

# Cultural Competency/Health Literacy Training for Healthcare Providers: Program Development and Implementation in Partnership with Community Health Workers



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### INTRODUCTION

• The NCQA (National Committee for Quality Assurance) PCMH (Patient Centered Medical Home) 2017 standards will require that The IHI Triple Aim

**Population Health** 

STUDY <</li>

- "practices meet the needs of the diverse patient population by understanding unique characteristics and language needs."
- NCQA PCMH recognition is the gold standard of excellence and is required by health plans, accountable care organizations and value based payment methodologies.
- Cultural competency and health literacy training is one of the main foci of the New York State DSRIP (Delivery System Reform Incentive Payment) program.
- In 2015, a community health worker network and a health care organization in western New York partnered to develop and implement cultural competency and health literacy training utilizing community health workers.

### METHODS

#### PLAN:

 Reviewed the literature and the initial survey findings, developed the training content, and scheduled 3 pilot training sessions.

#### DO:

- Implemented 3 pilot training sessions
- 1: 1 hour didactic (minimal interaction) with large group
- 2: 1.5 hour semi-interactive with medium-size group
- 3: 2 hour interactive with small group (individual practice)

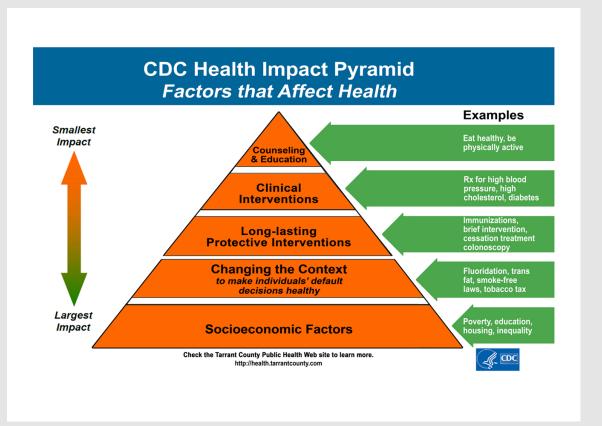
#### STUDY:

- Preference for interactive 2 hour format in small group settings, with a blend of provider types.
- Large presentations are effective for introductions but should be followed by smaller, longer sessions.

#### ACT:

- Roll-out plan for practice-based trainings and periodic large group sessions (Sept 2016-ongoing . . .)
- Continue small PDSA cycles to incorporate participant feedback and address scheduling complications.

#### Visual Aids used to convey key concepts of social determinants and health literacy



Inputs

**Activities**/

**Strategies** 

Outputs

**Outcomes** 

















#### Table 1: Cultural Competency/Health Literacy Training Logic Model

search on "Best Practices"	<ul><li>Training team</li><li>Space</li></ul>
ot trainings	PDSA approach

 Full implementation of trainings 29 trainings held

650 people attending trainings

Practices prioritized with high numbers of patients with

Increase in the inclusion of cultural competency training

At the individual level: Increase in understanding of health **Short Term** 

impact care

 Increase in comfort with effective communication strategies Increase in knowledge of bias and

• Increase in the use of interpreter services that meet needs of clients/patients (not the relative/friend of client/ patient) stereotyping and strategies of how to

Training curriculum

 Increase in the number of practices that have identified a cultural competency champion to monitor activities and control/recognize it without allowing it to advance practice

At the practice/organization level:

and implementation in staff evaluations

- Mid-term Long Term Outcomes
- Improve provider-patient communication Increase patient/client adherence to
- provider guidance Increase patient satisfaction with health care/services received
- Improve health of population
- Diminish health care disparities in accordance with NYS

#### Quotes from written post-training evaluation forms. Quotes are representative of the key themes.

"I loved the listening exercises. Makes me want to be more aware of how I'm listening."

"Was amazing to see our group

open up the way it did with

discussion. Was presented very

well and pulled us in together."

"To try and keep an open mind, be respectful to all, try to understand everyone's differences, don't judge others."

"Made me realize that biases

exist and I know how to step back

and not make the same biases at

work.'

"Excellent organization of a large amount of content; looking forward to expanding on the subject at a retreat in the Fall."

"I will be more mindful of patients' obstacles to good health and compliance."

### RESULTS

"Loved the real life examples. Thank you!"

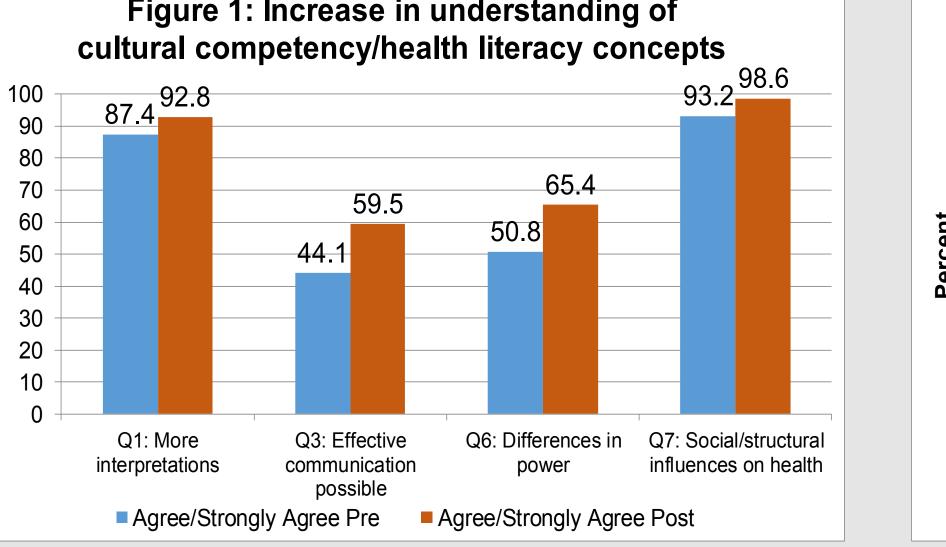
"They work well together. Made it worth coming in to work @ 7am."

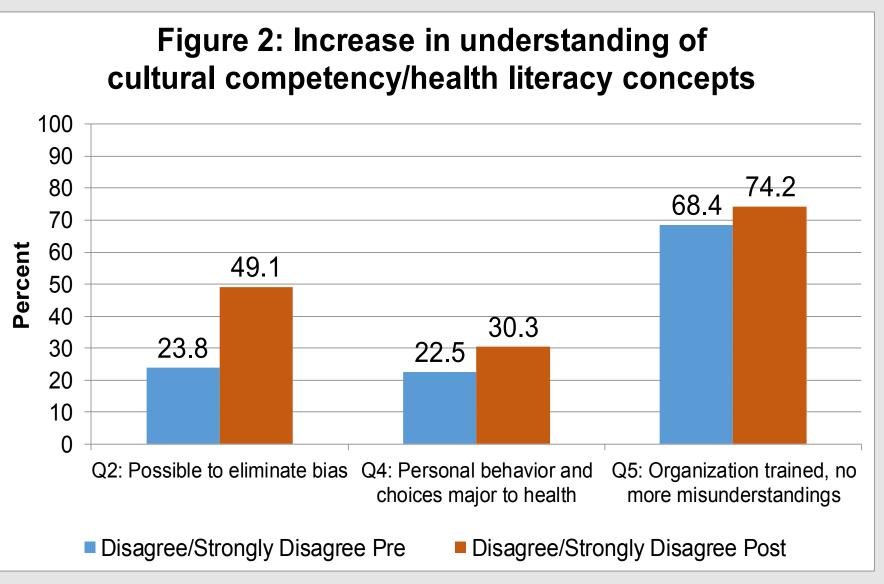
"Great dynamics-perfect presenters one woman, male, black, white."

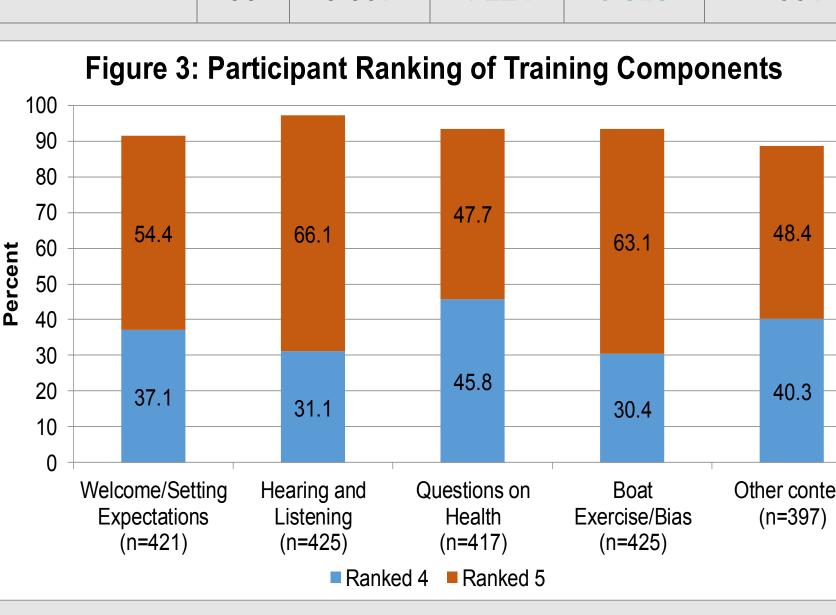
"Her point of view and openness with her experiences was moving."

### Table 2: Results of Pre/Post Evaluation of Cultural Competency/Health Literacy Sessions (9/18/17 through 10/5/17)

Question (all questions were on a 5-point Likert scale)	#	Pre	Post	Change	Sig. (p-value
Agreement to Questions 1, 3, 6, and 7 is congruent with concepts of cultural competency and health literacy					
1. When I am listening to a patient or client and something they say does not seem to make sense in the situation, I often try to think of more than one possible Interpretation.	340	4.097	4.235	0.138	<.001
3. Effective communication is possible even when the provider and patient do not speak the same language.	339	3.038	3.469	0.431	<.001
6. The differences in power experienced by the provider and the patient affect how well they communicate.	334	3.401	3.698	0.296	<.001
7. There are many social and structural influences that are related to an individual's health status.	336	4.295	4.527	0.232	<.001
Disagreement to Questions 2, 4, and 5 is congruent with concepts of cultural competency and health literacy					
2. I feel it is possible for someone who is very aware and conscientious to completely eliminate his or her own prejudices or biases about people that they encounter.	336	3.417	2.866	-0.551	<.001
4. An individual's personal behavior and choices are major indicators of his or her own health status.	336	3.482	3.321	-0.161	0.015
5. Once an organization's staff has gone through cultural competency training, the leadership can assume that there will no longer be any instances of cultural misunderstandings or provider insensitivity.	340	2.259	2.165	-0.094	0.058
Increased awareness and familiarity reflects a change compared to pre-session awareness/familiarity					
8. To what extent are you aware of the social determinants of health (one's housing, food, income, relationships, neighborhood, etc.)?	335	3.901	4.188	0.287	<.001
9. To what extent are you familiar with the concept of structural competency?*		2.521	3.875	1.354	0.009
10. To what extent are you familiar with the concept of health literacy?*	58	3.397	4.224	0.828	<.001
Figure 1: Increase in understanding of Figure 2: Increase in understanding of Figure 3	Figure 3: Participant Ranking of Training Components				







## DISCUSSION/SUMMARY

- Staff of busy medical practices can be effectively engaged and impacted by 1-1.5 hour cultural competency/health literacy training sessions.
- Optimal training teams include at least one community health worker (CHW). This is someone who is of and from the community who is specially trained to serve as a bridge between community and systems. Stories shared by CHWs are consistently ranked most favorably.
- Adaptability and flexibility while maintaining content integrity are key attributes of both trainers and training content. Using the PDSA approach has proven to be an effective way to implement this in the context of diverse practices working toward PCMH certification.
- Participants in sessions appreciate the interactive activities and the opportunity to learn from their colleagues/peers.
- Even given limited time in the workday, participants often indicate a need for more time discussing and learning about the topics presented.
- This model of collaboration between community (CHWNB), academia (D'Youville) and the healthcare system (CPWNY) is critical to success and can be replicated with other areas of work.
- Staff of practices will be better prepared following training sessions to implement changes in line with upcoming PCMH standards related to social determinants screening and referral.