Organisational health literacy standards

What does a health literate organisation look like?



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Introduction

What are the organisational health literacy standards?

Health literacy is about people being able to find, understand, check and use information and services to make choices about their health and wellbeing[1]. A health literate organisation makes it easier for people to do this[2].

The organisational health literacy standards are a set of 25 statements describing what organisations should do to support health literacy. They were developed by the North East and North Cumbria Health Literacy Team and refined by the University of Sunderland.

Who are the standards for?

Any organisation that provides information or services that affect people's health and wellbeing can use these standards. They can be used by a whole organisation, a service, a department or a team.

Helping you meet the standards

The standards are part of a suite of resources designed to give organisations clear and practical ways to improve and promote health literacy. The resources include:

- organisational health literacy standards
- organisational health literacy standards self-assessment
- organisational health literacy action plan template
- organisational health literacy toolkit

Used together, these resources aim to help organisations:

- understand how well they currently support health literacy
- identify what they are already doing
- identify what they want to do more of or better
- agree on priorities for improving health literacy
- develop an action plan
- access tools to achieve their action plan
- check progress over time

Where should I start?

We recommend you take the following steps:

1. Read this booklet.
2. Complete the organisational health literacy self-assessment.
3. Complete the organisational health literacy action plan template.
4. Check out the organisational health literacy toolkit

Good luck on your health literacy journey!

From the North East and North Cumbria Health Literacy Team

What is health literacy?

Health literacy is about people being able to find, understand, check and use information and services to make decisions about their health and wellbeing [1].
It can be split into 2 categories:

- **Personal health literacy** – a person's ability to find, understand, check and use information to make decisions about their health and wellbeing [3].
- **Organisational health literacy** – how well organisations make it easier for people to find, understand, check and use information and services [3].

Why does health literacy matter?

In the UK:



4 in 10 adults struggle to understand health information containing words[4]



6 in 10 adults struggle to understand health information containing words and numbers[4]

If people are struggling to understand the information we give them, this impacts access to, safety, quality and experience of care and support [4].

Health literacy is not fixed. It can change depending on the situation. Even people with high levels of education can struggle to understand complex systems [5], particularly when they are stressed, in pain, worried, or learning something new. In reality, everyone is affected by health literacy at some point in their lives.

What can low health literacy look like?

Someone with low health literacy might struggle to:

- use the 24-hour clock
- understand the numbers on an appointment letter
- fill in a form
- follow medication or other instructions
- understand the labels on pre-packaged foods
- ask questions to understand why they've been given certain instructions [6]



How does this affect health inequalities?

Health inequalities are unfair and avoidable differences in health across the population, and between different groups in society [7]. People with low health literacy are more likely to experience health inequalities.

People with low health literacy are more likely to:

- have worse health
- die younger
- have less effective conversations with health and care staff [6]
- struggle to manage their own health and wellbeing
- use fewer preventative services, such as screening and vaccinations
- find it harder to access the right health services
- stay in hospital for longer

There is a clear need for information that is trustworthy, accessible and easy to find [8].



8 in 10 adults in the UK say that access to trusted health information would help them to manage their health.

What can we do about it?

There are different ways of addressing health literacy:

- raising the personal health literacy levels of individuals and communities [9]
- changing the way organisations communicate so it matches the health literacy levels as local people and staff [9]

For many organisations, it's not always in our gift to help people improve their personal health literacy levels. But it is in our gift to change the way we communicate to better meets the needs of our users. The standards and accompanying resources aim to help you do this.



Figure 1: Organisations changing the way they communicate to match the health literacy levels of individuals and communities.

How were the standards developed?

The North East and North Cumbria health literacy team looked into existing, evidence-based health literacy standards from the UK and other countries. They wanted to find a set of standards that:

- were suitable for use in the UK
- were easy to understand
- had tools and resources to help put them into practice
- were free to use

Although there were many good examples, none met all of these requirements. So, the team developed a set of organisational health literacy standards based on existing evidence and recognised health literacy frameworks.

The standards were then independently reviewed by researchers at the University of Sunderland. The researchers worked with health literacy experts, healthcare and social care staff and members of the public to make sure the standards were clear, useful and practical.

The standards were mainly developed and tested with healthcare organisations. But they are also useful for local authorities, universities and colleges, voluntary and community organisations, public health teams and other organisations.

The research resulted in a final set of 25 organisational health literacy standards. These standards turn health literacy principles into practical actions that organisations can take to improve communication, information and services.

You can find the full report about how the standards were developed in the toolkit.

Tips before you start

Start small

You don't need to work on every standard at once, or even every point in every standard. Many organisations find it helpful to start with a small number of priorities and build on their progress over time. It's a journey -– take it steady.

Make the standards work for your situation

The standards can be used by organisations, services, departments and teams. Not every standard will apply in exactly the same way. For example, you may not need trained trainers in your team, or it may be better to include health literacy on a yearly work plan rather than a strategy. Think about what is right for you and the people you support.

Check what you're doing already

You may already be doing things that help improve health literacy. For example, you might be:

- writing information in plain English
- involving people in service design
- improving accessibility
- supporting shared decision making
- working to reduce health inequalities

The standards can help you see what you're already doing and build on that. They are not meant to replace or duplicate this work.

Health literacy is everyone's responsibility

Everyone has a role to play in improving health literacy. This includes frontline staff, managers, leaders, communication teams, admin staff and more. It shouldn't just fall on one person or team's shoulders.

Leadership support makes a massive difference

Health literacy is much easier to do when leaders support the work. This includes providing resources and encouraging staff to communicate clearly and involve people in decisions.

The organisational health literacy standards

The standards are grouped into 6 themes:













The following pages explain each theme in more detail. They provide:

- an explanation of what the theme means and why it is important
- the standards within each theme
- common barriers you might come across
- what helps with implementation

The following pages do not provide:

- examples of evidence (These are in the self-assessment booklet.)
- practical ideas and resources (These are in the toolkit.)

Organisational leadership, governance and improvement



Leaders in the organisation help make health literacy a part of day-to-day business.

1. The organisation clearly sets out that health literacy is part of its vision, mission and values.
2. Senior leaders make sure that people on the organisation's governing body know about health literacy, why it's important and who is affected.
3. Senior leaders promote health literacy and uphold the health literacy standards.
4. Policies and strategies are used to reinforce health literacy.
5. Senior leaders make sure there is a process to learn from communication errors, incidents and complaints.
6. Senior leaders encourage staff from other organisations to follow the health literacy standards.
7. The organisation regularly monitors and evaluates whether the standards are being met. Where appropriate it makes changes and improvements.

Why is it important?

Leaders are key to making health literacy become part of the way the organisation works. "Doing" health literacy involves a massive cultural shift. It involves speaking and writing in a way that feels very unfamiliar. If senior leaders lead by example, it gives permission for everyone else to do the same.

Common barriers

- Senior leaders are juggling lots of priorities like staff shortages, waiting lists and finances.
- Some organisations may see this work as "nice to do" but not essential.
- It's not always clear who should lead or take responsibility for this work.

What helps

- Link health literacy to existing priorities like health inequalities, quality improvement, person-centred care and user experience.
- Use quotes from the community about their experiences trying to understand information. These are incredibly powerful.
- Explain that health literacy work is low cost and low risk.

Written information

Written information is clear and easy to understand and follow.

8. There are resources and processes to help staff create written information and check that it:
   - is clear
   - is easy to understand
   - meets the needs of the people it is written for
9. Written information is clear and easy to understand and meets the needs of the people it is written for.
10. Staff support people to read or fill in documents as needed.
11. Written information is developed with and tested by the people it is written for.

Why is it important?

Letters, leaflets, emails, websites, apps, texts, social media. We write to people in so many different ways. But if 6 in 10 people struggle to understand this information, many of our messages may not be getting through. Clearer writing can have a positive impact on our users' understanding, confidence, independence and even safety.

Common barriers

- Writing simply and clearly often takes longer, particularly at the start. It can feel like extra work, especially if there isn't a specific team to support.
- If your organisation uses certain systems or templates for communications, this may limit how clearly you can format information.
- Involving and testing information with users can be difficult and take time.

What helps

- Tell people to write how they talk. We are often better at talking simply than writing simply.
- Use AI carefully. It is good at writing in plain language quickly but you are responsible for making sure the information is correct.
- It's easier to write new stuff simply than to rewrite existing materials.

Spoken and multimedia resources

Staff speak clearly, simply and in a way everyone can understand.

12. All staff speak to patients, the public, and other staff in a way that:
    - is clear and simple
    - avoids or explains jargon
    - checks what they already know
    - breaks large amounts of information into smaller chunks
    - checks that the person has understood
    - encourages the person to ask questions
13. Spoken information is supported, but not replaced, by written information.
14. Recorded voice messages and videos use clear, everyday language. There is as little jargon as possible.
15. People are asked if they have any communication preferences or needs.
16. People are told that they can request an interpreter for their appointments.

Why is it important?

Lots of important information is given verbally. But in general, we explain things to people only once, and we don't suggest ways to help them remember. Speaking simply and encouraging questions helps people to understand information, remember and act on it, and feel more involved in decisions and processes.

Common barriers

- Staff worry that using everyday language will make them seem less professional.
- Staff often assume someone's level of understanding by how they talk, look or how engaged they seem. You can't assume someone's level of health literacy.
- Time pressures, such as the length of appointments, can make it harder to check understanding and encourage questions.

What helps

- Leaders modelling clear communication and plain language.
- Encouraging staff to check people's understanding of a topic before explaining. And if in doubt, use everyday language as standard.
- Recognising that using everyday language helps everyone, not just specific groups.

Engagement and involving people

Local communities are involved to make sure that what we do works for them.

17. When designing, developing and evaluating services, information, training, and resources the organisation involves:
    - the staff who will provide them
    - the people who will receive or use them, including those with low health literacy
    - people with health literacy knowledge
18. The organisation provides and signposts to resources to help staff engage with the people they serve.
19. The organisation has a group that can advise on health literacy. The group has people with low health literacy, health literacy experts, and trainers.
20. People can give feedback on information and communication. The feedback is reviewed.

Why is it important?

Involving people helps make sure services and information meet people's real needs rather than what we think they need. We often don't hear from those most affected by low health literacy. Hearing from them is essential to make sure we are communicating clearly with those who need our support the most.

Common barriers

- People involved in engagement activities may not represent the wider population.
- Some organisations struggle to engage with underserved or marginalised groups.
- There often isn't time or budget to do meaningful co-production.

What helps

- Go to communities rather than expecting them to come to you.
- Work with community groups and the voluntary sector. They have often built trusted relationships with communities already.
- Show people what has changed because of their feedback.

Staff knowledge and learning resources

Staff have access to training, support and resources to improve their health literacy skills.

21. Health literacy awareness training is mandatory for staff and offered to partner organisations. Staff are encouraged to complete additional training to increase their knowledge.
22. The organisation provides and signposts to health literacy resources for staff.
23. There are staff responsible for supporting health literacy learning in the organisation.

Why is it important?

It's everyone's job to do health literacy. But we can't expect everyone to do it without giving them knowledge, skills and support. Giving staff access to training and resources helps health literacy become part of everyday practice.

Common barriers

- It can be difficult to give staff the time to attend training.
- Lots of other departments also want their training to be included as mandatory training.
- Some staff think health literacy training isn't needed because they've done it as part of another course, or think they already communicate well.

What helps

- Include health literacy training in existing induction training sessions, for example, equality and diversity, patient safety, health inequalities.
- Have people in teams, departments or organisations who champion health literacy.
- There are lots of ready-to-use resources for staff in the toolkit. Signpost people there.

Physical and digital environments

Services and information are easy to find, use and understand. This includes online information, support and services.

24. When designing or improving facilities and digital services, organisations:
- involve the people who will use them and people with health literacy knowledge
- provide clear directions in buildings and online so people can find what they need easily
- support good communication and meet health literacy needs

25. Staff can help people find their way around facilities and digital services.

Why is it important?

People can only benefit from services if they can find, access and use them. Difficult-to-use websites, confusing signs and complex systems can make it harder for people to get the help they need. Making physical and digital environments easier to use can improve access, experience and outcomes.

Common barriers

- There's a cost to making changes to signs, and lots of people need to be involved in the decision which makes it take longer.
- Certain digital systems may be harder to change or make it difficult to do certain formatting.
- The people creating the letters don't always see the end product, so can't spot potential problems.

What helps

- Involve users in designing and testing physical and digital environments.
- Use 'workarounds' to avoid costs. For example, you may not be able to remove jargon on signs but you can explain in a letter "the sign will say this, and that means this".
- Have staff who can help people find their way around services.

What next?

1

Start by completing the Organisational Health Literacy Self-Assessment. This will help you to:

- identify what you are already doing well
- gather evidence of your work

2

Next, think about:

- where you can improve
- what you want to improve first (your priorities)

You might want to get ideas from the toolkit for this step.

3

Use step 2 and the action plan template to develop an action plan.

4

Do your action plan.

5

Track your progress over time.

Remember

Don't worry about trying to do everything at once. Start with a few priorities and build on your progress over time.

Use the toolkit for practical ideas, tools and resources to help you along the way.

Good luck on your journey to becoming a health literate organisation!

Organisational health literacy standards

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