

Advancing Organizational Health Literacy

A toolkit to help organizations in suburban Cook County build
a health literate public health system

Table of Contents

Table of Contents	3
Acknowledgements	4
Authors & Contributors	5
Welcome	6
Introduction	7
Six Focus Areas for Organizational Health Literacy	17
How to Use this Toolkit.....	18
Focus Area 1 Leadership & Organizational Transformation.....	21
Focus Area 2 Health Literate Workforce Development	31
Focus Area 3 Partnerships & Intersectoral Collaboration.....	41
Focus Area 4 Accessibility of Information & Services	51
Focus Area 5 Communication Practices & Standards.....	61
Focus Area 6 Community Engagement & Outreach	71
Conclusion	81
Glossary	82
References.....	85

Note: Important vocabulary words throughout this document include labeled links to the Glossary starting on page 82.

Acknowledgements

Cook County Department of Public Health (CCDPH) is the state-certified public health department serving approximately 2.3 million residents in suburban Cook County, Illinois, the second largest county in the nation. It is an affiliate of Cook County Health, one of the largest public safety net health care systems in the country. CCDPH is responsible for protecting the health and optimizing the conditions for health and wellness for residents of its jurisdiction through:

- Regulatory enforcement
- Monitoring and responding to public health threats
- Policy and systems change
- Referrals to health and social services
- Community partnerships to address upstream drivers of health

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For more information visit [the Cook County Department of Public Health website](https://www.cookcountyhealth.org).

Authors & Contributors

Authors:

Cook County Department of Public Health

Darcie Moeller, MD, MPH
Kimberley Conrad-Junius, MFA
Efrat Stein, BA

Literacy Works' Clear Language Lab

Melanie Sampson, MA
Sarah Glazer, MA
Tiara Whitlock, MDiv

Contributors:

Cook County Department of Public Health:

Jason Applegate, MPH
Alecia Boyd, MHA
Maria Calvo, MA
Alyssa DeLuca, MPH
Tania Kuhl, BS

Access to Care:

Lourdes Becerra

Alivio Medical Center:

Gabriela Gutierrez, LD

Chicago Department of Public Health:

Ajanta Patel MD, MPH

The Coleman Foundation

Community Memorial Foundation:

Beth Murin, MFA
Nanette Silva, MPH

Family Christian Health Center:

Lisa Green, DO, MPH

Health & Medicine Policy Research Group:

Angela Eastlund, MS
Anna Yankeliev, MBA, MPH

Healthy Communities Foundation:

Stephanie Campos, BA
Nora Garcia, MSW
Jacqueline Rodriguez, MS

Literacy Works - Community Voices Project

Mobile Care Foundation:

Sara Rosario

Northwestern Feinberg School of Medicine:

Serena Shah, MPH

Oak-Leyden:

Sandy Vanoskey

Pillars Community Health:

Monica Cuevas Nava, BFA, CHW
Linda Stevens, RN, BSN, MPA

Respond Now:

Jakala Garba, MPH

Sinai Urban Health Institute:

Kim Jay, BA, Senior CHW
Rachel Morris, MPH

South Suburban College:

Megan Hughes, PhD

TCA Health:

Quintia McClain, CHW
Samantha Perez
Donisha Reed, MPH
Yasmeen Scott

University of Illinois Chicago OCEAN-HP:

Jeri Mack, MPH

University of Illinois Chicago Office of Health Literacy:

Elnaz Alimi, PhD Candidate
Paula Allen-Meares, MSW, PhD
Alana Biggers, MD, MPH, FACP
Eryn Brazil, MPH
Carolyn Dickens PhD, APRN, ACNP-BC
Olga Garcia-Bedoya, MD, FACP
Yolanda Suarez-Balcazar, PhD
Stephanie Wilk, BS

University of Illinois Cancer Center:

Yamilé Molina, MS, MPH, PhD

Welcome

Thank you for reading *Advancing Organizational Health Literacy*.

Cook County Department of Public Health (CCDPH) envisions a suburban Cook County where all people can realize their full health potential, regardless of who they are, where they come from, or where they live. We recognize the many challenges facing the public health sector in achieving this vision. At the same time, we know that suburban Cook County is made up of dedicated people and organizations working every day to improve community health.

To support these efforts, CCDPH created this toolkit as a practical resource for organizations like yours that are committed to advancing health equity and improving health literacy in our communities – whether you:

- Work for a government agency, community-based organization, or a health care system
- Are a scientist, a community health worker, or an administrator
- Provide patient care, connect people to resources, or communicate health information

You are a vital part of our public health system.

We are all interconnected, and each of us has a role to play in ensuring that public health systems effectively serve our communities.

We hope this toolkit provides valuable strategies to strengthen health literacy, improve communication, and make health information more accessible to the people you serve. By integrating the concepts in this toolkit into your work, you are enabling and empowering the people you serve to be a part of building healthier communities.

Thank you for your dedication to this important work. We are grateful for your partnership in building a more equitable, health literate public health system.

Introduction

Health Literacy in Public Health

Many people hear the term health literacy and think of things like...

- Knowing what questions to ask at a doctor's appointment
- Being able to use an online health portal
- Taking medications correctly

These skills are important parts of personal health literacy.

In the past, people used health literacy interchangeably with personal health literacy. But over the last several decades, there has been a shift in how health literacy is defined. Why? We better recognize the critical role that organizations play in helping or hindering people's ability to meet their health-related needs.

This toolkit focuses on this other side of health literacy: organizational health literacy.

In 2020, the US Department of Health and Human Services officially updated its definition of health literacy in their Healthy People 2030* framework. Now, both personal and organizational health literacy fall under the umbrella of health literacy:

Personal Health Literacy	Organizational Health Literacy
<i>is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others</i>	<i>is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.</i>

*Office of Disease Prevention and Health Promotion, 2020

Understanding the Connection Between Personal & Organizational Health Literacy

Focusing on personal health literacy - for example, describing people as having “low” health literacy skills - might feel helpful when you are coming up with ways to help people navigate the health system. As humans, we categorize things to help us understand them. But focusing on “low” health literacy as a personal trait oversimplifies the challenges people face and steers attention away from systems-level issues.

Our ability to take in information, understand it, and make decisions using that information can depend on many things, including:



The quality of information and services we get



Our working memory and the impact of stress



What we already know (or don't) about a topic



Unconscious biases that can impact service delivery



If the messenger has proved trustworthy



Our previous experience with certain systems



Resources - both people and things we have access to



Overly complex systems that are difficult to use



Policies that prioritize profit over care

“Personal health literacy is a state, not a trait.”

COMMONLY ATTRIBUTED TO DR. DEAN SCHILLINGER, PUBLIC HEALTH ADVOCATE

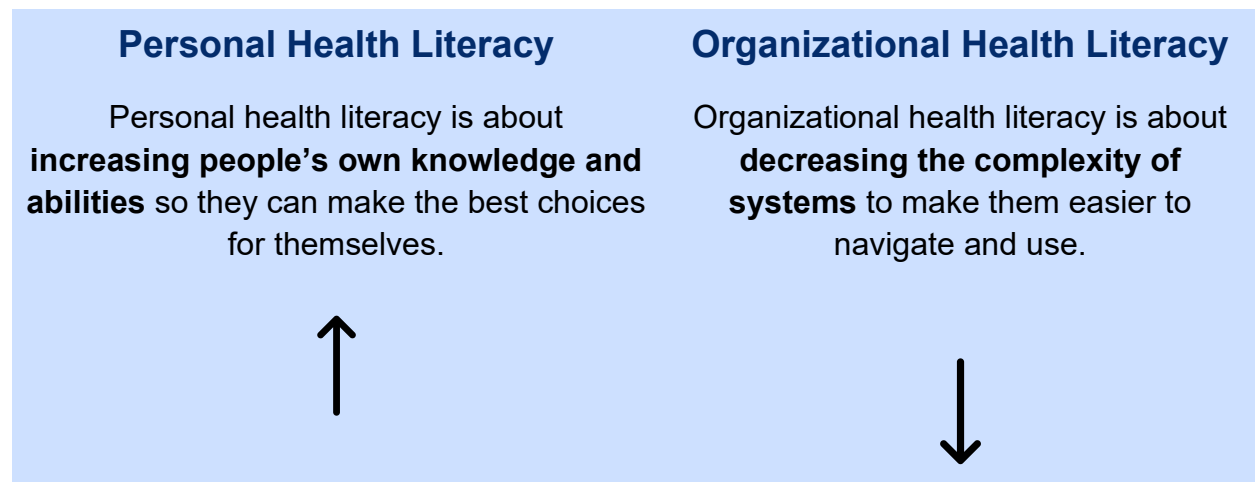
Personal or Organizational Health Literacy?

Usually, it's both!

Tom has a recent cancer diagnosis. It's difficult for him to take in new information because he is under a lot of stress. He says, "It's hard to follow what my oncologist says. Thank goodness for my husband, who comes to every appointment."

Shay wants more fresh food in her diet, but the convenience store near her place doesn't have great produce - and it's expensive. She says, "I am trying to eat more vegetables, but the nearest grocery store is two bus rides away."

Samantha has a variety of new symptoms interfering with her health, but she doesn't realize that they might be connected. She says, "I didn't know perimenopause could start at my age. This social media community has helped me make connections that the different medical specialists didn't."



The most equitable and effective approach to improving health literacy is to reimagine the overly complex systems that put such large demands and expectations on community members in the first place.

Putting the Data Into Context

Research on the impact of health literacy at the population level is limited. The most commonly cited statistics are from the National Adult Assessment of Literacy* conducted in 2003. This assessment of adults in the US ages 16 and older revealed the following findings:

Ability to Find, Understand, and Use Health Information	Examples
12% have proficient health literacy skills	Example: Synthesize health information across multiple sources and apply to a specific scenario.
53% have intermediate health literacy skills	Example: Find information in a moderately dense text or chart, such as information about a child's vaccine schedule or how to use a medicine.
22% have basic health literacy skills	Example: Read and understand a short text with familiar words such as a brochure about a common health issue.
14% have below basic health literacy skills	Example: Read and follow simple instructions such as how to make a medical appointment

Percentages do not total 100% due to rounding.

Often, we hear:

Only 12% of Americans have proficient health literacy skills.

We can reframe as:

Health systems communicate less than proficiently with 88% of Americans.

How does reframing this statistic change the story we tell about health literacy?

*Kutner et al., 2007

Advancing Health Equity Through Health Literate Systems

“Health equity is assurance of the conditions for optimal health for all people. Achieving health equity requires valuing all individuals and populations equally, recognizing and rectifying historical injustices, and providing resources according to need.”

DR. CAMARA JONES
PHYSICIAN, EPIDEMIOLOGIST, ANTI-RACISM ACTIVIST

Maybe your work prioritizes historically-underserved communities, increases [accessibility \(link to Glossary\)](#) of services, or ensures spaces are welcoming to all. You are already doing [health equity \(link to Glossary\)](#) work! Let’s explore why this work is important in the first place.

Social Determinants of Health

Social determinants of health are aspects of everyday life that can impact our health — for better or worse. Here are some examples:



Financial Security

Access to jobs with livable wages and benefits



Social Connections

Access to public gathering spaces, like parks



Education

Access to quality schools with adequate funding



Neighborhood

Safe streets, public transportation, and clean air



Health Care

Access to medical and mental health services



Food

Access to grocery stores with quality, affordable food

By addressing social determinants of health, we can:

- Counter limitations of personal health literacy
- Make it easier for people to navigate and use information and services
- Move toward a more health literate and equitable public health system

Structural Determinants of Health

[Social determinants of health \(link to Glossary\)](#) are not equally distributed across the population. Rather, current and historical structural determinants lead to unequal distributions of opportunity and resources.

Examples include:

- Lower home values and lost generational wealth stemming from redlining, the discriminatory practice of denying financial services to certain neighborhoods based on race or ethnicity
- Legal challenges from excessive traffic and parking fines in communities of color and neighborhoods with lower socioeconomic status
- Limited workforce protections in certain fields that can make it difficult for workers to stand up for their health and safety or make a living wage

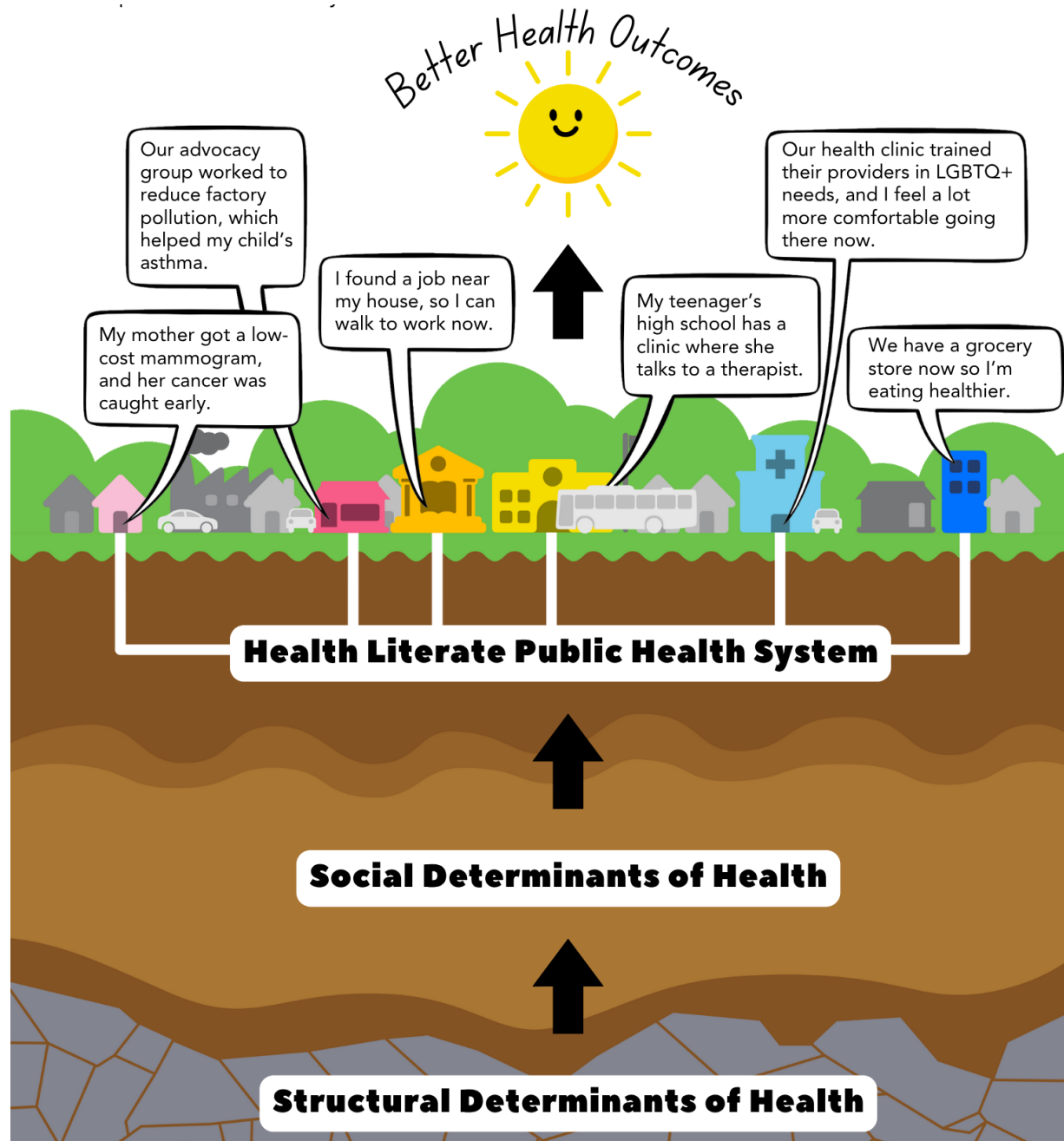
At a structural level, power imbalances around race, gender, sexuality, and other factors create concentrated areas of deprivation and privilege. Simply put, not all people have the same opportunities to achieve their best health. Recognizing how these dynamics intersect helps us better understand how systems perpetuate disease and illness and illustrates the importance of systems level solutions.

Take a Data-Informed Approach

Across our region, we continue to see how unequal policies, practices, and resources have led to the inequities of today. Find public health data for Cook County through these free online tools:

- [Cook County Health Atlas](#)
- [Chicago Health Atlas](#)

A health literate public health system enables everyone to achieve their best health by making governmental, health care, and social service systems more navigable for community members of all races, genders, sexualities, socioeconomic situations, and personal health literacy skills.



Creation of the Toolkit - A Timeline

- **2012** - The National Academy of Medicine publishes a paper titled Ten Attributes of Health Literate Health Care Organizations*.
- **2020** - Healthy People 2030** from the Office of Disease Prevention and Health Promotion shares a new, two-pronged definition of health literacy.
- **2021** - CCDPH launches the Health Literacy Initiative (HLI). The HLI team develops a Theory of Change and launches the Community Health Worker Initiative.
- **2022** - CCDPH launches the Building Healthier Communities COVID-19 Response, Recovery, and Resiliency Initiative (BHC) with more than \$8 million in state and federal grant funding. As part of BHC, CCDPH identifies and funds four organizations to engage in organizational health literacy work and 12 organizations to support hiring and training of [community health workers \(link to Glossary\)](#).
- **2023** - The HLI team conducts a scan of existing organizational health literacy materials and identifies gaps. Drafting of the toolkit begins.
- **2024** - A draft of the toolkit is pilot tested with 100+ people across CCDPH, grantee and other partner organizations. Pilot testing includes interviews with select grantees and stakeholders, survey feedback, and review of revisions with the Community Voices group at Literacy Works.
- **2025** - CCDPH launches the Advancing Organizational Health Literacy toolkit along with the website HealthLiterateCookCounty.org.

When creating this toolkit, we worked with local [plain language \(link to Glossary\)](#) experts, listened to the challenges of local institutions, reflected on health inequities in communities in our region, and celebrated successes, all of which you will see in these pages.

*Brach et al., 2012

**Office of Disease Prevention and Health Promotion, 2020

Purpose & Vision

Cook County Department of Public Health (CCDPH) recognizes the critical importance of becoming a health literate organization. However, in creating our vision for the CCDPH Health Literacy Initiative, we must also address how organizations work together.

Organizations that make up our public health system face many challenges that can't be solved on their own:

- Complicated communication and information-sharing systems
- Inconsistent and patchwork funding
- Siloed programs and services

To achieve our vision, we must address all levels of health literacy: personal, organizational, and systemic.

Health Literacy Initiative

Purpose

To increase [health equity \(link to Glossary\)](#) in suburban Cook County through public health system transformation based on the principles of health literacy.

Vision

The suburban Cook County public health system equitably enables residents, or their caregivers, to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

Theory of Change

A theory of change* is a strategic way to explore how you will achieve your goals and clarify the ultimate change your organization is aiming to achieve. CCDPH created our theory of change through discussions with staff, consultation with academic and community partners, and examination of our work and role in the community.

Developing our theory of change resulted in the creation of aspirational outcomes that we use to guide our work.

*Community Commons, n.d.

Aspirational Outcomes

Building health literate systems

The Cook County public health system works collaboratively to improve governmental, health care, and social service systems to make them more navigable to [priority communities \(link to Glossary\)](#).

Building health literate organizations

All organizations that are part of the Cook County public health system...

- Understand and are able to explain the importance of health literacy, organizational health literacy (OHL), health literate systems, and the connection of these terms to [health equity \(link to Glossary\)](#).
- Integrate health literacy concepts and practices into organization activities and measure the results or impact.

Enabling people to FIND information & services

Residents of suburban Cook County are always connected to the social and health care services they need regardless of the [point of entry \(link to Glossary\)](#).

Important public health information, including information about the social services, programs, and health care, is widely available in the virtual and physical environments most used by priority communities.

Priority communities most in need of any social services, program, and health care are engaged through comprehensive outreach efforts.

Enabling people to UNDERSTAND information

Important public health information, including information about social services, programs, and health care, is provided in the appropriate languages and modalities, with the appropriate cultural context, and using health literacy best practices, across the Cook County public health system.

Enabling people to USE information & services

The suburban Cook County public health system supports residents wanting to take an active role in improving health and/or preventing disease (through engagement in health care, lifestyle change support, self-care education, connection with resources or services, and/or becoming an effective advocate) in themselves or others (e.g. family, community or neighborhood).

Six Focus Areas for Organizational Health Literacy

Advancing an Equitable and Just Public Health System

Our organizational health literacy toolkit is structured around six key focus areas, which emerged from themes in our theory of change. They serve as the pathways to achieving our aspirational outcomes. Activities that are done within each focus area are interconnected, often contributing to multiple aspirational outcomes.

Focus Area 1:

Leadership & Organizational Transformation

Lead
Fund
Strategize
Prioritize
Evaluate

[page 21 \(link to Focus Area 1\)](#)

Focus Area 2:

Health Literate Workforce Development

Hire
Onboard
Train
Support
Sustain

[page 31 \(link to Focus Area 2\)](#)

Focus Area 3:

Partnerships & Intersectoral Collaboration

Partner
Collaborate
Connect
Knowledge-share
Elevate

[page 41 \(link to Focus Area 3\)](#)

Focus Area 4:

Accessibility of Information & Services

Design
Translate
Interpret
Accommodate
Refer

[page 51 \(link to Focus Area 4\)](#)

Focus Area 5:

Communication Practices & Standards

Standardize
Adapt
Tailor
Center
Confirm understanding

[page 61 \(link to Focus Area 5\)](#)

Focus Area 6:

Community Engagement & Outreach

Co-design
Participate
Network
Listen
Act with integrity

[page 71 \(link to Focus Area 6\)](#)

How to Use this Toolkit

This toolkit is intended to provide practical ideas, strategies, and activities to support the organizations in the suburban Cook County public health system in doing their work effectively and equitably. It also includes lessons learned on the ground from both Cook County Department of Public Health (CCDPH) and our community partner organizations.

This toolkit can be used a number of ways - and that's on purpose. We know:

- You understand the needs of your community best
- Solutions are not one-size-fits-all
- We are facing new challenges all the time

This toolkit is not exhaustive but rather a springboard for meaningful conversations, actions, and advocacy. We hope to learn from and with you on this path forward.

Together we can build a health literate public health system in Cook County that advances health equity and better serves us all.

Where to Start

This toolkit offers a high-level overview of six focus areas to advance organizational health literacy. You can choose whatever option works best for you:

- Read through the toolkit from front-to-back
- Skip to focus areas you are most interested in
- Complete the assessment available on [our health literacy hub \(link to web\)](#) to help guide where best to dig in

Glossary Terms

Note: Important vocabulary words throughout this document include labeled links to the Glossary starting on page 82.

Check out the Online Health Literacy Hub

This toolkit is just one piece of Cook County Department of Public Health's (CCDPH) Health Literacy Initiative. Our [health literacy hub \(link to web\)](#) provides a space for:

- Disseminating the work we are doing at CCDPH to advance health literacy
- Sharing additional resources and useful activities
- Highlighting opportunities for engagement

We hope you check it out!

Use the Health Literacy Hub and the toolkit together!

We collected far too many things to share in one toolkit! The [health literacy hub \(link to web\)](#) has a growing number of resources in each of the six focus areas. On each page, you will find:

- A short, organizational assessment covering each of the focus areas
- Downloadable activities and handouts that correspond to each of the focus areas
- A variety of curated resources related to key topics to go even deeper

Is this guide for me?


Do you...

- Work in a community-based organization, health care establishment, social service agency, governmental public health department, or academic institution?
- Want to learn more about organizational health literacy to enhance your work?
- Want to advance equitable practices within systems in suburban Cook County?

If you answered yes to any of these questions, then this guide was designed for you! No matter your sector, you are part of our public health system.

The public health system includes people in many sectors and many roles. We hope this toolkit can be useful in all the diverse settings where public health work happens.

Everyone has something to contribute.

- The senior leader examining OHL initiatives and identifying areas for policy and practice change
- The  [community health worker \(link to Glossary\)](#) learning more ways to advance health literacy practices on the ground
- A human resources professional supporting the staff and day-to-day operations as effectively as possible
- The administrator improving communications with their supervisor and finding more effective ways to work
- The strategic partnership director building meaningful and impactful relationships across institutions
- The program manager supporting a “boots-on-the-ground” team who work closely with community members

Focus Area 1

Leadership & Organizational Transformation

Leadership & Organizational Transformation

At Cook County Department of Public Health, we imagine a [local public health system \(link to Glossary\)](#) with organizations committed to supporting and empowering leaders at all levels and that:

- Incorporate organizational health literacy (OHL) into goals, values, and work. advance [health equity \(link to Glossary\)](#)
- Have OHL built into staff roles and job descriptions
- Fund and support OHL initiatives and needs, including [accessibility \(link to Glossary\)](#), translation, and compensation for [lived experience \(link to Glossary\)](#)
- Have OHL-related outcomes assessed and reviewed regularly
- Have surveys and feedback systems in place to evaluate OHL practices and engage in [continuous quality improvement \(link to Glossary\)](#)

Focus Area 1 Contents

- Centering Social Change in Leadership – page 24
- Incorporating OHL Principles into Your Organization – page 25
- Viewing Budgets as Moral Documents – page 26
- Setting Helpful SMARTIE Goals – page 27
- Creating a Culture of Reflective Practice – page 28
- Examples of Leadership & Organizational Transformation Work:
 - At CCDPH – page 29
 - Partner Spotlight – page 30

Remember:

- Important vocabulary words throughout this document include labeled links to the Glossary starting on page 82
- Visit [the health literacy hub to learn more \(link to web\)](#)

Centering Social Change in Leadership

It's not always easy to prioritize organizational health literacy with everyday demands. As leaders in public health work, community-based organizations, or other mission-driven projects, many different priorities pull attention and resources.

In 2017, the National Institute for Transformation and Equity with the Center for Institutional Diversity at the University of Michigan collaborated to create the SALT model*, or Social Action, Leadership, and Transformation model, made up of 7 principles listed below.

Look at the 7 principles and reflection questions.

- Which areas resonate with you?
- Which areas are you curious about?

7 Principles & Reflection Questions

1. **Capacity for Empathy** - Do we center experiences of those most harmed by systems and ensure decisions are made with those life experiences at the forefront?
2. **Equity in Purpose** - How do we recognize and shrink power differentials and lift up those who have been historically marginalized?
3. **Value of Collective Action** - How do we work together with other organizations or groups to build collective power?
4. **Controversy with Courage** - Do we stand up for our beliefs and stay true to our organizational values when there are challenges against them?
5. **Commitment to Justice** - How do we incorporate a commitment to advancing justice in our day-to-day work?
6. **Coalescence** - How do we reject a [scarcity mindset \(link to Glossary\)](#) and maintain movement toward our goals?
7. **Critical Consciousness** - How are we advancing equity in our personnel practices, funding choices, program priorities, or other areas?

*Museus et al., 2017

Incorporating OHL Principles Into Your Organization

Organizational health literacy (OHL) is part of everyone's job, but it might not be something your team has explicitly spelled out yet. A SWOT analysis is a framework to understand strengths, weaknesses, opportunities, and threats facing a particular organization, program, or project. The questions below can help you think about how to conduct a SWOT analysis that considers OHL.

Strengths

Strengths are internal factors you can build on for success, like:

- Staff knowledge & experience
- Available grant funding
- Existing equipment

What are you doing well? What OHL initiatives are already in place? What can you build on or expand?

Weaknesses

Weaknesses are internal factors that work against your success, like:

- Being understaffed
- Limited resources
- A lack of relevant experience

What areas would you like to invest in more? What affects your organization's ability to serve your community as effectively as you would like?

Opportunities

Opportunities are external factors that could support your program, like:

- A new funding opportunity
- New legislation
- Relevant work being done by a partner organization

When you think about your OHL goals, what skills or resources would help you achieve those goals?

Threats

Threats are external factors that could limit your success, like:

- A lack of local organizations to partner with
- A natural disaster affecting your community

What factors could potentially get in the way of your work? What are some tangible ways to anticipate or manage these challenges?

Viewing Budgets as Moral Documents

The concept of a budget as a moral document is often attributed to Dr. Martin Luther King, Jr. and is still relevant today. Here are some common examples of organizational values that don't align with day-to-day practices.

We value work and life balance but...

"We are always short staffed. It makes it hard to actually take time off even though we have a generous vacation policy."

We value accessibility in our workplace but...

"Most of our communications are done by email. We have the basic package for our email program and the interface is confusing and makes it difficult to find the information we need when we need it."

We value voices of those with lived experience but...

"We have a very minimal budget for gift cards, stipends, meals, and other resources to offer community members when we ask for their time and energy in co-designing programs."

- What are your organization's values?
- Where is there alignment?
- What could be improved?

Setting Helpful SMARTIE Goals

Goals help us move in the direction we want to go. SMARTIE* is an acronym that can help you remember the important components of effective goals. Develop or revisit your goals by asking these questions.

S = Strategic

How does the goal fit with your mission and vision?

M = Measurable

Is the goal specific and concrete? How will you know that you reached it?

A = Ambitious

Is the goal meaningful? How does it advance your work?

R = Realistic

Is the goal doable? Can you reach it with your capacity and resources?

T = Time Bound

When should the goal be achieved? Is the timeline reasonable?

I = Inclusive

Was the goal developed with the people doing the work on the ground?

E = Equitable

Who is benefitting from achievement of the goal?

*The Management Center, 2021

Creating a Culture of Reflective Practice

When we talk about [continuous quality improvement \(link to Glossary\)](#), we might zone in on improving outcomes, creating goals, and finding funding. Those things are important!

It is also important to carve out time for reflection. Without it, we can miss critical opportunities to apply what we have learned along the way - and grow. There are many different [reflective practice \(link to Glossary\)](#) models that can help guide you. Here is one model that could be applied to any type of work situation: positive, complicated, or challenging.

The Four Fs of Active Review*

Start:

1) Facts - What happened?

Example: Nadia started a cancer support group but not many people came despite high interest in the group.

2) Feelings - What emotions came up?

Example: Nadia feels disappointed and confused. She doesn't understand what happened.

3) Findings - How can we critically review what happened?

Example: Nadia reviews her notes. A lot of people who were interested in joining the group live far away.

4) Future - What do we want to do in the future?

Example: Nadia decides to talk to the interested people to see if a virtual group or another location would work better.

Leadership & Organizational Transformation at Cook County Department of Public Health

CCDPH Health Literacy in Action

We established the Health Literacy Initiative.

In August of 2021, Cook County Department of Public Health (CCDPH) launched the Health Literacy Initiative with funding support from the Centers for Disease Control and Prevention. This included the development of our Theory of Change and launch of the Community Health Worker Initiative.

We created a Health Equity Committee.

In the Spring of 2023, CCDPH developed the Health Equity Committee to advise on integrating health and racial equity into department-wide systems, policies, and practices. The committee aims to:

- Center relationships and trust-building
- Work across units
- Establish an iterative process for identifying learning opportunities
- Inform, implement, and sustain equitable practices within CCDPH

CCDPH Strategic Planning

CCDPH's 2023-2025 Strategic Plan* includes a number of objectives related to leadership and organizational transformation. Here are two examples:

Pillar 3, Objective 5

Identify and implement at least one strategy within each CCDPH unit that incorporates [health equity \(link to Glossary\)](#) into a policy, program, or service

Pillar 3, Objective 5

Support the Health Equity Committee in identifying areas of improvement for internal processes and systems, and in collaborative efforts to address those issues

*Cook County Department of Public Health, 2023

Partner Spotlight

AJANTA PATEL, MD, MPH

Medical Director

Chronic Disease Prevention and Health Promotion

Chicago Department of Public Health

Measuring Health Literacy Improvement

Coming out of the COVID-19 pandemic, about 600 community workers who had served as vaccine ambassadors in primarily Black and Brown communities faced the end of their program. The question arose: what next?

Dr. Patel and her team at the Chicago Department of Public Health (CDPH) rebranded the roles as [community health workers \(CHWs\) \(link to Glossary\)](#), given the valuable connections they had made within their communities. Health literacy was embedded into every aspect of CHW training, ensuring they had the knowledge and communication skills to engage confidently with the community on a wide range of health topics.

CDPH worked with Dr. Yamilé Molina at the University of Illinois Cancer Center to measure the effectiveness of CHWs as agents of health literacy. Together, they developed a survey "postcard" that CHWs use with local residents after their interactions. The survey is structured as a [teach back \(link to Glossary\)](#) tool for residents to reflect on what they learned and what resonated with them.

Why It's Working

The survey postcards provide real-time feedback for CHWs. If they find residents are unclear on information, CHWs can adjust their delivery to make sure residents actually understand the information being given. They can see exactly what message is being taken away by that resident. CHWs can then tailor their future interactions to make sure new information is shared in ways to meet the diverse learning needs of the community.

The postcards also provide feedback about what communities are being reached, what information they are learning, and what residents are willing to share with others. Dr. Patel and her team can track how effective their message will be by how well the resident understands the message. They have also found when residents better understand what they learn, they are more likely to share what they learned with others.

Focus Area 2

Health Literate

Workforce Development

Health Literate Workforce Development

At Cook County Department of Public Health, we imagine a [local public health system \(link to Glossary\)](#) with organizations that are committed to equitable hiring, staffing, and advancement policies and that...

- Attract and retain a diverse workforce by providing living wages, generous paid time off, and other tangible benefits that support a sustainable workforce
- Deliver effective onboarding and training for new staff
- Have [professional development \(link to Glossary\)](#) support and expectations in place for all staff, including leadership and administrators
- Internally model clear, effective communications and processes
- Have a culture that supports staff contributions and knowledge sharing

Remember:

- Important vocabulary words throughout this document include labeled links to the Glossary starting on page 82
- Visit [the health literacy hub to learn more \(link to web\)](#)

Focus Area 2 Contents

- Creating an Effective and Equitable Hiring Process – page 34
- Setting Up New Employees for Success – page 35
- Offering Strategic Professional Development – page 36
- Communicating Clearly in the Workplace – page 37
- Creating a Work Culture Where All Voices Are Heard – page 38
- Example of Health Literate Workforce Development Work:
 - At CCDPH – page 39
 - Partner Spotlight – page 40

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Creating an Effective and Equitable Hiring Process

You may not have control over the entire hiring process at your organization but consider what you do have control over. Would any of these strategies work for you?

Avoid unnecessary barriers in job descriptions

Really reflect on the job description before posting a position. Ensure it accurately reflects the skills and education that are actually needed. Consider if degree requirements are really necessary.

Provide applicants clear timelines & expectations

Do applicants know what to expect and how long steps will take? Hiring can take a lot of time and keeping candidates informed can help decrease stress.

Include salary & benefits in job descriptions

In Illinois, companies with 15 or more employees are required by law* to include salary ranges and benefits in job postings (as of January 1, 2025). Even if it is not required where you are, you should still do it! Don't waste people's time and energy by not letting them know if a job offers what they need.


Consider anonymizing the process

Anonymizing the hiring process is the practice of omitting information such as names, images, graduation years, or other details that could lead to unconscious bias in recruiting or interviewing teams.

Be consistent in interviewing

Have a clear set of questions in the interview process so that everyone has the same opportunities to discuss their capabilities and experiences.

Understanding Cognitive Biases

We all have biases. Even if they are unconscious, we can still do something about them. Here are some common  [cognitive biases** \(link to Glossary\)](#) that can come up in the hiring process.

Affinity bias

favoring people similar to ourselves

Bandwagon effect

a tendency to go along with the group's opinion

Anchoring bias

being overly influenced by the first information we hear

Confirmation bias

looking for information that confirms our beliefs

*State of Illinois - Illinois Department of Labor, 2024

**Cleveland Clinic, 2023

Setting Up New Employees for Success

Let's assume that your human resources department has prepared your new staff person on all necessary general hiring tasks. Your new employee or colleague is ready to start and learn about their role. What do you do to help new staff get acclimated to your organization? Here are a few ideas.

Create a program guide

A program guide can help...

- New staff feel empowered and take initiative
- Make sure that processes are clear and easy to follow
- Identify gaps where clear processes are missing

A program guide doesn't have to be a fancy, formal "book". A simple, well-organized document with helpful details, videos, and links works well!

Provide peer support

Help staff get connected to their new workplace:

- Schedule initial meetings for new hires to get to know others in your organization
- Provide an organizational chart or personalized bios so new hires can understand who they will be interacting with and how to communicate effectively
- Pair new hires with a more seasoned staff who can provide support and insight during the initial months

Build in learning opportunities

Provide varied learning activities:

- Create ways for new hires to learn more about the work - maybe sharing books, videos, or articles, for example
- Identify activities or meetings that new hires can attend or observe
- Determine if there are experienced staff that new staff can shadow or get mentored by

Offering Strategic Professional Development

Ideally, [professional development \(PD\) \(link to Glossary\)](#) isn't just a box to check off. Quality PD activities offer a chance for our team members to recognize strengths, expand in new areas, get energized with new ideas, and reinvigorate ideas we forgot about!

Planning questions for supervisors

- How do you identify and prioritize PD, considering program needs, staff interests, and requirements?
- How do you promote internal or external PD related to organizational health literacy?
- Do you have clear budget lines for PD and share this information with staff?
- How do you make sure staff have capacity to attend PD?

Making the case

- If PD funding isn't in the budget, how can you "make the case" to those who have the power to change it?
- How can you connect PD to stronger outcomes?

Tip: Many places offer scholarships for PD. It doesn't hurt to ask!

Applying what we learn

- How do you maximize the impact of PD or conferences that you or your team attend?
- How do you and your team incorporate new knowledge into your work?
- What opportunities, formal or informal, do you and staff have to share knowledge or resources with each other?

Types of Professional Development

Effective learning can happen in many different environments.

Asynchronous learning

self-paced learning through platforms like online courses

Autonomous learning

self-paced, individualized learning in an area of interest, such as researching a topic or reading a book (consider a book club for a collaborative element)

Learning community / community of practice

a gathering of people interested in exploring a topic together, usually over time

Microlearning

short learning experiences focused on a specific topic intended to be bite-sized and manageable

Communicating Clearly in the Workplace

Good communication is just as important inside our organizations as it is outside. Like anything else, good communication takes practice and consistency. One thing that can get in the way of clear communication is a [cognitive bias \(link to Glossary\)](#) called the curse of knowledge.

What is the curse of knowledge?

The curse of knowledge describes situations where we know a concept, idea, or process really well and forget what it was like before we knew it. It can also include assuming others know a concept, idea, or process as well as we do.

A supervisor asks: Have you started the ABC report yet for the LMNOP program? We need to get it to Tomas next week.

A staff member responds: Sorry. What's the LMNOP program?

The staff person also thinks: And what's the ABC report? And who is Tomas?

At work, this can be very common - especially if we have been in our role or sector for some time. Our knowledge becomes a 'curse' in that:

- We tend to underestimate how much background knowledge others may need
- We tend to deliver information too quickly or without enough context

What can we do about it?

Consider your audience

"All the people on this team are new...I'll start my presentation with an overview."

Normalize questions

"What questions can I answer about the grant proposal I sent over last week?"

Course correct as needed

"I sent the details for the health fair but didn't say who to share it with...Here is the list I meant to include."

Creating a Culture Where All Voices are Heard

Most people want their work environment to be a place where everyone can speak freely and share their knowledge. Here are some best practices to consider:

Make the most of meetings with a clear agenda.

Some people need more time to process information or have difficulty sharing ideas on the spot. Providing people information in advance gives everyone more equal footing.

If you say feedback is anonymous, make it anonymous.

It's not uncommon for "anonymous" surveys to have all sorts of questions that can reveal who might be responding. A person working in a small department might not feel comfortable being honest if they know they will be inadvertently singled out.

Close the loop: Share how you incorporate feedback.

Just like community members, staff want to know what happens with the feedback they share! If you are going to ask for feedback, have a plan to share back what you learned, what you've changed, and what might not be feasible right then. Otherwise, it might feel futile to share ideas.

Health Literate Workforce Development at Cook County Department of Public Health

CCDPH Health Literacy in Action

We provided Health Literacy training to our staff.

In the Summer of 2022, Cook County Department of Public Health (CCDPH) partnered with the University of Illinois Office of Health Literacy to provide health literacy training to CCDPH staff. Leadership and supervisors from all CCDPH units were required to attend. Community engagement staff, health educators and members of the communications unit were provided with additional support through an implementation webinar.

We offered Health Literacy Coaching and Technical Assistance.

CCDPH also began partnering with local non-profit Literacy Works' Clear Language Lab in fall 2023. The Clear Language Lab team has provided [plain language \(link to Glossary\)](#) and organizational health literacy technical assistance through coaching and training for CCDPH staff and grantees. They have supported a number of public health efforts such as:

- Creating materials that are friendly and inviting as well as transparent about program requirements
- Making sure information and processes are as [accessible \(link to Glossary\)](#) as possible
- Using program data to effectively share successes stories in reports

CCDPH Strategic Planning

CCDPH's 2023-2025 Strategic Plan* includes a number of objectives related to health literate workforce development. Here are two examples:

Pillar 3, Objective 2

Clarify and streamline the job description development process with an eye towards [health equity \(Link to Glossary\)](#) (e.g., reducing advanced degree requirements in lieu of experience)

Pillar 3, Objective 3

Reach out to affinity groups, such as Latin American Student Organizations, to diversify recruitment and engagement

*Cook County Department of Public Health, 2023

Partner Spotlight

KIM JAY, BA

Training Manager

Senior Community Health Worker

Sinai Chicago | Sinai Urban Health Institute

The Power of the Pivot

In a monthly [professional development \(link to Glossary\)](#) meeting for [community health workers \(CHWs\)\(link to Glossary\)](#), facilitator Kim Jay had planned to discuss how to help elderly clients with Medicare. When the discussion brought out how many of these clients were struggling with loneliness, Kim decided to pivot and strategize ways the CHWs could address this concern.

Kim and her team are nimble enough to shift when things need to change during trainings. If a subject is brought up that begs for more discussion or if a topic is just not landing well, Kim pays attention and makes the shift. "Sometimes the sessions call for a pivot - it's then you become useful instead of doing the same old thing."

The meetings are not just to fill the calendar or mark off an objective. They are to address real concerns and provide consistent support. "It's training that's being done with them, not to them."

Why It's Working

As a result of the awareness of those leading the trainings, CHWs know that the time they spend in these meetings will be beneficial and not a waste of time. They know that they will cover timely, relevant topics that will help them do their jobs well. They also know their questions and concerns will be heard and followed up with meaningful support.

According to Jay, CHWs come to these monthly meetings ready to participate and learn. They have been able to build a community of trust and camaraderie. They are actively involved in the process, which makes the time well spent for everyone involved.

Focus Area 3

Partnerships & Intersectoral Collaboration

Partnerships & Intersectoral Collaboration

At Cook County Department of Public Health, we imagine a [local public health system \(link to Glossary\)](#) with organizations that are committed to strong partnership and collaboration and that...

- Understand the wide range of local [community assets \(link to Glossary\)](#) to effectively and holistically serve community members
- Model organizational health literacy practices when interacting with other organizations
- Share expertise and knowledge, including effective approaches and lessons learned, with others in the public health system
- Recognize how power shows up and amplify the voices of communities most harmed by health and racial inequities
- Offer clear expectations around collaborations and recognize when to take space and when to make space

Focus Area 3 Contents

- Mapping Community Assets – page 44
- Modeling Organizational Health Literacy in the Field – page 45
- Setting Yourself Up for Successful Meetings – page 46
- Leveraging Power in Your Community – page 47
- Having Clear Expectations for Collaboration – page 48
- Examples of Partnerships & Intersectoral Collaboration Work:
 - At CCDPH – page 49
 - Partner Spotlight – page 50

Remember:

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- Visit [the health literacy hub to learn more \(link to web\)](#)

Mapping Community Assets

What is a community asset?

[Community assets \(link to Glossary\)](#) are strengths that already exist within a community. These strengths can be organizations, programs, people, or places.

Transportation	Economy	People	Government
Physical resources	Culture	Institutions	Relationships

Why map community assets?

- Recognize the resources that exist in a community
- Emphasize existing strengths that can be leveraged quickly
- Encourage collaboration
- Avoid unknowingly duplicating efforts
- Be ready to work together quickly and efficiently when a crisis or emergency strikes, such as a pandemic, disease outbreak, or unexpected funding drop off

Who should take part?

A diverse group of community members is essential. Each person will bring their own knowledge and experiences to the conversation.

*Asset-Based Community Development Institute, 2025

Modeling Organizational Health Literacy in the Field

Our work doesn't exist in a vacuum. It can be hard to focus when there are urgent new issues or emergencies impacting our work all the time. That's why it is even more important to have a solid organizational health literacy practice - so that when things get harder, we already know where to focus our attention and how to respond.

Practice what you preach

Work toward aligning your organization's values and practices and share your learnings.

"As a health advocacy organization, it was important for us to look at our own family leave policies and how we can improve."

Explain why

Your decisions might seem obvious to you but might not be obvious to someone else.

"We should increase the font size and add more headings to break up the text in this report. We all worked hard on it, and I want everyone to be able to access it."

Give credit where it's due

Being a good partner includes celebrating each other's successes and acknowledging contributions.

"We are grateful to have a partner like County Connections - they did an amazing job on the queer fall resource fair."

Setting Yourself Up for Successful Meetings

In-person Meetings

- Provide helpful information about location details such as where to park and which door to use.
- **Make sure people know where to go and what to do.** Is there clear signage or directions once you get inside?
- **Incorporate accessibility into planning** - Is there enough room to move around for people using wheelchairs? Is there water and restrooms available?
- **Be thoughtful about how to share information** - Can you provide a summary text instead of printouts of slides with tiny print? Can you share a QR code or link to slides in advance?

Online Meetings

- **Be clear about the types of interaction available** - e.g., using the chat, unmuting, reactions, captions, etc.
- Remind guests about accessibility features such as captions.
- Make sure any slide decks **use a good-sized font** with ample color contrast and white space.
- If possible, **check in with participants beforehand** to see if any will need support around technology or [accessibility \(link to Glossary\)](#).
- **Share slides in advance** for those who use a screen reader.

Hybrid Meetings

Hybrid meetings are when there are some people attending in-person and some online.

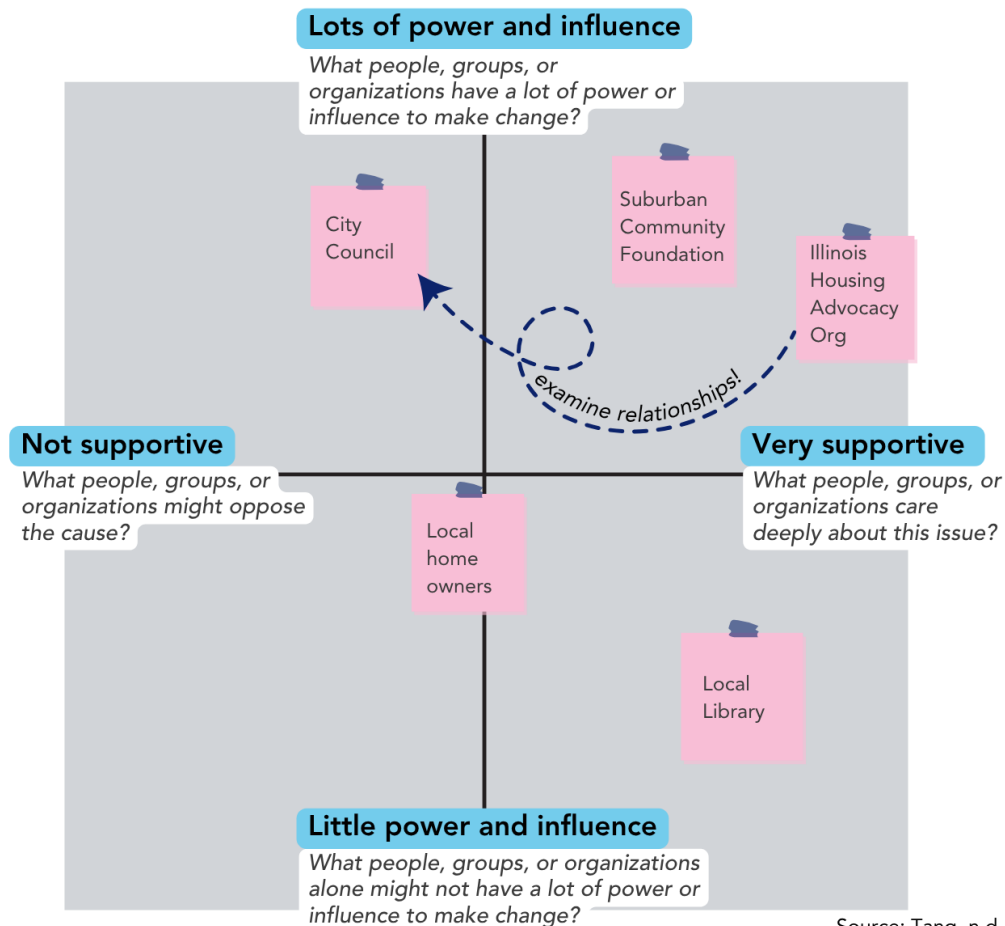
- **Account for the different experiences between online guests and in-person guests** - maybe the start time is later for the online guests or there are different activities at points.
- **Make sure you have someone devoted to the online guests** and available to address technical difficulties or respond to chat comments and questions.

Leveraging Power in Your Community

Community [power mapping \(link to Glossary\)](#) is an activity to help you identify people, groups, or organizations that you can leverage for initiatives or projects. It can also help you identify connections that exist between people, groups, or organizations.

Sample Power Map

ABC Housing is working on a housing initiative in a neighborhood with few affordable housing options. Here is a power map they started. What people or groups might support their initiative?



Source: Tang, n.d.

Source: Tang, n.d.

Having Clear Expectations for Collaboration

Whatever type of collaboration or partnership you are involved in, it's important to have a clear understanding of expectations and community ground rules. Here are a few examples of different types of relationships that may have different expectations.

Coalitions

Usually, coalitions involve organizations working together toward a concrete, common goal. Examples might be:

- Working together on a community wide change or goal (such as reducing the number of unhoused people)
- Advocating for a certain policy or law (such as increasing voting rights)

When leading a coalition, it's important to have clear goals and expectations for group members so they understand what they are committing to, if there is compensation, and what the coalition hopes to achieve.

Learning Communities and Communities of Practice

Learning communities or communities of practice are similar concepts. The purpose of these types of groups is bringing people together around a common interest. Usually, there is a facilitator or shared ownership. There may be different levels of commitment to the group. Everyone has something to contribute.

Service Delivery Coalition

Service delivery coordination may consist of formal or informal relationships to provide services to community members. Examples might be:

- A school has a formal partnership with a local clinic to provide space for health services on site
- A food pantry regularly shares information with local community organizations so more people know about and use the food pantry

If you get funding to manage a collaborative project, do you share resources with partners? For example, if you are partnering with a grassroots group that is less resourced, can you prioritize funding their participation to ensure their voice is included in the process?

Partnerships & Intersectoral Collaboration at Cook County Department of Public Health

CCDPH Health Literacy in Action

We convened the Regional Learning & Action Network.

Cook County Department of Public Health (CCDPH) launched the Regional Learning & Action Network (RLAN) in January 2023 to advance racial and [health equity \(link to Glossary\)](#). This recurring half-day summit fosters collaboration, networking, and relationship-building by sharing information, data, and resources while identifying opportunities for alignment. The summit launch introduced the Community of Solutions Skills and Practices Framework* as a key strategy to drive equity.

RLAN is committed to systemic change and transformation, creating a brave and safe space to advance equity effectively.

CCDPH Strategic Planning

CCDPH's 2023-2025 Strategic Plan** includes a number of objectives related to partnerships and intersectoral collaboration. Here are three examples:

Pillar 2, Objective 4

Establish formal data-sharing relationships with academic institutions and other partners

Pillar 5, Objective 3

Continue to foster relationships with sister and cousin Cook County agencies through existing and new partnerships

Pillar 5, Objective 3

Explore areas of collaboration with neighboring health departments through the Northern Illinois Public Health Consortium and other forums

*Community Commons, n.d.

**Cook County Department of Public Health, 2023

Partner Spotlight

The Coleman Foundation, Community Memorial Foundation, Cook County Department of Public Health, Health & Medicine Policy Research Group, Healthy Communities Foundation, & Sinai Urban Health Institute

Background

In suburban Cook County, public and private organizations have partnered to strengthen the [community health worker \(CHW\) \(link to Glossary\)](#) workforce. CHWs are trusted messengers of quality health information, helping people navigate complex health systems. Their critical role in public health is well-documented. The question is no longer, “Why hire CHWs?” but rather, “How do we sustain and advance the CHW workforce?” Short-term grant funding, including pandemic response funding, offers CHWs little in sustainable employment or career development options.

The public-private partnership conducted an extensive crosswalk exercise to align their CHW program missions, visions, goals, structures and partners. As a result, key elements of the respective programs have been integrated, and a charter has been developed to formalize the partnership.

Better Together

Since 2018, Community Memorial Foundation and Healthy Communities Foundation have collaborated to strengthen the CHW workforce in the western suburbs of Cook County. The Coleman Foundation joined the effort in 2022. Recognizing a shared goal to strengthen public health infrastructure, they and Cook County Department of Public Health (CCDPH) partnered to align efforts and pool resources. Together, they fund Health & Medicine Policy Research Group and Sinai Urban Health Institute to deliver relevant CHW programming, thus better leveraging limited funding, reducing service duplication, and expanding support for CHWs across suburban Cook County. This partnership supports a scope of work that includes:

- CHW core skills training and CHW supervisor training
- Two monthly learning collaboratives - one for CHWs and one for CHW Supervisors
- Support for enacting new certification and reimbursement policies

Why It's Working

Public health departments have expansive community reach and program leadership while private philanthropy offers flexibility and adaptability. As pandemic funding decreases while community health needs are ongoing and growing, aligning public and private resources ensures sustained support for the CHW workforce.

Focus Area 4

Accessibility of Information & Services

Accessibility of Information and Services

At Cook County Department of Public Health, we imagine a [local public health system \(link to Glossary\)](#) with organizations that are committed to accessible information and services and that...

- Create spaces and programming that are as widely [accessible \(and Accessible\) \(link to Glossary\)](#) as possible
- Design processes with input from community members to ensure they effectively meet their needs
- Create trauma-informed processes and spaces that promote safety, comfort, and support
- Have effective internal and external referral systems in place to connect community members to useful resources
- Have comprehensive translation and interpretation services that all staff know how to access and use effectively

Focus Area 4 Contents

- Understanding Different Models of Disability – page 54
- Improving Processes with Curiosity – page 55
- Creating Safer Environments for Community Members – page 56
- Making Effective Referrals – page 57
- Creating Strong Translation & Interpretation Services – page 58
- Examples of Accessibility of Information & Services Work:
 - At CCDPH – page 59
 - Partner Spotlight – page 60

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- Visit [the health literacy hub to learn more \(link to web\)](#)

Understanding Different Models of Disability

Models of disability* are frameworks that offer language to discuss perspectives and policies related to disability. Below are some common models in the U.S. that are often discussed.

Medical Model of Disability

- Views disability itself as a challenge to be treated or fixed
- Very commonly used in the United States and can create unnecessary barriers (for example, extensive administrative burdens to get housing modifications, like a ground floor unit or a safety rail)

Social Model of Disability

- Views society's barriers as the primary challenges that people with disabilities face
- Promotes reducing barriers to make the world more [accessible \(link to Glossary\)](#) (for example, using alternative text, making captioning available, and always using [plain language \(link to Glossary\)](#))

Human rights model of disability

- Views the inaccessibility of society as the primary issue to address
- Views disability as an identity to celebrate (for example, July is known as Disability Pride Month across the country, recognizing the value of diversity of experience)

At some point in our lives, most of us will experience some sort of disability or impairment - permanent or temporary. While the Americans with Disabilities Act offers many critical protections, consider how we can go beyond the minimum expectation to address what is needed by people in our communities.

*Communicate Health, 2023

Improving Processes with Curiosity

It's easy to feel overwhelmed or frustrated when things don't go as planned. Rather than view these experiences as mistakes or failures, let's approach with curiosity. Here are some steps to get started with:

1. **Identify the problem** you are looking to solve.
2. **Examine how the process actually works**, not how it is supposed to work. You might need to actually observe the process in action, talk to the people who execute the steps, or review the experiences of community members using the process.
3. **Create a process map**. Lay out the way things actually happen. See *below for an example*.
4. **Bring together a diverse group** who can offer insights and ideas about the process.
5. Identify where you can update, improve, or eliminate processes or steps. What changes might yield the most helpful results?
6. **Try it out**. Be careful about falling into the "we tried that before, and it didn't work trap." Sometimes, things change and what didn't work before could work now.

Practice Example: Process Map for Rental Assistance Program

Problem: The rental assistance program is confusing for clients and doesn't feel transparent. It creates distrust and extra work mending misunderstandings.

1. Clients complete rental assistance application online or at reception.
2. Each Friday, Sally reviews applications and calls to schedule appointments.
3. Sally follows up on Monday with clients who left messages.
4. Appointments fill up quickly. Those who responded Friday have an advantage.
5. Clients express frustration with the process, which is time-consuming and unclear.

Improving the Process

"Wait a minute - is Sally the only one who can review the applications?"

"Can clients sign up for an appointment when they apply so Sally doesn't have to call to schedule?"

"Can Sally make calls mid-week so she can respond to calls or emails more quickly?"

Creating Safer Environments for Community Members

Trauma refers to the impact that a distressing or upsetting event can have on a person. Trauma can be the result of a single event or a series of compounding events. Each person may be impacted by such events in unique ways.

Trauma can affect people in a number of ways. Below are just a few examples of ways that chronic stress can impact people. How might any of these health impacts affect someone in their daily life?

- Depression & Anxiety
- Memory issues
- Disconnection from others
- Digestion issues
- Substance use
- Aches and pains
- Fatigue

We don't know what experiences our clients, co-workers, or community partners have faced. Create environments, processes, and communications that are grounded in the principles below:

- Safety
- Trustworthiness & Transparency
- Peer Support
- Collaboration & Mutuality
- Empowerment, Voice & Choice
- Recognition of Cultural, Historical, and Gender Issues

Source: Trauma-Informed Care Implementation Resource Center, 2025

Making Effective Referrals

Making a referral refers to the process of connecting a client to services within another department at your organization or at another organization altogether. The type of referral can depend on many factors.

The health care industry also uses the term referral for the specific prerequisites to access services in many health plans. While the examples here focus on the general use of referrals, there are many lessons that can also be applied to the health care process.

Cold Referrals

Sharing basic information about a process or a service without tailoring it to the person

Warm Referrals

Making a referral with some level of support, ranging from assisting with directions to making phone calls on behalf of the client

Warm Handoffs

Making a direct connection, such as a [community health worker \(link to Glossary\)](#) introducing a client to a staff dietician for assessment

Tips for Making Effective Referrals

Don't overpromise

Be mindful not to suggest that a service is guaranteed or will solve all of a person's problems such as "they can definitely help you" or "I am sure we can help with that."

Actively listen

Make sure the resource you share is what people actually need. If someone wants to find a food pantry that is open in the evening, be mindful of giving them a referral for a food pantry only open mornings without an explanation. (Maybe it's the only one in the area?)

Provide the right level of support

Think about simple strategies that can increase the odds of a successful referral. Does the person need to know what bus to take to get to a place? Would it be helpful to write down which documents your client needs to bring to an appointment? Try to address what is within your capabilities.

Creating Strong Translation & Interpretation Services

Translation refers to written communication while interpretation refers to spoken communication. Here are some tips to make sure communication is smooth and effective:

Prepping content for translation

Use plain language. Just because content is translated doesn't automatically make it easy to navigate, understand, and use, especially if people are under stress or reading isn't their strong suit. Check out Focus Area #5 for more information on [plain language \(link to Glossary\)](#).

Avoid idioms. Idioms are phrases that have a figurative meaning rather than a literal meaning. Common examples include "go the extra mile," "once in a blue moon," and "sleep on it."

Leave enough room. Translated documents often need more space for the text than the English text. Keep this in mind when designing your document.

Using interpretation services effectively

Use trained interpreters. Community members may have difficulty talking about certain issues with friends or family members. And friends and family members may not be able to translate key ideas accurately back to you.

Face the community member and talk directly to them, not the interpreter. This may feel unusual, but interpreters know this is their job.

Allot enough time for the interaction. Interpretation takes time - allowing the interpreter to process information and translate, allowing the community member time to think and respond, and then giving time for the interpreter to translate the community member's comments back to you.

Avoid jargon, acronyms, and unfamiliar terms, whenever possible. Even a seasoned interpreter may have difficulty translating information that is not clear in the first place.

Accessibility of Information & Services at Cook County Department of Public Health

CCDPH Health Literacy in Action

We launched the Community Health Worker Initiative

With funding from Centers for Disease Control and Prevention, Cook County Department of Public Health (CCDPH) launched a Community Health Worker (CHW) Initiative in 2021.

CHW Initiative Vision Statement

Regardless of the [point of entry \(link to Glossary\)](#) to the public health system, residents of suburban Cook County are always given the public health information needed to inform health-related decisions and actions for themselves and others. This includes information about social services, programs, and health care.

CHW Initiative Objectives

- Increase the number of CHWs from and working with [priority communities \(link to Glossary\)](#)
- Build community-based organization capacity to effectively hire, train, integrate, and sustain CHWs
- Increase skills and abilities of CHWs to serve community needs
- Improve resource coordination systems and technology such as support for development, launch, and promotion of the Metro Chicago 2-1-1 system

CCDPH Strategic Planning

CCDPH's 2023-2025 Strategic Plan* includes a number of objectives related to accessibility of information and services. Here are two examples:

Pillar 4, Objective 1

Identify other technology and data infrastructure necessary for internal operations and external responsiveness

Pillar 4, Objective 2

Develop and maintain a CCDPH standard operating procedures (SOP) manual that reflects input from staff

*Cook County Department of Public Health, 2023

Partner Spotlight

DONISHA REED, MPH

DIRECTOR

Population and Community Health Programs

TCA Health

Closing the Gap with Access

Access to care is a huge part of the mission of TCA Health. Their staff work to bridge any gaps between their health centers and the clients they serve. Realizing the barriers that prevent many in their communities from physically coming to their centers, the staff intentionally bring the services they provide into the community whenever they are able. This can look like health screenings at community centers, partnerships with local schools to serve students, or having information distributed at local food pantries.

Location is not their only focus. TCA also looks at the aspects of language, color blindness, and other accommodation issues that their clients can benefit from. They have done a lot of research to make sure every client they serve is able to access their services.

While they are caring for people in the community, the staff is able to highlight the other services and programs that they provide in their centers.

Why It's Working

Providing services in the places where their clients spend time allows TCA to widen their reach to people who may never come into their facility. People who have limited access to transportation or have a lack of awareness about TCA are able to receive necessary screenings and information to better their own health.

Focus Area 5

Communication Practices & Standards

Communication Practices & Standards

At Cook County Department of Public Health, we imagine a [local public health system \(link to Glossary\)](#) with organizations committed to effective communication practices and standards and that...

- Use a [health literacy universal precautions \(link to Glossary\)](#) approach in all interactions and communication materials
- Communicate effectively in [plain language \(link to Glossary\)](#) in community centered ways
- Adapt messages using a lens of [cultural humility \(link to Glossary\)](#), ensuring information is responsive to the needs of the community
- Make sure staff have a variety of strategies to share information and check for understanding, including in conversations and presentations
- Communicate effectively through different media to meet community needs, taking care to consider [accessibility \(link to Glossary\)](#) across formats

Focus Area 5 Contents

- Taking a Universal Precautions Approach – page 64
- Making Plain Language the Standard – page 65
- Incorporating a Lens of Cultural Humility – page 66
- Making Sure People Understand What You are Sharing – page 67
- Communicating in Ways that Make Sense – page 68
- Examples of Communication Practices & Standards Work:
 - At CCDPH – page 69
 - Partner Spotlight – page 70

Remember:

- Important vocabulary words throughout this document include labeled links to the Glossary starting on page 82
- Visit [the health literacy hub to learn more \(link to web\)](#)

Taking a Universal Precautions Approach

The term universal precautions*, or standard precautions, refers to strategies used to limit risk when health care workers encounter bodily fluids and disease. They don't need to know if someone has an illness or not - the idea is to assume anyone could have an illness so it is best to consistently follow guidelines to stay safe. Examples could be:

- Using gloves to protect yourself from fluids
- Wearing goggles to protect your eyes from splashing liquid
- Washing your hands to avoid spreading germs

When it comes to sharing health information, we can use the same philosophy. We can't always predict who will need more or less support in understanding our messages in any given situation. That's why we should prioritize clear communication in every interaction.

The concept of [health literacy universal precautions \(link to Glossary\)](#) refers to designing materials and processes in the most [accessible \(link to Glossary\)](#) way possible. In other words, using a universal precautions approach removes as many barriers as possible as part of the normal process. Some examples might be:

- Using plain language
- Checking for understanding
- Making content screen reader accessible

We can't always be sure of what others know or don't know. For example, a person might know a lot about cholesterol but know little about prostate cancer. Another person might understand their cancer diagnosis but have little understanding about steps they need to take with their insurance. It's best to err on the side of caution as much as we can.

*Agency for Healthcare Research and Quality, 2023

Making Plain Language the Standard

Plain language* refers to making content with the goal that our intended audiences can...

Find what they are looking for

- Clearly organize the text
- Use headings to guide the reader
- Group information in a logical way

Understand what they find

- Use familiar words
- Explain any new words (that are necessary) well
- Keep sentences reasonably short
- Share adequate background knowledge

Use the information

- Give logical instructions
- Explain any processes the audience might need to follow
- Anticipate questions people will have

Not sure where to start?

Think about these areas to help you hone any document:

- **Situation:** When and how do people get the information you are sharing?
- **Format:** Is the information for a brochure, social media, or a website? How might that affect what you share and how you share it?
- **Audience needs:** What do people need to know? How can you also anticipate questions that might be important to your community?
- **Tone:** How do you want your materials to come across? Warm? Supportive? Trustworthy? Authoritative? Firm?

*Literacy Works, 2025

Incorporating a Lens of Cultural Humility

Every one of us has many identities that shape who we are - identities related to religion, geography, gender identity, socioeconomic status, race, ethnicity, and more.

The idea of [cultural humility*](#) ([link to Glossary](#)) and, ultimately cultural safety, comes from the ever-evolving desire to create a world that recognizes and embraces diversity while acknowledging the impacts of colonization. Here are a few related terms that may be familiar or new:

Cultural Awareness

Recognizing that humans have many different cultural identities that may be similar or different to each other

Cultural Competence

Learning about cultures or identities different than your own and using that knowledge to better serve others

Cultural Competence

A continuous practice of self-reflection that actively challenges one's own perspectives and power dynamics

Cultural Safety

Creating an equitable environment where all people can show up as their true selves

Example

In mainstream American culture, direct eye contact is often considered a standard part of communication and often signifies confidence and honesty. But in many cultures, eye contact is considered rude or improper. For some people who are neurodivergent, eye contact may be very difficult. The challenge comes when we make assumptions about others based on what might simply be cultural differences.

When a person defines what is socially "correct" without recognizing that others may have a different way of navigating the world, we can end up with assumptions, misunderstandings, othering, and ineffective communication.

*Provincial Health Services Authority, n.d.

Making Sure People Understand What You Are Sharing

Being able to advocate for oneself is important - but it's hard! There can be a big difference in power when someone is engaging in care or services. People need to feel safe to let you know when they are confused. Asking the right questions can help.

Normalize questions

Instead of... "Does anyone have questions about the presentation?"

Try... "What questions do you have?" or "This is the part of the presentation where people usually have a lot of questions. What are yours?"

Don't make assumptions

Instead of... "I know this is probably obvious/easy/simple for you..."

Try... "How familiar are you with ...? We can go through it together right now, or you can do it on your own later."

Check for understanding*

Instead of... "Do you understand the instructions?"

Try... "I know I just went over a lot. Can you summarize what you should bring to the meeting with your doctor? I want to make sure I didn't miss anything."

*Agency for Healthcare Research and Quality, 2023

Communicating in Ways that Make Sense

When making content, we might not always think about where that flyer or brochure is going to “live.” This is an important part of planning if we want to make sure our audience can find and understand it! Here are some common scenarios to think about:

Email newsletters

“We spend a lot of time on our email newsletter, but it doesn’t seem to get us a lot of results.”

Is your e-newsletter easy to skim with clear headings and manageable amounts of information? Does it have [descriptive links \(link to Glossary\)](#) to connect to more information? Are the right people getting the email in the first place?

Social media

“We send flyers to our community partners to print - but they use them on social media. They aren’t the right shape, and the text is too small.”

Can you send the flyer along with a social media friendly image and suggested text? The text for social media can share the same information but should use a lot less words.

Printed information

“We have a brochure about our services on our website to download but not very many people do.”

When sharing a brochure online that is meant to be printed and folded, the reader has to figure out the correct order to read it. Share printed copies of the brochure and reformat the information for the website to make sure it’s organized and clear.

Communication Practices & Standards at Cook County Department of Public Health

CCDPH Health Literacy in Action

We practice clear communication.

At Cook County Department of Public Health (CCDPH), we are committed to clear, [accessible \(link to Glossary\)](#), and effective communication.

Plain Language: We aim to write at or below a sixth-grade reading level, using simple, common words and avoiding jargon, and following AP Style for consistency. Sentences should be short, concise, and organized logically.

Visual Clarity: CCDPH has defined brand standards and templates with specified colors and contrast considerations to ensure readability. (See WebAIM for guidance.) White space, headings, subheadings, bulleted lists, photos, icons, charts, graphs, tables, and infographics are also used to communicate clearly and aid understanding.

Language Access: Materials are translated to Spanish, Polish, Arabic, and Simplified Chinese as needed. Our website includes Google Translate and is ADA-compliant, ensuring [accessibility \(link to Glossary\)](#) for individuals using screen readers.

CCDPH Strategic Planning

CCDPH's 2023-2025 Strategic Plan* includes a number of objectives related to communication practices and standards. Here are three examples:

Pillar 1, Objective 1

Develop regular unit-level communications plans that identify stories to share and other plans for communications resources (e.g., website, messages, campaigns)

Pillar 1, Objective 3

Create a jargon-free communication toolkit for CCDPH staff and community partners to use to discuss public health, [health equity \(link to Glossary\)](#), and the social and structural determinants of health

Pillar 1, Objective 3

Continue to develop capacity for external communications in multiple languages and literacy levels

*Cook County Department of Public Health, 2023

Partner Spotlight

SANDY VANOSKEY
SENIOR DIRECTOR
Health Services
Oak-Leyden

Getting the Full Picture

Oak-Leyden was providing care for 10 clients who were non-verbal and hard of hearing. Often, these clients were understandably anxious and nervous going to doctor's appointments as they were not always fully aware of what was happening to them. Even though there was clear communication between Oak-Leyden and the clients' guardians, how much the actual patient understood was not clear.

Sandy came up with the idea to use picture flashcards during their appointments. Through some research and collaboration with her health literacy team, they developed an array of picture flashcards to use at these appointments. These laminated cards have images that identify medical staff, equipment, and procedures to help inform the patient what is going to happen during their visit.

Why It's Working

With a better understanding of what is happening during their appointments and procedures, patients are less anxious during visits. Where there once were tears, pacing, and other visible signs of anxiety, patients are calmer leading up to their appointment. The picture flashcards provide a way to clearly communicate with these patients, taking away their fears of the unknown.

Focus Area 6

Community Engagement & Outreach

COMMUNITY ENGAGEMENT & OUTREACH

At Cook County Department of Public Health, we imagine a [local public health system \(link to Glossary\)](#) with organizations that are committed to reaching [priority communities \(link to Glossary\)](#) and that...

- Act as trusted sources
- Co-design processes, practices, and materials with community members and partners
- Prioritize community leadership and inclusion in processes and planning
- Model strong [media literacy \(link to Glossary\)](#) practices
- Use data and input from community members' voices to guide strategies and programming

Focus Area 6 Contents

- Making Trust a Priority – page 74
- Designing for Justice, Liberation, & Belonging – page 75
- Fostering Meaningful Participation – page 76
- Managing Misinformation – page 77
- Closing the Loop in Communications – page 78
- Examples of Community Engagement & Outreach Work
 - At CCDPH – page 79
 - Partner Spotlight – page 80

Remember:

- Important vocabulary words throughout this document include labeled links to the Glossary starting on page 82
- Visit [the health literacy hub to learn more \(link to web\)](#)

Making Trust a Priority

What does trustworthiness mean to you? Here are some things to consider to build trustworthiness with our fellow community members:

Speak the truth

We all know we shouldn't mislead people, but this can happen when we are trying to do the right thing. For example, we may overpromise because we don't want to disappoint someone. We may speak on things we don't have enough information on in our attempt to answer their questions fully. It's okay to say "I don't know. I need to get back to you."

Actively listen

Be open to feedback, responsive to needs, and acknowledge frustrations when they come up. Listen for the questions people have without them needing to explicitly ask them.

Create connection

While we might think of communication as a simple exchange of ideas back and forth, it goes beyond that. How we communicate can help build relationships and create something stronger that goes beyond a sterile back and forth. Do people feel comfortable reaching out to us? Do we take time to get to know people and ask how they are? Do we use people's pronouns correctly?

Be reliable

Set up realistic expectations and systems that work consistently. If people can't count on us in the everyday to follow through, it might be hard to believe that we are trustworthy in a crisis.

Designing for Justice, Liberation, & Belonging

Centering communities is critical in public health work. Why?

- To ensure groups that have been historically marginalized are intrinsically part of decision-making processes
- To democratize power
- To build trust in institutions

Here are a few frameworks that focus on centering communities. Before you say, “I am not an artist!,” note that the term design here refers to the creation of anything, such as: creating a program, a survey, or even a space where people feel comfortable. Take a look, and think about what resonates with you!

Design justice

Design justice* is a set of principles focused on making design choices that actively center people who have not always been involved in design decisions and actively reflecting on ways white supremacy, sexism, heteronormativity, ableism, and other forms of oppression show up in design.

Liberatory design

Liberatory design** is a framework that focuses on developing approaches that go beyond traditional user experience methods, incorporate an equity-centered perspective, and acknowledge that the complexity of systems requires more creative and iterative ways of addressing them.

Design for belonging

Designing for belonging*** is a framework focused on strategies for creating inclusive community change, focusing on bringing people together in affirming ways.

*Design Justice, 2018; **Anaissie, 2021; ***Wise, n.d.

Fostering Meaningful Participation

Sherry Arnstein was a public policy analyst who wrote a journal article called, The Ladder of Participation,* in 1969 that identified and organized eight ways institutions engage with community members from least to most meaningful. She grouped those ways into three overarching categories with the top three rungs of the ladder highlighting the deepest forms of engagement. Not all situations may require that highest levels, but which could?

The Ladder of Participation: Eight ways institutions engage with community members



Degrees of citizen power

(Citizen Control - Delegated Partnership - Partnership) At this level, community members are part of decision-making processes in meaningful ways and ultimately are involved leaders in their communities.

Degrees of tokenism

(Placation - Consultation - Informing) At this level, engagement can vary. At the lowest rung, people in power may share information one way. Community members may have minimal power. At higher rungs, they may be more involved.

Non-participation

(Therapy - Manipulation) At this level, community members are not engaged in meaningful ways and may even be given [misinformation \(link to Glossary\)](#) to maintain the status quo.

How does your organization already engage community members? What are situations where you can make meaningful moves up the ladder?

*Arnstein, 1969

Managing Misinformation

Navigating information about our health, government, and communities can be overwhelming at times, especially when [misinformation \(link to Glossary\)](#) and [disinformation \(link to Glossary\)](#) are so common. These challenges are not likely to go away any time soon. Here are some strategies for helping community members make sense of information:

It's not one-size-fits-all

Recognize people have different belief systems that can affect how likely they are to accept or reject information, regardless of its truthfulness. A person's worldview may result in accepting certain facts or overlooking others because of an emotional response rather than a rational one. The reality is that we all have a tendency to believe information that aligns with what we already think is true.

Help develop media literacy skills

Consider how you engage people in conversations or activities that help strengthen [media literacy \(link to Glossary\)](#). For example, in a teen health class, can students practice evaluating popular websites? In a breast cancer support group, can members talk about what makes a health resource trustworthy? What can community members create together?

Get to know what the misconceptions are

Knowing what misinformation is out there is the first step to countering it with a more accurate message. When community members hear the same message over and over, it's easier to believe it is true. Addressing misinformation quickly is more effective than trying to change hearts and minds later.

Maintain empathy

It can feel urgent and overwhelming to counter mis- or dis- information. Remember to stay calm and recognize that people may be scared or nervous. Ask questions. Listen to what people's concerns are or why they think something is true. Offer trusted resources. Be compassionate.

Closing the Loop in Communications

Have any of these things happened to you:

- You answered a survey but have no idea if your feedback was used
- You sent an email to confirm an event and never heard back, creating confusion about what the lack of response meant
- A process took longer to complete than necessary because of miscommunication

These are all examples where communication “loops” may not have been closed. We all get busy, but here are a few examples of why it’s important to complete communication loops:

Engaging with intention

When connecting with communities, do we ask what they want to get out of the experience? How can we be more inclusive?

Example: Marjorie is studying social media habits of older adults. After her last research study, participants were frustrated that they never learned the results of the study. This time, she creates an e-newsletter for study participants to be sent the results later.

Increasing efficiency

How often do we waste time repeating information over and over again or re-explaining something we thought was obvious - but wasn’t? A little time at the front end can go a long way.

Example: Noah realizes that since people do not get confirmation that their rental fund application went through, they call the office, which takes up resources. Making sure people know when they will hear back and get a clear confirmation would limit the need for many phone calls.

Creating consistency

Are your processes and systems easy to maintain? If your systems are reliable, everyone should know how to find the information they need.

Example: Clients are confused about when to wear masks when COVID spikes. So every Monday, Dottie updates the current masking status in the clinic library, by email, and on social media. She includes a brief explanation of how the decision about masking was made.

Community Engagement & Outreach at Cook County Department of Public Health

CCDPH Health Literacy in Action

The Community Engagement and Health Education (CEHE) unit is dedicated to meaningful community connection.

We launched the Co-Design Visioning, Planning, and Actioning Group.

This 20-member collaboration between CCDPH and community organizations across suburban Cook County was developed in 2024 with a focus on racial and [health equity \(link to Glossary\)](#). The group identified three key strategies to strengthen CCDPH's community engagement and partnerships.

- Develop regional interdisciplinary and outreach teams to provide info and resources on various public health disciplines to Suburban Cook County residents
- Develop an ambassador program to share accurate and culturally appropriate public health information and also glean information about community needs
- Form regional partnerships with local organizations providing services related to [social determinants of health \(link to Glossary\)](#) to better meet community needs

We amplified local voices nationally.

Sisters Working It Out (SWIO) is a key partner, tackling breast cancer disparities in Cook County by promoting equitable prevention, detection, and treatment for underserved communities. CCDPH invited SWIO to the National Association of County and City Health Officials (NACCHO) Health Equity & Social Justice Relationship Building Symposium to highlight their work and cross-sector partnerships for health equity.

CCDPH Strategic Planning

CCDPH's 2023-2025 Strategic Plan* includes a number of objectives related to community engagement and outreach. Here are two examples:

Pillar 2, Objective 1

Expand partnerships to include those that meet the needs of underrepresented populations (e.g., Arab Americans, LGBTQ+)

Pillar 2, Objective 2

Support the creation of clearly defined infrastructure and pathways for community groups that are the most impacted by decision-making

*Cook County Department of Public Health, 2023

Partner Spotlight

Jakala Garba, MPH

DIRECTOR OF OUTREACH & GRANTS ADMINISTRATION

Respond Now

Cultural Humility in Action

Jakala Garba and her team work with their community to teach life skills and offer services and programs to keep people housed. Working with these populations has emphasized the importance of being culturally competent and having [cultural humility \(link to Glossary\)](#).

The Respond Now team thinks carefully whenever they create something that will go out to the community. They make sure that their materials are [accessible \(link to Glossary\)](#). This doesn't just include language translation, which they do, but it also includes making sure that what they are trying to convey is clear and the audience understands what is written.

Why It's Working

Tailoring materials to the populations they serve has resulted in a greater response from the community. More people are showing up for services and programs with a full understanding of what they came out for. Jakala and her team are capitalizing on the response and making sure to include priorities like translation services in their budgeting and grant requests so they can continue to make these strategies the norm.

The Respond Now team will continue to make it a priority to get to know the people they are working with. "You never are truly finished learning about the people you work with."

Conclusion

We hope you've enjoyed this toolkit and found it relevant to your work. This is just the start of the health literacy work we hope to facilitate in the coming years. We look forward to connecting, learning, and growing with you!

Visit [our health literacy hub \(web\)](#) to...

- Check out additional resources
- Give us feedback or ask a question through our contact form
- See upcoming events and opportunities related to health literacy We are grateful for your partnership in this important work.

Imagine a Cook County full of organizations that are...

- Integrating organizational health literacy into their goals and activities...
- Committed to equitable hiring, and advancement policies...
- Collaborating on programs and sharing knowledge...
- Making services and programs easy to find and use...
- Communicating effectively with people from all walks of life...
- Reaching [priority communities \(link to Glossary\)](#) through meaningful outreach...

... building a health literate public health system together.

Glossary

Accessibility and accessible

We use *accessible/accessibility* (lower case) to refer to the idea of making processes, information, and spaces widely usable 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.)

Cognitive bias

Mental shortcuts the brain uses to process information. While these shortcuts help manage the vast amount of information we absorb, they can also lead to unintentional patterns in thinking and decision-making.

Community assets

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

Community health worker

A frontline professional in public health who has a deep connection to the community they serve. Their trusted relationships allow them to act as a bridge between healthcare and social services, helping individuals access resources while enhancing the quality of care. They may go by other names including promotora de salud, community advocate, or other agency-specific titles.

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.

Descriptive links

Clear, meaningful text used to describe the destination. For example, 'OHL Toolkit (PDF),' could be used instead of a vague phrase like 'Click Here' or a long URL like 'https://websiteabcdefgh.' Using the same phrase repeatedly, like 'Click Here,' can confuse users of screen readers because it makes it hard to distinguish between different links. Long URLs also require the screen reader to read the entire address, without providing helpful information about where the link leads.

Disinformation

False information that is shared with the intent to confuse, misinform, or obscure the truth.

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.

Local public health system

The collection of organizations and entities in a region that contribute to the health or well-being of the community. This includes but is not limited to local governmental public health departments, social service agencies, community based organizations, health care organizations and academic institutions.

Media literacy

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

Misinformation

False information that is shared with others. Unlike disinformation, the person sharing the information believes it to be true. They do not realize it is false or misleading.

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.

Point of entry

Different ways that a person might enter a public health or health care system. For example, the point of entry could be where someone gets a vaccine, accesses a food pantry, or attends a school health event.

Power mapping

A process for identifying where power exists in a community and exploring how to leverage such power to make positive change.

Priority communities

Those communities that have been impacted by structural racism and other persistent factors that worsen health disparities and social inequities. These communities tend to have increased rates of major health issues, premature death and disability, and less access to resources that improve health and prevent illness.

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.

Reflective practice

The ongoing process of learning from experiences, honing our strategies or perspectives based on those experiences, and applying that refined knowledge to future experiences.

Scarcity mindset

A mindset focused on what's lacking rather than on strengths and opportunities. This perspective often creates a false sense of competition for 'limited' resources, which can hinder collaboration and creativity.

Social determinants of health

Aspects of everyday life that affect health outcomes including where we live, where we work, and what resources we have access to.

Teach back

A framework for checking for understanding that involves making sure information was not just heard, but understood, and includes reteaching as needed. This method is for a provider to use when wanting to explain information effectively (as opposed to “testing” the community member).

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