

Included in this document is the quantitative and qualitative measures that we will utilize in order to effectively evaluate the Health Literacy of the CBO's involved in this project.

Health Literacy Proposed Assessments

Howard University MPH Evaluation Team

Consent to Participate

I volunteer to participate in the evaluation of the Advancing Health Literacy Intervention conducted by DC Department of Health and Howard University. The purpose of this assessment is to collect information on the health literacy practices that happen within your community-based organization. My participation in this project is voluntary. I may withdraw and discontinue participation at any time without penalty. I understand that if I feel uncomfortable in any way during the assessment, I have the right to decline to answer any question or to end the assessment. I understand that the researcher will not identify me by name in any reports using information obtained from this assessment, and that my confidentiality as a participant in this study will remain secure. Subsequent uses of records and data will be subject to standard data use policies which protect the anonymity of individuals and institutions. This precaution will prevent my individual comments from having any negative repercussions. Any summary content, or direct quotations from the assessment, that are made available through academic publication or other academic outlets will be anonymized so that you cannot be identified, and care will be taken to ensure that other information in the assessment that could identify yourself is not revealed. I have read and understand the explanation provided to me. I have had all my questions answered to my satisfaction, and I voluntarily agree to participate in this study. For further information, please contact the Health Literacy Howard University Evaluation Co Director Alicia S. Anderson, PhD: as_anderson@howard.edu

I do not consent to participate and opt to end this survey.

I consent to participate.

Introduction

This survey is about the health literacy practices that happen within your organization. Health literacy practices are all client or resident-centered care activities and protocols that involve making sure clients or residents can understand and act on health-related information provided to them.

Choose one answer for each question unless directed otherwise. Please answer honestly; your individual responses will only be seen by the Howard University Evaluation Team.

Individual Health Literacy Practices

The first set of questions asks you about health literacy practices YOU may do during your job.

1. I know how to identify, prepare and simplify written materials so they are easier to read.
 Always Usually Sometimes Rarely/Never Not sure Not applicable for my role
2. I use clear oral communication techniques (e.g., use plain language, everyday words, limit to 3-5 main points, and information is specific and concrete).
 Always Usually Sometimes Rarely/Never Not sure Not applicable for my role
3. I have received awareness and sensitivity training about health literacy issues.
 Always Usually Sometimes Rarely/Never Not sure Not applicable for my role
4. I ask clients or residents to state key points in their own words (i.e., teach-back method) to assess understanding of health information.
 Always Usually Sometimes Rarely/Never Not sure Not applicable for my role
5. I encourage clients or residents to ask questions by using these words: “What questions do you have?” instead of “Do you have any questions?”
 Always Usually Sometimes Rarely/Never Not sure Not applicable for my role

6. I work with clients or residents to discuss priorities and develop action plans to promote changes in behaviors or practices.
 Always Usually Sometimes Rarely/Never Not sure Not applicable for my role
7. I demonstrate knowledge and sensitivity to clients or residents' cultural beliefs and customs.
 Always Usually Sometimes Rarely/Never Not sure Not applicable for my role

Written Communication Practices

This next set of questions asks you to rate how well your ORGANIZATION engages in different health literacy practices to help your clients or residents better understand and be able to act on health-related information. When answering these questions, think about your ORGANIZATION, or the group in your ORGANIZATION that you regularly work with.

8. All forms intended for client or resident use or data collection are concise, limit jargon, and are designed using standard techniques to make them easy to read.
 Doing Well Needs Improvement Not doing Not sure Not applicable
9. At least one staff member knows how to identify, prepare and simplify written materials so they are easier to read.
 Doing Well Needs Improvement Not doing Not sure Not applicable
10. Staff pilot test new written materials for appeal and comprehension with a few clients or residents.
 Doing Well Needs Improvement Not doing Not sure Not applicable
11. Staff have reviewed all of our written materials to check how easy they are to read using a readability formula.
 Doing Well Needs Improvement Not doing Not sure Not applicable

12. Client or resident education materials are concise, limit jargon, and are designed using standard techniques to make them easy to read.

Doing Well Needs Improvement Not doing Not sure Not applicable

13. Appointment slips are clear and concise. They provide contact information for clients or residents with questions and, when needed, include preparation instructions that are easy to understand.

Doing Well Needs Improvement Not doing Not sure Not applicable

14. Staff assesses client or resident's language preference.

Doing Well Needs Improvement Not doing Not sure Not applicable

Oral Communication Practices

15. Staff uses clear oral communication techniques (e.g., uses plain language, everyday words, limit to 3-5 main points, and information is specific and concrete)

Doing Well Needs Improvement Not doing Not sure Not applicable

16. Staff does not use jargon when communicating with clients or residents (e.g., not using words like anticoagulant, hypertension, NPO).

Doing Well Needs Improvement Not doing Not sure Not applicable

17. Staff does not talk too fast when communicating with clients or residents.

Doing Well Needs Improvement Not doing Not sure Not applicable

18. Staff members have received awareness and sensitivity training about health literacy issues.
- Doing Well Needs Improvement Not doing Not sure Not applicable
19. All levels of staff have agreed to support changes to improve client or resident understanding.
- Doing Well Needs Improvement Not doing Not sure Not applicable
20. Staff offers everyone help regardless of appearance (e.g., filling out forms, giving directions).
- Doing Well Needs Improvement Not doing Not sure Not applicable
21. Staff members who have client or resident contact can identify behaviors that may indicate literacy problems.
- Doing Well Needs Improvement Not doing Not sure Not applicable
22. Staff uses audio/video materials and/or visual aids to promote better understanding and enhance communication with clients or residents (e.g.,).
- Doing Well Needs Improvement Not doing Not sure Not applicable
23. Staff talks with clients or residents about any education materials they receive during the visit and emphasizes the important information.
- Doing Well Needs Improvement Not doing Not sure Not applicable
24. Staff asks clients or residents to state key points in their own words (i.e., teach-back method) to assess understanding of care instructions.

Doing Well Needs Improvement Not doing Not sure Not applicable

25. Staff encourages clients or residents to ask questions by using these words: “What questions do you have?” *instead of* “Do you have any questions?”

Doing Well Needs Improvement Not doing Not sure Not applicable

26. Staff uses trained interpreters or language services with clients or residents who do not speak English well.

Doing Well Needs Improvement Not doing Not sure Not applicable

27. When staff gives directions for finding the office visits or outreach events, they refer to familiar landmarks and public transportation routes as needed.

Doing Well Needs Improvement Not doing Not sure Not applicable

Self-Management and Empowerment Practices

28. Staff creates an environment that encourages our clients or residents to ask questions and get involved with their care.

Doing Well Needs Improvement Not doing Not sure Not applicable

29. Staff encourages clients or residents to write down questions while waiting for their appointment.

Doing Well Needs Improvement Not doing Not sure Not applicable

30. Staff have clear roles and responsibilities about teaching clients or residents’ self-management skills (e.g., dietary advice, using a glucometer or inhaler).

Doing Well Needs Improvement Not doing Not sure Not applicable

31. Our staff contacts our clients or residents between office visits or outreach events to ensure understanding or to follow up on plans made during the visit.

Doing Well Needs Improvement Not doing Not sure Not applicable

32. Staff confirms (by mail or phone) client or resident follow through after a referral is made.

Doing Well Needs Improvement Not doing Not sure Not applicable

33. Our department requests feedback from clients or residents.

Doing Well Needs Improvement Not doing Not sure Not applicable

34. Staff work with clients or residents to discuss priorities and develop action plans to promote changes in behaviors and practices.

Doing Well Needs Improvement Not doing Not sure Not applicable

Supportive Systems

35. Staff asks clients or residents if they need extra support and offers to work together with them to get the extra support.

Doing Well Needs Improvement Not doing Not sure Not applicable

36. Staff assesses client or resident's non-medical barriers and takes initiative to address them and provide appropriate referrals or extra support as needed.

Doing Well Needs Improvement Not doing Not sure Not applicable

37. Staff assists clients or residents to find affordable medications and fill out applications as needed.
- Doing Well Needs Improvement Not doing Not sure Not applicable
38. Staff asks clients or residents if they would like help understanding their bills or insurance forms.
- Doing Well Needs Improvement Not doing Not sure Not applicable
39. Staff maintains an updated list of community resources and refers clients or residents as needed.
- Doing Well Needs Improvement Not doing Not sure Not applicable
40. Staff helps clients or residents to access community-based programs (e.g., adult literacy, English for speakers of other languages, smoking cessation, weight loss).
- Doing Well Needs Improvement Not doing Not sure Not applicable
41. Staff demonstrates knowledge and sensitivity to clients or residents' cultural beliefs and customs.
- Doing Well Needs Improvement Not doing Not sure Not applicable

Health Literacy Environment

This survey addresses culture and language through the lens of health literacy. Please note, this is not an exhaustive list of important culture and language items. We've chosen several items specifically related to health literacy. Consider the following items to rate the frequency with which each item is practiced. The number of points is indicated for each response. Items 1 through 9 require a rating of the frequency with which an item is practiced. Enter the number of points in the appropriate boxes.

Scoring Guidance for Frequency Rating and Score

Rating Score Example

0: Never - This is not practiced as yet.

1: Rarely - This has been practiced only once or twice OR in one or two units. Less than 25% of the time.

2: Occasionally - This is practiced from time to time but not on a regular basis. Less than 50% of the time OR in fewer than half of the units.

3: Frequently - This is practiced on a regular basis. More than half the time [about 75% of the time] OR in most units.

4: Always - This is an institutional expectation. Practiced with a goal of 100%.

Culture and Language					
Directions: Please rate the frequency with which each of the following is practiced. Enter the number of points in the appropriate box.					
Culture and Language Items	Never 0	Rarely 1	Occasionally 2	Frequently 3	Always 4
42. Communication provided by the organization shows awareness of and respect for diversity (avoiding stereotyping, using culturally appropriate pictures, words, and examples).					
43. Language services are available or can be called upon with short notice.					
44. Children or untrained people are prohibited from serving as interpreters.					
45. Forms are offered in languages other than English.					
46. Webpages can direct users to pages written in their primary language.					

47. Orientation/training sessions for staff including information about the patient population (cultures, languages, and other demographics).					
48. Orientation and/or training sessions for interpreter staff includes information about literacy and health literacy skills of the populations they work with.					
49. Orientation and/or training sessions for interpreter staff includes information about health literacy insights for best practices.					
50. Training sessions for staff include information on how to access, use, and document interpretation services.					
51. The organization offers staff opportunities for Adult Basic Education classes (ABE) or English for Speakers of Other Languages (ESOL) courses to build literacy skills.					

Part 2: Orientation, Development, and Expectations

Directions: Indicate the extent to which each item is practiced. Enter the number of points earned in the appropriate box.

Staff Orientation	Never 0	Rarely 1	Occasionally 2	Frequently 3	Always 4
52. New staff are offered orientation programs.					
53. New staff receive information about health literacy and plain language best practices through orientation presentations and/or written materials.					
54. New staff receive information about available resources (such as resource room, library, learning opportunities, on-line programs, language services) through orientation presentations and/or written materials.					
Staff Development	Never 0	Rarely 1	Occasionally 2	Frequently 3	Always 4
55. The organization provides training for staff about health literacy issues & practices for the design of print materials – as is relevant to their work.					
56. The organization provides training about health literacy issues and practices for clear verbal communication (such as “teach-back” method) for staff and volunteers.					

57. The organization offers opportunities for staff engagement in health literacy initiatives.					
-------------------------------------------------------------------------------------------------------	--	--	--	--	--

Background Information

The last set of questions asks about you so we can learn more about the people taking the survey.

58. Please select your organization.

- Central American Resource Center (CARECEN) Far Southeast Family Strengthening Collaborative (FSFSC)
- InnerCity Collaborative Community Development Corporation (ICC) Latin American Youth Center (LAYC)
- Leadership Council for Healthy Communities (LCHC) United Planning Organization (UPO)
- La Clínica de Pueblo (LCDP) American University (AU)

59. Does your organization currently administer client satisfaction surveys?

- Yes

No

60. What is your position title? _____

61. How many years have you been in this position? _____

62. How many years have you been working with this organization? _____

63. In your position, which ward(s) do you work in *most often*?

Ward 1 Ward 2 Ward 3 Ward 4 Ward 5 Ward 6 Ward 7 Ward 8

64. In your position to what extent do you use your lived experiences to inform your work?

Never Rarely Sometimes Often Always

65. What is your highest level of educational attainment?

High School Diploma / GED Vocational Training Associate's degree Bachelor's degree Graduate degree

66. Which has been more valuable in your position, your education or your lived experience?

Education Lived experience

67. I have completed previous professional development about health literacy, including learning strategies to help those with low health literacy be better able to understand and act on health-related information.

Yes No Not sure

68. If yes, can you please describe what this/these experiences?

69. Ensuring that clients or residents understand the health-related information provided to them could strengthen the effect of services provided to by this organization.

- Strongly Disagree Disagree Neither Disagree or Agree Agree Strongly Agree

70. Please describe why you choose this answer.

71. What is your gender?

72. What age range are you?

- 18 - 25 26 - 35 36 - 45 46 - 55 55 and older

73. Which of the following best describes you? *Choose all that apply.*

- White Black/African American Hispanic/Latino Asian
 Native Hawaiian / Pacific Islander American Indian/Alaskan Native Other _____
 I do not wish to reply

74. A disability is a physical or mental problem that might make it hard to do certain things such as walking, breathing, learning, reading, communicating, seeing, hearing, or thinking. Are you personally impacted by a disability?

- Yes No