

Sample Action Plan to Improve Health Literacy

Following is a sample Action Plan to Improve Health Literacy for a fictional organization — ABC Community Health Center. The plan can be used as a guide for national, state, county, and community health organizations committed to improving health literacy. The sample plan includes both Action Steps and specific measurable Objectives to be used for evaluation. Consider writing, adopting, and implementing a similar plan in your own organization.

ABC Community Health Center Action Plan

The Action Plan to Improve Health Literacy is a set of health literacy priorities to be addressed by the ABC Community Health Center. Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. As one of ABC County's principle organizations for protecting the health of its citizens, the ABC Community Health Center is a critical agent for improving health literacy.

Statement of the Problem:

Nine out of 10 adults may lack the skills needed to manage their health and prevent disease, according to the National Assessment of Adult Literacy.

Limited health literacy has negative implications for health outcomes, health care quality, and health care costs.

ABC County residents have diverse information needs, including those related to cultural differences, language, age, ability, and literacy skills, that affect their ability to obtain, process, and understand health information and services.

There are numerous barriers to effective communication between ABC Community Health Center professionals and the public.

ABC Community Health Center Response:

The ABC Community Health Center, in accordance with its mission, will develop, implement, and evaluate programs and provide resources to improve health literacy. Health Center responsibilities include ensuring that health professionals can obtain and provide the public with accurate and appropriate health information. The ABC Community Health Center will strive to address the following five health literacy priorities.

Priority 1: Incorporate health literacy improvement in mission, planning, and evaluation.

Action Steps:

Identify specific programs and projects affected by limited health literacy. Examine the ways in which health literacy activities can improve the effectiveness of these programs.

Include specific goals and objectives related to improving health literacy in the Health Center's strategic plans, performance plans, and educational initiatives.

Include health literacy improvement in program evaluation criteria and itemize health literacy improvement in budget requests.

Objective:

Complete organizational health literacy "adult" or review by December 2007. Identify the ways in which addressing health literacy can improve program effectiveness.

Priority 2: Support health literacy research, evaluation, training, and practice.

Action Steps:

Identify health literacy improvement in Grants and Contracts. Recommend that all products be written in plain language and tested with the intended users. Encourage contractors and grantees to indicate and evaluate how their activities contribute to improved health literacy.

Incorporate health literacy research and evaluation results in the development of practices/programs.

Include health literacy improvement in training and orientation. Incorporate health literacy improvement into existing training materials for staff, grantees, and contractors. Post and share health literacy resources.

Objective:

Include an explicit reference to health literacy, where appropriate, in at least 25 percent of community grants issues in FY08.

Priority 3: Conduct formative, process, and outcome evaluation to design and assess materials, messages, and resources.

Action Steps:

Identify the intended users. Segment users based on epidemiologic characteristics, demographics, literacy skills, behavior, culture, beliefs, knowledge, attitudes, and other factors.

Acknowledge and respect cultural differences. Cultural factors include but are not limited to race, ethnicity, language, nationality, beliefs, values, customs, religion, age, ability, gender, sexual orientation, socio-economic status, occupation, housing status, and regional differences.

Use plain language. Break complex information into understandable chunks, define technical terms, and use an active voice.

Apply user-centered design principles, including iterative testing, to the creation of new materials, including content on the Web.

Objective:

For all new public education initiatives launched after January 2008:
Conduct formative evaluation 100 percent of the time;
Conduct process evaluation 90 percent of the time; and
Conduct outcome evaluation 60 percent of the time.

Priority 4: Enhance dissemination of timely, accurate, and appropriate health information to health professionals and the public.

Action Steps:

Identify and/or develop appropriate methods for information dissemination. Consider a wide variety of dissemination methods that could improve people's ability to obtain reliable and relevant health information, particularly for members of minority populations.

Collaborate with adult educators, journalists, and other non-traditional partners to increase the dissemination of health information to the community.

Objective:

Co-sponsor, implement, and evaluate two public education activities with non-traditional partners in the community in FY08.

Priority 5: Design health literacy improvements to healthcare and public health systems that enhance access to health services.

Action Steps:

Improve the usability of medical forms and instructions. Write or rewrite forms to ensure clarity and simplicity. Test forms with intended users and revise as needed. Provide forms, signs, and services in multiple languages.

Support health literacy and cultural competency training for health professionals in the community, including healthcare providers and public health officials.

Objective:

Install new easy-to-understand signage in more than one language inside and outside the Community Health Center by December 2007.