

Health Literate Organisation Checklist

(Version 2.0, September 2023, Dorset)



About this document:

This document is intended for use by people who are helping to make their organisation (or department or team) more health literate. These people will be known as “Health Literacy Champions” for the purpose of this document. If you would prefer to use a different role title as you carry out this work, then that is completely fine!

It is assumed that as a Health Literacy Champion, you are fully aware of what health literacy is, what a Health Literate Organisation is, and what the purpose of helping your organisation become health literate is.

Becoming a Health Literate Organisation: The *spirit* of the process

No two health or care organisations are the same. People, processes and culture all differ between organisations. For this reason, the process to become a Health Literate Organisation cannot be overly prescriptive, and you will need to make judgement calls as you undertake the journey. For example, part of the process requires you to review the physical layout of the part of your organisation where members of the public visit, so if you provide an online service only, clearly this will not be applicable. Similarly, not all your staff will have interaction with the public, so not all staff will need to be trained in the teachback technique.

However, the process and checklist have been put together based on practical experience and research and evidence-based best practice. So please try and follow it as much as you can.

There is an order to the checklist. This is very intentional. Evidence and best practice tell us that getting Leadership on board is a crucial first step. A fundamental value is that of co-production and service-user involvement, which is why it is placed second on the checklist. At every step of the way, you will be prompted by the question: “have you tested this out with representative service users?” Similarly, raising staff awareness and changing working practices underpins the work that you will be doing. You will need to use your judgement as to the relative importance of the other parts of the process, as they will depend on what your organisation does and how it operates.

Based on the importance of this “spirit”, we recommend the following mindset:

- It is the **outcome** that is important, i.e. equitably enabling people to find, understand, and use information and services to inform health-related decisions and actions for themselves and others. **Don’t get hung up on checklists for checklists’ sake.**

- Prioritise what is important. You may need to focus on your key, or most frequent, interactions with your service users. “Don’t try and boil the ocean”.
- It might not be possible to change your whole organisation – so it may be your team or department that becomes health literate, rather than your whole organisation to begin with. For example, many Local Authorities have thousands of employees, and the NHS is Europe’s biggest employer – so you will not change them all on your own!
- Use your judgement. Every organisation is different (people, processes and culture etc) so if something isn’t applicable to you, then that’s fine.
- “You are in this for the long haul”. It always takes time to change people, processes and culture. And the bigger the organisation the bigger the challenge. “Every journey starts with a single step...”
- “Celebrate quick wins”. Having said it will take a long time, it will be wonderful to see and publicise early success and improved outcomes for your service users. This is best practice when it comes to project management and change management.
- You don’t have to do it all – even if you do a little, that is better than where you are now. It could be that time and resources mean that you can only focus on one aspect of the model. For example, “just” checking (and changing, if necessary) your written documentation to be more health literate would be an amazing thing to do
- This checklist, whilst reasonably comprehensive, is not exhaustive. So if you want to do more than is suggested in this document, then there is no one stopping you... And even better, sharing new and effective health literacy practices with others will help improve this process.

How to use the checklist

- The checklist is set out in a table. So you could simply use the checklist as it is, or use it to build a more detailed plan that suits the people, processes and culture of your organisation.
- The table has a Y/N/NA column. This stands for Yes, No or Not Applicable. This is to record whether you have completed this part of the journey or not.
- There is a RAG (Red, Amber, Green) status column. This is simply for you to make a self-assessment of your progress against this part of the journey, and to provide a visual snapshot of areas to celebrate or to work on. Again, don’t agonise over the accuracy of Red, Amber or Green. Discuss your rating with colleagues, service users or fellow Health Literacy Champions.

- Use the 'Date of update' column to keep a track of when you have updated this part of the journey.
- The table has a column headed: "Supporting evidence". Document the proof or evidence that you have successfully achieved this step i.e. where you have written 'Y'. Equally, you will need to put supporting comments or evidence for the cases where you have written 'N' or 'NA'. This will help you with the "Evaluation and Continuous Improvement" part of the checklist. **Remember to store (either online or in a physical location) the before and after versions of anything you change.** It will also help if the responsibility for this work is shared amongst a team or handed over to someone new – this would help with any handovers required.
- You will notice that there is a "**hints and tips**" section under each part of the process. Hopefully, you will find these useful. And please keep a note of what you have found useful that is different, or over and above these hints and tips. This can then be **shared with other Health Literacy Champions in the Community of Practice.**
- You will find that completing some parts of the checklist will help with the completion of others, as the elements integrate.

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Leadership and Policy

Steps	Y / N / NA	Date of update	RAG	Supporting comments or evidence	Next Steps or planning notes
Leadership team member(s) for Health Literacy Organisation programme of work on board					
What the “HLO Champion” role entails shared with the leader					
The leader understands what it will require to go on the HLO Journey and will provide time/resources to achieve this					
The leader is committed to publicly supporting this initiative					
The leader is committed to removing barriers to success					
<i>Health Literacy Policy</i>					
Relevant leadership team member (or team) has agreed to the creation of a Health Literacy policy for the					

Steps	Y / N / NA	Date of update	RAG	Supporting comments or evidence	Next Steps or planning notes
organisation					
Plan developed for creating and implementing a Health Literacy policy for the organisation					
Health Literacy policy created, including when it will be updated					
Health Literacy policy signed off and publicised to the whole (or relevant parts) of the organisation					
Health literacy awareness training added to mandatory training for relevant roles (including annual refresher training)					
Health literacy awareness training added to induction training for relevant roles					
Other relevant existing policies identified e.g.					

Steps	Y / N / NA	Date of update	RAG	Supporting comments or evidence	Next Steps or planning notes
Communications Policy, Shared Decision Making Policy, Engagement Policy, Incentive plans for GP Surgeries etc					
Health Literacy clauses included in commissioning process					
HL policy aligned with relevant, existing policies					



Hints and tips for Leadership and Policy

- Investing time in building the relationship with the key decision-maker(s) in your organisation will be pivotal
- It can take time to get an organisation-wide policy changed! Don't wait for sign-off for this policy before starting other HLO work
- If you have a Communications team, you may need to consider involving them in your HLO journey, especially if they have responsibility for service-user facing communications, such as websites or printed materials
- As a Health Literacy Champion you may well get known within your organisation for being the “go-to person” for all things relating to health literacy. This can be a good thing! However, there is a balance to be struck... for example, you are not there to rewrite everyone’s documents for them! If you get the training and awareness-raising right, then people should feel empowered and equipped to make these changes themselves.

Co-production and Service User Engagement

Steps	Y / N / NA	Date of update	RAG	Supporting comments or evidence (including where stored)	Next Steps or planning notes
Approach to involving service users created – for both existing and new services and processes. Must include documenting names of groups and contact names. To include a decision on how (if) 'legacy' services and processes are in scope					
Rationale for not including service users in your HLO Journey documented					
Baseline service user feedback gathered for existing written documentation					
Baseline service user feedback gathered for verbal interactions					
Baseline service user feedback gathered for the layout of premises					

Steps	Y / N / NA	Date of update	RAG	Supporting comments or evidence (including where stored)	Next Steps or planning notes
Baseline service user feedback gathered for online experience					
Baseline service user feedback acted upon for existing written documentation					
Baseline service user feedback acted upon for verbal interactions					
Baseline service user feedback acted upon for layout of premises					
Baseline service user feedback acted upon for online experience					
Co-production (or service user engagement) taking place for appropriate new written documentation					
Co-production (or service user engagement) taking place for appropriate new verbal					

Steps	Y / N / NA	Date of update	RAG	Supporting comments or evidence (including where stored)	Next Steps or planning notes
communication					
Co-production (or service user engagement) taking place for new premises					
Co-production (or service user engagement) taking place for online experience					
Service users involved in the evaluation of the effectiveness of your HLO journey at key, predetermined milestones					



Hints and tips for Co-production and Service User engagement

- This can be amongst the most enjoyable parts of the process – you get to meet the people your organisation is there for
- It can take time, and you may need to be creative in terms of how and when you meet with representatives of your service users. It is therefore definitely an area to make priority calls on, due to the likely availability of time and resources to do this. For example, how

realistic is it to revisit every piece of existing client-facing documentation? However, this is a fundamental value underpinning best practice in becoming a Health Literate Organisation

- Examples of representative groups include Patient Advice and Liaison Service (PALS) and Patient Participation Groups (PPGs)
- It will be very valuable to include those people in your organisation who are responsible for website creation/maintenance in your HLO Journey as it is likely you will need their buy-in and support

Staff Awareness and health literate ways of working

Steps	Y / N / NA	Date of update	RAG	Supporting comments or evidence	Next Steps or planning notes
Health Literacy Champion(s) attended HLO workshop					
A list of all roles/teams/departments which have interaction with the public has been identified					
Prioritisation process undertaken e.g. Teams or roles with a high frequency of interaction with the public identified					
Plan for health literacy awareness and training in place					
“Priority roles” made aware of the importance of, and trained in, health literacy and the Health Literate Organisation journey					
The leadership team has been made aware of the importance of and trained in, health literacy and the Health Literate					

Steps	Y / N / NA	Date of update	RAG	Supporting comments or evidence	Next Steps or planning notes
Organisation journey					
“All” staff made aware of the importance of and trained in, health literacy and the Health Literate Organisation journey					
Health literacy awareness training added to mandatory training for relevant roles (including annual refresher training)					
Health literacy awareness training added to induction training for relevant roles					
Plans for follow up and continuous improvement have been put in place					



Hints and tips for staff Awareness and health literate ways of working

- You may well need to make ‘priority calls’ on which people or teams receive training. Some people have more interaction with the public than others.

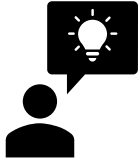
- You may need to prioritise what the focus of your health literacy training contains. For example, it is recommended that you focus on ensuring that ‘teachback’ takes place for people with public-facing roles. Similarly, those with responsibility for written communications should focus on the principles of writing for health literacy
- Some roles will be more influential when it comes to ‘formal’ communications with the public. For example, if you have a Communications team it will be ideal to involve them in this work
- In support of the ‘Leadership and Policy’ part of this checklist, it will be important to ensure that the relevant leaders are aware of, and appropriately trained in, health literacy and the Health Literate Organisation journey

Written communication (including online and social media content)

Steps	Y / N / NA	Date of update	RAG	Supporting comments or evidence	Next Steps or planning notes
<i>Paper or printed</i>					
A full range of items of existing written material that are shared with the public have been identified					
“Priority” items of existing written material that are shared with the public have been identified (and stored to support ‘before and after’ evaluation)					
Existing items have been shared with service users representative, with feedback acted upon					
Existing items have been assessed using a recognised health literacy written assessment tool (without service user involvement)					
‘After’ versions of documents have been					

Steps	Y / N / NA	Date of update	RAG	Supporting comments or evidence	Next Steps or planning notes
stored to support 'before and after' evaluation					
Analysis of different language needs of service users undertaken					
Different language versions of written materials are available					
Different language versions approved by representatives of relevant communities					
<i>Online and social media</i>					
A full range of items of existing online material that are shared with the public have been identified					
"Priority" items of existing online material that are shared with the public have been identified (e.g. appointment letters)					
Existing online materials					

Steps	Y / N / NA	Date of update	RAG	Supporting comments or evidence	Next Steps or planning notes
have been shared with service users representatives, with feedback acted upon					
Existing items have been assessed using a recognised health literacy written assessment tool (without service user involvement)					
Process for creation of new online material has been established, to ensure it complies with HL principles					
People responsible for the creation of social media content identified and brought into the HLO journey ethos					
Process for the creation of social media content has been established, to ensure it complies with HL principles					



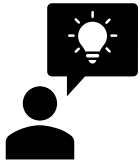
Hints and tips for Written Communication

- This is definitely somewhere you will need to use judgement and prioritise the written material you wish to work on.
- See the Knowledge Hub for suggestions on the various health literacy written assessment tools you may wish to choose from
- It will be very valuable to include those people in your organisation who are responsible for website creation/maintenance in your HLO journey
- Similarly, who is responsible for any social media posts intended for your service users? Are they posting in a way that is supportive of the health literacy needs of your service users?
- You will need to be pragmatic about how your service delivery has changed as a result of the pandemic

Verbal Communication

Steps	Y / N / NA	Date of update	RAG	Supporting comments or evidence	Next Steps or planning notes
All roles/people that have verbal interaction with the public have been identified (including telephone interaction). This may well include support staff and volunteers.					
Prioritisation of roles undertaken (e.g. "Top 3" most frequent communicators/roles with the public)					
All staff (who have interaction with the public) have been made aware of the importance of health literate conversations and what is meant by being a Health Literate Organisation					
Priority roles have been made aware of, and trained in, Teachback and Chunk and Check					
Priority roles are using Teachback and Chunk and					

Steps	Y / N / NA	Date of update	RAG	Supporting comments or evidence	Next Steps or planning notes
Check					
All other staff (who have interaction with the public) have been made aware of, and trained in, Teachback and Chunk and Check					
All other staff (who have interaction with the public) are using Teachback and Chunk and Check					
Analysis of different language needs of service users undertaken					
Employees with relevant language skills (or translators) are available when required					
Translators/interpreters have embedded Teachback and Chunk and Check into their ways of working					



Hints and tips for Verbal Communication

- This is definitely somewhere you will need to use judgement and prioritise the roles which need to know about, and use, teachback for example
- One of the most common questions/reactions when staff first learn about teachback is something along the lines of “but couldn’t this come across as patronising to the service user?” Until staff find their natural way, and forms of words that they are comfortable with, when using teachback, this reaction is perfectly natural. **However, it is not a reason to avoid using teachback!** Teachback is probably the most effective and high profile “win” that you can achieve in helping to make your organisation health literate.

Physical layout (& online experience)

Steps	Y / N / NA	Date of update	RAG	Supporting comments or evidence	Next Steps or planning notes
<i>Physical layout</i>					
Photographs (and/or other documentation) taken to record the 'before' situation					
Plan in place to ask service users how they experience getting to, arriving at, being in and leaving your premises (e.g. via a 'walk-through commentary')					
Feedback from service users gathered and a change plan formed					
Feedback from service users acted upon					
Reasons/rationale for not involving service users documented					
Staff member (or volunteer) greets people on arrival					
Welcome staff or volunteers trained in health literacy					

Steps	Y / N / NA	Date of update	RAG	Supporting comments or evidence	Next Steps or planning notes
Welcome desk clearly visible					
Welcome signage in place					
All signs are visible and easy to read					
Signs provide clear direction (especially to entrance, exits, toilets etc)					
Signs are written in appropriate languages					
Other approaches to help patients find their way, such as colour-coded lines on the floors or walls, have been considered (and implemented where possible)					
Public waiting rooms are used to share important information but do not overwhelm people with too much material on noticeboards or tables.					
Posters on walls or					

Steps	Y / N / NA	Date of update	RAG	Supporting comments or evidence	Next Steps or planning notes
noticeboards follow best practices in health literate communication (see “Written Communication” section of this checklist)					
Leaflets for service users follow best practices in health literate communication (see “Written Communication” section of this checklist)					
Public areas and waiting rooms are regularly reviewed about the items in this section of the checklist					
Suggestions box (and supporting process) in place					
Photographs (and/or other documentation) taken to record the ‘after’ situation					
Plan for continuous improvement in place (e.g. how often will this					

Steps	Y / N / NA	Date of update	RAG	Supporting comments or evidence	Next Steps or planning notes
checklist be revisited?)					
<i>Online</i>					
The online experience for your service users has been 'mapped out'					
Service user feedback on their online experience (e.g. ease of contacting your organisation, making a booking etc) has been gathered					
Service user feedback on online experience has been acted upon					
Online "suggestions box" (and supporting process) in place					



Hints and tips for Physical Layout (& online experience)

- This is clearly a category where judgement will need to be used
- You will need to consider the size and complexity of your premises. For example, an entire hospital is very different to a small pharmacy, as is a care home to an online stop smoking service

- Some health care and care organisations do not have physical premises, so this part of the category may not be applicable
- This is definitely somewhere you will need to use judgement and prioritise the physical buildings or online processes you have the time and resources to work on
- The pandemic may have meant that health and care organisations have needed to adopt 'temporary' measures to safely support the way you work (physical or online). You will therefore need to make a judgement (based on resources, risk and other factors) as to when and how you conduct this part of the HLO journey

Evaluation and Continuous Improvement

Steps	Y / N / NA	Date of update	RAG	Supporting comments or evidence	Next Steps or planning notes
<i>Evaluation</i>					
Approach to evaluation created.					
Storage space created (could be online or physical) to store original documents and other materials.					
'Before and after' documented for Leadership and Policy activity					
'Before and after' documented for Co-production and Service User Engagement activity					
'Before and after' documented for Staff Awareness and Ways of working activity					
'Before and after' documented for Written Communication activity					
'Before and after' documented for Verbal					

Steps	Y / N / NA	Date of update	RAG	Supporting comments or evidence	Next Steps or planning notes
Communication activity					
'Before and after' documented for Physical activity					
<i>Continuous Improvement</i>					
There is a named member of the leadership team with accountability for the ongoing Health Literate Organisation journey					
There is a person, role or team with responsibility for managing the Health Literate Organisation journey					
Representatives of the organisation's service user groups are part of the process and review of continuous improvement					
This checklist is a living document (i.e. continuously in use) and is revisited as part of					

Steps	Y / N / NA	Date of update	RAG	Supporting comments or evidence	Next Steps or planning notes
the ongoing commitment to becoming a Health Literate Organisation (e.g. every 6 months)					

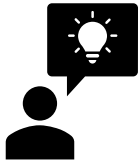


Hints and tips for Evaluation and Continuous Improvement

- Use this checklist as your ongoing evaluation tool. Use version control of the document to note your progress. i.e. what has gone from red to amber? What has gone from amber to green?
- Consider undertaking a baseline evaluation (snapshot) at the start of your journey – to be able to return to at various checkpoints
- Capture qualitative and quantitative feedback from your service users
- Keep hold of any documentation that you change as a result of going on this HLO journey. This will help with the “pre and post” evaluation of the work.
- Where you make progress, celebrate and publicise it. This may help with keeping up the momentum of this work.

Organisation Specific Actions

Steps	Y / N / NA	Date of update	RAG	Supporting comments or evidence	Next Steps or planning notes



Hints and tips for Organisation Specific Actions

- Use this part of the plan for actions that fit well for your organisation that fall outside the scope of the other parts of the checklist
- Be creative, listen to your service users and act accordingly in your journey to become a Health Literate Organisation!