Cultural Competency and Health Literacy Workstream
Milestone 1, Task 1: Prevention Strategy Review

Definitions

- **Cultural Competency:**
  - The ability to provide an expanded cross-cultural approach to care of individuals with diverse values, beliefs and behaviors, including tailoring delivery to meet patients' social, cultural, communication and linguistic needs.

- **Health Literacy:**
  - Health literacy happens when patients, or anyone on the receiving end of health communication, and providers, anyone on the giving end of health communication, truly understand one another. It is the degree to which individuals have the capacity to obtain, process, communicate and understand basic health information and services needed to make appropriate health decisions about their healthcare needs and priorities.

National Prevention Strategy Review

As surrounding communities have become more diverse, the need to incorporate cultural competency and health literacy into practice is essential to providing exceptional, patient-centered care. This means advancing cultural and linguistic competence, and promoting effective communication to eliminate health disparities and enhance patient outcomes.

In June 2011, the U.S. Department of Health and Human Services announced the nation's new "National Prevention Strategy (NPS)". Called for under the Affordable Care Act, the comprehensive plan aims to help increase the number of Americans who are healthy at every stage of life. Its vision is working together to improve the health and quality of life for individuals, families and communities by moving the nation from a focus on sickness and disease to one based on prevention and wellness. The NPS is critical to the prevention focus of the Affordable Care Act and builds on the law's efforts to lower health care costs, improve the quality of care, and provide coverage options for the uninsured. Many of the strongest predictors of health and well-being fall outside of the health care setting. Social, economic, and environmental factors all influence health (Schroeder, 2007). Meeting basic needs and providing information about personal health and health care can empower people to make healthy choices, laying a foundation for lifelong wellness. The NPS includes an important focus on those who are

disproportionately burdened by poor health. In the U.S., significant health disparities exist and these disparities are closely linked with social, economic, and environmental disadvantage.

There are four "Strategic Directions" delineated in the NPS – Health and Safe Community Environments, Clinical and Community Preventive Services, Empowered People, and Elimination of Health Disparities. Two of the four strategic directions (Empowered People and Elimination of Health Disparities) have components that prove essential to understanding how cultural competency and health literacy can be operationalized within the context of medical care.

- **Empowering People to Make Healthy Choices**: When people have access to actionable and easy-to-understand information and resources, they are empowered to make healthier choices. Efforts to educate and motivate people to make healthy choices should occur across the lifespan, with a particular emphasis on ensuring that young people are provided with the knowledge, skills and opportunities they need to allow them to become healthy adults. In addition, we should provide knowledge and opportunities that support the unique needs of our growing older adult population.
    - Although policies and programs can make healthy options available, people still have the responsibility to make healthy choices. People are empowered when they have the knowledge, ability, resources, and motivation to identify and make healthy choices (Institute of Medicine, 2002). When people are empowered, they are able to take an active role in improving their health, support their families and friends in making healthy choices and lead community change.
    - Decision making is influenced by personal, cultural, social, economic, and environmental factors – including individuals' ability to meet their daily needs, the opinions and behaviors of their peers, and their own knowledge and motivation.

- Providing tools and information, making healthy choices easy and affordable, and improving the social environment and content in which decisions are made all support people in making healthy choices.
- Information needs to be available to people in ways that make it easy for them to make informed decisions about their health.
- Providing people with accurate information that is culturally and linguistically appropriate and matches their health literacy skills helps them search for and use health information and adopt healthy behaviors.
- Health information is often presented in a way many Americans find difficult to understand and put into action (Kutner, Greenberg, Jin & Paulsen, 2003). Nearly 9 in 10 adults have problems using the health information available to them in health care facilities and communities.
- Education is associated with living longer, experiencing better health, and practicing health-promoting behaviors such as exercising regularly, refraining from smoking, and obtaining timely health checkups and screenings. It can lead to improved health by increasing health knowledge, enabling people to adopt healthier behaviors and make better-informed choices for themselves and their families.
- Health Care Systems, Insurers and Clinicians can:
    - Inform patients about the benefits of preventive services and offer recommended clinical preventive services
    - Create linkages with and connect patients to community resources (tobacco quit lines), family support and education programs.
    - Communicate with patients in an appropriate manner so that patients can understand and act on their advice and directions.
- Use plain language in health information in alignment with the Plain Writing Act.

- Offer accurate, accessible, and actionable health information in diverse settings and programs.
- Use proven methods of checking and confirming patient understanding of health promotion and disease prevention (teach-back method).
- Refer patients to adult education and English-language instruction programs to help enhance understanding of health promotion and disease prevention messages.
- Empower individuals and their families to develop and participate in health protection and health promotion programs through neighborhood associations, labor unions, volunteer/service projects, or community coalitions.

➢ **Eliminating Health Disparities**: By eliminating disparities in achieving and maintaining health, quality of life for all Americans is improved. All Americans should have the opportunity to live long, healthy, independent, and productive lives, regardless of their race or ethnicity; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics. In the U.S., health disparities are often closely linked with social, economic, or environmental disadvantage. Clear evidence exists that with appropriate focus and investment, health disparities can be eliminated while simultaneously improving the health of all Americans.

- A health disparity is a difference in health outcomes across subgroups of the population. They can adversely affect groups of people who have systematically experienced greater obstacles to health. Many health concerns disproportionately affect certain populations. Reducing disparities in health will give everyone a chance to live a healthy life and improve the quality of life for all Americans (Frieden, Jaffe, Stephens, Thacker & Zaza, 2011).

- Disparities can be reduced by focusing on communities at greatest risk; building multi-sector partnerships that create opportunities for health equity and healthy communities; increasing access to quality prevention services; increasing the capacity of individuals in the affected communities and the health care and prevention workforce to address disparities; conducting research and evaluation to identify effective strategies that are culturally, linguistically, literacy and age-appropriate (USDHHS, 2011).
- Ensure a strategic focus on communities at greatest risk.
    - Participation of community leaders, members, and organizations helps ensure that programs/policies align with local culture and are effective in addressing the health issues of greatest importance.
    - Initiatives grounded in the unique historical and cultural contexts of communities are more likely to be accepted and sustained.
- Reduce disparities in access to quality health care: reduce barriers to health services can improve access to timely, quality care (U.S. Preventive Services Task Force, 2011). Can be addressed by increasing the cultural and communication competence of health care providers (USDHSS, 2011).
- Providing services and information in ways that match patients' culture, language, and health literacy skills can also improve patients' trust, facilitate adoption of healthy behaviors, and increase future use of health services (USDHSS, 2010).
- Clinicians and community health workers can improve quality of care if they better understand the health beliefs and practices of the people they treat (USDHHS, 2010).
- A well-trained, diverse, and culturally competent workforce helps enhance development and delivery of prevention programs and patient-centered care.

- Standardize and collect data to better identify and address disparities: Data are needed to inform policy and program development, evaluate the effectiveness of policies and programs, and ensure the overall health and well-being of the population.
- Improving the standardization of population data, especially for race/ethnicity and language, will improve our ability to identify and target efforts to address health disparities.

Drawing on the current landscape of healthcare reform and innovation, the NQP Cultural Competency and Health Literacy (CC/HL) committee will align its strategy with the NPS in order to maximally improve the health of the populations that is serves. The CC/HL strategy aligns specifically with two of the four strategic directions of the NPS: "Empowered People" and "Elimination of Health Disparities", which are fundamental to improving the nation's health.

Effective communication between patients and their healthcare providers is essential for delivering culturally, linguistically and health literate-appropriate care to reduce healthcare disparities in the communities we serve. Communication is a cornerstone of patient safety and can be affected by language, culture, and health literacy.

Effective communication became a priority for healthcare in 2010 as the focus on patient- and family-centered care gained national attention. The Patient Protection and Affordable Care Act (ACA), the new and revised standards for patient-centered communication released by The Joint Commission, and the Plain Writing Act demonstrated the importance of developing an office to apply and educate these regulations and standards. The ACA incorporates effective communication into professional training, and requires that health plans and insurers provide clear, consistent and comparable health information to individuals and communities. Similarly, the Plain Writing Act requires federal agencies to write all documents in plain language. The Joint Commission's new and revised standards for patient-centered communication, released in 2010 and incorporated into accreditation criteria in 2012, emphasize the importance of advancing

effective communication, cultural competence, and patient- and family-centered care. In addition Joint Commission, NYS Department of Health, CLAS, CMS, Americans with Disabilities Act, and the Civil Rights Act of 1964 all require healthcare organizations to offer free interpretation services and provide all consent forms in the patient's preferred language.

Health literacy is critical to health care delivery, as the evidence strongly supports the fact that low health literacy is linked to higher risk of death and more ED visits and hospitalizations. It impacts health care outcomes as low literacy leads to less knowledge about illness and treatment, reduced use of preventive services, delayed access to care for several diseases, misuse of the ED, higher hospitalization rates, higher utilization and higher health care cost, and ultimately poor health outcomes. Cultural and linguistic differences among patients directly impact their health literacy levels, which, in turn, is a contributing factor to an increased prevalence of health disparities among racial and ethnic minorities, immigrants, low income individuals, and nonnative speakers of English and elderly adults (U.S. Surgeon General and USDHHS, 2007).

The CC/HL strategy will support principles of equity and effective communication by advancing cultural and linguistic competence and promoting effective communication to eliminate disparities and enhance patient outcomes.

Cultural Competency and Health Literacy Best Practices

In addition to aligning with key strategies of the NPS, the NQP CC/HL strategy will also draw upon and incorporate findings from national best practices including:

1. **National Center for Cultural Competence (2010), suggests that culturally competent health care systems acknowledge and incorporate into the daily fabric all aspects of quality of care metrics:**
    i. Importance of culture
    ii. Assessment of cross-cultural relations
    iii. Recognition of potential impact of cultural differences
    iv. Expansions of cultural knowledge
    v. Adaption of services to meet culturally unique needs
    vi. Increased diversity of workforce and leadership
    vii. Strategies to promote diversity in all hiring and recruitment
    viii. Assessment of bias, stereotypes, and prejudice in organizational and leaders' behaviors

2. **Institute of Medicine: Ten Attributes of Health Literate Health Care Organizations**
    - A wide range of organizations have recognized that having health literate health care organizations benefits not only the 77 million Americans who have limited health literacy, but also the majority of Americans who have difficulty understanding and using currently available health information and health services. This paper presents 10 attributes that exemplify a health literate health care organization. Each attribute includes a brief elaboration of the meaning of and basis for the attribute, followed by a set of implementation strategies that can be used to achieve the attribute.
        - http://nam.edu/perspectives-2012-ten-attributes-of-health-literate-health-care-organizations/

3. **Agency for Healthcare Research & Quality: Health Literacy Universal Precautions Toolkit**
    - The Agency for Healthcare Research and Quality (AHRQ) commissioned The University of North Carolina at Chapel Hill to develop and test this Health Literacy Universal Precautions Toolkit. It provides step-by-step guidance and tools for assessing your practice and making changes so you connect with patients of all literacy levels.

- http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthliteracytoolkit.pdf

4. **Online educational programs:**
   - Office of Minority Health: *A Physician's Practical Guide to Culturally Competent Care*
     - https://cccm.thinkculturalhealth.hhs.gov/
   - Health Resources and Services Administration (HRSA): *Effective Communication Tools for Health Processionals*
     - http://www.hrsa.gov/culturalcompetence/index.html
   - http://www.ncsl.org/research/health/cultural-competency-health-care-workforce.aspx

5. **Adopting the National Call to Action to Eliminate Health Care Disparities:**
   - The Association of American Medical Colleges (AAMC), American College for Healthcare Executives (ACHE), American Hospital Association (AHA) has participated in the Equity of Care's National Call to Action to Eliminate Health Care Disparities. Through participation in this pledge, facilities are working to increase the collection and use of race, ethnicity and language preference data, increasing cultural competency training, and increasing diversity in leadership.
   - http://www.ncsl.org/research/health/cultural-competency-health-care-workforce.aspx

6. **U.S. Department of Health and Human Services: National Action Plan to Improve Health Literacy**
   - The National Action Plan to Improve Health Literacy seeks to engage organizations, professionals, policymakers, communities, individuals, and families in a linked, multisector effort to improve health literacy. The plan is based on the principles that (1) everyone has the right to health information that helps them make informed decisions and (2) health services should be delivered in ways that are understandable and beneficial to health, longevity, and quality of life. The vision informing this plan is of a society that:
     - Provides everyone with access to accurate and actionable health information
     - Delivers person-centered health information and services
     - Supports lifelong learning and skills to promote good health
   - The goals of the NAP are to improve health literacy by:
     - Developing and disseminating health and safety information that is accurate, accessible, and actionable.

- Promoting changes in the health care system that improves health information, communication, informed decision-making, and access to health services.
  - Supporting and expanding local efforts to provide adult education, English language instruction, and culturally and linguistically appropriate health information services in the community.
  - Building partnerships, developing guidance, and changing policies
  - Increasing basic research and the development, implementation, and evaluation of practices and interventions to improve health literacy.
  - Increasing the dissemination and use of evidence-based health literacy practices and interventions. (http://health.gov/communication/HLActionPlan/)

- **Goal 1: Develop and disseminate health and safety information that is accurate, accessible, and actionable:** Limited health literacy and limited English proficiency (LEP) frequently coexist. Therefore, interventions for vulnerable populations, such as those with LEP, should focus on health literacy *and* language to improve two-way, interactive communication. (p.18-19)
  - ***Strategies for Organizations and Individuals That Develop and Disseminate Health and Safety Information (p.20):***
    - Participate in ongoing training in health literacy that focuses on improving clear communication and information design practices.
    - Involve members of the target population – including persons with limited health literacy in the planning, developing, implementing, disseminating, and evaluating health and safety information.
    - Ensure that health and safety information is culturally and linguistically appropriate and motivating.
    - Issue plain language guidance for the development of all public health and safety information.
    - Include specific steps for taking action and aligning information with services and supports available in the community.
    - Leverage technology and electronic health tools to deliver health information and services at the time, in the place, and in the multiple formats people need and want.
    - Create documents that demonstrate best practices in clear communication and information design.
    - Test consumer health information and web sites to ensure that consumers understand information and can take appropriate actions.

- ***Strategies for Print, Audiovisual, and Electronic Media (p.21-22):***
  - Report consistent, clear messages with action steps for health promotion and disease prevention.
  - Use local, community, and ethnic media to raise awareness of health information and services in the community and overcome barriers to care.
  - Tell stories about the impact of poor-quality health information and services on people and organizations in the community.
- ***Strategies for Those Responsible for Food, Drug, and Medical Device Production and Distribution (p.22-23)***
  - Standardize consumer-directed information about and ensure consumers' understanding of prescription drugs.

- **Goal 2: Promote Changes in Health Care Delivery System That Improve Health Information, Communication, Informed Decision-making, and Access to Health Services:** Because Health Literacy is a relatively new clinical concept, most health care professionals already in practice have not had formal training in improving communication skills; although a growing number of continuing medical education courses in health literacy are available. (p.25)
  - ***Strategies for Health Care Professionals (p.26-27)***
    - Use different types of communication and tools with patients, including vetted pictures and models and scorecards, to support written and oral communication with patients and their caregivers.
    - Use existing programs, such as AHRQ's Questions are the Answers, to prepare patients and providers for visits and structure their communication.
    - Use direct and developmentally appropriate communication with children to build better understanding of their health and health care.
    - Use proven methods of checking understanding, such as teach-back method, to ensure that patients understand health information and risk and benefit tradeoffs associated with treatments, procedures, tests, and medical devices.
    - Ensure that pharmacists provide the necessary counseling to consumers in language they understand for dispensed medications as required by law.
    - Use patient centered technologies at all stages of the health care process to support the information and decision-making needs of patients.
    - Use technology, including social media, to expand patients' access to the health care team and information.

- Participate in ongoing training in health literacy, plain language, and culturally and linguistically appropriate services (CLAS) and encourage colleagues and staff to be trained.
- Create patient-friendly environments that facilitate communication by using architecture, images, and language to reflect the community and its values

- ***Strategies for Educators and Licensing and Credentialing Organizations (p. 28)***
  - Include coursework on health literacy and CLAS in curricula of all health professionals.
  - Support health literacy and CLAS training opportunities for students and residents in all health professions.
  - Incorporate diverse patients, including new readers, in course presentations and trainings for health professionals.
  - Include assessment of health literacy and CLAS skills in licensure requirements for all health professionals.
  - Establish minimum continuing education requirements in health literacy and CLAS for all health professionals.
  - Increase the number of racially and ethnically diverse and/or bilingual health care professionals.
- ***Strategies for Health Care Executives (p.29)***
  - Increase awareness of and compliance with Title VI, the Americans with Disabilities Act, and other laws designed to ensure that individuals with LEP and/or disabilities have access to health information and language assistance.
  - Provide comprehensive language access and assistive technologies, including interpreter services, at every point of contact to meet the needs of diverse patient communities and create a person-centered environment.
  - Train all staff, including executives and support staff, in the principles of health literacy and CLAS.
  - Remove informational barriers and create a welcoming, easy-to-navigate, shame-free environment by using such methods as well-designed signage and offering assistance with forms.
  - Encourage employees to take advantage of continuing education opportunities to improve communication and CLAS skills.
  - Integrate health literacy and CLAS audit tools, standards, and scorecards into all quality process and performance improvement activities and metrics.

- Establish programs for patient navigators, health coaches (electronic and/or people), and/or community health workers to help patients access recommended services and information.
- Establish formal mechanisms to review and address the literacy level, quality of translation, and cultural appropriateness of all written information for patients.
- Integrate health information technologies (e.g., electronic and personal health records) and enhance underdeveloped technology platforms to support patient–provider communication and health coaches.
- Include members of patient communities, including new readers, in organizational assessments and health literacy improvement efforts.
- Evaluate the contribution of poor communication and information to patient safety incidents and poor health outcomes.
- Provide incentives to encourage employees to use good communication practices.
- Provide patient support services, such as pre-visit or hospitalization reminders and post-visit and discharge follow-up calls, to help patients prepare and know what to do when they are home.

- **Goal 4—Support and Expand Local Efforts to Provide Adult Education, English Language Instruction, and Culturally and Linguistically Appropriate Health Information Services in the Community:** Communities play a central role in supporting efforts to improve health literacy. Emphasis should be placed on community opportunities for communication, education, and peer support surrounding health information seeking and access to care. Communities and organizations can support programs, such as ESOL, at the same time that they ensure health information and services meet the linguistic needs of the populations they serve.
  - ***Strategies for Educators and Community Service Providers (p.36)***
    - Support community-based programs that empower people to be more involved and active in health and teach skills, such as computer use, to assist people in acquiring credible health information.
    - Infuse health literacy skills into curricula for adult literacy, ESOL, and family literacy programs.
    - Facilitate collaborations among the adult literacy and ESOL communities; health care partners; and community-, faith-, and academic-based organizations.
    - Include high school, college, and professional school students in health literacy programs to bridge cultural and generational divides.

- Create opportunities for health education and learning in communities through creative uses of technology and multimedia.
- Provide professional development in health education topics and skills for those teaching adult literacy, ESOL, and family literacy programs.

7. **The Joint Commission: Advancing Effective Communication, Cultural Competence, and Patient-and Family-Centered Care: A Roadmap for Hospitals**
   - This monograph was developed by The Joint Commission to inspire hospitals to integrate concepts from the communication, cultural competence, and patient- and family-centered care fields into their organizations. The Roadmap for Hospitals provides recommendations to help hospitals address unique patient needs, meet the patient-centered communication standards, and comply with related Joint Commission requirements. Example practices, information on laws and regulations, and links to supplemental information, model policies, and educational tools are also included. The patient-centered communication standards are presented in Appendix C, which provides self-assessment guidelines and example practices for each standard.
     - http://www.jointcommission.org/roadmap_for_hospitals/
   - A hospital must embed effective communication, cultural competence, and patient and family centered care practices into the core activities of its system of care delivery – not considering them stand alone initiatives – to truly meet the needs of patients, families, and communities served. The recommendations in the Roadmap for Hospitals do not encompass every aspect of these three areas, but they do represent key issues that hospitals should consider to meet the unique needs of each patient. (p.3)
     - **Checklist to Improve Effective Communication, Cultural Competence, and Patient-and Family- Centered Care across the Care Continuum:**
       - Address patient's communication needs
       - Identify the patient's preferred language for discussing healthcare.
         - Ensure that the patient understands why race and ethnicity data are being collected.
         - Allow the patient to self-report.
         - Respect the patient's choice to decline to provide race and ethnicity information.
       - Identify, accommodate, and incorporate patient cultural, religious, or spiritual beliefs or practices that influence care.
         - Cultural, religious, or spiritual beliefs can affect a patient's or family's perception of illness and how they approach treatment. In

addition, patients may have unique needs associated with their cultural, religious, or spiritual beliefs that should acknowledge and address.
    - Ask the patient if there are any cultural, religious, or spiritual beliefs or practices that may influence his or her care.
    - Consult a professional chaplain, if available to complete a spiritual assessment.
    - Note any cultural, religious, or spiritual needs that can influence care in the medical record and communicate these preferences to staff. (p. 14,15,20,21).
- Demonstrate leadership commitment to effective communication, cultural competence, and patient and family centered care.
- Incorporate the issues of effective communication, cultural competence, and patient and family centered care into new or existing staff training curricula.
- Collect feedback from patients, families and the surrounding community.
- Share information with the surrounding community about the hospital's efforts to meet unique patient needs. (p.5-6)
- Support the patient's ability to understand and act on health information.
    - Patients with low health literacy may have greater difficulty understanding their health information, participating in treatment decisions, and following through with treatment plans.
    - Speak in plain language, AskMe3, teach back, refrain from asking the patient "Do you understand?".
- Integrate unique patient needs into new or existing policies.
- Conduct a baseline assessment of the hospital's efforts to meet unique patient needs. (p.35)
- Use available population level demographic data to help determine needs of the surrounding community. (p.36)
- Create an environment that is inclusive to all patients. (p.39)
- Develop a system to provide language services (p.40).
- Integrate health literacy strategies into patient discussions and materials (p.42)
- Collect feedback from patients, families and the surrounding area and share information with the surrounding community about efforts to meet unique patient needs (p.43)

Health Literacy, Language Access and Cultural Competency Best Practices
Office of Community and Public Health

Patient and family-centered care is a documented approach to healthcare that is intentional about recognizing, acknowledging and understanding the numerous individual challenges that exist in diverse patient populations. It is well documented that cultural differences contribute to patient outcomes and the overall quality of patient interactions with the medical community. Therefore, to deliver excellent patient and family-centered care, all healthcare professionals will require a unique level of competency, understanding and sensitivity to the diverse populations served by the North Shore-LIJ Health System.

Strategy in collaboration with CLI:

1) Cultural and Linguistic Competency curriculum
2) Educational courses and conferences
3) Resources on cultural and linguistic competence: Culture Vision, E-learning module, Quality Interactions, Health Literacy module
4) Integration of tenets of Diversity and Inclusion into management: The Inclusion Academy
5) School of Medicine Pipeline Program: Integration of language access

System-Wide Integration of Effective Communication Education

In order to provide all patients with the ability to obtain, process, and understand basic health information and services needed to make appropriate health decisions, educational opportunities were made available to health system employees. The department established various interdisciplinary system-wide intramural education initiatives that have helped to transform the North Shore-LIJ Health System climate and promote an environment that is diverse, inclusive and health literate. These efforts have been cross- cutting in both discipline and mode of delivery through the development of Interprofessional orientations and in-print, online and in-class educational opportunities. OCPH partnered with Senior Nursing, Administration and Quality leadership to develop educational opportunities to educate staff about effective communication and its relationship to patient safety, quality and risk management. Additional educational opportunities not previously mentioned include:

1. Courses at the Center for Learning and Innovation (CLI)
2. Patient Safety Rounds/Joint Commission Readiness
    a. Provide facilities with resources and education to ensure regulatory compliance.
3. Institute for Nursing Orientation Classes
    a. Interprofessional (RN, PA, NP) orientation.
    b. Bi-monthly classes.
    c. Approximately 70-80 attendees per session.
4. Corporate Compliance Mandatory Topics Program

5. Lunch and Learns
6. Onsite Education
7. Webinars
8. Community Outreach
9. Vital Documents Platform
    a. Reviewed from a health literacy perspective
    b. Available in 20 languages

NSLIJ Diversity, Inclusion and Health Literacy (DIHL) Councils

1. **Executive Diversity, Inclusion and Health Literacy Council**
    a. The Executive Diversity and Inclusion Council provide oversight to DIHL. The Executive Council is chaired by President & Chief Executive Officer, Michael Dowling, and is comprised of other members of senior leadership including the Chief Diversity and Inclusion Officer.

2. **Physician Diversity, Inclusion and Health Literacy Advisory Council**
    a. In 2013, DIHL began the composition and development of the Physician Advisory Council, in an effort to promote institutional excellence in patient care, patient health outcomes and research. Comprised of senior level full-time faculty members from the volunteer staff society and recommended service lines, the Physician Advisory Council is Co-chaired by the Chief Medical Officer and the Chair of the Department of Medicine.

3. **Implemented System Patient Education Committee (2011), System Language Access Services Committee (2012), and Combined Patient Education and System Language Access Committees (2013)**
    a. In an effort to promote organizational changes necessary to enhance the alignment of healthcare demands with the abilities and skills of the communities we serve, multidisciplinary committees were established. A multidisciplinary System Patient Education Committee was created in 2011, which consisted of more than 30 staff members from system hospitals and various departments and service lines. The Committee members were appointed by their Executive Director or department/ service line head as an individual who displayed a strong commitment to patient education. In 2012, DIHL assumed ownership of the Language and Communication Access Services (LCAS) Committee. In order to promote, sustain and advance an environment that supports principles of equity, diversity, inclusion and health literacy, these two Committees were combined in 2013 (Combined Health Literacy, Patient Education (HL/Pt. Ed) and

Language and Communication Access Services (LCAS) Committee). The committee members are responsible for HL/Pt. Ed and LCAS at their respective facilities with corporate oversight from DIHL.

4. **Patient and Family Advisory Council**
    a. The North Shore-LIJ's Patient and Family Advisory Council (PFAC) consist of former patients/patients and their family members who volunteer to give their input on the services and programs offered by the Health System. In January 2014, DIHL collaborated with PFAC and designed a program where the volunteers were educated on health literacy and effective communication tenets. Approximately seven PFAC members volunteered their time to become lay reviewers of patient education documents.

Business Employee Resource Groups (BERG)

To sustain an inclusive work environment, in 2012 the DIHL established Business Employee Resource Groups (BERGs) — voluntary, employee-managed groups open to all employees within the organization. Aligned with the Health System's business goals, BERGs will serve as a catalyst for further idea innovation to strengthen the Health System's community partnerships, build a pipeline of diverse talent, increase reach to new and existing markets, and ensure the delivery of culturally sensitive quality patient care.

1. **VALOR (Veterans & Allies – Liaisons of Reintegration)**
    a. Our military and veterans BERG, VALOR, is comprised of employees who have served or currently serve in the U.S. Military Service, have family members in the service or are interested in issues pertaining to veterans and veterans' affairs. VALOR's goal is to positively impact the Health System's measurable goals and objectives as they relate to recruitment, talent development and mentorship, in addition to increasing community outreach and awareness of available treatment and services to best care for our veterans and their families. VALOR has more than 300 members and three subcommittees to identify transferable military skills, assist with workforce integration through mentorships, and help expand market reach and build community partnerships.
    b. As of October 2014, VALOR members have provided outreach to more than 5,000 community participants, and raised over $4,000 for external veterans organizations. In partnership with Human Resources Talent Acquisition, the DIHL has developed a Military Recruitment Strategy for the Health System to become an employer of choice for military service members— expanding outreach and implementing procedures for increased hiring and retention. In 2014, system-wide Veteran's Day recognition programs were implemented at all North Shore-LIJ sites, honoring

employees who served or currently serve in a military capacity.

2. **BRIDGES**
   a. The mission of the BRIDGES cultural ambassadors BERG is to engage employees passionate about embracing relationships with our diverse communities through a shared understanding of cultural, spiritual and ethical values in the context of healthcare delivery. Thus far, BRIDGES founding members have developed business plans that demonstrate our commitment to sustaining Korean, Hispanic and Jewish Orthodox outreach and community partnerships.

3. **EXPRESSIONS**
   a. EXPRESSIONS, the gay, lesbian, bisexual, and transgender (GLBT) BERG, consists of North Shore-LIJ employees who identify as GLBT or are allies of the GLBT community, and any other employees passionate about promoting health equity and awareness of the GLBT community. EXPRESSIONS serves as a resource to enhance workforce engagement and promote awareness of the GLBT community through education and development activities that foster a safe and inclusive environment across the North Shore-LIJ Health System. The BERG works to sustain national recognition for North Shore-LIJ as a GLBT leader, enabling our patients and their families, our employees, and community partners to feel valued and treated with dignity and respect.

Electronic Medical Record Revisions

The department oversaw the revisions of numerous areas within the electronic medical record including:

- Teach-Back and Ask Me 3™ were incorporated as educational parameters
- DIHL partnered with Pastoral Care and OCIO in the revision of the spiritual and religious questions
- Addition of "Patient Preferred Language" to the top banner
- Customization of Language Access Parameter
- Customization of Sunrise Clinical Manager Discharge Plans
- Creation of Language Access Audit Tool
- Sunrise Clinical Manager LCAS Audit Tool

Diversity, Inclusion and Health Literacy Policies, Procedures and Competencies

DIHL established system-wide policies, procedures, competencies and resources to ensure meaningful access to services, programs and activities that enhance effective

communication and maintain compliance with federal and state regulations and standards including:

- Patient and Family Education: Provision of Written and Video Resources Policy
- General Patient Education Policy
- Patient Rights and Responsibilities Policy
- Limited English Proficient Patients Policy
- People with Disabilities Policy
- People Who are Deaf and Hard of Hearing Policy
- Brain Death Policy
- Language and Communication Access Services Implementation Plan and Process
- Vital Documents Standardization Procedure
- Translated Documents Procedure
- Graphic Communication Board Procedure
- Teach Back Competency
- Language Interpretation Services Competency

Diversity, Inclusion and Health Literacy Training Products

1. **Health Literacy and LCAS Joint Commission Readiness Resources**
    a. The Joint Commission's new and revised standards for patient-centered communication, released in 2010 and incorporated into accreditation criteria in 2012, emphasize the importance of advancing effective communication, cultural competence, and patient- and family-centered care. In addition Joint Commission, NYS Department of Health, CLAS, CMS, Americans with Disabilities Act, and the Civil Rights Act of 1964 all require healthcare organizations to offer free interpretation services and provide all consent forms in the patient's preferred language. The department established various tools and resources to assist facilities in preparing for Joint Commission visits as well as maintain compliance with all federal and state standards and regulations. Evidence suggests that efforts to enhance diversity and inclusion require comprehensive, systematic changes in the ways that organizations value and respond to diversity. Isolated diversity and inclusion programs (e.g., sensitivity training, cultural programs, and workshops) are unlikely to affect meaningful change. Therefore, to be successful, Diversity, Inclusion and Health Literacy initiatives must be systematic and integrated into all areas of the health system with a strong commitment from executive leadership.
    b. Leadership accountability is essential for the creation of increased opportunity and involvement of the health system's entire management team in our diversity, inclusion and health literacy efforts. Therefore, the development of dashboard metrics to assist in reporting and measuring effectiveness of Diversity, Inclusion and Health Literacy initiatives is a critical component to ensure the integration of the tenets of diversity, and inclusion into the fabric of the delivery of health care.

2. **"Unconscious Bias" E-learning Module**
    a. In collaboration with Cook Ross, Inc., the Diversity, Inclusion and Health Literacy is launching an "Unconscious Bias" online interactive course through the North Shore-LIJ Learning Management System, iLearn. This management development curriculum demonstrates that education, exploration, self-analysis and strategy can transform all individuals and the entire spectrum of talent management. Participants will develop a deeper understanding of unconscious filters, views and interpretations. This course will be offered to all management as a Diversity & inclusion curriculum component.

3. **Culture Vision™**
    a. Culture Vision™ was launched in June 2012 and has received over 78,670 views to date. This comprehensive resource is available on HealthPort in the Cultural Resource section and is intended to assist health system employees who are interested in developing their cultural knowledge by asking thoughtful questions. Considering diversity exists among individuals even within a given culture, Culture Vision™ provides users with information to help anticipate their patients' needs and guide their conversations. This resource provides accurate up-to-date information on more than 68 cultural groups and includes the following topics:
        i. Communication
        ii. Diet and Nutrition
        iii. Family patterns, beliefs, religion and spirituality
        iv. Treatment protocols and ethno pharmacological issues

4. **Quality Interactions®**
    a. Quality Interactions® offers a series of e-learning programs for health system employees that provide case-based instruction on cross-cultural communication and care. The interactive e-learning programs are available in the Education and Research section on HealthPort, and assists learners in developing their knowledge and skills while enhancing effective communication with diverse populations. More than 1,165 participants have completed one or more e-learning courses to date since the September 2012 launch.

5. **Health Literacy: Partnering for Patient-Centered Care Online Module**
    a. DIHL continues to focus efforts on increasing DIHL awareness in the workforce by offering a web-based Health Literacy module to provide employees with the fundamental skills and resources to enhance the patient experience, strengthen effective patient- provider communication and promote patient- centered care. The module is accessible to all North Shore-LIJ healthcare employees in a user friendly, interactive way, and can be found in the Education and Research section

on HealthPort. The module reviews the impact of low health literacy skills on patient outcomes and the importance of using plain language in both oral and written communication. Suggestions on how to improve communication with patients by incorporating the "teach-back" method as well as other helpful resources for future references are presented. The module was launched in July 2012, and 4,900 employees have participated to date.

6. **pCare TV**
    a. pCare TV provides video interactive and on demand patient education, as well as relaxation and entertainment video content. This system was launched in 2012 at Forest Hills Hospital, Franklin Hospital, North Shore University Hospital and Plainview Hospital. Services have been available since 2013 at Cohen Children's Medical Center, Glen Cove Hospital, Lenox Hill Hospital, Long Island Jewish Medical Center, Southside Hospital, Staten Island University Hospital, Syosset Hospital and the Stern Family Center for Rehabilitation. Lenox Hill HealthPlex, The North Shore-LIJ Cancer Institute and the Orzac Center for Rehabilitation were instituted in 2014. Hospital specific information is available to all patients while on demand patient education delivers video content representing the various Health System service lines. Service lines include cardiology, diabetes, and hospital quality of care, maternal child, orthopedics, wellness, pulmonology, stroke and safety. All interactive information, on demand patient education and relaxation content is available at no cost to the patient. Total usage for on demand patient education and relaxation video content has totaled 161,322 views. Consultation was provided on an as needed basis with health system service lines, facilities, departments to create health literate patient education written and video materials.

7. **CareNotes®**
    a. CareNotes® provides over 6,000 easy to understand patient education materials regarding patient conditions, patient care, medical procedures and testing. All material is available in English and Spanish, with many others available in up to 13 other languages.

8. **"Health Literacy Happenings" Column in North Shore-LIJ's New Standard Magazine**
    a. DIHL is a regular contributor to the North Shore-LIJ Health System quarterly employee publication: *The New Standard.*

Diversity, Inclusion and Health Literacy Training Programs, Conferences and Summits

1. **The "Inclusion Academy" Leadership Development Program:**
    a. More than 400 employees participated in the "Inclusion Academy" leadership development program, designed to provide coordinators, front- line managers and directors with the tools necessary to implement and manage diversity and inclusion strategies at their local sites and facilities. Course material for the "Inclusion Academy" was facilitated in partnership with Sodexho, and addressed topics such as diversity and inclusion in health care, cross cultural communication, as well as unconscious bias. The academy includes representation from the Collaborative Care Council, High Potential and Physician High Potential Programs, Patient Experience Committee leaders, IT Management and Human Resource Managers.
    b. In 2014, DIHL collaborated with Forest Hills Hospital and the 1199 SEIU Training and Upgrading Fund to deliver a pilot care coordination cultural competency fundamentals program, as well as the Greater New York Hospital Association, "Cultural Competency Training for Frontline Staff," as part of the "Inclusion Academy," specifically designed to enhance patient centered care skills.

2. **Hofstra University Pipeline Mentoring Program: Health Literacy and Language Access Education**
    a. The Medical Scholars Program was designed to increase diversity of the healthcare workforce by exposing interested students from underprivileged backgrounds to various healthcare professions by leading them through a rigorous five-week academic course. DIHL participated in mentoring students for a research project entitled "Assessing Community Knowledge and Expectations of Language Access Programs to Inform for Potential Solutions to Barriers of Care and Improve Communication."

3. **2011 - Inaugural Health Literacy Conference: *"Health Literacy: Partnering for Patient-Centered Care"* at Hofstra University Club**
    a. Attendees learned how to implement educational and organizational strategies that promote excellent patient outcomes using evidence -based health literacy tools. Participants were offered the opportunity to increase their awareness about health literacy. 150 participants attended this event.

4. **2012 – *"Community Centered Health Care as a Business Imperative."***
    a. Our inaugural meeting with over 270 attendees included a first keynote address, delivered by Rohini Anand, PhD, Senior Vice President and Global Chief Diversity Officer for Sodexho that focused on the integration of diversity and inclusion as

integral parts of business practice for healthcare professionals. The second keynote address, delivered by Debbie Salas-Lopez, MD, Chair of the Department of Medicine at Lehigh Valley Health Network, highlighted the importance of cultural awareness and humanism in an organization's operations.

5. **2013 – *"Partners in Health Care: Everyone Plays a Role."***
    a. In collaboration with the Feinstein Institute for Medical Research, over 160 North Shore-LIJ staff, senior leaders and community members attended this forum to examine the importance of diversity in science and the ways in which individuals can improve their health. The keynote address, delivered by James R. Gavin III, MD, PhD, Clinical Professor of Medicine at Emory University School of Medicine and the Indiana University School of Medicine, as well as Chief Executive Officer and Chief Medical Officer of Healing Our Village Inc., focused on the importance of reducing ethnic disparities in clinical research to improve patient care. An esteemed panel of guest speakers led an interactive conversation on the importance of sustaining community partnership in diversity, health literacy and research, which included Deb Salas-Lopez, MD, MPH, FACP, Chair of the Department of Medicine at Lehigh Valley Health Network, Elena V. Rios, MD, MSPH, President & CEO, National Hispanic Medical Association, and Thomas B. Rich, MS, RN, NP, Professor & Chairperson of Nursing Department, Nassau Community College.

6. **2013 - Diversity & Inclusion Chaplaincy Summit: *"Engaging Community Partnership in Geriatric and Palliative Medicine"***
    a. Esteemed keynote speaker, Maria Torroella Carney, MD, Chief, Division of Geriatric and Palliative Medicine, spoke to more than 200 community clergy, professional chaplains and palliative care staff in attendance. Topics ranged from strengthening partnerships with clergy community leaders, raising community awareness of health needs and changes in health care, to the emphasis on community based care and wellness programs.

7. **2014 – *"Leveraging the Cultural Demographic Shift: A Change Management Strategic Priority Impacting Patient Care."***
    a. Approximately 170 North Shore-LIJ senior leaders were in attendance for the senior leadership summit. The first keynote speaker, Howard J. Ross, Founder & Chief Learning Officer at Cook Ross, Inc., focused on "Everyday Bias," grounding participants' understanding of bias and how unconscious bias exists in organizations with an overview of recent research on unconscious bias, as well as practical steps to address it in their everyday organizational and personal lives. The second keynote speaker, Sharonne N. Hayes, MD, FACC,

FAHA, Professor of Medicine & Cardiovascular Diseases, Director of Diversity and Inclusion at the Mayo Clinic, as well as Founder of the Women's Heart Clinic, spoke about "Realizing the Potential of Diversity and Inclusion to Mitigate Health Disparities."

8. **2014 - Diversity & Inclusion Chaplaincy Summit: *"Spiritual Partnerships: Enhancing the Patient Experience"***
    a. Esteemed keynote speaker, Sven Gierlinger, Chief Experience Officer of the North Shore-LIJ Health System spoke to more than 200 community clergy, professional chaplains and staff in attendance. The presentation raised community awareness of health needs and changes in health care including the vital role we all play in enhancing the patient experience.

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