

# Critical Measures Training Courses

Critical Measures offers a wide range of training programs on diversity and cultural competence. Some of our most popular courses include:

- **Diversity and Cultural Competence in Health Care**
- **Managing A Diverse Workforce**
- **Managing A Culturally Diverse Workforce**
- **Valuing Diversity: Attitudes Towards Differences**
- **The New Science of Unconscious Bias: Implications for Managers and Providers**
- **Understanding Cultural Differences**
- **Managing Cross-Cultural Conflict**
- **Language Access and the Law – Caring for the LEP Patient**
- **Global Medicine – New Skills for the Clinically Competent Physician**
- **Global Business Skills**
- **Microinequities**

Each of these courses is described briefly below.

1. **Diversity and Cultural Competence in Healthcare** – One of our most popular courses. This course starts by describing three demographic megatrends (major increases in populations of color, immigrants and Limited English Proficient patients). Cross-cultural healthcare is defined as having three key components – all of which mirror these three demographic trends. As a result, cross-cultural healthcare can be seen as consisting of racial and ethnic disparities in the quality of healthcare, cross-cultural value differences between immigrant families and Western medical providers and providing language access to Limited English Proficient patients and their families. From there, participants will come to understand the “business, medical and legal cases” for diversity and cultural competence in healthcare. To assure that the class is both highly educational and entertaining, participants will play a game called BARNGA – a cross-cultural simulation. BARNGA offers a perfect transition to learning about 10 core cross-cultural differences that can positively or negatively impact the patient care encounter. Participants will learn what skills they will need to work more effectively across cultures whether it be in the workforce, as a part of a management team or as a clinician. The course closes by giving participants some experience with one of those skills – the skill of managing cross-cultural conflict. Every member of the class will take the Intercultural Conflict Style Assessment Inventory. By taking this assessment, participants will come to understand their own personal, culturally-influenced conflict style and how their style differs from three other dominant styles found all over the world. Tips will be offered as to how to manage conflict effectively across racial, cultural and ethnic differences.

**4 hours. Maximum class size: 40.**

- 2. Managing a Diverse Workforce** – Given the demographics of today’s workforce, managers’ who cannot manage a racially and culturally diverse workforce are simply not qualified to manage. This introductory course will explore the many business reasons why managing diversity is so critical to organizational effectiveness. These reasons range from recruitment, hiring and retention to productivity, communication and teamwork, providing high quality, patient centered care and customer service and avoiding diversity-related litigation. Managers will learn skills and tactics to shift their organizations or departments from cultures of tolerance to cultures of acceptance and inclusion. In that process, managers will come to understand that employment law today is rapidly becoming diversity law. Managers will learn what the EEO laws have to say about a wide range of employment related diversity issues ranging from discrimination and harassment issues to religious accommodation, ADA/disability matters, sexual orientation, clothing/piercing and tattoos to patients who demand that their caregivers come from their own race or gender. Finally, managers will learn how to have and handle difficult conversations about human differences and what business benefits having these conversations may achieve.

**4 hours. Maximum class size: 40.**

- 3. Managing a Culturally Diverse Workforce** – Today’s workforces are not only racially diverse, they are culturally diverse. Few of us spend much time thinking about our own cultures much less other cultures. As a result, most managers are ill-prepared to address the many regularly occurring cross-cultural dilemmas that occur in today’s workplace. This course will introduce managers to five critical cultural differences that can negatively impact employee productivity, engagement and retention. These five cultural differences can be summarized as: individualism vs. collectivism; task versus relationship orientation; high context vs. low context communication styles; direct vs. indirect conflict styles and egalitarian vs. hierarchical employment relationships. As participants come to understand these cultural differences, they will also learn how the role and expectations of managers and employees differ across cultures. Frequently, these cross-cultural differences manifest themselves in specific, regularly occurring workplace issues such as: recruitment, hiring and retention; difficult conversations; handling performance evaluations; multicultural teamwork; resolving cross-cultural conflict and career management and mentoring. Using highly illustrative, workforce-based case studies, we will teach participants how to spot key symptoms of cross-cultural issues and resolve them effectively.

**4 hours. Maximum class size: 40.**

**4. Valuing Diversity – Attitudes Towards Differences** – Our most basic diversity program for employees, this highly interactive, enlightening program has delighted audiences all across the United States. The program defines diversity as including, but going well beyond, mere race and gender to include the full spectrum of human differences. Participants learn about the new “science of bias” that suggests that our biases are largely unconscious and unintentional. A distinction is made between the intent behind our actions and their impact on other people. Participants are challenged to understand that they are not only responsible for their good intent but on the impact that their words and actions have on others. To fully understand this concept, participants must learn to look at the world not just from their own perspective but through the eyes of diverse others. Learning “what difference difference makes” is a core diversity skill. After introducing the “Tolerance Scale” (a five-point scale reflecting our possible attitudes towards differences) we ask participants to engage in a series of highly interactive, fun exercises to understand how our attitudes towards differences affect our behaviors towards others – in ways that, again, reflect both our conscious and unconscious biases. The course concludes by discussing the Awareness Spectrum, a model that provides participants with the skills that they will need to become Diversity Change Agents in their workforces.

**4 hours. Maximum class size: 40.**

**5. The New Science of Unconscious Bias: Implications for Managers and Providers**

In the past, human bias was regarded as conscious and intentional. Today, the new science of bias suggests that human biases are largely unconscious and unintentional. If true, this new research suggests that our biases are infinitely more dangerous than we ever imagined them to be – operating like computer biases to get beyond our best intellectual firewalls and capable of creating tremendous interpersonal damage – without our conscious intent. This course will explore the scientific bases for this new understanding of human bias and the implications of unconscious bias theory for managers and employers, the field of employment law and for providers and the practice of medicine. In particular, participants will be exposed to the Implicit Association Test, the world’s leading assessment instrument for measuring unconscious bias (online at: <https://implicit.harvard.edu/implicit/demo/> ). Managers will understand the implications of unconscious bias research for hiring, promotions, performance evaluations and risk management. Providers will learn about new medical research from leading physicians that suggests that racial and ethnic disparities in healthcare are, at least partly attributable to physicians’ unconscious biases. Finally, participants will learn what they can do to become more conscious of unconscious biases and behave differently towards the racial and cultural “other”.

**4 hours. Maximum class size: 40.**

## **6. Managing Cross-Cultural Conflict**

This workshop offers participants some of the latest knowledge in the emerging fields of cross-cultural communication and conflict resolution. Better still, it offers participants a tool that can be used for personal and organizational skill-building in addressing and resolving cross-cultural conflict with patients and culturally diverse employees. We will administer the Intercultural Conflict Style Assessment Inventory to participants. This relatively new instrument was created and validated via internationally controlled studies by American University Professor Mitchell Hammer, a national and international expert on cross-cultural communication and conflict. By taking the Intercultural Conflict Style Assessment Inventory, participants will understand their own personal conflict style and how their conflict style differs from those found in other cultures around the world. (The ICS also yields profound insights into inter-racial conflict styles here in the U.S..) In particular, participants will learn why familiar U.S. conflict resolution approaches, such as that made popular by the Harvard Negotiation Project (“Getting to Yes”) are largely ineffective in resolving cross-cultural conflict. Finally, we will discuss how the Intercultural Conflict Style Inventory can be used with health care audiences to better understand how to resolve intercultural conflict in the workplace and with culturally and linguistically diverse patients and their families. Participants will learn about the most common causes of intercultural conflict at work, how to diagnose the predominant cultural conflict style in their organization and how to resolve conflict with colleagues and patients across each of the four major conflict styles. The tool can also be used in diversity-related team-building exercises.

**2 hours. Maximum class size: 40.**

## **7. Language Access and the Law: Caring for the Limited English Proficient Patient**

Approximately 97% of American physicians treat Limited English Proficient patients. Nearly 20% of Americans speak a language other than English. Despite these dramatic demographic shifts, a substantial body of national research shows that few physicians are familiar with the language access laws that govern the use of interpreters, bilingual staff and translated written materials. As a result, legal liability is increased and high level quality patient care and safety are frequently compromised.

### **Learning Objectives:**

1. To help participants’ understand the multiple business, medical, quality, safety and legal reasons why the provision of language assistance to Limited English Proficient patients is such a critical issue in the U.S. health care system today.
2. To provide an overview of federal law (Title VI of the Civil Rights Act of 1964) and industry regulations pertaining to the provision of language access to Limited English Proficient patients in the context of health care.

3. To assist health care professionals in understanding their legal duties and obligations to Limited English Proficient patients and their families.
4. To offer guidance to health care professionals in meeting and/or discharging these legal obligations.
5. To teach health care professionals how to avoid unwanted litigation and proactively manage legal risks by improving participants' ability to "issue-spot" language access problems that could give rise to liability in multiple, health-related contexts.

**Format:** Typical presentations generally run about **one hour** in length. Following a 20 minute overview of the subject, audience members are asked to complete a 20 question quiz on The Law of Language Access in healthcare. Answers to each question are then provided and questions and answers from the floor completes the one-hour session.

## 8. **Global Medicine – New Skills for the Clinically Competent Physician**

Despite the fact that America is receiving unprecedented numbers of foreign immigrants and the fact that Americans today regularly travel to the most remote parts of the world, two-thirds of American physicians have never had any formal training on cross-cultural medicine. To remedy that problem every American medical school today teaches cross-cultural medicine and several states have amended their physician licensing laws to require physicians to take more CME credits in this area. This course provides an introduction to the topic of global medicine, outlines its contours and suggests what new clinical skills physicians will need to practice in an environment in which the global truly has become the local.

- A. **Changing Patient Demographics** (In particular, this section highlights four major changes of consequence to the practice of medicine: dramatic increases in patients of color (race/ethnicity), immigrants (both numbers and cultural patterns/preferences that impact healthcare), language differences/barriers and unprecedented increases in the number of globally mobile patients.)
- B. **Implications of these trends for medicine.** Cross-cultural medical care tracks each of the four trends noted above in dealing with four critical issues:
  1. Racial and ethnic disparities in U.S. medical outcomes
  2. Cross-cultural value differences between immigrant patients and their families and Western medical providers.
  3. Addressing language access issues with Limited English Proficient and disabled patients – which is both a medical (quality/safety) issue as well as a legal and civil rights issue.
  4. Addressing global disparities in care that result from globally mobile populations coming to the U.S. with exotic diseases that are unfamiliar to U.S. physicians and U.S. citizens traveling to remote global locations and bringing back exotic diseases with them.

**C. Understanding the Business, Medical (Quality and Safety) and Legal “Cases” for Cross-Cultural Clinical Competence.**

**D. Understanding what new information and skills/tools physicians will need in order to practice cross-cultural or Global Medicine more effectively.** Briefly, culturally competent physicians will need to be knowledgeable in three key areas:

1. **Attitudes and Awareness:** Providers must understand the personal and cultural frames of reference that they bring to their work along with the cultural framework of Western medicine. To that must be added an understanding of the emerging “science of bias” and the many ways that unconscious bias can negatively impact clinical decision-making. Finally, physicians must understand the cultural frameworks of their patients in order to deliver patient-centered care as recommended by the Institute of Medicine, The Joint Commission, the NCQA and the National Quality Forum. Examples include: cultural differences around death and dying, delivering bad news, blood beliefs, surgery, organ transplants and mental health.
2. **Skills and Abilities:** Providers must be able to conduct a culturally competent patient history (incorporating Kleinman’s explanatory model questions as well as questions about national origin and recent travel history), work effectively with Limited English Proficient patients via qualified medical interpreters, manage cross-cultural conflict and negotiate treatment plans across cultures.
3. **Clinical Knowledge Base:** To provide clinically competent care in the global village, providers must understand core principles of cross-cultural medicine and immigrant/refugee medicine. This includes diseases more commonly seen by race/ethnicity, as well as diseases endemic to different parts of the world. Ethnopharmacology and its implications for current clinical practice and an understanding of how a lack of knowledge of epidemiological and pathophysiological differences may lead to unintended iatrogenic consequences should also be seen as fundamental to this clinical knowledge base. Finally, clinicians should understand the Law of Language Access and its implications for informed consent, medical malpractice and other legal issues.

## **9. Global Business Skills**

The ability to work effectively across cultures is rapidly becoming the signature skill of 21<sup>st</sup> century leaders. Since World War II, other cultures have learned to adapt to America’s business culture. In the future however, American business leaders must increasingly learn to do business across cultures. No surprise then that America’s best business schools are teaching global business skills or that American managers increasingly find themselves managing a racially diverse, multicultural workforce. Managers who cannot manage a diverse workforce today are simply not qualified to lead.

The key is to create a culturally competent workforce – one that embraces and leverages the benefits of global and cultural diversity while avoiding its pitfalls. As a leader, you will need to know how to lead, manage, motivate, communicate, negotiate, sell and resolve conflict across cultures. And above all, you must understand and manage your own unconscious cultural biases that can create strategic blind-spots and derail effective cross-cultural business relationships.

### **Global Business Skills will help you learn:**

- The business and legal “cases” for diversity and cross-cultural competence
- Ten core cross cultural differences that can advance or impede business effectiveness
- How the roles and expectations of “managers” and “employees” differ across cultures
- How to crack the hidden code of culture to improve cross-cultural communication and build interpersonal trust and credibility
- Global business skills such as: cross-cultural recruitment, hiring and retention; cross-cultural sales techniques; cross-cultural negotiation tactics; cross-cultural teambuilding and cross cultural conflict resolution.
- About the role of culture in international mergers and acquisitions

### **Ideal Learner**

Current or emerging leaders responsible for:

- Managing culturally and/or globally diverse work teams
- Negotiating business agreements and/or international mergers and acquisitions
- Achieving organizational sales goals in an international business environment
- Employee recruitment, hiring, mentoring, training and retention
- Improving productivity in racially and culturally diverse work environments

### **Benefits**

- Develop new, highly marketable global business skills
- Improve interpersonal and cross-cultural business effectiveness
- Improve your organization’s business results
- Increase workforce satisfaction and productivity
- Lead positive change within your organization
- Demonstrate your leadership capacity to those who can provide future career opportunities
- Understand your strengths and weaknesses as a participant in the global economy

## 10. **Microinequities**

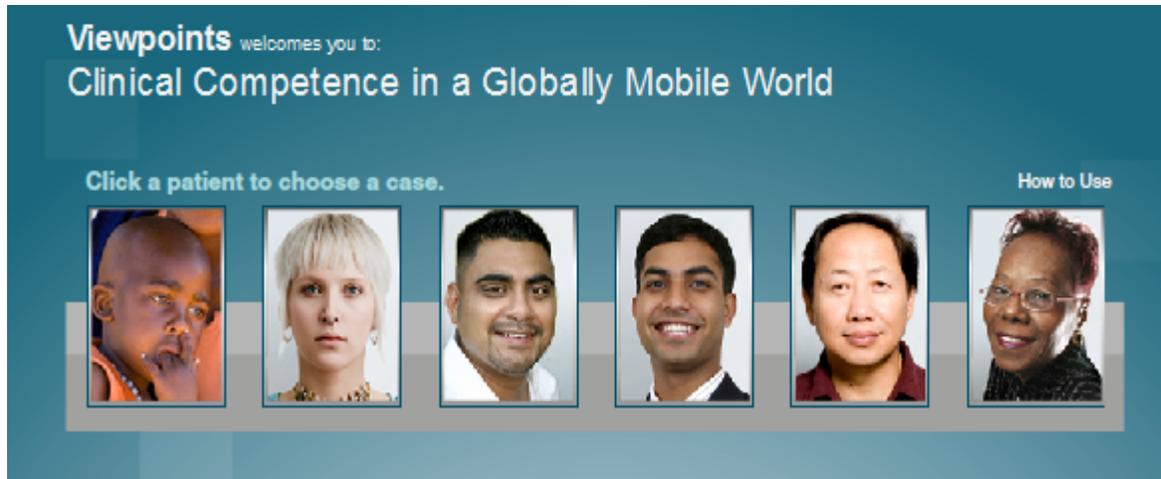
Microinequities are subtle acts of discrimination which are often covert, unintentional and hard to prove. They are frequently unrecognized by the perpetrator but have a significant impact on the recipient. Microinequities occur wherever people are perceived to be "different". Microinequities work both by excluding the person of difference and by making that person feel less self-confident and less productive. Microinequities discourage creativity and risk-taking.

In this course we will cover:

- What are Microinequities?
- Why are Microinequities harmful?
- What is The Business & Legal Cases for Addressing Microinequities?
- What causes Microinequities? (Cognitive Bias and the Diversity Connection)
- What can be done to address Microinequities? (Interpersonal, manager-subordinate, systemic)
- How do we move from Microinequities to Microaffirmations?

**4 hours. Maximum class size: 40.**

# New From Critical Measures: ViewPoints: Clinical Competence in a Global World



Critical Measures was specially commissioned by a leading national health plan to develop the Viewpoints e-learning product. Viewpoints will be the first e-learning product to offer physicians a framework for providing clinically competent care in a globally mobile world. Viewpoints is accredited to provide 6.0 hours of AMA Category 1 CME credits for both doctors and nurses. Critical Measures expects to release the final version of Viewpoints by the end of the third quarter of 2012.

## A brief description of Viewpoints appears below:

1. Cross-cultural health care involves three key issues: racial and ethnic disparities in care; language access issues (which are both a quality and safety issue as well as a legal and civil rights issue); and medical disparities that result from globally mobile populations.
2. Viewpoints will be the first e-learning program in the U.S. (or the world for that matter) to address all three of these issues.
3. **The issue of medical disparities that result from globally mobile populations has been largely overlooked in discussions of racial and ethnic disparities in the U.S.** Today, over one billion people traverse international borders each year. That number is expected to double in ten years. American medicine must adapt to the growing numbers of foreign immigrants, refugees, students, businesspeople and vacation travelers to the U.S. and the fact that U.S. citizens are traveling to the most remote parts of the globe and returning home with unusual and/or exotic diseases. In a global world, disease is no longer local. **Viewpoints will prepare physicians to treat common infectious and parasitic diseases that originate from outside the U.S. and assist them to distinguish conditions of foreign origin from commonly seen conditions with the same symptoms here in the U.S.**

4. As a result, Viewpoints will outline many of the **new skills** that providers will need to be **clinically competent (as opposed to culturally competent) in a globally mobile world.**
5. Viewpoints' offers **six interactive cross-cultural patient case studies.** Although each patient has similar presenting symptoms (fever, flu-like condition) the correct differential diagnosis is radically different in each case. Built for the busy provider, **each case takes no longer than 10-15 minutes.**
6. Additionally, all of the cases provide the **very latest in interdisciplinary scholarship.** Consequently, (unlike Quality Interactions), **each case offers medical/clinical, legal and cross-cultural advice** from experts in each field. (That's why we call it Viewpoints...)
7. **Each case is designed to simulate a typical patient encounter.** Providers will have the opportunity to take a patient's medical/social/cultural history, conduct a "physical examination", order tests and obtain results, and generate a differential diagnosis. In addition, however, given the growing emphasis on effective communication between patient and provider (from the CLAS standards, the Joint Commission and the NCQA), **all six cases contain unique communication challenges that could negatively impact patient trust and the medical outcome** of the case.
8. **In Viewpoints, providers will meet six patients who are as culturally and linguistically diverse as today's multicultural medical practice. These patients include:**
  - A. Abdi, a pediatric case involving a child visiting the U.S. from Nairobi, Kenya.
  - B. Jodie, a hard-of-hearing, Anglo-American nurse who has just returned from a humanitarian mission to Haiti with malaria.
  - C. Juan, a young Hispanic/Latino male, with acute HIV who is an undocumented immigrant to the U.S. from Lima, Peru.
  - D. Deepak, a highly educated, well-travelled, bisexual professional from India with Hepatitis B and Tuberculosis.
  - E. Tou Vang, a Limited English Proficient (LEP), Hmong American who has recently returned from a trip to Laos with a mysterious rash (Dengue fever).
  - F. Charlene Wilson, a middle-aged, African American female patient with substantial mistrust of the U.S. medical system who presents with a fever and flu-like symptoms.
9. **Viewpoints' is specially designed to force providers to confront their own unconscious clinical biases.** New scholarship suggests that human biases are largely unconscious and unintentional. Implicit bias may negatively impact clinical decision-making in ways that produce racial and ethnic disparities in care. In order to "crack" these cases, providers must overcome their own assumptions in order to discover who these patients really are, where they are from and where they have travelled recently. Only then can they truly deliver "patient-centered" care.

10. **Viewpoints will also require providers to grapple with a host of interesting current legal issues affecting cross-cultural care.** These issues include: language access issues under Title VI and the ADA; differences in state laws that regulate the disclosure of patients' HIV status to third parties; whether physicians' may refuse to treat GLBT patients on the basis of their personal religious beliefs; whether doctors have a legal obligation to report polygamous patients to civil authorities and other novel questions.
11. **Finally, Viewpoints was developed by a world-class faculty.** (See short bio's below.)

**Patricia F. Walker, M.D.** – Medical Director, HealthPartners Center for International Health, Doctor of Internal Medicine and Tropical and Travel Medicine, HealthPartners Medical Group. Assistant Professor, Department of Medicine, Division of Infectious Disease & International Health University of Minnesota. Co-Editor of *Immigrant Medicine* (Elsevier, 2007) the first international medical textbook on immigrant and refugee medicine.

**William M. Stauffer, M.D.,** - Associate Professor. University of Minnesota. Department of Medicine. Division of Infectious Diseases and International Medicine. Dr. Stauffer serves as a medical/technical expert for the Division of Global Migration and Quarantine at the Centers for Disease Control and Prevention. National Center for Infectious Diseases, Atlanta. As a technical advisor with CDC, Dr. Stauffer prepares and writes the international and domestic medical guidelines for refugee resettlement. The guidelines cover all major infectious disease issues (i.e. parasitic, HIV, STI's, TB, vaccine issues), environmental exposures (i.e. lead), nutritional and mental health issues among others.

**David B. Hunt, J.D.,** - President and CEO of Critical Measures, a management consulting and training organization specializing in cross-cultural health care. Critical Measures' clients include industry-leading health insurers, managed care organizations and hospitals. Together with physician partners from the Harvard Medical School, Critical Measures helped to create, license and sell Quality Interactions, the nation's first e-learning programs on cross-cultural medicine. More recently, Critical Measures has just launched a new e-learning program on The Law of Language Access in health care. Hunt has published leading articles on the law of language access and conducted legal language access audits for health plan and hospital clients throughout the United States. He is one of the nation's foremost experts on racial and ethnic disparities, the law of language access and the new science of unconscious bias. Mr. Hunt is a former employment law and civil rights law attorney.

# **Introducing: Language Access and the Law**

## **An E-Learning Program for Medical Professionals**

- An interactive e-learning course designed to increase your understanding of the business, medical (quality/safety) and legal reasons for providing language access services to Limited English Proficient (LEP) patients.
- Based on a comprehensive patient case study that describes the current state of language access law and national best practices as they apply to health plans, physician clinics, emergency rooms, outpatient/pharmacy care and inpatient/hospital treatment.
- A certified Continuing Medical Education (CME) program for physicians, nurses, interpreters, pharmacists and other health care providers and policy makers.
- Developed by Critical Measures, LLC., the course was designed by an attorney and cross-cultural trainer with expertise in the law of language access, and a leading physician practicing in the area of immigrant and refugee medicine.

**The Situation:** Nationally, nearly 20% of Americans speak a language other than English. In some states and communities that percentage is over 40% of the population. Over two-thirds of internists report seeing LEP patients regularly. Despite these dramatic demographic shifts however, a substantial body of national research establishes that few physicians are familiar with the language access laws that govern the use of interpreters, bilingual staff and translated written materials. As a result, high quality patient care and safety are frequently compromised.

**Our Solution:** Language Access and the Law is designed to help remedy these problems. It provides two hours of case-based instruction on the law of language access and immigrant medicine. This interactive program is designed to teach medical professionals the most common problems associated with the provision of language access in a wide variety of medical settings. It also includes web links to clinical guidelines, national best practices, practical business, medical and legal advice and valuable medical references to additional resources. The e-learning format makes it easy to complete and review course content whenever your schedule permits.

**The instructional format is designed to quickly and effectively teach clinicians how to:**

- Grow your practice in response to increased demand from culturally and linguistically diverse patients.
- Effectively discharge your legal obligations to provide language access services under federal and state law, the CLAS standards and new Joint Commission requirements.
- Avoid common problems in the provision of language access services.
- Identify and integrate cross-cultural medical issues into your practice.
- Work effectively with interpreters.
- Provide high quality language access services that increase patient safety.
- Avoid unwanted litigation through proactive, proven risk management techniques.

## **A Practical, Hands-On Approach to Acquiring Knowledge and Valuable Skills**

- **Provides Pre and Post Tests** designed to assess learner mastery of medical and legal concepts presented in the course. 70% proficiency level required to “pass”.
- **Understand why language access is needed**, why current language access systems are often poorly developed and dramatic new developments likely to increase enforcement of the language access laws from the standpoint of patient quality and safety.
- **Resolve multiple, complex medical and legal issues in a comprehensive patient case study involving a Hmong patient.** Follow Mr. Vang, a 68 year-old Hmong man as he deals with common language access problems in a health plan, clinic, emergency room, outpatient/pharmacy and hospital/inpatient setting. Debrief the case with national experts.
- **Uses aspects from real cases prosecuted by the Office of Civil Rights to highlight the most common mistakes made by physicians in providing language access services.**

## **But Will The Course Change Physician Practice Behaviors?**

A recent JAMA article suggests that teaching physicians about the law and patients’ rights to interpreters can change practice behaviors. An interesting aspect of the article suggests that physicians’ use of qualified interpreters increases (and use of children and family members decreases) when physicians are taught about LEP patients’ legal right to language access resources. See: Resident Physicians Use of Professional and Non-Professional Interpreters – A National Survey, Letters to the Editor, Journal of the American Medical Association (JAMA), September 6, 2006, Volume 296 number 9 at pages 1050-1053. For an online link to the article click on: <http://jama.ama-assn.org/cgi/content/full/296/9/1050>

## **A Cost-Effective Program For Time-Limited Providers**

- User friendly, on-demand training program delivered via Internet or intranet
- Available 24/7 – at your command from any location, any time
- Book-mark your place and start again where you left off
- Cost-effective alternative to expensive classroom courses.
- Save time traveling to and from live training classes
- Obtain CME credits
- Users learn and retain more than conventional classroom programs by being required to interact with the material, answer questions and obtain feedback on their choices.

**Want More Information?** Contact David B. Hunt, J.D., President and CEO of Critical Measures, LLC. a national management consulting and training firm specializing in cross-cultural medical care. David can be reached at 612-746-1375 (office), 612-558-0028 (cell) or by e-mail at [dbhunt@criticalmeasures.net](mailto:dbhunt@criticalmeasures.net)