was an increase from Year 3 in all health literacy measures.

Measure	MY3 Final Performance	MY4 Final Performance	Change from MY3 Final Performance
Health Literacy - Describing How To Follow Instructions	81.7%	86.53%	+ 4.9%
Health Literacy - Explained What To Do If Illness Got Worse'	88.20%	93.50%	+ 5.3%
Health Literacy - Instructions Easy To Understand	97.10%	98.20%	+ 1.1%

**Nassau Queens PPS CG-CAPHS Performance Scorecard for MY4**

## Methods for Continued Improvement

The CCHL program is in a constant state of improvement due to the ongoing feedback, from both attendees and facilitators, which is engrained in the evaluation process. This feedback comes in many forms, as do the improvements, to ensure that the content of the training program is comprehensive and comprehensible, the delivery methods are streamlined, the evaluation is effective, the reach is impactful, and the overall outcomes are positive.

The following methods are ways in which the founding partners of the Cultural Competency Health Literacy program are working toward continuous improvement.

- Refresher sessions
  - The reconvening of Master Facilitators in person allows for unique feedback opportunities. Participants who have completed the 7.5-hour Train-the-Trainer sessions are given a chance to both network with other Master Facilitators to share experiences, barriers, and best practices, as well as pose questions to the subject matter expert, Dr. Martine Hackett. This interaction outside of the core training serves to re-engage MFs in the CCHL program, whether or not they have hosted trainings within their organization. Through informal presentations as well as facilitation discussions, CCHL staff can gather information and ask questions about success and failures regarding curriculum effectiveness, program rollout, implementation strategy, facilitation skills, and more.
  - The reconvening of Master Facilitators via web conference has a different set of benefits. This virtual venue is used to give CCHL participants an idea of their part in a larger picture of culture change. Contextualizing evaluation strategies and program growth, alongside cultural competency/health literacy outcome measures for the Long Island region, demonstrates success, all of which MFs can join in and take ownership of. This creates a system through which they can reinvest in the program, either on a larger scale or with a more regional focus.
  - In both forms of the Refresher Session, the CCHL program gains valuable feedback and presents on improvements and tools created to assist Master Facilitators in their role as the sustainers of the program.
  - Analysis of in-person Refresher Sessions available on the CCHL website, [www.lihealthcollab.org/CCHL](http://www.lihealthcollab.org/CCHL).

- Websites updates
  - The online center for the Cultural Competency Health Literacy Program at [www.lihealthcollab.org/CCHL](http://www.lihealthcollab.org/CCHL) provides a hub of information, resources, and support for Master Facilitators, CCHL partners, and potential partners looking to learn more about the program. MFs have access to many tools via this public-facing platform
    - All documents necessary to host a training, presented in an easy to download format and complete with a checklist and guide
    - A Trainers Toolbox, which collects and vets an ever-growing list of resources in order to assist Cultural Competency Health Literacy Master Facilitators on various topics as they lead trainings including strategies to answer questions during trainings, ways to tailor trainings to specific audiences, and bolster general facilitation skills
    - A list of upcoming CCHL trainings available to the general public
    - A link to the Recorded static version of the training
    - An opportunity to connect with administrative staff
- Communication with partners
  - Partner support is a key component of the CCHL program. Connections from the three founding organizations as well as each organization's vast network of contacts ensure the sustainability and growth of this effort to improve cultural competency and health literacy in the region. Through regular communication with an advisory group that contains representation from each the Long Island Health Collaborative, Nassau-Queens PPS, and Suffolk Care Collaborative, as well as key regional healthcare players, the program continues to find new and exciting ways to improve both the efficiency of the training and the opportunity to impact health outcomes through improved patient care.
- Communication with Master Facilitators
  - Master Facilitators are the most valuable component of the Cultural Competency and Health Literacy program. As such, keeping in contact with these participants is a high priority. Through many of the methods mentioned in this report, as well

as regular email communications, CCHL MFs will be kept abreast of new developments related to the program and its structure, and will be presented with regular opportunities to engage with the CCHL program in a variety of ways, not solely limited to the hosting of trainings.

- Opportunities for presenting on our work at local, regional, state, and national levels
  - The key stakeholders of the CCHL program have in the past and will continue in the future, to be aware of opportunities to present the work and outcomes of the joint initiative on local, regional, state, and national levels. In the past, venues such as the IHA Annual Health Literacy Conference and the NYS DSRIP Annual Statewide Learning Symposium are just some of the platforms through which the program has been shared in an effort to bring meaningful improvement to our overall strategy.

## **Plans for the Future**

As is evidenced by the contents of this report, the success of the Cultural Competency Health Literacy program is due in large part to the ambition and forward movement of its founding partners, and their commitment to its continued success. Below are a series of proposals and suggestions, intended for use by partners as a source of inspiration or jumping point to accomplish their collective goal of advancing cultural and linguistic competence, promoting effective communication to eliminate health disparities, and enhancing patient outcomes in the region through the CCHL Train-the-Trainer program.

- Regularly generate reports regarding the CCHL metrics captured on each of the four levels of evaluation
- Provide a plan for Next Steps of Improvement after coordinated informational efforts, i.e., Refresher Sessions and analytical reports.
- Examine other initiatives of the founding organizations, for the opportunity to incorporate the Cultural Competency and Health Literacy program trainings into their structure.
- Explore the creation of additional cultural competency modules, to address the needs of more focused communities, i.e., the LGBTQ Consortium (report and analysis to come following evaluation completion)

- Create more marketable promotional documents
- *Promotional emails to join a list serve related to regional cultural competency and health literacy information*
- Mass-mailing of flyers to community-serving organizations in areas where the CCHL program is under-reaching.
- Produce meaningful and shareable videos that depict disparities caused by low health literacy and the impact of improvements made by organizations who have invested their time in the CCHL program.
- Engage in industry standard social media strategies to create buzz and brand recognition surrounding the program
- Continue to seek opportunities for presenting the program on local, regional, state, and national levels

## References

<sup>1</sup> “DSRIP Overview - New York State Department Of Health.” *New York State Department of Health*. (September 2014). [https://www.health.ny.gov/health\\_care/medicaid/redesign/dsrip/overview.htm](https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/overview.htm)>

<sup>2</sup> “What Is Health Literacy? | Health Literacy | CDC.” *Centers for Disease Control and Prevention*. (December 2016). <https://www.cdc.gov/healthliteracy/learn/index.html>.

<sup>3</sup> “NYS DSRIP Cultural Competency and Health Literacy (CCHL) Collaborative” *PPS Meeting PowerPoint*. (February 2016). [https://www.health.ny.gov/health\\_care/medicaid/redesign/dsrip/pps\\_workshops/docs/2016-02-17\\_all-pps\\_cchl\\_cbo\\_panel.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/pps_workshops/docs/2016-02-17_all-pps_cchl_cbo_panel.pdf)

<sup>4</sup> “What is CLAS?” *Think Cultural Health*. <https://www.thinkculturalhealth.hhs.gov/clas/what-is-clas>

<sup>5</sup> “Social Determinants of Health” *World Health Organization*. (2008). [https://www.who.int/social\\_determinants/thecommission/finalreport/key\\_concepts/en/](https://www.who.int/social_determinants/thecommission/finalreport/key_concepts/en/)

<sup>6</sup> “Unconscious Bias” *University of California, San Francisco’s Office of Diversity and Outreach*. <https://diversity.ucsf.edu/resources/unconscious-bias>

<sup>7</sup> “Education” *Project Implicit*. (2011). <https://implicit.harvard.edu/implicit/education.html>

<sup>8</sup> “Training Guide to Foundations for Community Health Workers, Second Edition” *Timothy Berthold*. (November 2015). [https://www.ccsf.edu/dam/Organizational\\_Assets/Department/Health\\_Physical\\_Education/Health\\_Education\\_Community\\_Health\\_Studies/Community\\_Health\\_Worker/CHW\\_PDF/CHW-Training-Guide/Chapter6.pdf](https://www.ccsf.edu/dam/Organizational_Assets/Department/Health_Physical_Education/Health_Education_Community_Health_Studies/Community_Health_Worker/CHW_PDF/CHW-Training-Guide/Chapter6.pdf)

<sup>9</sup> “Suburban Health Inequalities: The Hidden Picture” *Martine Hackett, PhD, MPH*. (May 2015). <https://news.hofstra.edu/2015/05/04/suburban-health-inequalities-the-hidden-picture/>

<sup>10</sup> “CAHPS Clinician & Group Survey.” *AHRQ--Agency for Healthcare Research and Quality: Advancing Excellence in Health Care, U.S. HHS: Agency for Healthcare Research and Quality*, (June 2015). [www.ahrq.gov/cahps/surveys-guidance/cg/index.html](http://www.ahrq.gov/cahps/surveys-guidance/cg/index.html).

<sup>11</sup> “Hospital HCAHPS.” *CMS.gov Centers for Medicare & Medicaid Services*. (December 2017). [www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalHCAHPS.html](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalHCAHPS.html).