Congratulations on taking your first step toward being a *Health Literacy Champion* organization. A Champion organization is one that has publicly pledged to make health literacy improvement a priority in the communities it serves.

The University of Maryland Herschel S. Horowitz Center for Health Literacy and the Nebraska Association of Local Health Directors (NALHD) is making the Champion toolkit available for local health departments to help them assess, integrate, and monitor health literacy policies and practices in their organizations. State health departments and other organizations may also find the toolkit a valuable assessment and planning tool, although some of their organizational functions may be different.

*Many organizations, reports, and research studies* confirm that health literacy directly impacts individual and community health outcomes, and health departments play a key role in shaping these outcomes. Since 2012, NALHD has provided health literacy training, resources, and technical assistance to local health departments in Nebraska. NALHD’s goal has been to build the health literacy skills and capacities of Nebraska’s local health department staff as well as reduce the literacy burden on community members who use health department services. These activities are bundled as the *Health Literacy Champion process*. Susan Bockrath, MPH, CHES, and Susan Ferrone, BSN, RN, MPA, were the lead developers of this process for NALHD. Local health departments in Nebraska have used their Champion experience to document health literacy practices for Public Health Accreditation Board (PHAB) applications.

Nebraska’s positive experience using the Champion process and its usefulness for health departments working on PHAB applications prompted the Center for Health Literacy to work with NALHD to make the Champion toolkit available nationwide.
Health Literacy and Local Health Departments

Using this toolkit is part of how your department can

MAKE IT EASY FOR EVERYONE TO FIND AND USE HEALTH INFORMATION AND SERVICES FOR HEALTH AND WELLBEING.

Local health departments are responsible for assessing, maintaining, and improving the health of everyone in a community, especially those with the greatest health challenges. Given the different health literacy needs in a community, health department staff must have solid health literacy skills and be able to use best practices to improve individual, community, and public health. This toolkit guides health department staff to:

- assess current policies and procedures on performance management, development of educational materials, and community involvement; and
- develop and implement an action plan with SMART health literacy goals.

BECOME A CHAMPION

CHAMPION PROCESS

The Health Literacy Champion Process is comprised of four main components. We recommend you to do them in this order. This toolkit serves as a guide for health departments.

1. HEALTH LITERACY CHECK-UP

The check-up provides a succinct assessment of health literate policies and procedures relating to performance management, development of educational materials, and community involvement.

2. HEALTH LITERACY ACTION PLAN

After completing the check-up, health departments can use the SMART goals and action plan template to create actionable health literacy goals.

3. HEALTH LITERACY PLEDGE

The pledge allows participating health departments to acknowledge the check-up score and commit to implementing their action plan.

4. ACTION PLAN

Implement the action plan.
Outline of Toolkit

Chapter 1: Public Health Accreditation Board (PHAB) Standards related to Health Literacy
Chapter 2: Health Literacy Check-Up Process
Chapter 3: Action Plan Development
Chapter 4: Health Literacy Champion Pledge
Chapter 5: Action Plan Implementation
Chapter 6: Health Literacy Program Evaluation

CHAPTER 1 PUBLIC HEALTH ACCREDITATION BOARD

This toolkit will prepare health departments to meet Public Health Accreditation Board (PHAB) Standards related to health literacy. This toolkit is also helpful for health departments that intend to go through the reaccreditation process and/or the 5-year renewal. You can insert the Champion materials in an accreditation application to document your activities.

The goal of the PHAB voluntary national accreditation program is to improve and protect the health of the public by advancing the quality and performance of Tribal, state, local, and territorial health departments. To learn more about Public Health Accreditation, please check their website.

What is Public Health Department Accreditation?

- National health department accreditation was developed to advance quality and performance within health departments and to improve service, value, and accountability to stakeholders.
- Accreditation standards define the expectations for all health departments that seek to become accredited.
- Health department performance is measured against a set of nationally recognized, practice-focused, and evidenced-based standards.
- The standards represent the required achievement level a health department must meet for accreditation. Each standard has measures to evaluate whether the standard is met, and health departments must adequately document how they meet a measure.
- Health departments earn recognition of achievements in a specified time frame by a nationally recognized entity.

**PHAB Domains, Standards, and Measures Related to Health Literacy**

PHAB health literacy standards and measures are distributed across three domains, or topic areas. Health departments need to document that they meet the measures under the relevant standard in each of the three domains. Domain 3, *Inform and Educate about Public Health Issues and Functions*, has standards and measures related to creating and sharing accurate, accessible, and actionable health materials that are culturally competent and health literate for populations served. Domain 7, *Promote Strategies to Improve Access to Healthcare*, has standards and measures to improve access to healthcare services for individuals with low health literacy who may have difficulty finding a provider or delay needed care. Domain 8, *Maintain a Competent Workforce*, has standards and measures about training and professional development, which includes training in health literacy. You can take the completed Champion Check-Up and Action Plan documents and include them in your PHAB documentation related to these standards and measures.

The PHAB domains, standards, and measures related to health literacy as of April 2018 are listed at the end of this document.
CHAPTER 2 HEALTH LITERACY CHECK-UP PROCESS

The Health Literacy Check-Up guides health departments in assessing their use of health literacy best practices and techniques in three focus areas: 1) Performance Management; 2) Policy and Procedures; and 3) Community Partners. Health departments use the results to create an action plan to improve health literacy best practices and enhance or develop new trainings or guidelines to help staff learn and apply health literacy techniques.

Staff complete the Check-Up process online with tools on the Horowitz Center’s website. Health departments are encouraged to complete an annual check-up and track their progress in implementing their action plans.

Steps to Complete the Check-Up

The following steps can help you complete a Check-Up and prepare documentation for PHAB’s health literacy-related standards.

1. Access the online Health Literacy Check-Up on the Center’s website.
2. Gather needed information to complete the Check-Up.
3. If you need advice to complete the Check-Up or expert review of a completed Check-Up, you can contact the Center for Health Literacy.
CHAPTER 3  ACTION PLAN DEVELOPMENT

After you complete the Check-Up process, you can begin work on the action plan. The Health Literacy Action Plan asks health departments to define the goals for selected focus area(s). Use the SMART goal method below to create and refine your goals.

IS MY GOAL SMART?

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<th>THE BIG IDEA</th>
<th>THE NITTY GRITTY</th>
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<td></td>
<td>The five W’s: Who, What, Where, When,</td>
<td>Identify requirements, constraints,</td>
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<td></td>
<td>and Why?</td>
<td>location, purpose, and people involved.</td>
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<tr>
<td>MEASURABLE</td>
<td>How do you concretely measure success?</td>
<td>How will you know when you succeed?</td>
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<tr>
<td></td>
<td></td>
<td>Ask yourself: “How much” or “how many”?</td>
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<td>ATTAINABLE</td>
<td>What is important to you?</td>
<td>What is the plan? How will things be different when</td>
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<td></td>
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<td>you achieve your goal?</td>
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<tr>
<td>REALISTIC</td>
<td>Are you willing and able?</td>
<td>Can you see yourself succeeding?</td>
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<td></td>
<td>How is this goal aligned with your key duties?</td>
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<tr>
<td>TIMELY</td>
<td>When will you know when you have</td>
<td>When will you meet this goal?</td>
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<td></td>
<td>been successful?</td>
<td>Set milestones and target dates.</td>
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</table>

Considerations for Your Goals

- Does this SMART Goal help you to achieve other initiatives?
- What are these other initiatives, and how will the Health Literacy Champion process achieve these initiatives?
- Are you applying for PHAB accreditation? If so, Domains 3, 7 and 8 have health literacy related standards. How might you tailor the action plan to help you meet the PHAB standards?

Action Plan Template
The template helps you identify and organize your goals, who will work on the goals, and when you aim to achieve the goals.

**Steps**
1. Health department staff complete the template using the Smart Goal model.
2. If staff need expert health literacy advice, they can contact the Center for Health Literacy.
3. Health departments ask their stakeholders for feedback and revise their plans, if necessary.

**CHAPTER 4 HEALTH LITERACY CHAMPION PLEDGE**

Now that you have a completed Check-Up and Action Plan, commit your health department to act on this information. The next step is to ask your health department leadership to take publicly the Health Literacy Champion Pledge. In addition to providing a public verification of a health department’s commitment to health literacy improvement, the Champion process contributes to the health department’s efforts to meet PHAB Standards in Domains 3, 7, and 8.
A health department becomes a confirmed Champion once the Horowitz Center has reviewed and accepted its packet. The health department staff complete the Check-Up, Action Plan, and Pledge forms and submit them to the Center. Center staff review the packet and confirm the applicant’s pledge or return the packet with comments about what needs further work.

**Steps**

1. A health department submits its packet (Check-Up, Action Plan, and Pledge forms) to the Horowitz Center at [healthliteracy@umd.edu](mailto:healthliteracy@umd.edu)

2. Center staff review the packet and confirm the health department has completed the necessary steps to be a Health Literacy Champion or return the packet with comments to the health department.

3. Confirmed Champions will be listed on the Center’s website.

**CHAPTER 5 ACTION PLAN IMPLEMENTATION**

Planning and committing to change is the beginning of a health department’s health literacy improvement journey. Implementation of the action plan is the next step along the path. However, health departments may not have staff trained in health literacy, which can make it difficult to fully implement an action plan. If you’re ready to implement and need expert help, contact the Center for Health Literacy. We may be able to provide different types of fee-based services, such as health literacy training, health message and material development, and other actions in a health department’s plan.
Steps
1. Assess resources needed to implement the action plan.
   a. Secure expert help, if necessary.
2. Begin implementation and make sure to document all work along the way.
3. Document progress and set-backs towards achieving action plan goals.
4. Adjust your Action Plan as needed to reflect progress and set-backs.

CHAPTER 6 HEALTH LITERACY PROGRAM EVALUATION

Evaluating your progress and results is a critical step in making sure that you have implemented your plan as intended. Receiving input from an objective third party as well as feedback from community members is critical to enhance interventions and programs to ultimately improve community health outcomes. You may have in-house or local evaluation expertise you can call on. If not, the Horowitz Center for Health Literacy can provide fee-based services to help health departments evaluate the effectiveness, local uptake, and sustainability of health literacy programs and interventions. Additionally, the Center can help develop a quality improvement strategy. Contact the Center at healthliteracy@umd.edu to discuss developing customized evaluation and quality improvement plans.
### Domain 3: Inform and Educate About Public Health Issues and Functions

**Standard 3.1**
Provide health education and health promotion policies, programs, processes, and interventions to support prevention and wellness.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Documentation</th>
<th>Guidance</th>
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| Measure 3.1.1 A  
Information provided to the public on protecting their health | The provision of information to the public on health risks, health behaviors, disease prevention, or wellness | The health department must document the provision of information to the public to address health risks, health behaviors, disease prevention, and/or wellness. Information must be accurate, accessible, and actionable. The need for cultural competence and consideration of health literacy must be taken into account. Information is expected to be provided in plain language with everyday examples.  
Documentation must note the target group or audience, the program area, the date the information was shared or distributed, and the purpose for the information.  
Documentation could be, for example, a public presentation, distribution of a press release, media communications, brochures, flyer, or public service announcement. |
| Measure 3.1.2 A  
Health promotion strategies to mitigate preventable health conditions | Development and implementation of health promotion strategies | The health department must document the development and implementation of health promotion strategies. The documentation must show how the strategies:  
- Are evidence-based, rooted in sound theory, practice-based evidence, and/or promising practice.  
- Were developed with engagement of the community, including input, review, and feedback from the target audience.  
The examples must come from two different program areas, one of which must address the prevention of a chronic disease.  
- Focus on social and environmental factors (such as air quality or the built environment) that create poor health, discourage good health, or encourage individual behavioral factors that impact negatively on health.  
- Use various marketing or change methods including, for example, digital media and social marketing, as appropriate.  
- Were implemented in collaboration with stakeholders, partners, and the community.  
Examples of health promotion efforts include biking pathways, farmers markets, public meeting places (to encourage social interaction), distribution of child safety devices, walking clubs, and smoke-free zones.  
Documentation could be, for example, a portion of a program plan, a portion of a program strategic plan, minutes of a program planning meeting, part of a report developed for submission to a funding agency, evaluation report of the program, or other official description of the strategy.  
Due to the limited availability of evidence-based practices or promising practices in Tribal communities, Tribes may provide examples of practice-based evidence used to adapt models or create models based on a cultural framework. |
## Domain 7: Promote Strategies to Improve Access to Healthcare

### Standard 7.1
Assess healthcare service capacity and access to healthcare services.

**Measure 7.1.3 A**
Identification of gaps in access to healthcare services and barriers to the receipt of healthcare services identified.

**Documentation**
Identification of causes of gaps in services and barriers to receipt of care.

**Guidance**
Assessment of cause(s) for lack of access to services and barriers to access to care. Causes may include: a population that is uninsured/underinsured, lacks transportation to healthcare, does not speak or understand English, is immunocompromised, or lives where there is a shortage of primary care and dental practitioners. Barriers may also be the result of populations who do not trust healthcare providers or do not understand why certain routine medical services or screenings are necessary to protect their health. Barriers may include, but not be limited to, travel distance in rural areas, inability to obtain timely appointments, lack of ability to pay for services, or limited service hours of healthcare.

### Standard 7.2
Identify and implement strategies to improve access to healthcare services.

**Measure 7.2.3 A**
Implemented culturally competent initiatives to increase access to healthcare services for those who may experience barriers to care due to cultural, language, or literacy differences.

**Documentation**
Initiatives to ensure that access and barriers are addressed in a culturally competent manner.

**Guidance**
The health department must document that initiatives to ensure access and address barriers are culturally competent, and take into account cultural, language, or low literacy barriers. The initiatives may be developed by the health department or in collaboration with others.

Examples of initiatives include the use of lay health advocates indigenous to the target population; parish nursing; informational materials developed for low literacy individuals; culturally competent initiatives developed with members of the target population; language/interpretive services; family-based care for some populations; or provision of healthcare that combines cultural health care and the health care system.

## Domain 8: Maintain a Competent Public Health Workforce

### Standard 8.2
Ensure a competent workforce through the assessment of staff competencies, the provision of individual training and professional development, and the provision of a supportive work environment.

**Measure 8.2.1 A**
Workforce development strategies.

**Documentation**
Workforce development plan.

**Guidance**
The health department must provide a health department-specific workforce development plan. The workforce development plan must:

- Address the collective capacity and capability of the department workforce and its units.
- Address gaps in capacity and capabilities and include strategies to address them.
- Be responsive to the changing environment and include consideration of areas where the technology advances quickly such as information management and (digital) communication science.
- Be responsive to the changing environment and include considerations of areas where the field is advancing, for example, emergency preparedness training, health equity, and cultural competence.

The plan must include:

- An assessment of current staff competencies against the adopted core competencies. An example of nationally adopted core competencies is the “Core Competencies for Public Health Professionals” from the Council on Linkages Between Academia and Public Health Practice. The plan may also use state developed or specialty focused sets of competencies, for example, nursing, public health preparedness, informatics, and health equity competencies.
- Training schedules and a description of the material or topics to be addressed in the training curricula to address gaps in staff competencies.
- A description of barriers/inhibitors to the achievement of closing gaps or addressing future needs in capacity and capabilities and strategies to address those barriers/inhibitors.
# Focus Area 3: Community Partnerships

<table>
<thead>
<tr>
<th>SMART Goal</th>
<th>Target Completion Date</th>
<th>Point of Contact for Follow-up Name, Phone Number, Email</th>
<th>Comments</th>
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