Printable OPIHL Champion Tool

Introduction

Congratulations on taking your first step in becoming a Health Literacy CHAMPION.

NALHD's Outreach Partnership to Improve Health Literacy (OPIHL) has developed this tool for you to assess the level of integration of health literate practices within your organization.

For **NALHD member organizations**, technical assistance service provided with this tool is **free**.

If you are not a NALHD member organization, there is a $300 fee to provide technical assistance with this tool. Please contact Susan Ferrone at 402-904-7946 or send an email to opihlprojectdirector@nalhd.org.

To be considered for a Health Literacy Champion designation, your organization must answer 'yes' and provide supporting documentation for at least:

-- 2 items in the Focus Area of *Performance Management*;

-- 1 item in the Focus Area of *Policy and Procedures*; and

-- 1 item in the Focus Area of *Community Partners*.

Focus Area: *Performance Management*

To be considered for a Health Literacy Champion designation, your organization must answer 'yes' and provide supporting documentation for at least 2 items within this focus area.

✱1. Does your organization have a Health Literacy Category or is health literacy explicitly included as part of an annual Employee Evaluation?

○ Yes

○ No

Comments:

✱2. Which positions are evaluated on health literacy practices annually?

✱3. Which positions are NOT evaluated on health literacy practices annually?

Focus Area: *Performance Management*

Please attach copies of the evaluation(s) template(s) used to evaluate health literacy practices for employees. If you have more attachments than what this survey allows, please contact Susan Ferrone at opihlprojectdirector@nalhd.org.

Note: If you are getting an error message related to attaching documents, you can restart the survey using an alternate browser such as Explorer or Safari. Your responses thus far will be saved.

Focus Area: *Performance Management*

＊4. Does your organization require any type of health literacy training for new employees within 6 months of hire?

○ Yes

○ No

Comments:

Focus Area: *Performance Management*

＊5. What type of health literacy training does your organization use? (check all that apply)

☐ NALHD Health Literacy Trainings

☐ CDC Health Literacy on-line training

☐ Health Literacy Advisor Software Training

☐ Workshop at PHAN

☐ In-house training

☐ Annual conference (please specify below)

☐ Other (please specify below)

Comments:

Focus Area: *Performance Management*

Please attach documentation of health literacy training for new and existing employees. If you have more attachments than what this survey allows, please contact Susan Ferrone at opihlprojectdirector@nalhd.org.

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Focus Area: *Performance Management*

*6. Does your organization require/provide any type of *annual* health literacy training for employees?

○ Yes

○ No

Comments:

[   ]

Focus Area: *Performance Management*

*7. What do you use for your organization's health literacy training? (check all that apply).

☐ NALHD Health Literacy trainings

☐ CDC Health Literacy on-line training

☐ Health Literacy Advisor Software Training

☐ Workshop at PHAN

☐ In-house training

☐ Annual conference (please specify below)

☐ Other (please specify below)

Comments:

[   ]

Focus Area: *Performance Management*

Please attach what your organization uses to document employee training. If you have more attachments than what this survey allows, please contact Susan Ferrone at opihlprojectdirector@nalhd.org.

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Focus Area: *Performance Management*

*8. Does your organization evaluate employees on how well they incorporate Health Literacy best practices into their scope of work?

○ Yes

○ No

Comments:

[   ]

Focus Area: *Performance Management*

*9. Please indicate which Health Literacy best practices are evaluated (check all that apply).

☐ Teach Back

☐ CDC Clear Communications Index

☐ Plain Language

☐ Patient Education Materials Assessment Tool (PEMAT)

☐ Limited use of jargon

☐ Health Literacy Universal Precautions

☐ Easy to Read Materials

☐ Usability Testing

☐ Use of pictures and models

☐ Other (please specify below)

Comments:

[   ]

Focus Area: *Performance Management*

Please attach the performance management tool(s) template used to evaluate how staff incorporate health literacy into their scope of work. If you have more attachments than what this survey allows, please contact Susan Ferrone at opihlprojectdirector@nalhd.org.

Note: If you are getting an error message related to attaching documents, you can restart the survey using an alternate browser such as Explorer or Safari. Your responses thus far will be saved.

Focus Area: *Policies and Procedures*

To be considered for a Health Literacy Champion designation, you must answer 'yes' and provide supporting documentation for at least 1 item in the Focus Area of *Policies and Procedures.*

*10. Does your organization incorporate Health Literacy best practices and/or tools into presentations/programs?

○ Yes

○ No

Comments:

[   ]

Focus Area: *Policies and Procedures*

*11. Please indicate the Health Literacy best practices and/or tools used in presentations/programs (check all that apply).

☐ Teach Back

☐ CDC Clear Communications Index

☐ Plain Language

☐ Patient Education Materials Assessment Tool (PEMAT)

☐ Limited use of jargon

☐ Health Literacy Universal Precautions

☐ Easy to Read Materials

☐ Usability Testing

☐ Use of pictures and models

☐ Other (please specify below)

Comments:

[   ]

*12. Does your organization routinely evaluate the effectiveness of Health Literacy best practices and/or tools used in *presentations/programs*?

○ Yes

○ No

Comments:

[   ]

Focus Area: *Policies and Procedures*

*13. Please indicate how your organization evaluates the effectiveness of Health Literacy best practices and/or tools used in *presentations/programs* (check all that apply).

☐ Participant Evaluation Form

☐ Peer Evaluation

☐ Quality Improvement Process

☐ Program Outcome Measure

☐ Other (please list/describe below)

Comments:

Focus Area: *Policies and Procedures*

Please submit 1-3 examples of documentation used to evaluate Health Literacy best practices in presentations/programs.

Note: If you are getting an error message related to attaching documents, you can restart the survey using an alternate browser such as Explorer or Safari. Your responses thus far will be saved.

Focus Area: *Policies and Procedures*

*14. Does your organization incorporate Health Literacy best practices and/or tools into *client interactions* (ie. Immunization Clinic, WIC, dental screening, one to one education, referrals)?

○ Yes

○ No

Comments:

Focus Area: *Policies and Procedures*

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*15. Please indicate which Health Literacy best practices and/or tools your organization incorporates into *client interactions* **(check all that apply).**

☐ Teach Back

☐ CDC Clear Communications Index

☐ Plain Language

☐ Patient Education Materials Assessment Tool (PEMAT)

☐ Limited use of jargon

☐ Health Literacy Universal Precautions

☐ Easy to Read Materials

☐ Usability Testing

☐ Use of pictures and models

☐ Other (please specify below)

Comments:

*16. Please *briefly* **describe how your organization incorporates the above Health Literacy best practices into** *client interactions*.

*17. Does your organization have a policy which outlines how to include Health Literacy best practices and tools in the development of internal materials, including web-based materials?

○ Yes

○ No

Comments:

Focus Area: *Policies and Procedures*

Please provide a copy of the policy used to develop internal materials, including web-based materials. If you have more attachments than what this survey allows, please contact Susan Ferrone at opihlprojectdirector@nalhd.org.

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Focus Area: *Policies and Procedures*

*18. Please indicate which Health Literacy best practices and tools your organization uses to develop your printed/web-based materials (check all that apply).

- ☐ Teach Back
- ☐ CDC Clear Communications Index
- ☐ Plain Language
- ☐ Patient Education Materials Assessment Tool (PEMAT)
- ☐ Limited use of jargon
- ☐ Health Literacy Universal Precautions
- ☐ Easy to Read Materials
- ☐ Usability Testing
- ☐ Use of pictures and models
- ☐ Other (please specify below)

Comments:

Focus Area: *Community Partners*

To be considered for a Health Literacy Champion designation, your organization must work with at least 1 Community Partner.

*19. What type of community partners does your organization work with to promote health literacy? (Please select all that apply.)

☐ Hospital	☐ Preschool Providers
☐ Clinic (such as FQHC, Free Clinics, etc.)	☐ K-12 Education
☐ Private Practice	☐ Higher Education/Academic Institution
☐ Local Public Health Department (other than your own)	☐ Faith-based Organization
☐ State DHHS/Government Agency	☐ Community Organization (such as non and for-profit)
☐ State Organization	☐ Other (please specify)
☐ Childcare Providers	☐ N/A

Comments:

✱20. Please *briefly* describe your organization's efforts to promote health literacy with your community partners.

✱21. Which of the following Health Literacy organizations does your organization participate in (check all that apply)?

- ☐ Health Literacy Nebraska
- ☐ Nebraska Association of Local Health Directors (Outreach Partnership to Improve Health Literacy)
- ☐ Health Literacy Missouri
- ☐ Health Literacy Wisconsin
- ☐ Institute for Healthcare Advancement
- ☐ Other (please specify below)
- ☐ N/A

Comments:

Contact Information

✱22. Please list your name and contact information in order to provide you with further technical assistance associated with this tool.

Name:

Company:

Address:

Address 2:

City/Town:

State:

ZIP:

Email Address:

Phone Number:

Thank you!

Thank you for your interest in becoming a Health Literacy Champion.

You will receive a follow-up phone call/email shortly.