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Equity in Telehealth:
Toolkit for Telehealth Providers

This toolkit provides telehealth providers with tools that prioritize an equity-focused approach, recognizing the physical, cognitive, linguistic, and cultural differences among older adults.

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TOOLS

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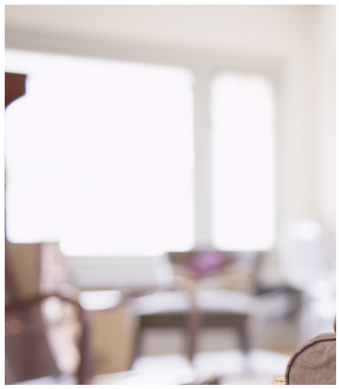
TOOL 1

Equitable and Accessible Care



Equitable and Accessible Care

Health equity is often at the forefront of many healthcare related discussions and concerns, and this is especially true when considering telehealth. The U.S. Department of Health and Human Services (HHS) defines health equity as "the opportunity for everyone to receive the health care they need and deserve, regardless of social or economic status."

Historically, underserved and minority communities that experience unequal access to healthcare have many adverse effects, such as heightened mortality rates, more severe illness, and a lack of insurance coverage. These effects often lead to higher medical costs. Receiving care via telehealth can increase access to care but may be difficult for these populations as they are more likely to have barriers to using technology. For example, telehealth may be restricted by a lack of access to platforms necessary to conduct a telehealth visit, such as a computer, smartphone, or stable internet.

Older adults are particularly at risk of facing increased barriers to telehealth care due to a lack of support to combat the factors that comprise the digital divide. According to the AARP, before 2019 over one half of older adults stated that they had never used video chat, and only 28% reported attending a telehealth based medical visit.

To overcome barriers to telehealth and improve virtual visit readiness for patients of all ages and abilities, the HHS has released a series of recommendations for health care providers. HHS recommends to:

- **Make materials accessible** in different formats and multiple languages.
- **Use images and words** in your online communications for patients with low literacy.
- **Measure patient satisfaction** with post-visit surveys to improve service. Knowing what your patients need will help them feel more comfortable with virtual visits.
- **Use inclusive patient intake forms** that ask about access to technology and patient preferences. This could include language and pronoun preferences.
- **Ask if your patients need assistive devices** to participate in virtual visits.
- **Encourage staff to learn how to broaden telehealth access.** Consider sending internal news and progress related to accessibility.
- **Include accessibility options within your telehealth programs.** This could include screen readers or closed captioning options.
- **Allow extra time in virtual visit appointments** for patients that may need support in getting online.
- **Use technology designed with equity in mind** when it comes to speech recognition and health prediction algorithms.
- **Encourage all patients to get involved in planning and implementing health equity. This could include:**
  - Sitting on a board or committee
  - Providing input on materials or procedures
  - Conducting sensitivity training
- **Look for skills and experiences within your team, including:**
  - Cultural competency
  - Connections to the local community
  - Experience working with underserved patient groups
  - Fluency in languages other than English

Source

Health equity in Telehealth. Health equity in telehealth | Telehealth.HHS.gov. (n.d.). https://telehealth.hhs.gov/providers/health-equity-in-telehealth

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TOOL 2

Equitable and Accessible Care Accounts for
Older Adults' Physical and Cognitive Differences

Pre-Visit Patient Questions:
Vision Assessment

To keep a telehealth visit running smoothly for both patient and provider, it is important to understand what types of vision accommodations your patients may need for a telehealth visit before the visit ever takes place. The following is a set of questions geared for patients that can be included in intake forms or asked of the patient by a staff member ahead of a telehealth appointment.

Vision

Gradual deterioration of vision is a normal part of aging. Telehealth encounters may present more challenges for those with vision loss than in-person encounters. Problems may include difficulty reading small print, seeing in low lighting, and reading from displays that are externally paced (scrolling).

When significant vision challenges are present, telehealth encounters may need to be adjusted to accommodate these challenges. The first step is to assess your patients' vision. Here are some questions that can help.

QUESTION	YES	NO
Have you been diagnosed with vision loss? If yes, do you wear prescription eye lenses?		
Are you able to read words on your phone or computer screen without "zooming in"?		
Are you able to navigate to an app on a smartphone or utilize a computer mouse to reach an internet browser on your own?		

If an individual has indicated any sign of vision loss or degradation, you may consider implementing some of the following recommendations within your telehealth visit:

- **Age-friendly color schemes:** Black, white, and yellow combinations are best for patients with macular degeneration[1]; bright, solid colors like red, orange and yellow are easiest to see for individuals with low vision[2].
- **High contrast between text and background:** As vision fades, it can become difficult to distinguish darker colors from one another, it can be helpful to place lighter text on a darker background, or dark text on a light background[2].
- **Layouts that are screen-reader friendly:** This might include large text, simple prompts and images, and not too much information on a page.
- **Ensure there is contrast between yourself and your background:** Using the "blurred" background function is discouraged.
- **Decrease pop-ups and web banners.**
- **Use words instead of icons** to prompt navigation, as spatial visualizations and the ability to manipulate two- and -three dimensional images decreases with age.

References

1 Alizadeh-Ebadi M, Markowitz SN, Shima N. Background chromatic contrast preference in cases with age-related macular degeneration. J Optom. 2013 Apr;6(2):80–4. doi: 10.1016/j.optom.2013.01.003. Epub 2013 Feb 19. PMCID: PMC3880533.

2 Effective Color Contrast - Texas Historical Commission. (n.d.). https://www.thc.texas.gov/public/upload/preserve/museums/files/Accessibility%20Resources.pdf

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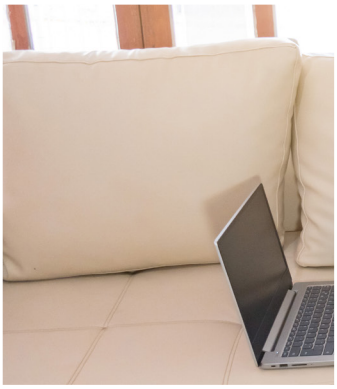
TOOL 3

Equitable and Accessible Care Accounts for
Older Adults' Physical and Cognitive Differences



Pre-Visit Patient Questions: Hearing Assessment

To keep a telehealth visit running smoothly for both patient and provider, it is important to understand what types of hearing accommodations your patients may need for a telehealth visit before the visit ever takes place. The following is a set of questions geared for patients that can be included in intake forms or asked of the patient by a staff member ahead of a telehealth appointment.

Hearing

Gradual deterioration of hearing is common as people age. Approximately one third of adults who are 65-76 years old have a significant hearing impairment. That number increases with age. Age-related hearing loss tends to impact the ability to hear sounds in the high-frequency range and particularly affects the ability to distinguish certain speech sounds such as “s” and “th”.

Telehealth encounters may present more challenges for those with hearing loss than in-person encounters. When significant hearing challenges are present, telehealth encounters may need to be adjusted to accommodate these challenges. The first step is to assess your patients’ hearing. Here are some questions that can help. Below is the Hearing Handicap Inventory for the Elderly (HHIE-S):

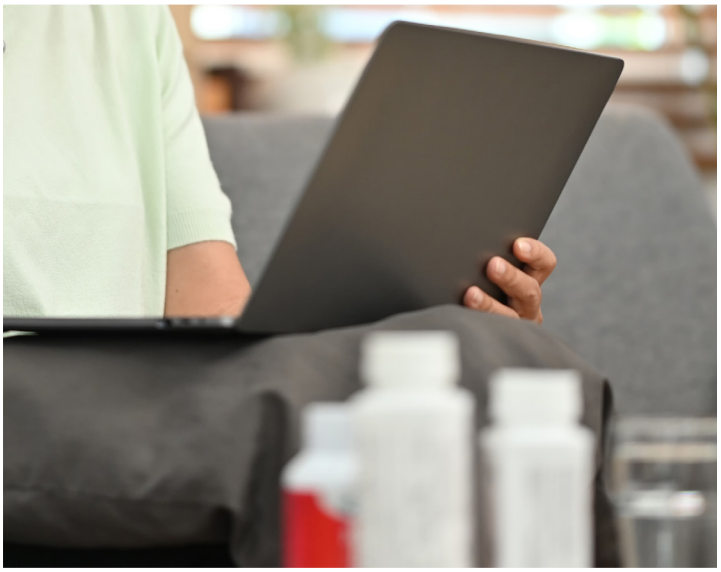
QUESTION	YES (4PTS)	SOMETIMES (2PTS)	NO (0PTS)
Does a hearing problem cause you to feel embarrassed when you meet new people?			
Does a hearing problem cause you to feel frustrated when talking to members of your family?			
Do you have difficulty hearing when someone speaks in a whisper?			
Do you feel handicapped by a hearing problem?			
Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors?			
Does a hearing problem cause you to attend religious services less often than you would like?			
Does a hearing problem cause you to have arguments with family members?			
Does a hearing problem cause you difficulty when listening to TV or radio?			
Do you feel that any difficulty with your hearing limits or hampers your personal or social life?			
Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?			
RAW SCORE			

Interpreting the raw score:

0-8	10-24	24-40
13% probability of hearing impairment	50% probability of hearing impairment	84% probability of hearing impairment

If an individual is showing a higher probability of hearing loss, you may consider instituting the following recommendations within your telehealth visit:

- **Clear view of the provider:** Host your telehealth appointment in a well-lit room with a clear and zoomed in image on the provider's face to facilitate lip reading where possible.
- **Adjustable volume:** Identify if the patient is able to increase the volume on their technology device or has access to headphones or a headset.
- **Utilize closed captioning:** Investigate employing a HIPAA compliant closed captioning service for your visit.
- **Ask for a verbal repeat back:** Encourage a patient to repeat what was said to them to assess understanding.
- **Give a written summary:** If possible, provide your patient with a written summary including appointment notes and follow-up instructions.



References

Ventry, I, Weinstein B. (1983). Identification of elderly people with hearing problems. ©American Speech-Language-Hearing Association, July, 37-42

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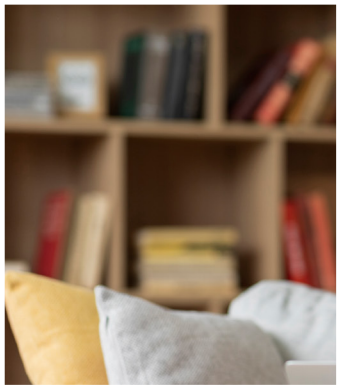
TOOL 4

Equitable and Accessible Care Accounts for
Older Adults' Physical and Cognitive Differences



Pre-Visit Patient Questions: Cognitive Assessment

To keep a telehealth visit running smoothly for both patient and provider, it is important to understand what types of cognitive accommodations your patients may need for a telehealth visit before the visit ever takes place. The following is a set of questions geared for patients that must be administered by a person on your staff (not a form where the patient self reports). The screener can be done ahead of the telehealth visit over the phone or in person.

Cognition

Cognitive decline or cognitive impairment is a reality for millions of older adults. Cognitive challenges can make all healthcare encounters more difficult, and telehealth more difficult than in-person. However, older adults with mild cognitive impairment can learn new skills to have a successful telehealth visit, particularly if they use compensatory strategies, have support, and are using systems that are appropriate for their condition.

The first step is to assess your patients' cognition. Below are six questions (6CIT) that can be done over the telephone by a staff member. These questions are highly correlated to the Mini Mental State Examination and take less than 5 minutes to complete.

SAY: I would like to ask you some questions that ask you to use your memory. I am going to name three objects. Please wait until I say all three words, then repeat them. Remember what they are because I am going to ask you to name then again in a few minutes. Please repeat these words for me: APPLE – TABLE – PENNY.

(Interviewer may repeat names 3 times if necessary but repetition not scored.)

DID THE PATIENT CORRECTLY REPEAT ALL THREE WORDS?	YES	NO
	Incorrect	**Correct**
1. What year is this?		
2. What month is this?		
3. What is the day of the week?		
WHAT WERE THE THREE OBJECTS I ASKED YOU TO REMEMBER?		
4. Apple		
5. Table		
6. Penny		
TOTAL		

Add the total number of correct answers. The highest possible score is 6 which would not indicate cognitive decline. A score of less than or equal to (≤) 4 suggests possible cognitive impairment that should be assessed further.

If an individual is showing a probability of cognitive decline, you may consider instituting the following recommendations within your telehealth visit:

- **Identify caregiver support:** Often, individuals with cognitive decline will require the assistance of a caregiver or family member to access a telehealth visit.
- **Limit distractions:** Host your telehealth visit in a quite space with no background disruption. Allow for a clear and unobstructed view of the provider's face.
- **Ask for a verbal repeat back:** Encourage a patient to repeat what was said to them to assess understanding

References

Katzman, R., Brown, T., Fuld, P., Peck, A., Schechter, R., & Schimmel, H. (1983). Validation of a short Orientation-Memory-Concentration Test of cognitive impairment. *The American Journal of Psychiatry, 140*(6), 734–739

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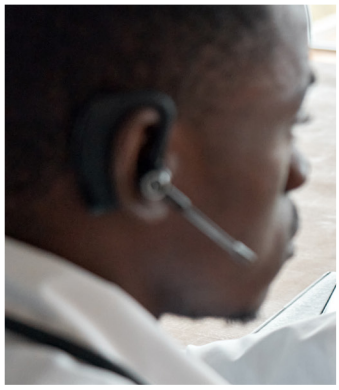
TOOL 5

Equitable and Accessible Care Accounts for Older Adults' Physical and Cognitive Differences



Recommendations for Communicating with Older Adults During Telehealth Encounters

Things to Avoid:

1. Avoid speech that may be interpreted as patronizing.
2. Avoid speaking about older adults rather than to or with the older adult.
3. Avoid ageist assumptions.
4. Avoid speaking too slowly or too quickly.
5. Use caution when using humor with non-Western older adults.
6. Avoid hurrying older adults.
7. Avoid speaking with your head turned away from the older adult.

Things to Do:

8. Show respect with the language you choose. Address as “Mr.” or “Ms.”
9. Ask open-ended questions and listen intently.
10. Ask probing questions to determine whether information was understood.
11. Include the older adult in the conversation even when they have a caregiver/family member with them.
12. Speak clearly, facing the camera with your entire face visible. If possible, speak directly to the camera rather than to the image of the older adult on your screen.
13. Use a positive tone.
14. Write down key takeaways and make these available after the appointment.
15. Display genuine compassion.
16. Use simple language and avoid jargon.
17. Be sure to communicate both clinical information and emotional appeal.
18. Repeat and review important information multiple times.
19. Provide extra time for comprehension.

Adapted from “Communicating with Older Adults: An Evidence-Based Review of What Really Works” from the Gerontological Association of America

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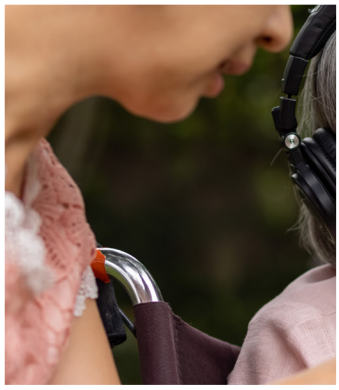
TOOL 6

Equitable and Accessible Care Accounts for Older Adults' Physical and Cognitive Differences



Communicating with People with Disabilities©

The failure of health care providers to communicate effectively and appropriately with people with disabilities is a major barrier to delivering quality health care. The following information identifies general recommendations for communicating with people with disabilities in general and for individuals with specific disabilities. If you are uncomfortable or unfamiliar with communication strategies, learn more about specific types of disability to increase your comfort level and communication skills.

General Recommendations for Communicating with All Persons with Disabilities

- Talk to persons with disabilities in the same way and with the same tone and volume of voice (not shouting) as you would talk to anyone else.
- Avoid being self-conscious about your use of wording such as "Do you see what I mean?" when talking to someone with vision impairment.
- Talk to people with disabilities as adults and talk to them directly rather than to an accompanying person.
- Ask the person with a disability if assistance is needed; do not assume that help is needed until you ask.
- Use "people-first language," such as refering to "a person with a disability" rather than "the disabled person" or "the disabled."
- When communicating with a person with a disability, it is important to take steps to ensure that effective communication strategies are used. This includes sitting or standing at eye level with the patient and making appropriate eye contact.

CE4TA TELEHEALTH TIP

Try talking "to the camera" when speaking to help replicate eye contact and allow for a more personal experience.

Recommendations for Communicating with Patients with Mobility Limitations

- Keep in mind that the personal space of a person with a disability includes the person's wheelchair, scooter, crutches, walker, cane, or other mobility aids.

CE4TA TELEHEALTH TIP

While you will not be in the same physical space as a patient, it is still best practice to consider mobility devices in any assessments or screenings that may be conducted.

- Do not push or move a person's wheelchair or grab a person's arm to provide assistance without asking first.

CE4TA TELEHEALTH TIP

If you are asking a caregiver for assistance in moving a patient, the patient should always be asked first.

- When speaking to a person seated in a wheelchair or scooter, sit so that you and the person are at the same eye level.

CE4TA TELEHEALTH TIP

Ensure that you remain seated and in one position throughout the duration of the telehealth visit unless you are providing a movement example for a screening or assessment.

- When giving directions to people with mobility limitations, consider distance, weather conditions, and physical obstacles such as stairs, curbs, and steep hills.

CE4TA TELEHEALTH TIP

If you know you will likely be conducting an assessment or require movement during your telehealth visit, make sure that the patient has been advised of this ahead of time. Consider sending the details of the requirements so that they can adequately prepare their visit space to meet those needs.

- Shake hands when introduced to a person with a disability. People who have limited hand use or who wear an artificial limb do shake hands.

CE4TA TELEHEALTH TIP

A person with a disability should always be greeted and spoken to in the same manner as those without.

Recommendations for Communicating with Patients with Vision Loss

- Identify yourself when you approach a person who has low vision or blindness. Introduce anyone with you to the person with vision loss.

CE4TA TELEHEALTH TIP

Ensure that you appropriately identify yourself, and anyone with you, to the person with vision loss when you join a telehealth visit.

- If the person uses glasses, ensure that the glasses are readily available to the person and that he or she uses them during the appointment.
- Touch the person's arm lightly when you speak so that he or she knows to whom you are speaking before you begin.

CE4TA TELEHEALTH TIP

You should use their name, or preferred method of reference, at the start of a sentence to provide context that you are speaking to them directly.

- Face the person and speak directly to him or her. Use a normal tone of voice (avoid shouting).
- Explain when you are leaving the environment.
- When offering directions, be as specific as possible, e.g., "Left about 10 feet" or "Right two yards." Use clock cues if the person is accustomed to using this approach e.g., "The door is at 10 o'clock."
- When you offer to assist someone with vision loss, allow the person to take your arm. When assisting the person to a chair, place the person's hand on the back or arm of the seat.

CE4TA TELEHEALTH TIP

Ensure that any movement requested is within the person's comfort zone.

- Never pet or otherwise distract a canine companion or service animal unless the owner has given you permission to do so.

CE4TA TELEHEALTH TIP

While you will not be in the same physical space as a participant to attempt to pet a service animal, you should not attempt to distract or speak to an animal companion or service animal unless the owner has given you permission to do so.

Recommendations for Communicating with Patients with Hearing Loss

- Ask the person who is hard of hearing, deaf, or deaf-blind how he or she prefers to communicate and eliminate or minimize background noise and distractions.

CE4TA TELEHEALTH TIP

People with hearing loss should be offered a visit that allows for both video and audio capabilities.

- If the person uses an assistive hearing device (hearing aid), ensure that it is readily available to the person and in working order and that he or she uses it.
- If you are speaking through a sign language interpreter, pause occasionally to allow the interpreter time to translate completely and accurately.
- Talk directly to the person who is assisted by a sign interpreter, not to the interpreter, even if the person is looking at the interpreter and does not make eye contact with you.
- Before you start to speak, get the attention of the person you are addressing. Visual (wave) or tactile signals (light touch) can be used to get the person's attention.

CE4TA TELEHEALTH TIP

Rather than a tactile signal, you may provide a verbal indication such as their name spoken respectfully.

- Speak without exaggerating your words. Do not raise your voice, unless you are specifically requested to do so. Speak in a normal tone without shouting.
- If the person lip reads (speech reads), face the person and keep your hands and other objects away from your mouth. Maintain eye contact. Do not turn away or walk around while talking.

CE4TA TELEHEALTH TIP

If a person utilizes lip reading, ensure your camera is appropriately zoomed onto your face with a clear picture. Avoid wearing a face mask. If necessary, try to use a clear face mask.

- Consider that written English may not be the primary language for some people with disabilities and make appropriate accommodations in communicating with them.
- Anticipate that only 30% of lip reading (speech reading) will be understood because of its level of difficulty; be prepared to repeat information or questions.
- Ask the person for feedback or to repeat what you have said to assess understanding.
- If you do not understand something that is said, ask the person to repeat it or to write it down. Do not pretend to understand if you do not.

Recommendations for Communicating with Patients with Speech Disabilities or Speech Difficulties

- Talk to people with speech disabilities as you would talk to anyone else; use your regular tone of voice without shouting.
- Be patient because it may take the person extra time to communicate. Do not speak for the person or complete the person's sentences.
- Give the person your undivided attention and eliminate background noise and distractions.
- If the person uses a communication device, such as a manual or electronic communication board, ask the person the best way to use it.
- Do not pretend to understand if you do not. Tell the person you do not understand what he or she has said and ask the person to repeat the message, spell it, tell it in a different way, or write it down. Use hand gestures and notes.

CE4TA TELEHEALTH TIP

If communicating with a person with a speech disability or difficulty, try to offer a telehealth service that utilizes a chat function if available, to allow the person to type if preferred.

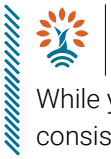
- Repeat what you understand and note the person's reactions, which can indicate if you have understood correctly.
- Develop a specific communication strategy that is consistent with the person's abilities: nod of the head or blink to indicate agreement or disagreement with what you have asked or said.
- To obtain information quickly, ask short questions that require brief answers or a head nod. Avoid insulting the person's intelligence with oversimplification.

Recommendations for Communicating with Patients with Intellectual, Cognitive or Developmental Disabilities

- Treat adults with intellectual, cognitive or developmental disabilities as adults.
- Adjust your method of communication as necessary depending on the individual's responses to you. Use simple, direct sentences or supplementary visual forms of communication, such as gestures, diagrams, or demonstrations, if indicated.
- Use concrete, specific language. Avoid abstract language and simplistic wording. When possible, use words that relate to things you both can see. Avoid using directional terms such as right, left, east, or west.
- Be prepared to repeat the same information more than once in different ways.
- When asking questions, phrase them without suggesting desired or preferred responses as some people with intellectual, cognitive or developmental disabilities may tell you what they think you want to hear.
- Give exact instructions. For example, "You will see the nurse at 10:30," rather than "Come back to see the nurse in 15 minutes."
- Avoid giving too many directions at one time, which may be confusing. Eliminate distractions and minimize background noise if possible.
- Avoid sensory overload by providing information gradually and clearly.
- Provide information in written or verbal form if that is the person's preference.
- Recognize that the person may need to have directions repeated and may take notes to help remember directions or the sequence of tasks. He or she may also benefit from watching a task demonstrated.
- Do not pretend to understand if you do not. Ask the person to repeat what was said. Be patient, flexible, and supportive.
- Do not assume that the person will be able to read well; some may not read at all.

Recommendations for Communicating with Patients with Psychiatric/Mental Health Disabilities

- Approach the person as you would anyone else; speak directly to the person, using clear, simple communication.
- Treat persons who are adults as adults. Do not patronize, condescend, or threaten when communicating with the person.
- Do not make decisions for the person or assume that you know the person' s preferences.
- Offer to shake hands when introduced. Use the same good manners in interacting with a person who has a psychiatric/mental health disability that you would with anyone else.



CE4TA TELEHEALTH TIP

While you will not be in the same physical space as a participant to provide a handshake, ensure your greeting is consistent and well-mannered.

- Make eye contact and be aware of your own body language. Like others, people with psychiatric/mental health disabilities will sense your discomfort.
- Listen attentively and wait for the person to finish speaking. If needed, clarify what the person has said.
- Do not pretend to understand if you do not. Ask the person to repeat what was said. Be patient, flexible, and supportive.
- Recognize that a person with psychiatric/mental health disabilities often has the same wants, needs, dreams, and desires as anyone else.

References and On-Line Resources

Sharts-Hopko, N. C., Smeltzer, S., Ott, B. B., Zimmerman, B., & Dufin, J. (2010). Healthcare experiences of women with visual impairment. Clinical Nurse Specialist, 24(3), 149-153. doi:10.1097/NUR.0b013e3181d82b89

http://www.thearc.org/who-we-are/media-center/people-first-language

http://www.inclusionproject.org/nip_userfiles/file/People%20First%20Chart.pdf

https://www.cdc.gov/ncbddd/disabilityandhealth/pdf/disabilityposter_photos.pdf

https://www.ouhsc.edu/thecente r/documents/PeopleFirstLanguage.pdf

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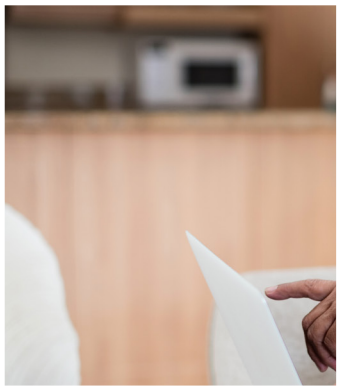
TOOL 7

Equitable and Accessible Care Accounts for Linguistic and Cultural Differences of Older Adults and Their Caregivers



Engaging with Families and Caregivers

As a person ages, the need for family or caregivers to be engaged within their medical appointments generally increases. In a 2015 review, the Alzheimer's Association noted that there were almost 15.7 million adult family caregivers in the United States that were providing care to an older adult that was diagnosed with either Alzheimer's disease or another form of dementia alone.

Reference

Alzheimer's Association. (2015). *Alzheimer's disease facts and figures.* Retrieved from https://www.alz.org/media/documents/2015factsandfigures.pdf.

Some helpful things to remember during an appointment in which a family member or caregiver is present:

- Keep the patient at the forefront of their own health care conversations.
- Do not direct your remarks only to the family member or caregiver, the patient should be the person you are mostly speaking to.
- Be alert for signs of illness, stress, and burnout within the family member or caregiver. Caregivers have a higher risk of physical and mental health issues, sleep problems, and chronic conditions such as high blood pressure. This taxing effect on their own health can in extreme cases lead to unintentional elder abuse. Encourage them to seek respite care and provide them with recommended resources if possible.

In traditional in-person appointments, family and caregivers can be involved in a great number of aspects including transportation to the clinic, assistance with medications or injections, or general facilitators to express the patient's concerns. While this role is largely unchanged when performing a telehealth appointment, the family members or caregivers who can engage expands. If a patient asks for a long-distance family member or caregiver to be contacted to discuss current medical conditions or treatment plans, all appropriate paperwork should be filled out giving you permission to do so. It is important to note that only the patient, or in some circumstances a family member that has been legally named the health care agent or proxy, has the legal authority to make care decisions.

If a caregiver or family member takes part in a medical appointment, you might ask for them to temporarily leave during sensitive parts of the visit such as a cognitive screening or to discuss personal matters.

Adapted from "Talking With Your Older Patients" from the National Institute on Aging

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TOOL 8

Equitable and Accessible Care Accounts for Linguistic and Cultural Differences of Older Adults and Their Caregivers

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

In an effort to tackle one of the most modifiable factors of health inequity, culturally and linguistically sensitive care, the U.S. Department of Health and Human Services Office of Minority Health has released a series of national standards that are intended to "advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health organizations."

THINK CULTURAL HEALTH:
National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

PRINCIPAL STANDARD:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

GOVERNANCE, LEADERSHIP, AND WORKFORCE:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

COMMUNICATION AND LANGUAGE ASSISTANCE:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

ENGAGEMENT, CONTINUOUS IMPROVEMENT, AND ACCOUNTABILITY:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

Source
https://thinkculturalhealth.hhs.gov/

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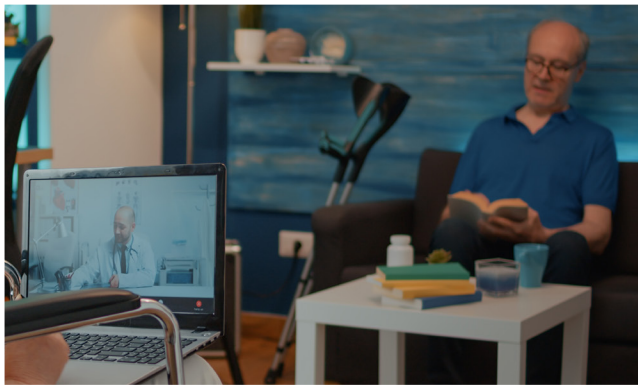
TOOL 9

Equitable and Accessible Care Accounts for Linguistic and Cultural Differences of Older Adults and Their Caregivers



RESPECT Model

RESPECT Model

What is most important when you engage with patients is that you remain open and maintain a sense of respect for your patients. The RESPECT model can help you remember what factors to consider to engage patients in a culturally and linguistically competent manner. These factors are important throughout assessment, diagnosis, and treatment.

RESPECT

Understand how respect is shown within given cultural groups. Counselors demonstrate this attitude through verbal and nonverbal communications.

EXPLANATORY MODEL

Devote time in treatment to understanding how clients perceive their presenting problems. What are their views about their own substance abuse or mental symptoms? How do they explain the origin of current problems? How similar or different is the counselor's perspective?

SOCIOCULTURAL CONTEXT

Recognize how class, race, ethnicity, gender, education, socioeconomic status, sexual and gender orientation, immigrant status, community, family, gender roles, and so forth affect care.

POWER

Acknowledge the power differential between clients and counselors.

EMPATHY

Express, verbally and nonverbally, the signifcance of each client's concerns so that he or she feels understood by the counselor.

CONCERNS AND FEARS

Elicit clients' concerns and apprehensions regarding help-seeking behavior and initiation of treatment.

THERAPEUTIC ALLIANCE, TRUST

Commit to behaviors that enhance the therapeutic relationship; recognize that trust is not inherent but must be earned by counselors. Recognize that self-disclosure may be diffcult for some patients; consciously work to establish trust.

Sources

Mutha, S., Allen, C. & Welch, M. (2002). Toward culturally competent care: A toolbox for teaching communication strategies. San Francisco, CA: Center for Health Professions, University of California, San Francisco.

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TOOL 10

Equitable and Accessible Care Accounts for Linguistic and Cultural Differences of Older Adults and Their Caregivers

Effective Cross-Cultural Communication Skills

THINK CULTURAL HEALTH:

Effective Cross-Cultural Communication Skills

IMPROVE YOUR CULTURAL AND LINGUISTIC APPROPRIATENESS

- ☐ Understand that improving cultural and linguistic appropriateness is an ongoing journey!
- ☐ Understand the role that your culture plays in your interactions and delivery of care.
- ☐ Understand the role culture plays in health beliefs and behaviors.
- ☐ Become knowledgeable about the backgrounds of the individuals you serve.
- ☐ Be aware of language differences, and offer language assistance services.
- ☐ Build trust and rapport with the individuals you serve to facilitate learning about their needs, values, and preferences.
- ☐ Be aware that some individuals may use various terms to describe medical issues (e.g., "sugar" for diabetes).
- ☐ Be aware of barriers that can arise when expressions, idioms, or multi-meaning words are used (even if you and your patient both speak the same language).
- ☐ Ask questions!

DO NOT MAKE ASSUMPTIONS

- ☐ Use simple language. Avoid medical and healthcare jargon. Do not assume you know an individual's literacy and health literacy levels.
- ☐ Check understanding and encourage questions. Do not assume an individual understood what you communicated.
- ☐ Adopt a positive, curious, nonjudgmental approach toward all individuals. Do not assign meaning to an individual's nonverbal communication cues.

UNDERSTAND AND RECOGNIZE DIFFERENCES IN COMMUNICATION STYLES

- ☐ Appreciate how your communication preferences and style may differ from others'.
- ☐ Understand how communication styles (e.g., nonverbal communication cues) and norms (e.g., the role of various family members) differ across cultures.
- ☐ Tailor your communication so that your patients can better understand you.

Sources:

Epstein, R. M., & Street, R. L. (2007). Effective communication in cancer care: Promoting healing and reducing suffering. [NIH Publication No. 07-6225 ed.]. Bethesda, MD: National Cancer Institute.

Hall, E.T. (1976). Beyond culture. New York: Doubleday.

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Teal, C.R. & Street, R.L. (2009). Critical elements of culturally competent communication in the medical encounter: A review and model. Social Science & Medicine, 68, 533-543.

Ting-Toomey, S. (1999). Communicating across cultures. New York, NY: Guilford Press. Title VI of the Civil Rights Act of 1964, 42 U.S.C. § 2000d-200d-7 (1964).

https://thinkculturalhealth.hhs.gov/

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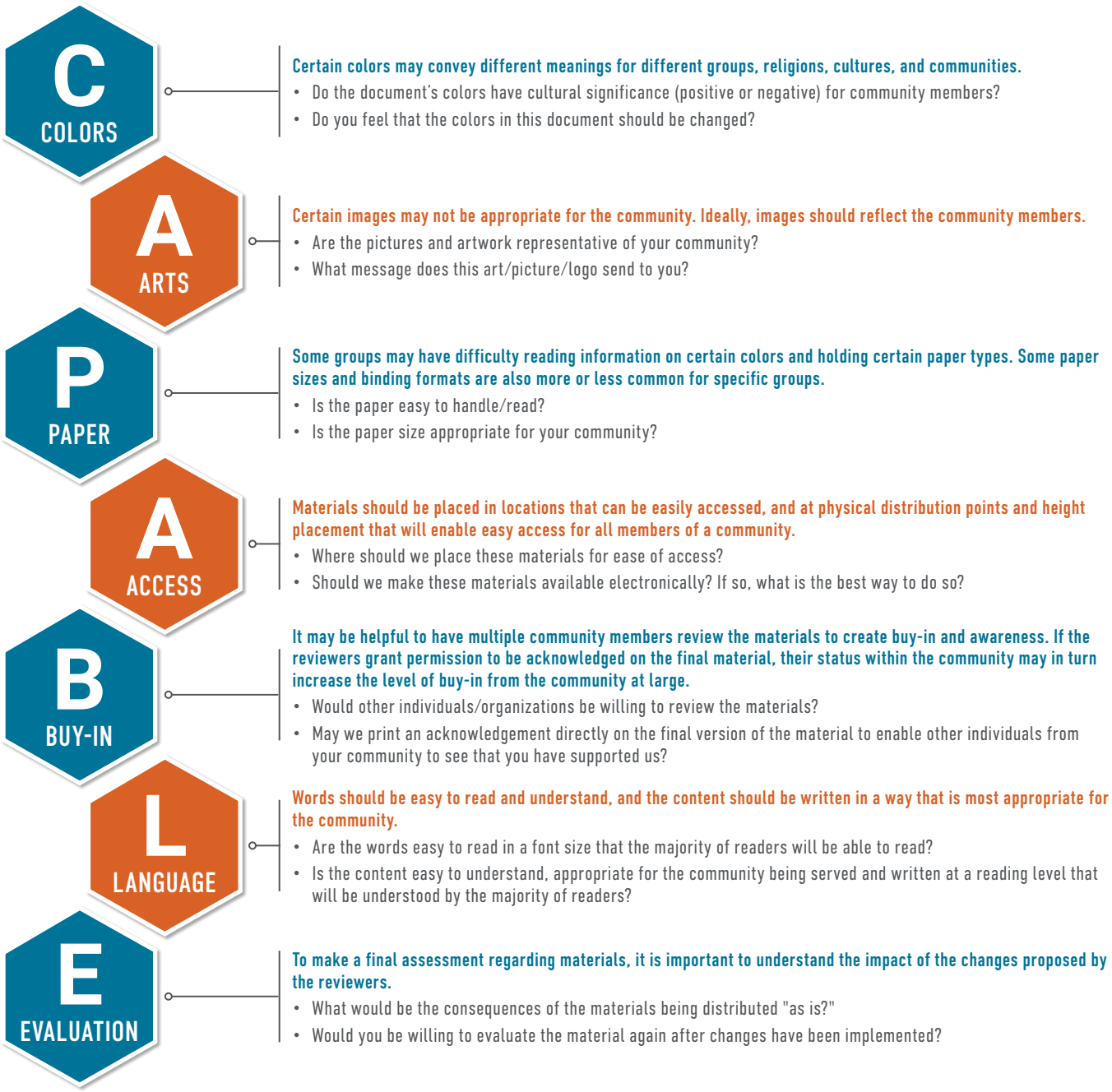
TOOL 11

Equitable and Accessible Care Accounts for Linguistic and Cultural Differences of Older Adults and Their Caregivers

Developing Culturally CAPABLE Materials

THINK CULTURAL HEALTH EDUCATION:
Developing Culturally CAPABLE Materials

The graphic below shows Culturally CAPABLE: A Mnemonic for Developing Culturally Capable Materials.℠ You can use it to think about what questions to ask community members to ensure the materials you design are culturally and linguistically appropriate.



Sources

Kelly, N., Graves, D., & Txabarriaga, R. (2007). Culturally Capable Translations: The Essential Role of Culture in Translation Quality Processes. ATA Chronicle, 20-26.

Centers for Disease Control and Prevention Office of Public Health Preparedness and Response. (n.d.) Public Health Workbook to Define, Locate, and Reach Special, Vulnerable, and At-risk Populations in an Emergency. Retrieved from https://emergency.cdc.gov/workbook/pdf/ph_workbookfinal.pdf

https://thinkculturalhealth.hhs.gov/

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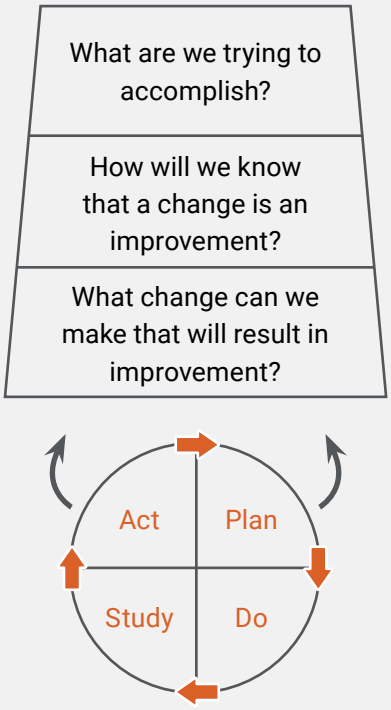
TOOL 12

Change Management: The Model for Improvement

The Model for Improvement

Enacting policy or procedure improvements within a healthcare system is vital for ensuring that the institution remains on the forefront of providing high-quality care. It is critical that quality improvement measures encourage systematic behavior to reduce variability and achieve predictable results[1]. To best ensure a smooth transition, the Associates for Process Improvement (API) developed The Model for Improvement[2].

Model for Improvement



According to the Institute for Healthcare Improvement (IHI), The Model for Improvement is composed of two distinct components:

- Three critical questions about the current state of your organization and the change you wish to see.
- The Plan-Do-Study-Act (PDSA) cycle.

Critical Questions to Consider Before Beginning Process Improvement

Before beginning any process improvement project, it is crucial to evaluate the problem you wish to solve by considering the following questions:

1. What are we trying to accomplish?
2. How will we know that a change is an improvement?
3. What change can we make that will result in improvement?

These questions should be presented to and discussed with your quality improvement team.

Plan-Do-Study-Act

Once you have oriented yourself and your institution to the questions above, changes should be tested and recorded in a real work setting.

The Plan-Do-Study-Act cycle provides a framework for implementing, recording, studying, and acting on change within your organization in a cyclical fashion to achieve a desired result. It is composed of four parts:

Step 1: Plan
Identify what change you are looking to achieve, what metrics you will collect to determine success, who within your organization will be involved, and how workflows will be adjusted.

Step 2: Do
Implement the change that you have planned out within Step 1.

Step 3: Study
Review and discuss the results through metric analysis and/or personnel interviews. Was the change successfully implemented?

Step 4: Act
Respond to what has been learned/observed through further action.

Once all four steps have been completed, the process will begin anew until the desired change has been reached. IHI developed a useful diagram for the Model for Improvement as seen on the left.

The IHI developed a worksheet to assist the PDSA process which can be found online at https://www.ihi.org/resources/Pages/Tools/PlanDoStudyActWorksheet.aspx.

For more information regarding the Model for Improvement and the PDSA cycle please visit the IHI website at https://www.ihi.org/resources/Pages/HowtoImprove/default.aspx.

References

1 https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Quality-Measure-and-Quality-Improvement-
2 http://www.apiweb.org/

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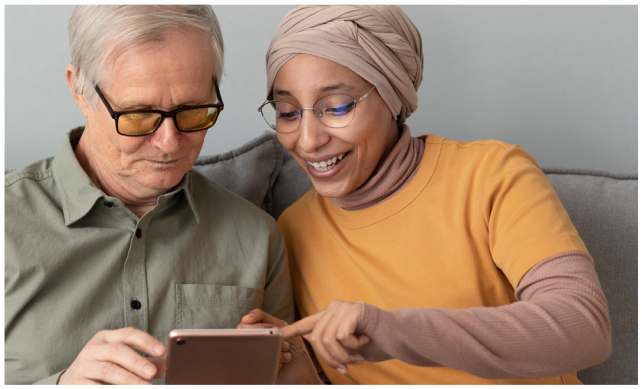
TOOL 13



Change Management:
Sample PDSA Form

To download this sample PDSA Form, **click here**.

PDSA Planning & Progress Form

Clinic Name: **Project Lead:** **Project Name:**

BACKGROUND	*What led you to start this project? Is this cycle a continuation of another cycle? Why is this topic relevant? Include any baseline data that has already been collected. Include relevant information from literature.*

PLAN
A. AIM/Objective Statement: What do you hope to learn? What are you trying to improve (AIM), by how much (goal) and by when (timeframe)?
B. Plan for change/test/intervention: Include the WHO (target population), WHAT (change/test), WHEN (dates of test), WHERE (location), and HOW (description of plan).
C. Measures: What will you measure in order to meet your AIMS? How will you know that a change is an improvement? Will you use outcome or process measures?
D. Plan for data collection: Include the WHO (will collect), WHAT (measures), WHEN (time period), WHERE (location), and HOW (method).

To download this sample PDSA Form, **click here**.

DO	*Carry out the change/test. Collect Data. Be sure to note when completed, observations, problems encountered, and special circumstances.*
STUDY	*Summarize and analyze data (quantitative and qualitative), and include any charts or graphs).*
ACT	
A. Document/summarize what was learned: Did you meet your AIMS and goals? Did you answer the questions you wanted to address? List major conclusions from the cycle.	
B. Define next steps: Are you confident that you should expand size/scope of test or implement? What changes are needed for the next cycle?	

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TOOL 14

Change Management: Engaging a Champion

Making changes to the way care is delivered often requires a champion who will lead the way. Here are some tips for engaging a champion.

STEP ONE:
Identify a Champion

Direct-care staff and patients are critical to the continued success of a telehealth program and the successful implementation of improvements over time. Consequently, staff and patient buy-in is a key component of readiness.

To ensure perspectives from direct-care staff are captured and supported through advocacy, identify and establish a "change champion" - in this case a "telehealth equity champion." This role is integral to the successful implementation of changes to your program, providing direct-care staff with a representative they can contact to share concerns or input on any changes to workflow and other activities that impact the team. This person can also be a go-to leader for staff questions on telehealth programs.

It may also be beneficial to establish a "telehealth equity champion" amongst your older adult population, if appropriate. This person should be an active user of current telehealth services and have a good understanding of programs and changes to be made. A patient "telehealth equity champion" can act as a resource for other patients that may be struggling, as well as help to ensure a clear understanding of the patient's care goals, technology challenges, and other perceptions around your telehealth program and improvements. This will help to ensure that you are considering the needs of your patients when updating telehealth services.

Champions become embedded spokespersons and motivators for change. Your telehealth equity champions can help address concerns around processes as well as workflow and training from a peer perspective. If your facility uses a large proportion of agency nursing staff, your staff "telehealth equity champion" should be a full-time employee to ensure continuity during times of agency staff turnover. Your staff telehealth equity champion can also help to keep your staff engaged and incorporate telehealth training into your existing onboarding or orientation process. A patient telehealth equity champion can help to examine in real time how changes are being perceived by patients, and where additional support may be needed to ensure that patients feel comfortable, and that telehealth services are being utilized to maximum benefit.

STEP TWO:
Consider Staff and Patient Engagement

Leverage your champions to address concerns and ensure staff and patients understand the benefits of equitable telehealth services. Address concerns daily, taking into consideration staffing protocols may vary based on the time of day or day of the week. The most common initiator of telehealth is nursing staff, so address the concerns of those who manage higher acuity patients who would benefit most from equitable telehealth services. For example, if it is identified that many patients are experiencing some form of a cognitive impairment, ensure that nursing staff is aware that there are trainings and informational sheets that can help ease communication via telehealth, and get patients access to care they need.