

Salt Lake County Contract No. HLT22HLQI

This Grant Agreement (the “Agreement”) is between Salt Lake County, a body corporate and politic of the State of Utah (the “County”), and _____

(“Grantee”), a [business type] with its principal place of business at _____

The County and Grantee are collectively referred to as the Parties.

RECITALS

1. The County is distributing grants through a Request for Applications issued on or about [date] to primary care clinics in Salt Lake County to collaboratively improve patient care and clinical practices by aligning with the Healthy People 2030 Health Care Access and Quality Health Communication objectives, and by meeting National Standards for Culturally and Linguistically Appropriate Services (“CLAS”) in health and health care.
2. To achieve the objectives of the Grant Program, the County wishes to provide the Grantee funding to execute the services described below for the Grant Program.
3. The Grantee’s unique tax identification number is _____
4. The amount of funds obligated to the Grantee by the County under this Agreement is the amount identified in Section 3.1.

AGREEMENT

The Parties agree as follows:

1. INCORPORATED BY REFERENCE:

- 1.1. The recitals are hereby incorporated into this Agreement.

2. DEFINITIONS:

- 2.1. “Grantee” means the individual or entity receiving the funds identified in this Agreement. The term “Grantee” shall include Grantee’s agents, officers, employees, volunteers, and partners.
- 2.2. “Grant Funds” means funds received by the Grantee under this Agreement.
- 2.3. “Grant Period” means April 1, 2022, through February 28, 2023. The grant period may be renewed for one additional one-year terms at the discretion of the County.
- 2.4. “County” means Salt Lake County, in its entirety, including its agencies, departments, divisions, authorities, instrumentalities, boards, commissions, elected or appointed officers, employees, agents, and authorized volunteers.
- 2.5. “Subgrantee or subcontractor” means an individual or entity that has entered into an agreement with the Grantee to perform services or provide goods using or paid for by Grant Funds provided under this Agreement. Additionally, the term “subgrantee” or “subcontractor” also

refers to individuals or entities that have entered into agreements with any subgrantees/subcontractors if those individuals or entities have agreed to perform all or most of the subgrantee's or subcontractor's duties under this Agreement.

3. GENERAL:

3.1. Grantee is hereby awarded \$ _____ to perform activities outlined in Exhibit 1 – RFA and Exhibit 2 - Application.

3.1.1. The County, in the County's sole discretion and based on funding availability, may transfer additional Grant Funds to Grantee and/or extend the Grant Period by formal amendment to this Agreement.

3.2. Grantee's Obligations:

3.2.1. Grantee will comply with obligations detailed in Exhibit 1 – RFA, and Exhibit 2 – Application.

3.2.2. Grantee will use the Grant Funds only as detailed in Exhibit 1 – RFA and Exhibit 2 - Application, hereby incorporated into this Agreement by reference. Use of Grant Funds for any purpose not detailed in Exhibit 1 and Exhibit 2 of this Agreement, without prior express written consent of the County, will constitute a material breach of this Agreement.

3.2.2.1. Grantee agrees that Grant Funds may not be used for the purchase of food under this Agreement.

3.2.3. Grantee is solely responsible for complying with this Agreement. Grantee shall be the sole point of contact regarding all matters related to this Agreement.

3.2.4. Grantee will repay to the County any Grant Funds expended in violation of paragraph 3.2 of this Agreement.

3.2.5. Grantee must comply with the auditing, monitoring, record keeping, and reporting sections of this Agreement.

3.2.6. The Grantee may use subgrantee or subcontractor to fulfill its obligations under this Agreement.

3.2.7. Within ten business days of the end of the Grant Period, Grantee shall return to the County all Grant Funds that are unexpended within the Grant Period.

Grantee Initials acknowledging Section 3: _____

4. GOVERNING LAW AND VENUE: This Agreement shall be governed by the laws, rules, and regulations of the State of Utah and venue shall be in Salt Lake City, in the Third Judicial District Court for Salt Lake County.

5. CONFLICT OF INTEREST: Grantee certifies, through the execution of the Agreement, that none of its owners, directors, officers, or employees are employees of the County or are relatives of an employee of the County. A relative is defined as: spouse, child, stepchild, parent, sibling, aunt, uncle, niece, nephew, first cousin, mother-in-law, father-in-law, brother-in-law, sister-in-law, son-in-law, daughter-in-law, grandparent, or grandchild. If Grantee is unable to certify that that none of its owners, directors, officers, or employees working under this Agreement, are relatives of an employee of the County, Grantee shall disclose the name of the individuals with a potential conflict of interest to the County so the County may review the potential conflict and either approve or

deny the grant as may be required by relevant law.

6. INDEPENDENT CONTRACTOR AND TAXES: The relationship of County and Grantee under this Agreement is that of an independent contractor status. Each party shall have the entire responsibility to discharge all of the obligations of an independent contractor under federal, state, and local law, including but not limited to, those obligations relating to employee supervision; benefits and wages; taxes; unemployment compensation and insurance; social security; workers' compensation; disability pensions and tax withholdings, including the filing of all returns and reports and the payment of all taxes, assessments, and contributions and other sums required of an independent contractor. Nothing contained in this Agreement may be construed to create the relationship between County and Grantee of employer and employee, partners, or joint venturers. The Parties agree that Grantee's obligations under this Agreement are solely to the County. This Agreement shall not confer any rights to third parties unless otherwise expressly provided for under this Agreement.

7. IMMUNITY AND INDEMNITY:

- 7.1. County is a body corporate and politic of the State of Utah, subject to the Governmental Immunity Act of Utah (the "Act"), UTAH CODE ANN. §§ 63G-7-101 to -904 (2015). The Parties agree that County shall only be liable within the parameters of the Governmental Immunity Act. Nothing contained in this Agreement shall be construed in any way, to modify the limits of liability set forth in that Act or the basis for liability as established in the Act.
- 7.2. Grantee shall indemnify the County from all claims, losses, suits, actions, damages, and costs arising out of Grantee's (or Grantee's subgrantees or subcontractors) performance of this Agreement.

8. SUBGRANTEE/SUBCONTRACTOR AGREEMENTS: In substantially the same form, Grantee shall insert the following provision in all its subgrantee agreements under this Agreement.

Subgrantee/Subcontractor understands that the subcontract/subgrant is between the grantee and the subgrantee/subcontractor and is funded by Salt Lake County.

Subgrantee/Subcontractor further agrees that at all times during the agreement, subgrantee/subcontractor will comply with all anti-discrimination, employment, and drug-free workplace laws and all other applicable federal and state constitutions, and other applicable local laws, rules, codes, orders, and regulations.

9. MONITORING:

- 9.1. The County shall have the right at any time and for any reason to monitor Grantee's use of the Grant Funds under this Agreement, or any of Grantee's subgrantees or subcontractors use of Grant Funds. Monitoring of Grantee's use of the Grant Funds shall be at the complete discretion of the County that will include but is not limited to Grantee's fiscal operations, and compliance with the terms, conditions, and attachments of this Agreement.
- 9.2. If it is discovered that Grantee (or Grantee's subcontractors or subgrantees) is in default (not in compliance with the Agreement), Grantee may be subject to sanctions which may include warnings, audits, termination, demand for the return of funds, and/or suspension/debarment from participation in future grants and contracts with County.
- 9.3. Grantee shall include provisions similar to this Section 9 in its agreements with subgrantee/subcontractors allowing the County access to monitor and audit the records of any

subgrantees/subcontractors.

10. RECORD KEEPING:

- 10.1. Grantee shall keep detailed records of all expenditures Grantee or its subcontractors/subgrantees make of the Grant Funds.
- 10.2. Grantee shall contractually require that all subcontractors or subgrantees document and track uses of the Grant Funds, or determinations of eligibility for Grant Funds, and provide all such documentation to Grantee.
- 10.3. If the Grantee fails to document any expenditure of Grant Funds as provided in this Section 10, the Grantee will repay to the County the Grant Funds spent on unsupported or undocumented expenditures.
- 10.4. Grantee will fully cooperate with the County and the State of Utah in any investigations or audits into the use of Grant Funds.

11. REPORTING AND CERTIFICATION:

- 11.1. Grantee shall comply with the due dates set forth in Exhibit 1-RFA Section 1, “Introduction”, and Section 3.b., “Due Dates”.
- 11.2. Grantee shall meet with County staff to go over the proposed projects and create a plan to execute the project(s) through a quality improvement Plan Do Study Act (“PDSA”) cycle.
 - 11.2.1. Grantee shall fill out PDSA worksheets and work on project activities.
- 11.3. Grantee shall communicate regularly with assigned County Health Literacy staff member.
- 11.4. Grantee shall attend, at minimum, the following events: a) kick-off meeting; b) mid-point meeting; c) wrap-up meeting.
- 11.5. Grantee shall provide follow-up data for up to five (5) years, upon request.
- 11.6. Grantee shall submit at least one success story by June 15, 2023, of how one or more of the projects has improved the clinic.
- 11.7. Grantee shall include provisions similar to Sections 10 and 11 of this Agreement in its agreements with subcontractors/subgrantees requiring the same level of record keeping that applies to the Grantee.

12. DEFAULT: Any of the following events will constitute cause for the County to declare Grantee in default of this Agreement (i) Grantee’s non-performance of its contractual requirements and obligations under this Agreement; or (ii) Grantee’s material breach of any term or condition of this Agreement.

13. AGREEMENT TERMINATION:

- 13.1. Termination for Cause: This Agreement may be terminated with cause by the County, upon written notice given by the Grantee. The Grantee will be given 5 calendar days after written notification to correct and cease the violations, after which this Agreement may be terminated for cause immediately and subject to the remedies herein. Time allowed for cure will not diminish or eliminate Grantee’s liability for damages. If the default remains after Grantee has been provided the opportunity to cure, the County may do one or more of the following: (i) exercise any remedy provided by law or equity; (ii) terminate this Agreement; (iii) debar/suspend Grantee from receiving future grants or contracts. If written notice is delivered under this section, the Grantee will provide an accounting of funds expended up to the date of

termination and return any remaining balance to the County.

- 13.2. Immediate Termination: The County may terminate this Agreement immediately for fraud, misrepresentation, misappropriation, and/or gross mismanagement as determined by the County.
- 13.3. Termination Due to Nonappropriation of Funds, Reduction of Funds, or Changes in Law: Upon 24 hours written notice delivered to the Grantee, this Agreement may be terminated in whole or in part at the sole discretion of the County, if the County reasonably determines that: (i) a change in State legislation or applicable laws materially affects the ability of either party to perform under the terms of this Agreement; or (ii) that a change in available funds affects the County's ability to pay under this Agreement. A change of available funds as used in this paragraph includes, but is not limited to, a change in Federal, State, or County funding, whether as a result of a legislative act or by order of the President, the governor of the State of Utah, or the Salt Lake County Mayor. If written notice is delivered under this section, the Grantee will provide an accounting of funds expended up to the date of termination and return any remaining balance to the County within 10 days of receiving notice. The County will not be liable for any performance, commitments, penalties, or liquidated damages that accrue after the effective date of said written notice.
- 13.4. Remedies for Grantee's Violation: In the event this Agreement is terminated under section 13 of this Agreement, the Grantee will return to the County any unexpended Grant Funds, and any Grant Funds expended by Grantee in a manner that does not comply with this Agreement.
- 14. FEES AND COSTS:** In the event of any judicial action to enforce its rights under this Agreement, the prevailing party, whether the County or Grantee, shall be entitled its costs and expenses incurred in connection with such action.
- 15. LICENSING AND STANDARD COMPLIANCE:** By signing this Agreement, Grantee acknowledges that it currently meets all applicable licensing or other standards required by federal and state laws or regulations and ordinances of the city/county in which it operates and will continue to comply with such licensing or other applicable standards and ordinances for the duration of this Agreement. Failure to secure or maintain a license is grounds for termination of this Agreement. Grantee acknowledges that it is responsible for familiarizing itself with these laws and regulations and complying with all of them.
- 16. COMPLIANCE WITH GENERALLY APPLICABLE STATE AND FEDERAL LAWS:** At all times during this Agreement, and for all uses of Grant Funds under this Agreement, Grantee will comply with all anti-discrimination, employment, and drug-free workplace law and all other applicable federal and state constitutions, and other applicable local laws, rules, codes, orders, and regulations.
- 17. PUBLIC INFORMATION:** Grantee agrees that this Agreement will be a public document and may be available for public and private distribution in accordance with the State of Utah's Government Records Access and Management Act (GRAMA). Grantee gives the County express permission to make copies of and disclose this Agreement, invoices and supporting documentation in accordance with GRAMA. The Grantee further agrees and understands that the supporting application for this Agreement, and any other document or record provided to the County by Grantee under this Agreement is subject to GRAMA and may be available for public and private distribution in accordance with GRAMA.
- 18. FINANCIAL/COST ACCOUNTING SYSTEM:** Grantee agrees to employ standard business

accounting practices and to otherwise maintain records sufficient to demonstrate that the Grant Funds provided have been spent in accordance with this Agreement.

19. **WAIVER:** A waiver of any right, power, or privilege shall not be construed as a waiver of any subsequent right, power, or privilege.
20. **ORDER OF PRECEDENCE:** In the event of any conflict in the terms and conditions in this Agreement, the order of precedence shall be: (i) this Agreement; (ii) Exhibit 1; (iii.) Exhibit 2. Any provision attempting limit the rights of the County attached to this Agreement is rendered null and void.
21. **SEVERABILITY:** The invalidity or unenforceability of any provision, term, or condition of this Agreement shall not affect the validity or enforceability of any other provision, term, or condition of this Agreement, which shall remain in full force and effect.
22. **ERRORS AND OMISSIONS:** Grantee shall not take advantage of any errors and/or omissions in this Agreement. Grantee must promptly notify the County of any errors and/or omissions that are discovered.
23. **ENTIRE AGREEMENT:** This Agreement constitutes the entire agreement between the Parties and supersedes all other prior and contemporaneous agreements and understandings between the parties, whether oral or written.
24. **EFFECTIVE DATE AND TERMINATION:** This Agreement is effective upon the signature of the last party to sign, as indicated by the corresponding date, (the “Effective Date”) and will terminate September 30,2022, unless terminated sooner as provided herein, or extended in writing as provided herein.
25. **STANDARD FORM:** Any alteration of the standard form language without approval of the Office of the Salt Lake County District Attorney shall render this agreement void and without effect. Any changes to this agreement must be pre-approved as to form by the District Attorney's Office.
26. **SUSPENSION OR DEBARMENT:** The Grantee certifies that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this Agreement by any Federal department or agency.

[SIGNATURES ON FOLLOWING PAGE]

IN WITNESS WHEREOF, the Parties execute this Agreement, and the Grantee certifies that any representations are true and correct and that it will abide by the terms of the Agreement.

SALT LAKE COUNTY

By: _____
Mayor or Designee

Date: _____

HEALTH DEPARTMENT

By: _____
Angela C. Dunn, MD MPH
Executive Director

Date: _____

Division Director Initials: _____

GRANTEE:

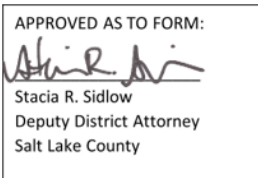
By: _____

Printed Name: _____

Title: _____

Date: _____

The individual signing above hereby represents and warrants that s/he is duly authorized to execute and deliver this Agreement on behalf of the Grantee by authority of law and that this Agreement is binding upon Grantee. A person who makes a false representation of authority may be subject to criminal prosecution under Utah Code Ann. § 768-504 (1973). Any misrepresentations made in the application or this Agreement may subject the Grantee and the individual signing to criminal liability.





**PRIMARY CARE CLINIC-
ADVANCING HEALTH LITERACY QUALITY IMPROVEMENT PROJECTS REQUEST FOR
APPLICATION**

1.0 INTRODUCTION:

The Health Literacy Program at the Salt Lake County Health Department (SLCoHD) works with primary care clinics to improve patient care and clinical practices in the Healthy People 2030 Health Care Access and Quality Health Communication objectives and in meeting National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.

The overall goal of this funding opportunity is to improve the health outcomes of patients by meeting their communication needs.

This funding opportunity is available from April 1st, 2022, through Feb 28th, 2023. For reimbursement, at least one Plan Do Study Act (“PDSA”) cycle **per project selected must be implemented within four months of signing the contract. Clinics will continue to work on selected projects until the completion of each PDSA cycle and will turn in outcome measures by June 15th, 2023.** Please read the following application instructions and funding requirements for more details.

2.0 APPLICATION INSTRUCTIONS:

Send applications to healthequity@slco.org.

- a. All clinics that offer primary care services in Salt Lake County are eligible to apply.
- b. Priority areas include Glendale, Rose Park, West Valley, South Salt Lake, Downtown Salt Lake.
- c. Clinic can apply for a **maximum of \$5,000**.
- d. Clinic CANNOT receive funding for activities already implemented in the clinic.
- e. Applications will be accepted on a first-come, first-served basis until funds are exhausted.
- f. Once submitted, applications will only be approved after a staff member from the Health Literacy Program meets with the clinic to finalize project activities.
- g. Funding CAN pay for planning, implementing, disseminating, and evaluating the projects.
- h. Funding CANNOT pay for equipment or direct services such as patient care, co-pay fees, medication, or food.

3.0 FUNDING REQUIREMENTS:

- a. Meet with SLCoHD staff to go over the proposed projects and create a plan to execute the project(s) through a quality improvement Plan Do Study Act (PDSA) cycle. Fill out PDSA worksheets and work on project activities.
- b. **Due Dates:**
 - i. **Within 1 month of kick-off meeting:** Turn in baseline data for projects.
 - ii. **Within 3 months of project implementation:** Complete and turn in *at least* one PDSA worksheet per project with supporting project implementation documentation.
 - iii. **Within 6 months of project implementation:** Continue to work on PDSA cycles and projects.
 - iv. **Within 2 weeks of wrap-up meeting:** Turn in updates, supporting documentation, and outcome evaluation.
- c. Communicate regularly with assigned Health Literacy staff member, including a minimum of a kick-off meeting, mid-point meeting, and wrap-up meeting.

Exhibit 1

- d. When possible, stratify data rates by these high burden subpopulation categories; race/ethnicity and uninsured/low-income status.
- e. Provide follow-up data for up to 5 years upon request.
- f. Submit at least one success story of how a project(s) has improved your clinic.

4.0 FUNDING GUIDELINES & INSTRUCTIONS:

- a. **Choose up to \$5,000 in projects.**
- b. This approach aims to have meaningful quality improvement projects that improve processes and are tailored to each clinic's individual priorities.
- c. Mark the box of the projects your clinic would like to work on. You can choose two projects under the same topic area or choose one project from two different topic areas.
- d. Each clinic will create its own quality improvement project in the chosen area(s) with the guidance of a SLCoHD staff member. Ideas of activities for each project can be found in the Advancing Health Literacy Quality Improvement Project Ideas document.
- e. Submit the application, and a SLCoHD staff member will meet with your clinic to tailor activities for chosen projects to your clinic's needs.
- f. Create a quality improvement plan by using the Plan, Do, Study, Act (PDSA) tool
- g. SLCoHD staff will create an outline of the project completion requirements based on the agreed-upon project plan.



**PRIMARY CARE CLINIC-
ADVANCING HEALTH LITERACY QUALITY IMPROVEMENT PROJECTS APPLICATION**

CLINIC INFORMATION:

Name of Clinic: [Click or tap here to enter text.](#)

Clinic Address: [Click or tap here to enter text.](#)

Applicant Name: [Click or tap here to enter text.](#)

Applicant Job Title and Role in Application Projects: [Click or tap here to enter text.](#)

Applicant Phone Number: [Click or tap here to enter text.](#)

Applicant Email: [Click or tap here to enter text.](#)

Names and Roles of Other Staff Who Will Be Involved: [Click or tap here to enter text.](#)

PROJECTS:

Check Understanding – \$2,500 each

Healthy People 2030 Objective HC/HIT-01: Increase the proportion of adults whose health care provider checked their understanding.

LEADERSHIP BUY-IN

- **Project Goal:** To expand health literacy efforts within the organization through the involvement and support of clinic leaders and management. Projects with support from leadership are more likely to be long-lasting and effective.
- **Evaluation:**
 - Primary Outcomes: (Must include at least one)**
 1. The number of patients who report being included in their treatment decision-making process, stratified by disparate populations (race/ethnicity, level of education, and income level).
 2. Patients' experiences with the level of communication they have with their provider, stratified by disparate populations (race/ethnicity, level of education, and income level).
 3. The number of patients who report that their clinical provider checked their understanding of how they will follow medical instructions (using the teach-back method), stratified by disparate populations (race/ethnicity, level of education, and income level).
 - Secondary Outcomes: (Can include but are not limited to examples below)**
 1. Patients' experience of clinic's cultural and linguistic appropriateness and sensitivity stratified by disparate populations (race/ethnicity, level of education, and income level).
 2. Clinic data regarding current health literacy rates.
 3. The number of internal staff meetings to promote health literacy (Demonstrated through agendas).
 4. The number of health literacy procedures made into policies required by management.
- **Summary of activities:** Create a data report to provide to organization leaders, create a team that includes a member of leadership to work on health literacy, create health literacy policies and procedures that may be implemented throughout the organization and supported by management.

□ INTERNAL TEACH-BACK

- **Project Goal:** To ensure clinical staff is appropriately trained on teach-back methods using patient education forms that are up to date.
- **Evaluation**
 - Primary Outcomes: (Must include at least one)**
 1. The number of patients who reported that their clinical provider checked their understanding of how to follow medical instructions (using the teach-back method). stratified by disparate populations (race/ethnicity, level of education, and income level).
 2. Patients' experiences with the level of communication they have with their provider, stratified by disparate populations (race/ethnicity, level of education, and income level).
 - Secondary Outcomes: (Can include but are not limited to examples below)**
 1. The number of internal team meetings for teach-back and skill pass-offs (demonstrated through internal staff agendas).
 2. The number of mock training sessions and Plain Language training sessions among internal staff (demonstrated through agendas).
 3. The number of health literacy procedures made into policies required by management.
 4. The number of providers who report their confidence and conviction in using the teach-back method.
- **Summary of activities:** Providing resources and training for clinical staff to practice teach-back methods and patient education materials. Clinical staff should form an internal team to provide training on teach-back methods and skill pass-offs. This team will also stay updated on current practices and training opportunities. Continuous training and education on effective communication with patients through teach-back methods and plain language practices will improve the quality of patient care.

□ PATIENT TEACH-BACK

- **Project Goal:** To improve patients' understanding of the information discussed during their visit resulting in lower healthcare costs, lower hospital readmissions, lower legal risks and liability, and higher patient experience and satisfaction.
- **Evaluation:**
 - Primary Outcomes: (Must include at least one)**
 1. The number of patients who report that their clinical provider checked their understanding of how they will follow medical instructions (using the teach-back method) stratified by disparate populations (race/ethnicity, level of education, and income level).
 2. Patients' experiences with the level of communication they have with their provider, stratified by disparate populations (race/ethnicity, level of education, and income level).
 - Secondary Outcomes: (Can include but are not limited to examples below)**
 1. The number of health literacy-related policies implemented.
 2. The number of providers who report their confidence and conviction in using the teach-back method.
- **Summary of activities:** Form a team that will work together to implement teach-back best practices. Gather baseline data on the current effectiveness of patient communication. Implement the teach-back method. Gather follow-up data to check if teach-back has improved patient understanding. Implement teach-back into the workflow. Write a policy and procedure on the use of teach-back.

☐ **INDIVIDUAL QI/PDSA CYCLE PROJECT**

- Create and implement a quality improvement project to build upon existing work in your clinic focused on checking patient understanding.

Communication Skills – \$2,500 each

Healthy People 2030 objective HC/HIT-02: Decrease the proportion of adults who report poor communication with their health care provider.

☐ **LANGUAGE ACCESS**

- **Project Goal:** Create a language access plan for the organization to provide language access services at no cost to patients with limited English proficiency (LEP) or disabilities.
- **Evaluation:**
Primary Outcomes: (Must include at least one)
 1. Patients' experiences of provider communication were identified via focus group discussions, stratified by disparate populations (race/ethnicity, level of education, and income level).**Secondary Outcomes: (Can include but are not limited to examples below)**
 1. The number of trained interpreters.
 2. Resource book created on language access services.
- **Summary of activities:** Incorporate clinically trained iPad/in-person interpreters into language access plans. Train staff on how to request an in-person or remote interpreter and best practices for working interpreters. Create a helpful tool for clinical staff, such as a resource book with instructions on accessing interpreter services contact information. Utilize bilingual staff by offering training courses to become qualified interpreters. Provide written translations and user-friendly digital access. Use continuous evaluation of language access progress to improve the quality of patient care.

☐ **PLAIN LANGUAGE PATIENT INTERACTIONS**

- **Project Goal:** Present verbal information to listeners so they can understand it the first time they hear it.
- **Evaluation:**
Primary Outcomes:
 1. Patients' experiences with the level of communication they have with their provider, stratified by disparate populations (race/ethnicity, level of education, and income level).
 2. The number of patients who report their provider checked their understanding of following medical instructions (using the teach-back method), stratified by disparate populations (race/ethnicity, level of education, and income level).**Secondary Outcomes (if applicable):**
 1. The number of health literacy-related policies implemented in a clinic.
- **Summary of activities:** Create a plain language policy to be used with every patient that includes limiting information to 1-2 sentences, using a friendly tone, avoiding medical jargon, and using the Teach-Back Method to confirm understanding.

☐ **PLAIN LANGUAGE MATERIALS**

- **Project Goal:** To improve patient access to information by creating materials with wording, structure, and clear design so that intended readers can easily find, understand, and utilize information regarding diagnosis, treatment, side effects, and more.

Exhibit 2

- **Evaluation:**

- Primary Outcomes: (Must include at least one)**

- 1. Patients' experiences with the level of communication they have with their provider, stratified by disparate populations (race/ethnicity, level of education, and income level).

- Secondary Outcomes: (Can include but are not limited to examples below)**

- 1. The number of internal team meetings to update clinic materials (demonstrated through meeting internal staff agendas).
 2. The number of materials created for a variety of health concerns.
 3. Document the progress of the clinic's web presence (could include implementing an online scheduling process).
 4. Patients' experiences on the cultural and linguistic appropriateness of written materials, stratified by disparate populations (race/ethnicity, level of education, and income level).

- **Summary of activities:** Create a team to update clinic materials, collect and analyze data on the clinic's written materials, create and improve printed materials focusing on plain language, create or improve web presence, create a process for patients to schedule appointments, review materials annually.

INDIVIDUAL QI/PDSA CYCLE PROJECT

- Create and implement a quality improvement project to build upon existing work in your clinic focused on improved communication with health care provider.

Shared Decision-Making – \$2,500 each

Healthy People 2030 objective HC/HIT-03: Increase the proportion of adults whose health care providers involved them in decisions as much as they wanted.

PATIENT RECORD ACCESS

- **Project Goal:** To improve patients' ability to make healthcare decisions and increase patient engagement alongside their provider. Create or improve patient access to their personal medical information in a direct and timely manner and enhance communication with providers. Increasing patient engagement in their health outcomes.
- **Evaluation:**
 - Primary Outcomes: (Must include at least one)**
 1. Patients' experiences with the level of communication they have with their provider through their patient portal, stratified by disparate populations (race/ethnicity, level of education, and income level).
 - Secondary Outcomes: (Can include but are not limited to examples below)**
 1. The number of patients who are registered for their patient portal.
 2. The number of patients who access and utilize their patient portal.
 3. The number of patients who report satisfaction vs. dissatisfaction with the patient portal.
- The patient portal features most used by the patient to engage with their provider.
- **Summary of activities:** Analyze data about patient portals, form a team to create or improve the patient portal, train staff and patients on the portals, and improve patient engagement with health information.

☐ TEACH BACK

- **Project Goal:** To ensure that patients are involved in decisions regarding their health and use the teach-back method to confirm patients understanding of their treatment plans and overall health evaluations.
- **Evaluation:**
 - Primary Outcomes: (Must include at least one)**
 1. Number of patients who report being included in the decision-making process of their treatment, stratified by disparate populations (race/ethnicity, level of education, and income level).
 2. Patients' experiences with the level of communication they have with their provider, stratified by disparate populations (race/ethnicity, level of education, and income level).
 3. The number of patients who report that their clinical provider checked their understanding of how they will follow medical instructions (using the teach-back method) stratified by disparate populations (race/ethnicity, level of education, and income level).
 - Secondary Outcomes: (Can include but are not limited to examples below)**
 1. The number of health literacy-related policies implemented (i.e., teach-back method).
 2. The number of patients who report their culture and values being included in the decision-making process, stratified by disparate populations (race/ethnicity, level of education, and income level).
- **Summary of activities:** Utilize the 5-step SHARE approach to help providers incorporate better shared-decision making methods in their practices. This activity creates trust with patients as providers, and clinical staff learn to communicate effectively and ensure patients understand everything discussed in the appointment. In addition, the shared approach toolkit strategies for communicating numbers allow providers and clinical staff to learn and use different ways to explain patients' diagnosis, treatment, statistics on condition, etc. Lastly, utilizing the teach-back method at the end of the appointment ensures understanding and can prevent miscommunication and/or future medical issues.

☐ INDIVIDUAL QI/PDSA CYCLE PROJECT

- Create and implement a quality improvement project to build work in your clinic focused on shared decision-making.

Total Amount of Chosen Activities (CANNOT exceed \$5,000) = \$_____