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SALT LAKE COUNTY
HEALTH DEPARTMENT

ADVANCING HEALTH LITERACY QUALITY IMPROVEMENT PROJECTS
REQUEST FOR APPLICATIONS (RFA)

1.0 INTRODUCTION:

The Health Literacy Team at the Salt Lake County Health Department (SLCoHD) would like to collaborate with clinics to improve patient care and clinical practices. Through quality improvement projects, clinics will implement interventions that improve outcomes for the residents of Salt Lake County specific to health communication, teach-back, plain language, and related health literacy focuses identified through the COVID-19 pandemic. Funding will be granted upon completion of these projects, as described throughout this RFA and resulting contract.

2.0 PROGRAM GOALS:

a. Increase the proportion of adults whose health care provider checked their understanding. (HC/HIT-01)

b. Decrease the proportion of adults who report poor communication with their health care provider. (HC/HIT-02)

c. Increase the proportion of adults whose health care providers involved them in decisions as much as they wanted. (HC/HIT)

3.0 APPLICATION INSTRUCTIONS:

a. Fill out clinic information, additional staff contact, and specific populations served information.

b. Choose up to $5,000.00 in projects by marking the boxes of the project(s) your clinic would like to work on.

c. Email the completed application form to healthequity@slco.org.

4.0 GENERAL EXPECTATIONS FOR CLINICS:

a. Complete an improvement plan using the Plan, Do, Study, Act (PDSA) worksheet.

b. Implement an improvement plan, evaluate the effectiveness of strategies, and adapt accordingly.

c. Have regular contact (in person, virtual, phone, or email correspondence) with a Salt Lake County Health Literacy team member, typically at least monthly.

d. Submit at least one success story of how your project has improved your clinic.

e. Provide pre- and post-data corresponding to your chosen project, including data broken down by race/ethnicity and, where possible, low-income and/or insurance status.

f. Provide follow-up data for up to 5 years upon request.

g. Follow the Timeline as listed in this RFA and no later than June 30, 2026.

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h.   See project-specific details for additional requirements.

5.0 ELIGIBILITY AND SELECTION CRITERIA:

a.   All clinics that provide health care services in Salt Lake County are eligible to apply.

b.   We are eager to support and work with several clinics in Salt Lake County, and to a feasible extent, we will accept and work with all clinics that apply. However, funding is limited. If more applications/funding requests are submitted than can be accommodated by funding, recipients will be chosen primarily based on the clinic location and populations served.

   i.   Priority areas include Glendale, Rose Park, West Valley, South Salt Lake, Midvale, Kearns, Taylorsville, and Magna.

   ii.   Priority populations include those who are low-income, underserved communities, and patients with limited English proficiency.

c.   Once submitted, a staff member from the SLCo Health Literacy team will meet with the clinic project team to mutually finalize project activities.

d.   If received, funding CAN pay for time spent on planning, implementing, disseminating, and evaluating projects.

e.   Funding CANNOT pay for research, incentives, co-pay fees, or medication.

6.0 IDEAL TIMELINE:

a.   Complete and email the Advancing Health Literacy Quality Improvement Project application to healthequity@slco.org.

b.   Meet with the Health Literacy team.

c.   Complete and email the formal contract to the Health Literacy team.

d.   Kick-off meeting.

e.   Within one month of kick-off meeting: turn in baseline data for projects.

f.   Within three months of project implementation: complete and turn in at least one PDSA worksheet per project with supporting implementation documentation.

g.   Within six months of project implementation: continue to work on PDSA cycles and projects.

h.   Wrap-up meeting.

i.   Within two weeks of the wrap-up meeting (and no later than June 15, 2026): turn in updates, success story, supporting documentation, and outcome evaluation.

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ADVANCING HEALTH LITERACY QUALITY IMPROVEMENT PROJECT 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: Click or tap here to enter text.

Project Role of Applicant: 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.

INFORMATION OF OTHER STAFF WHO WILL BE INVOLVED:

Name(s): Click or tap here to enter text.

Role(s): Click or tap here to enter text.

Email(s): Click or tap here to enter text.

Phone Number(s): Click or tap here to enter text.

SPECIFIC POPUALATIONS SERVED:

If applicable, please briefly explain any of the priority populations you serve. This includes low-income, underserved communities, and patients with limited English proficiency.

Click or tap here to enter text.

Our clinic provides services to those who are insured by: ☐ Medicaid   ☐ Medicare   ☐ Neither

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PROJECTS:

☐ PLAIN LANGUAGE = $4,000.00

- **Project Goal:** To improve patient understanding and access to information by presenting verbal information to be understood the first time and creating materials with clear wording, structure, and design. Improve patients' ability to find, understand, and utilize information regarding diagnosis, treatment, side effects, etc.

- **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).
  2. The number of patients who report understanding verbal or material information from their appointment stratified by disparate populations (race/ethnicity, level of education, and/or income level).
  3. 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).

  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 a plain language policy that includes limiting information to 1-2 sentences, using a friendly tone, avoiding medical jargon, and using the Teach-Back Method to confirm understanding with every patient. Assemble a team to collect and analyze data on the clinic's written materials, create and/or improve materials focused on plain language and culturally and linguistically appropriate services (CLAS) standards, create or improve web presence, and review materials annually.

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☐ **TEACH-BACK = $4,000.00**

- **Project Goal:** To ensure clinical staff is properly trained on teach-back methods using up- to-date patient education forms and to improve patients' understanding of the information discussed during their visit resulting in lower healthcare costs, hospital re- admissions, legal risks and liability, and positive patient experience and satisfaction.

- **Evaluation**

  Primary Outcomes (must include at least one):

  1. The number of patients who reported that their clinical provider checked their understanding of what was discussed during their visit (using the teach-back method) stratified by disparate populations (race/ethnicity, level of education, and income level). This includes but is not limited to the check-in process, diagnosis, treatment plan, etc.

  2. 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).

  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 health literacy-related policies implemented.
  5. The number of providers who report their confidence and conviction in using the teach-back method.
  6. Patients' experiences with the level of communication they have with their provider, stratified by disparate populations (race/ethnicity, level of education, and income level).

- **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 procedures 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

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practices will improve the quality of patient care.

- 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.

☐ **LEADERSHIP BUY-IN = $1,000.00**

- **Project Goal:** To expand health literacy efforts within the organization through clinic leaders' and management's involvement and support. 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 health literacy procedures made into policies required by management.
2. 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).
3. Patients' experiences with the level of communication they have with their provider, stratified by disparate populations (race/ethnicity, level of education, and income level).
4. 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 clinics' 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 meeting agendas).
- **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, and create health literacy policies and procedures that may be implemented throughout the organization and supported by management.

☐ **LANGUAGE ACCESS = $1,000.00**

1. **Project Goal:** Create or improve an organizational language access plan to provide free language access services to patients with limited English proficiency (LEP) or needing Americans with

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Disabilities Act (ADA) accommodation.

2. **Evaluation**

   Primary Outcomes (must include at least one):

1. LEP or ADA accommodation patients' experiences of provider communication were identified via focus group discussions, and 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 staff trained as medical interpreters.
2. Resource book created for staff with instructions to assist patients in utilizing 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 certified medical interpreters. Provide written translations and user- friendly digital access. Use continuous evaluation of language access process to improve the quality of patient care.

☐ **PATIENT RECORD ACCESS EDUCATION = $1,000.00**

- **Project Goal:** To improve patients' ability to make healthcare decisions and increase patient engagement alongside their provider. Provide education on using patient record portals to allow patients and their families easy access to their health records. Increase effective communication through the patient portal to prevent unnecessary appointments or walk-ins.

- **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 educated on the clinical patient portal.
4. The number of patients who report satisfaction vs. dissatisfaction with the patient portal.

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5. Document the progress of the clinic's web presence (could include implementing an online scheduling process).

6. The patient portal features most used by the patient to engage with their provider.

- **Summary of activities**: Analyze data on how many patients are enrolled to access the clinic's patient portal, improve or create a process for educating patients on how to utilize the patient portal, train staff and patients on the portals, and improve patient engagement with health information.