

Organizational Health Literacy Assessment

A companion to Cook County Department of Public Health's Advancing Organizational Health Literacy toolkit



ABOUT THIS ASSESSMENT

About the Assessment

This document is a companion to *Advancing Organizational Health Literacy*, a health literacy toolkit from Cook County Department of Public Health (CCDPH). The toolkit and its supplementary materials grew out of CCDPH's health literacy initiative, drawing from our theory of change and aspirational outcomes for health literacy in our agency and across systems.

You can learn more about this project and access these resources at our health literacy hub at HealthLiterateCookCounty.org.

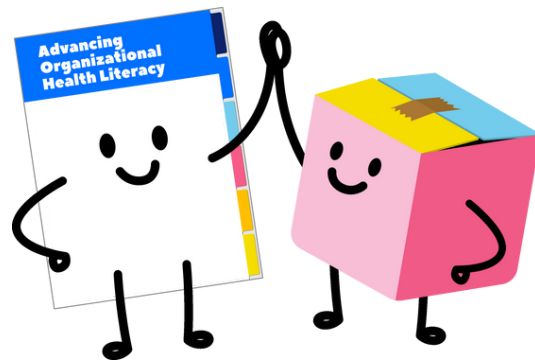
Why Focus on Organizational Health Literacy (OHL)

In the past, the term *health literacy* was used interchangeably with the term *personal health literacy*, or the ability for people to be able to find, understand, and use health information. While personal health literacy skills continue to be important, this toolkit and its resources are focused on *organizational health literacy* — the responsibility of organizations to ensure that their systems are easy to navigate, understand, and use so that people can make informed health decisions that best serve them.

Why? We better recognize that health organizations (and systems) have a proactive role to play in creating processes and systems that work effectively for all community members.

The *Advancing Organizational Health Literacy* toolkit, our [health literacy hub](#), and this assessment tool are intended to support organizations in building capacity and strengthening our public health system. Here are the 6 focus areas we cover:

- Leadership & Organizational Transformation
- Health Literate Workforce Development
- Partnerships and Intersectoral Collaboration
- Accessibility of Information & Services
- Communication Practices & Standards
- Community Engagement & Outreach



GETTING STARTED

Bringing Your Team Together

Convening a team, department, or working group to address organizational health literacy would be ideal - though you will likely need to involve others along the way. Reviewing pages 11-13 in this document can give you ideas.

It's important to have team members involved who are engaged in different aspects of the work. For example, an administrator, a program coordinator, and a community health worker may all have distinct but important perspectives to contribute to the discussion.

What to Focus On

You can choose to use the organizational health literacy assessments on pages 5-10 in several ways. You can start with a specific focus area that you already know you want to work on. Or, go through all six focus area assessments and then decide what makes the most sense to address right now.

Consider focus areas that...

- You are already working on that you could strengthen further
- Are important to your team, but you have not yet addressed
- You could make a small change in and make a big difference
- You have the team members and capacity to address right now
- You want to learn more about

Where to Start

We purposefully designed the toolkit to be flexible because we know each program is unique.

If you are brand new to the idea of organizational health literacy or just want to better understand this initiative, you can start by reviewing pages 1-20 in the toolkit.

If you want to dive in to the most relevant sections to you, start with this assessment to guide you to focus areas.



FOCUS AREA #1 ASSESSMENT

Leadership & Organizational Transformation

Note a ✓ in whichever column most closely matches how your department, program, or area incorporates each strategy.

	We do this well.	We have room to grow.	We don't do this yet but want to.	We don't know enough yet.
1 We incorporate Organizational Health Literacy (OHL) into goals, values, and work to advance health equity*.				
2 We have OHL built into staff roles and job descriptions.				
3 We fund and support OHL initiatives including accessibility*, translation, and compensation for lived experience*.				
4 We have OHL-related outcomes that are assessed and reviewed regularly.				
5 We have surveys and feedback systems in place to evaluate OHL practices and engage in continuous quality improvement*.				

*See the glossary on page 13

FOCUS AREA #2 ASSESSMENT

Health Literate Workforce Development

Note a ✓ in whichever column most closely matches how your department, program, or area incorporates each strategy.

	We do this well.	We have room to grow.	We don't do this yet but want to.	We don't know enough yet.
1 We attract and retain a diverse and sustainable workforce by providing living wages, paid time off, and other benefits.				
2 We deliver effective onboarding and training for new staff.				
3 We have professional development* expectations in place for all staff, including leadership and administrators.				
4 We internally model clear, effective communication practices and processes.				
5 We have a culture that supports staff contributions and knowledge sharing.				

*See the glossary on page 13

FOCUS AREA #3 ASSESSMENT

Partnerships & Intersectoral Collaboration

Note a ✓ in whichever column most closely matches how your department, program, or area incorporates each strategy.

	We do this well.	We have room to grow.	We don't do this yet but want to.	We don't know enough yet.
1 We understand the wide range of community assets* to effectively and holistically serve community members.				
2 We model organizational health literacy practices when interacting with other organizations.				
3 We share expertise and knowledge including effective approaches and lessons learned with others in the public health system.				
4 We engage in power-sharing and amplify the voices of communities most harmed by health and racial inequities.				
5 We offer clear expectations around collaborations and recognize when to take space and make space.				

*See the glossary on page 13

FOCUS AREA #4 ASSESSMENT

Accessibility of Information & Services

Note a ✓ in whichever column most closely matches how your department, program, or area incorporates each strategy.

	We do this well.	We have room to grow.	We don't do this yet but want to.	We don't know enough yet.
1 We create spaces and programming that are as widely accessible* as possible.				
2 We make sure that processes serve community members effectively.				
3 We create trauma-informed processes and spaces that promote safety, comfort, and support.				
4 We have effective internal and external referral systems in place to connect community members to useful resources.				
5 We have comprehensive translation and interpretation services that all staff know how to access and use effectively.				

*See the glossary on page 13

FOCUS AREA #5 ASSESSMENT

Communication Practices & Standards

Note a ✓ in whichever column most closely matches how your department, program, or area incorporates each strategy.

	We do this well.	We have room to grow.	We don't do this yet but want to.	We don't know enough yet.
1 We use health literacy universal precautions* in all interactions and communication materials.				
2 We communicate effectively using community-centered plain language*.				
3 We adapt messages to our audience, using a lens of cultural humility*.				
4 We train our staff on strategies to share information and check for understanding in all communications.				
5 We communicate effectively through different media to meet community accessibility* needs.				

*See the glossary on page 13

FOCUS AREA #6 ASSESSMENT

Community Engagement & Outreach

Note a ✓ in whichever column most closely matches how your department, program, or area incorporates each strategy.

	We do this well.	We have room to grow.	We don't do this yet but want to.	We don't know enough yet.
1 We act as trusted sources of health information.				
2 We co-design processes, practices, and materials with community members and partners.				
3 We prioritize community leadership and inclusion in processes and planning.				
4 We model strong media literacy* practices.				
5 We use data and input from community members' voices to guide strategies and programming.				

*See the glossary on page 13

NEXT STEPS

Potential Approaches

There are several ways to move forward as you identify where to put your focus. Choose the path that makes the most sense for your capacity, timeline, and available resources. You could...

Quick Wins



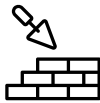
Start with quick, relatively low-effort projects or tasks that will give your team momentum. This may look like continuing work in an area you've already been investing in or tackling an area that you could make some relatively easy changes with solid results.

Strengths to Build On



Build on areas where you are already a rock star! Where does your team or program shine? Where can your team take things from good to great?

New Beginnings

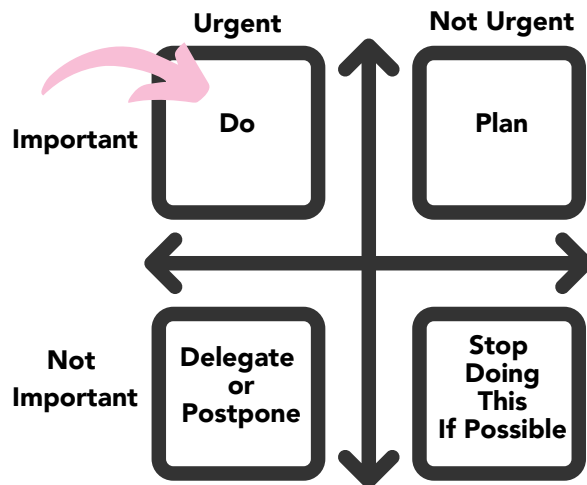


Start with the basics. Are there areas that are new to your team that you think are worth investing in and would best serve your communities?

High Priorities



Identify the most important tasks to start with using a tool called the Eisenhower Matrix. Identify what areas fall into the urgent AND important section and start there.



MAKING A PLAN

Putting It All Together

Once you've decided if you want to start with quick wins, high priority areas, or some other area impactful to your program or organization, it's time to make a plan. Identify 1-3 areas you want to start with. You will likely want to identify several SMARTIE goals for each area. (Check out page 27 in the toolkit to review SMARTIE goals.)

1 _____

2 _____

3 _____

Staying Focused on your Goals

It's important your work doesn't stop here. Keep these tips in mind:

- Review the relevant focus area(s) in the toolkit and online resources to get ideas. No need to reinvent the wheel!
- Identify action steps you are prepared to take. Who will do what and when. Consider making SMARTIE goals.
- Decide how and when you will follow up on any action steps. When will your group meet again? Who will be responsible for what tasks?
- Continue to reflect and adjust as you make changes and learn from your efforts. The process matters - not just the destination.
- Decide what success looks like. If you have reached your goals, how will you know? And what's next?

IMAGINING THE FUTURE

What does the future of your program, organization, and community look like to you?



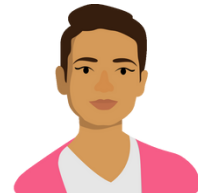
As a senior leader, I worked with my program directors to identify concrete goals that could help us reach our overarching organizational health literacy goals and improve access to preventative care in our community.

As lead community health worker, I worked with our manager and team to identify training to help us improve our community outreach skills. Our retention rate has increased, and staff feel more confident.



As a human resources director, I worked with hiring managers to address barriers that left positions unfilled and negatively impacted our ability to reach clients. Staff are less stressed, too. They do not have to take on so much extra work.

As a program administrator, I worked with my team to improve customer service and participant satisfaction. Morale has improved, and participants are more pleased with case management services.



Working in strategic partnership, my goal this year was to better understand program needs. I am now better able to connect program directors with funding and capacity building opportunities because I understand their needs better.

I worked with my outreach team to identify the best strategies for connecting with community members, and we now have a strong community advocacy program working on legislative actions. They helped us gain traction on a prisoner rights' bill in the legislature.



**THANK YOU FOR ALL YOU DO TO
SUPPORT STRONG COMMUNITIES WHERE
EVERYONE CAN THRIVE!**

GLOSSARY

Accessibility and accessible

We use *accessible/accessibility* (lower case) to refer the idea of making processes, information, and spaces widely useable by the largest number of people possible.

We capitalize *Accessibility* when referring to policies and procedures related to legal rights of people with disabilities, including the Americans with Disabilities Act.

Community assets

Strengths that already exist within a community and can include, people, places, institutions, programs, and other formal or informal advantages.

Continuous quality improvement

Ongoing and intentional assessment and adjustment to ensure programs are effective, efficient, and equitable.

Cultural humility

A way of engaging with individuals and communities that emphasizes respect and ongoing learning. Rather than assuming complete knowledge of different cultures, it involves continuous self-reflection and awareness of one's own perspectives and power dynamics.

Health equity

From the World Health Organization in 2010: [Health] Equity is the absence of unfair, avoidable or remediable differences among groups of people [...] Health is a fundamental human right. Health equity is achieved when everyone can attain their full potential for health and well-being.

Health literacy universal precautions

Approaching all interactions with people as if they might not have high personal health literacy.

Lived experience

The expertise a person has first-hand with complex community issues. For example, a person who has been unhoused has a *lived experience* that gives them a unique, important perspective into the strengths and flaws of current housing system processes.

Media literacy

The ability to understand and evaluate media messages, and to judge their accuracy and credibility.

Plain language

A writing approach focused on the audience's needs, using strategies that make it easy for them to understand, navigate, and use information effectively.

Professional development

The ongoing process of learning and applying new skills to one's work which may include formalized, structured learning opportunities or more self-driven learning opportunities, depending on the culture and norms of the sector or organization.