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OHL

Assessing Organizational Health Literacy
A project of **M-POHL**

M-POHL

Action Network on Measuring Population
and Organizational Health Literacy
of WHO-Europe

International Self-Assessment Tool for Organizational Health Literacy in Primary Health Care Services (OHL-PHC)



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Owner and publisher: M-POHL Working Group on Organizational Health Literacy in Primary Health Care Services, M-POHL, Vienna. Austrian National Public Health Institute.

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Members of the Working Group:

Paola Adinolfi (IT), Janne Agerholm (SE), Yuliia Arabska (UA), Altyn Aringazina (KZ), Anna-Sophia Beese (CH), Guglielmo Bonaccorsi (IT), Henrik Bøggild (DK), Liselore Cariot (NL), Saskia De Gani (CH), Hanne Sørberg Finbråten (NO), Lisa Gugglberger (AT), Alexander Haarmann (DE), Gilles Henrard (BE), Dušanka Krajnović (RS), Christopher Le (NO), Maria Lopatina (RU), Chiara Lorini (IT), Andreja Ljubič (SI), Diane-Levin Zamir (IL), Doris Schaeffer (DE), Denise Schütze (AT, ICC), Tamara Štemberger Kolnik (SI), Alena Šteflová (CZ), Christa Straßmayr (AT, ICC), Charlotte Sylwander (SE), Stephan Van Den Broucke (BE), Josefin Wångdahl (SE)

Project lead: Diane Levin-Zamir and Christa Straßmayr

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Guiding documents for developing the OHL-PHC were in addition to the work of the International Working Group Health Promoting Hospitals and Health Literate Health Care Organizations (Working Group HPH & HLO) (2019) and De Gani et al. (2020), also Dietscher and Pelikan (2017), Pelikan (2019), Levin-Zamir et al. (2017) and Sørensen et al. (2021).

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Introduction

Organizational health literacy in primary care services – operational definition:

The operational definition of organizational health literacy (OHL) in primary care services agreed on by the working group is as follows: “the degree to which primary care organizations equitably enable/empower people, through organizational structures, policies and processes, to find, understand, appraise and use information and services to inform health-related decisions and actions for themselves and others”.

Primary care is defined as “a type of care and setting for health services delivery that supports first-contact, accessible, continued, comprehensive and coordinated care to individuals and communities” (World Health Organization, 2019).

What does a health literate primary care organization do?

In accordance with the standards that guide the International Self-Assessment Tool for Organizational Health Literacy in Primary Health Care Services (OHL-PHC) (see below: The seven standards of the OHL-PHC), a primary care organization

- provides easy access to primary care service and facilitates navigation,
- communicates in clear and easy to understand language,
- promotes health literacy of users,
- promotes health literacy of staff members,
- incorporates health literacy into the management and organizational structure,
- promotes further activities of the organization regarding health literacy,
- promotes digital health literacy.

This self-assessment tool is **applicable at any type of organization that offers primary care**, such as primary care centers, offices of generalist health professionals, ambulatory health care centers, family planning centers and pharmacies.

The self-assessment tool enables primary care services to evaluate and enhance their level of organizational health literacy. It serves as a basis for identifying the current status of organizational health literacy, allowing organizations to select, adjust, and implement interventions. By fostering discussions, reflections, and organizational change, the tool aims to eliminate health literacy barriers and enhance health literacy within the organization. Designed for management, quality control, staff development, and health promoters, it helps improve health literacy responsiveness to better serve users¹, staff, and the local population.

¹ Note for translation/cultural adaption: please use the most appropriate terminology for your national context. See also glossary.

7 standards for assessing organizational health literacy in a primary health care service

The self-assessment instrument is structured into 7 standards, 15 sub-standards and 51 indicators (when including sub-indicators, altogether 70 items are used).

Table 1: Standards and sub-standards of the International Self-Assessment Tool for Organizational Health Literacy in Primary Health Care Services (OHL-PHC)

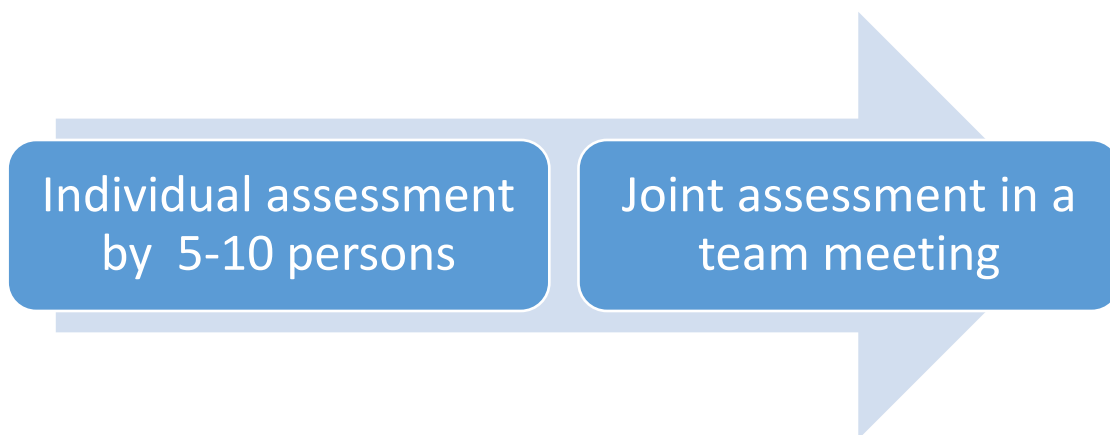
Standard 1: Provide easy access to primary care service and facilitate navigation	Sub-standard 1.1: Contact Sub-standard 1.2: Navigation within the primary care service
Standard 2: Communicating in clear and easy to understand language	Sub-standard 2.1: Oral communication Sub-standard 2.2: Written communication
Standard 3: Promoting health literacy of users	Sub-standard 3.1: Empowering users to use health information Sub-standard 3.2: Promoting an active role and self-management of users
Standard 4: Promoting health literacy of staff members	Sub-standard 4.1: Know-how and professional competence Sub-standard 4.2: Personnel development Sub-standard 4.3: Staff members' health
Standard 5: Incorporating health literacy into the management and organizational structure	Sub-standard 5.1: Health literacy as an organizational responsibility Sub-standard 5.2: Health literacy as a developmental goal Sub-standard 5.3: Organizational culture Sub-standard 5.4: User involvement - feedback
Standard 6: Promoting further activities of the organization regarding health literacy	Sub-standard 6.1: Care interfaces Sub-standard 6.2: Networking and further activities
Standard 7: Promoting digital health literacy	No sub-standards

Instructions on how to use the Self-Assessment-Tool

Procedure of self-assessment

The actual assessment process consists of two main parts (Figure 1). First, **individual assessments** by filling in the tool are performed by 5 to 10 team members. Thereafter, a **joint assessment** in a team meeting is held. In the joint assessment the results from the individual assessment are discussed (especially indicators with divergent ratings), areas for improvement identified, and next steps on becoming a health-literate health care organization decided.

Figure 1: The two main parts of the actual self-assessment process



To adequately take into account the different perspectives in an organization, the self-assessment, and the development and implementation of improvement measures should take place within an **interdisciplinary, interhierarchical** framework. In Table 2 you find a detailed description on the process of the self-assessment.

Table 2: Process of self-assessment (adapted from the OHL-Hos (International Working Group Health Promoting Hospitals and Health Literate Health Care Organizations (Working Group HPH & HLO), 2019)

Steps	Details
Step 1	<p>Obtain a self-assessment mandate from the responsible management and clarify the scope of the assessment:</p> <p>The aim of self-assessment is a diagnosis concerning organizational health literacy as a basis for selecting and implementing improvement measures. This can be done either for the entire organization or for a smaller organizational unit. It must also be decided whether the self-assessment should be carried out for all seven standards or if necessary, just for a selection of standards that are particularly important for the organizational unit.</p>
Step 2	<p>Management has to appoint a person to coordinate the self-assessment:</p> <p>This person should have a good reputation both at the management level and among the employees, good coordination skills, and be allocated the necessary time resources.</p>
Step 3	<p>Formation of the assessment team:</p> <p>The assessment team should consist of between 5 and 10 people. Ideally, people from the following areas² should be involved:</p> <ul style="list-style-type: none"> Management Quality management Health promotion Human resource development Medicine, nursing, therapeutic professions, preferably from different departments Building services engineering/maintenance Patient-ombudsman/woman, self-help and patient representatives. Communications/marketing/spokesperson <p>An introduction workshop should be offered to the assessment team including basic information on organizational health literacy, the objectives and the procedure of the assessment.</p>
Step 4	<p>Individual assessments:</p> <p>Each team member first makes an individual assessment using the tool. The team member reviews each indicator from a personal professional perspective. The individual assessment of the healthcare organization / unit of a healthcare organization needs about 30 minutes per person depending on the availability of data.</p> <p>Depending on the role in the organization, a team member may not be able to answer some indicators. In such case n/a should be filled in. The coordinator in the primary care organization could pre-select standards or sub-standards for the team members, so that only parts that apply to a person's area of competence are completed by that person.</p> <p>Ideally the individual assessments of all team members are captured in one table (excel-sheet), so they are easily compared and discussed in the following joint assessment/team meeting.</p>
Step 5	<p>Collecting documents if possible:</p> <p>To assess some of the indicators, the team/auditors should collect supporting materials/documents which support their assessment from organization staff.</p> <p>This step should be seen as a supplement to step 4 and should take place at the same time.</p>

² Note for national cultural adaption: this list of people involved can be adapted to the national context of typical national primary care services.

Steps	Details
Step 6	<p>Joint assessment/team meeting:</p> <p>The different individual assessments are brought together in a group meeting. Experience has shown that it is recommended to allocate approximately three hours for this group meeting. It is recommended to appoint a moderator to facilitate the discussion.</p> <p>The recommended procedure is:</p> <p>First, for each sub-standard, identify those indicators that have very similar assessments - these do not initially require further discussion.</p> <p>Second, for indicators with considerably varying assessments, clarify and discuss the underlying reasons. Different assessments can often be attributed either to different perspectives based on the views of different professional groups or different organizational units.</p> <p>In this discussion, try to focus on which assessment best describes the overall situation of the unit. Document any major variation in the comment fields, based on occupation, position or organizational unit perspectives - this information will be helpful for later planning of improvement measures.</p>
Step 7	<p>Selection and implementation of improvement measures:</p> <p>The joint assessment should produce a diagnosis of the strength and weaknesses concerning organizational health literacy of the institution or of the specific unit. On this basis using a Quality Circle (Plan - Do - Check - Act), areas can be defined for selecting and implementing measures for improvement of specific aspects of organizational health literacy.</p> <p>This can be done either by the assessment team or in a new team established for implementation (e.g. a health literacy team). Ultimately, planned measures must be supported by the responsible management.</p> <p>Diverse toolboxes on implementing a health literate healthcare organizations are already available and provide information for the selection of appropriate measures. (Abrams et al. (2014), Cifuentes et al. (2015), Dietscher et al. (2015), DeWalt et al. (2010), Brega et al. (2015b) / Brega et al. (2015a) (1st / 2nd edition), Kickbusch et al. (2013), Rudd and Anderson (2006), Trezona et al. (2018), World Health Communication Associates (2010) / World Health Communication Associates (2011) (Part 1 and 2).</p>

Indicators and response scale

The indicators for each sub-standard operationalize concrete observable **or measurable elements**. Indicators are rated for degree of fulfillment in the unit which is self-assessed.

Four categories for degree of fulfillment are defined: fulfilled to a very large extent (76-100 %), fulfilled to a large extent (51-75 %), fulfilled to some extent (26-50 %), fulfilled to a small extent/not fulfilled (0-25 %). In addition, there is a fifth category to indicate that this specific indicator is not applicable for the organization: N/A (not applicable).

Depending on the role in the organization, a person may not be able to answer some indicators. In such case N/A should be filled in.

For calculation, please use:

3 = fulfilled to a very large extent (76-100 %)

2 = fulfilled to a large extent (51-75 %)

1 = fulfilled to some extent (26-50 %)

0 = fulfilled to a small extent/not fulfilled (0-25 %)

N/A = indicator is not applicable - indicator should be treated as missing variable

For each indicator the instrument offers additional space for comments. Comments can be used to explain or justify the assessment.

Selecting areas for improvement and planning of concrete improvement measures

Once the self-assessment has been completed, it becomes clear in which areas indicators are already considered to be largely or completely fulfilled and in which areas there is a need for development. Annex 1 contains a template for action plans where improvement measures which are derived from the self-assessment can be recorded.

International Self-Assessment Tool Organizational Health Literacy in Primary Health Care Services (OHL-PHC)

Standard 1: Provide easy access to primary care service and facilitate navigation					
Sub-standard 1.1 Contact	fulfilled to a very large extent 76-100%	fulfilled to a large extent 51-75%	fulfilled to some extent 26-50%	fulfilled to a small extent/not fulfilled 0-25%	N/A
Indicator 1.1.1 There are several ways for users to readily contact us (phone, email, website). Comments: Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indicator 1.1.2 Our phone numbers, addresses and our website are clear and easy to find in directories (e.g. internet, information brochures). Comments: Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indicator 1.1.3 Our website is user-friendly even for people with poor digital competencies as well as for people with physical and cognitive disabilities (e.g. adjustable font size, color coding, simple navigation, read-aloud function). Comments: Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indicator 1.1.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>Our website has easy to understand content using clear language.</p> <p>Comments: Click here to enter text.</p>					
<p>Indicator 1.1.5</p> <p>We are aware of the importance of responding appropriately to questions from users on the phone, through email or at the main entrance. (Examples of appropriate: according to the situation - timely, professionally, clear.)</p> <p>Comments: Click here to enter text.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Indicator 1.1.6</p> <p>We offer easily accessible and understandable information about our location and the journey to our primary care service.</p> <p>Comments: Click here to enter text.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Sub-standard 1.2 Navigation within the primary care service</p>	fulfilled to a very large extent 76-100%	fulfilled to a large extent 51-75%	fulfilled to some extent 26-50%	fulfilled to a small extent/not fulfilled 0-25%	N/A
<p>Indicator 1.2.1</p> <p>The building and the entrance of our primary care services are clearly marked and visible (e.g. with signs, indications).</p> <p>Comments: Click here to enter text.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Indicator 1.2.2</p> <p>The specific areas within our primary care service (i.e., reception, waiting area, consultation room, meeting room, washrooms) are clearly marked and visible.³</p> <p>Comments: Click here to enter text.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

³ Note for translation/cultural adaption: “visible” means that areas are easy to find visually.

Standard 2: Communicating in clear and easy to understand language					
Sub-standard 2.1 Oral communication	fulfilled to a very large extent 76-100%	fulfilled to a large extent 51-75%	fulfilled to some extent 26-50%	fulfilled to a small extent/not fulfilled 0-25%	N/A
Indicator 2.1.1 We create circumstances that allow discrete communication (e.g. relocate to an appropriate room, closing doors). Comments: Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indicator 2.1.2 We dedicate sufficient time for conversations with users. Comments: Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indicator 2.1.3 We use plain language in a conversation with users (e.g. when explaining the use of medication or clarifying technical terms). Comments: Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indicator 2.1.4 In conversations with users, we ensure the information given is understood (e.g. through conversation techniques such as teach-back). Comments: Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indicator 2.1.5 We explicitly encourage users to ask questions or to express any concerns. Comments: Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indicator 2.1.6 We provide written notes on important information and key messages from the conversation with users if required (e.g.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>tailored summary of the conversation, could be supported by a brochure of a specific topic, information sheet (either printed or digitally).</p> <p>Comments: Click here to enter text.</p>					
<p>Indicator 2.1.7 We respond to different needs and language requirements of users (e.g. through language interpretation, visual material, and pictograms).</p> <p>Comments: Click here to enter text.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Indicator 2.1.8 We have guidelines for conducting health literate appropriate conversation/communication.</p> <p>Comments: Click here to enter text.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Indicator 2.1.9 We have guidelines for communicating in risk/sensitive situations (e.g. communicating unpleasant news, preparation for surgical interventions, new treatments).</p> <p>Comments: Click here to enter text.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Sub-standard 2.2 Written communication</p>	fulfilled to a very large extent 76-100%	fulfilled to a large extent 51-75%	fulfilled to some extent 26-50%	fulfilled to a small extent/not fulfilled 0-25%	N/A
<p>Indicator 2.2.1 We use clear language in our written materials and information (e.g. in information sheets, forms).</p> <p>Comments: Click here to enter text.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>Indicator 2.2.2</p> <p>We design clear and easy-to-understand written material and information (e.g. by using appropriate font size, line spacing, color contrast, images).</p> <p>Comments: Click here to enter text.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Indicator 2.2.3</p> <p>We provide and recommend material and resources (e.g. brochures, digital applications) that are:</p>					
<p>a.) up to date,</p> <p>Comments: Click here to enter text.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>b.) reliable content (scientifically etc),</p> <p>Comments: Click here to enter text.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>c.) available in the mother tongue of the larger user groups.</p> <p>Comments: Click here to enter text.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Indicator 2.2.4</p> <p>We provide assistance for users in completing forms (e.g. in case of referrals, registration, advanced directives, informed consent).</p> <p>Comments: Click here to enter text.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Indicator 2.2.5</p> <p>We have guidelines for health literate written communication (e.g. using clear language and easy to understand designs).</p> <p>Comments: Click here to enter text.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Standard 3: Promoting health literacy of users					
NOTE: Promoting health literacy of users implies that we enhance their health literacy and support them to be experts of their well-being as well as to cope with chronic conditions.					
Sub-standard 3.1 Empowering users to use health information.	fulfilled to a very large extend 76-100%	fulfilled to a large extent 51-75%	fulfilled to some extent 26-50%	fulfilled to a small extent/not fulfilled 0-25%	N/A
Indicator 3.1.1 We empower users					
a.) to access health information (e.g. by referencing good and reliable sources of information, brochures, links, contact person), Comments: Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.) to understand health information (e.g. through explanation, replying to inquiries), Comments: Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.) to evaluate health information (e.g. through informing and explaining different options and their advantages and disadvantages), Comments: Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.) to apply health information to make informed decisions in regard to their own health (e.g. decisions regarding diagnostic methods and treatments, changes in lifestyle). Comments: Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sub-standard 3.2 Promoting an active role and self-management of users	fulfilled to a very large extent 76-100%	fulfilled to a large extent 51-75%	fulfilled to some extent 26-50%	fulfilled to a small extent/not fulfilled 0-25%	N/A
Indicator 3.2.1 We provide information to users about:					
a.) the treatment schedule/care plan, Comments: Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.) possible ways they can be actively dealing with their specific health conditions, Comments: Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.) their contribution to improve or maintain their mental and physical health. Comments: Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indicator 3.2.2 We offer training to users or refer them to other appropriate organizations for:					
a.) coping with chronic disease (self-management), Comments: Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.) adopting a healthy lifestyle (e.g. nutrition and exercise, health coaching, stop smoking), Comments: Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.) finding, accessing, evaluating, and using health information and conversational skills (e.g. how to find trustworthy health information, contributing to a good and informative conversation with a health professional) ⁴ . Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

⁴ Note: This question is exploring functional, interactive and critical literacy skills.

[Click here to enter text.](#)

Standard 4: Promoting health literacy of staff members

NOTE: Enhancing health literacy of users is part of our staff members' professional competence/part of the personnel development.

NOTE: The following questions in sub-standard 4.1 and 4.2 are especially relevant for staff members in direct contact with users.

Sub-standard 4.1 Know-how and professional competence	fulfilled to a very large extend 76-100%	fulfilled to a large extent 51-75%	fulfilled to some extent 26-50%	fulfilled to a small extent/not fulfilled 0-25%	N/A
Indicator 4.1.1 We as staff members know					
a.) the meaning of health literacy (note: see glossary for a definition), Comments: Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.) how to enhance the health literacy of users (e.g. provide trustworthy information, simple and easy-to-understand communication, promoting self-care), Comments: Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.) where to find good and reliable information for users (e.g. about symptoms, diagnostic methods, therapies, guidelines of the health system). Comments: Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-standard 4.2 Personnel development	fulfilled to a very large extend 76-100%	fulfilled to a large extent 51-75%	fulfilled to some extent 26-50%	fulfilled to a small extent/not fulfilled 0-25%	N/A
Indicator 4.2.1 We receive training and/or materials to build and extend our knowledge of health literacy. Comments: Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Indicator 4.2.2					
We receive training in health literate communication:					
a.) the use of plain language (no jargon and technical terms, simple sentences),	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: Click here to enter text.					
b.) active listening and how to stimulate questions being asked,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: Click here to enter text.					
c.) the use of reconfirmation techniques to ensure users have understood the content of the conversation (e.g. Chunk-and-Check, Teach-Back (note: see glossary for definitions),	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: Click here to enter text.					
d.) the supporting conversations with written and audiovisual tools,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: Click here to enter text.					
e.) dealing with users speaking a different language than [add national language(s)],	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: Click here to enter text.					
f.) motivational interviewing (note: see glossary for a definition),	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: Click here to enter text.					
g.) communicating in risk situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: Click here to enter text.					
Indicator 4.2.3					
We receive training and/or materials about how to support users					

a.) to cope with common chronic disease (self-management), Comments: Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.) through lifestyle changes (e.g. nutrition and exercise, health coaching, stop smoking). Comments: Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-standard 4.3 Staff members' health	fulfilled to a very large extend 76-100%	fulfilled to a large extent 51-75%	fulfilled to some extent 26-50%	fulfilled to a small extent/not fulfilled 0-25%	N/A
Indicator 4.3.1 All staff members are supported to develop and maintain their personal health literacy skills (finding, understanding, evaluating, and applying information) (e.g. through training) on:					
a.) dealing with professional health risks, Comments: Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.) adopting a healthy lifestyle. Comments: Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Standard 5: Incorporating health literacy into the management and organizational structure					
NOTE: Incorporating health literacy into the management and organizational structures means that health literacy is part of the management principles of our organization and is embedded in the structure, processes, and culture of our organization. Health literacy is defined as a development goal for our organization. We seek feedback from users to issue and refine documents and services.					
Sub-standard 5.1 Health literacy as an organizational responsibility	fulfilled to a very large extend 76-100%	fulfilled to a large extent 51-75%	fulfilled to some extent 26-50%	fulfilled to a small extent/not fulfilled 0-25%	N/A

<p>Indicator 5.1.1</p> <p>In our strategic documents, health literacy is defined as an organizational responsibility (e.g. in the mission statement, in policies, in business goals).</p> <p>Comments: Click here to enter text.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Indicator 5.1.2</p> <p>We have an ear-marked budget for health literacy interventions.</p> <p>Comments: Click here to enter text.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Indicator 5.1.3</p> <p>We have a designated person who is responsible for coordinating the health literacy efforts of our organization.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Sub-standard 5.2</p> <p>Health literacy as a developmental goal</p>	fulfilled to a very large extend 76-100%	fulfilled to a large extent 51-75%	fulfilled to some extent 26-50%	fulfilled to a small extent/not fulfilled 0-25%	N/A
<p>Indicator 5.2.1</p> <p>We define goals and implement measures to further develop as a health literate organization.</p> <p>Comments: Click here to enter text.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Indicator 5.2.2</p> <p>We periodically review whether our goals and measures to further develop as a health literate organization are being reached.</p> <p>Comments: Click here to enter text.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sub-standard 5.3 Organizational culture	fulfilled to a very large extent 76-100%	fulfilled to a large extent 51-75%	fulfilled to some extent 26-50%	fulfilled to a small extent/not fulfilled 0-25%	N/A
Indicator 5.3.1 Health literacy is an important topic for our management, and this is regularly communicated to staff and/or relevant stakeholders. Comments: Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indicator 5.3.2 We consider it our responsibility to improve the health literacy of users. Comments: Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-standard 5.4 User involvement - feedback	fulfilled to a very large extent 76-100%	fulfilled to a large extent 51-75%	fulfilled to some extent 26-50%	fulfilled to a small extent/not fulfilled 0-25%	N/A
Indicator 5.4.1 We actively seek written/verbal feedback from users to develop and improve our medical care activities, services, and processes (e.g. making contact, referrals, support services, care services, medical measures, provided information). Comments: Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indicator 5.4.2 We collect feedback from users to develop and improve our printed and digital documents/materials (e.g. brochures, forms, consent forms, digital applications). Comments: Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Standard 6: Promoting further activities of the organization regarding health literacy					
NOTE: Promoting further activities of the organization regarding health literacy implies that users are supported at points of contact when receiving care. Networking with external services and/or providers is used to enhance health literacy of users. The organization is active in promoting health literacy beyond its performance mandate.					
Sub-standard 6.1 Care interfaces	fulfilled to a very large extent 76-100%	fulfilled to a large extent 51-75%	fulfilled to some extent 26-50%	fulfilled to a small extent/not fulfilled 0-25%	N/A
<p>Indicator 6.1.1 In case of a referrals to other health services, we ask users whether further support is needed.</p> <p>Comments: Click here to enter text.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Indicator 6.1.2 For providing seamless coordinated care, we offer support when referring users to other service providers (e.g. arranging appointments, collecting documents and filling in forms through information exchange between service providers).</p> <p>Comments: Click here to enter text.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Indicator 6.1.3 In between visits, we normally contact users in order to follow-up and ensure that they have understood their diagnosis, their treatment schedule/care plan and are able to implement the first steps.</p> <p>Comments: Click here to enter text.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Indicator 6.1.4 We update users about possible further important services and/or providers (e.g. pharmacists, community care services, physicians, podiatry, etc.).</p> <p>Comments:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Click here to enter text.					
Sub-standard 6.2 Networking and further activities	fulfilled to a very large extend 76-100%	fulfilled to a large extent 51-75%	fulfilled to some extent 26-50%	fulfilled to a small extent/not fulfilled 0-25%	N/A
<p>Indicator 6.2.1</p> <p>In cooperation with other organizations (such as non-governmental organizations) and partners, we offer and/or develop resources and materials to enhance health literacy of users (e.g. courses, consulting services and information materials on how to handle health information and self-management).</p> <p>Comments: Click here to enter text.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Indicator 6.2.2</p> <p>Within our organization, inter-/intra-/multi-disciplinary teams of experts collaborate with each other to promote health literacy.</p> <p>Comments: Click here to enter text.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Indicator 6.2.3</p> <p>We are committed to promoting health literacy on a higher level (e.g. supporting research and practical projects, activities to promote changes on a political level).</p> <p>Comments: Click here to enter text.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Indicator 6.2.4</p> <p>We distribute our activities and experiences in health literacy in internal and external committees, publications, presentations, etc.</p> <p>Comments: Click here to enter text.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Standard 7: Promoting digital health literacy					
	fulfilled to a very large extent 76-100%	fulfilled to a large extent 51-75%	fulfilled to some extent 26-50%	fulfilled to a small extent/not fulfilled 0-25%	N/A
<p>Indicator 7.1</p> <p>We offer accessible digital health documentation/tools (e.g. a digital (electronic) health record; a digital vaccination record; digital certificate of illness) that are easy to use and to understand.</p> <p>Comments: Click here to enter text.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Indicator 7.2</p> <p>We provide or point out written instructions for the use of eHealth services and documents, e.g. information about e-prescriptions, e-referrals, e-results.</p> <p>Comments: Click here to enter text.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Indicator 7.3</p> <p>We encourage users to use quality checked digital health applications.</p> <p>Comments: Click here to enter text.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Indicator 7.4</p> <p>We enable continuous health monitoring for specific/at-risk/chronic patients (for example: pregnant women with diabetes, patients with heart failure).</p> <p>Comments: Click here to enter text.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Glossary

Chunk-and-Check	<p>Chunk and check can be used alongside teach back and requires you to break down information into smaller chunks throughout consultations and check for understanding along the way rather than providing all information that is to be remembered at the end of the session. See:</p> <p>https://www.healthliteracyplace.org.uk/toolkit/techniques/chunk-and-check/ and https://cbrhl.org.au/health-services-providers/communicating-with-consumers/chunk-and-check/#:~:text=The%20Chunk%20and%20Check%20technique,pieces%2C%20or%20%27c hunks%27.</p>
Empowerment	<p>In health promotion, empowerment is a process through which people gain greater control over decisions and actions affecting their health. Empowerment implies that individuals and social groups are enabled to express their needs, present their concerns, devise strategies for involvement in decision-making, and achieve political, social and cultural action to meet those needs including co-creating the policies and services that affect and serve their communities. See for more details the WHO Health Promotion Glossary 2021 (World Health Organization, 2021): https://iris.who.int/bitstream/handle/10665/350161/9789240038349-eng.pdf?sequence=1</p>
Health literacy	<p>Health literacy is linked to literacy and encompasses people's knowledge, motivation, and competencies to access, understand, appraise and apply information to form judgments and take decisions in terms of healthcare, disease prevention and health promotion to improve quality of life during the life course (Sørensen et al., 2012).</p> <p>Health literacy represents the personal competencies and organizational structures, resources and commitment which enable people to access, understand, appraise and use information and services in ways which promote and maintain good health (Nutbeam and Muscat, 2021).</p>
Health literate healthcare organization	<p>A health literate healthcare organization makes it easier for all stakeholders (patients / relatives, staff / leadership and citizens) to access, understand, appraise and use disease- and health relevant information and tries to improve personal health literacy of these stakeholders for making judgements and taking decisions in everyday life concerning healthcare (co-production), disease prevention and health promotion to maintain or improve quality of life during the life course. To achieve this comprehensive concept systematically and sustainable, a health care organization will have to apply principles and tools of quality management, change management and health promotion and to build specific organizational capacities (infrastructures & resources) for becoming more health literate. (Pelikan, 2019)</p>
Interpreter	<p>(Medical) interpreters are working in a clinical context to provide accurate interpretation and translation of critical medical information in direct service to patients, or physicians and other health care providers who are seeing patients who cannot speak or understand English, when specifically required by the provider. They interpret critical medical advice and information given by the provider into equivalent terminology in the patient's native language. See: https://jobdescriptions.unm.edu</p>

Motivational Interviewing	Motivational Interviewing is a clinical approach that helps people with mental health and substance use disorders and other chronic conditions such as diabetes, cardiovascular conditions, and asthma make positive behavioral changes to support better health. See: https://www.stephenrollnick.com/
Health literacy policies	<p>Policies are used as a way of standardizing the delivery of care. Health literacy policies reflect a universal precautions approach to delivering health literate care, one which assumes that every individual is at risk of misunderstanding and benefits from clear communication and uncomplicated care pathways. The following are illustrations of common types of health literacy policies:</p> <p>All patient education materials will go through reviews by editors and patient volunteers. Readability guidelines and health literacy principles will be followed.</p> <p>Only qualified interpreters will be used to communicate with patients with limited English proficiency.</p> <p>Patients will not be discharged until they can teach-back the signs of deterioration and what to do about them, as well as how to follow discharge instructions.</p> <p>Clinicians must ask patients how they will perform self-management activities, such as e.g. wound care.</p> <p>Policies are not always precise but can give cues regarding expected behavior without detailing what that means. Lack of precision is sometimes necessary to permit flexibility that lets the policy fit into local workflow and culture. Policies are used to drive change (Brach, 2017) (p. 218)</p>
Teach back	<p>Teach-back is an easy-to-use technique to check that the health professional has clearly explained information to the patient and that the patient has understood what they have been told. This technique goes beyond using questions such as "Is that clear?" and "Have you understood everything?" Instead, the health professional asks the patient to explain or demonstrate, using their own words, what has just been discussed with them. See: https://www.healthliteracyplace.org.uk/toolkit/techniques/teach-back/</p>
Users ⁵	The term 'user' is used as a broad phrase to refer to those who use or are affected by the primary care services.

⁵ Note for translation/cultural adaption: please use the most appropriate terminology for your national context.

Annex 1: Action Plan – Organizational Health Literacy Development Priorities

Based on the self-assessment and the results of the consensus workshop, the assessment team will be able to identify one or more development priorities for the health organization where it has self-identified that it is not meeting the Standards or sub-standards. An action plan can then be developed to address those issues, using the template provided below.

Development Objective	Action, Intervention	Responsible	Time frame	Expected Outcome

References

- ABRAMS, M. A., SAVAGE, B., KURTZ-ROSSI, S. & RIFFENBURGH, A. 2014. Building Health Literate Organizations: A Guidebook to Achieving Organizational Change. Available at: <http://www.HealthLiterateOrganization.org>.
- BRACH, C. 2017. The journey to become a health literate organization: a snapshot of health system improvement. *Studies in health technology and informatics*, 240, 203.
- BREGA, A. G., BARNARD, J., MABACHI, N., WEISS, B. D., DEWALT, D. A., BRACH, C., CIFUENTES, I., ALBRIGHT, K. & WEST, D. R. 2015a. AHRQ Health Literacy Universal Precautions Toolkit. 2. ed. Rockville, MD: Agency for Healthcare Research and Quality.
- BREGA, A. G., BARNARD, J., MABACHI, N., WEISS, B. D., DEWALT, D. A., BRACH, C., CIFUENTES, M., ALBRIGHT, K. & WEST, D. R. 2015b. AHRQ Health Literacy Universal Precautions Toolkit.
- CIFUENTES, M., BREGA, A. G., BARNARD, J., MABACHI, N., WEISS, B. D., WEST, D. R. & BRACH, C. 2015. Implementing the AHRQ Health Literacy Universal Precautions Toolkit: Practical Ideas for Primary Care Practices. Rockville.
- DE GANI, S. M., NOWAK-FLÜCK, D., NICCA, D. & VOGT, D. 2020. Self-assessment tool to promote organizational health literacy in primary care settings in Switzerland. *International Journal of Environmental Research and Public Health*, 17, 9497.
- DEWALT, D. A., CALLAHAN, L. F., HAWK, V. H., BROUCKSOU, K. A. & HINK, A. 2010. Health Literacy Universal Precautions Toolkit. Rockville: MD. Agency for Healthcare Research and Quality.
- DIETSCHER, C., LORENC, J. & PELIKAN, J. 2015. Das Selbstbewertungs-Instrument zum Wiener Konzept Gesundheitskompetenter Krankenbehandlungsorganisationen (WKGKKO-I). *Gesundheitskompetente Krankenbehandlungsorganisationen, Bd, 3*.
- DIETSCHER, C. & PELIKAN, J. M. 2017. Health-literate hospitals and healthcare organizations – Results from an Austrian feasibility study on the self-assessment of organizational health literacy in hospitals. In: SCHAEFFER, D. & PELIKAN, J. M. (eds.) *Health Literacy Forschungsstand und Perspektiven*. Bern: Hogrefe.
- INTERNATIONAL WORKING GROUP HEALTH PROMOTING HOSPITALS AND HEALTH LITERATE HEALTH CARE ORGANIZATIONS (WORKING GROUP HPH & HLO) 2019. International Self-Assessment Tool Organizational Health Literacy (Responsiveness) for Hospitals - SAT-OHL-Hos-v1.3-EN-international (updated 2023). Vienna: WHO Collaborating Centre for Health Promotion in Hospitals and Health Care (CC-HPH).
- KICKBUSCH, I., PELIKAN, J. M., APFEL, F. & TSOUROU, A. D. 2013. *Health literacy: The solid facts*, Copenhagen, World Health Organization (WHO) Regional Office for Europe.
- LEVIN-ZAMIR, D., LEUNG, A. Y. M., DODSON, S. & ROWLANDS, G. 2017. Health literacy in selected populations: Individuals, families, and communities from the international and cultural perspective. *Information Services & Use*, 37, 131-151.
- NUTBEAM, D. & MUSCAT, D. M. 2021. Health promotion glossary 2021. *Health Promotion International*, 36, 1578-1598.
- PELIKAN, J. 2019. Health-literate healthcare organizations. In: OKAN, O., BAUER, U., PINHEIRO, P., LEVIN-ZAMIR, D. & SØRENSEN, K. (eds.) *International Handbook of Health Literacy – Research, Practice and Policy across the Life-Span*. Policy Press.
- RUDD, R. E. & ANDERSON, J. E. 2006. *The Health Literacy Environment of Hospitals and Health Centers*, Boston, Department of Society, Human Development, & Health.
- SØRENSEN, K., VAN DEN BROUCKE, S., FULLAM, J., DOYLE, G., PELIKAN, J., SLONSKA, Z., BRAND, H. & CONSORTIUM HEALTH LITERACY PROJECT, E. 2012. Health literacy and public health: a systematic review and integration of definitions and models. *BMC Public Health*, 12, <http://www.biomedcentral.com/1471-2458/12/80>.

- SØRENSEN, K., LEVIN-ZAMIR, D., DUONG, T. V., OKAN, O., BRASIL, V. V. & NUTBEAM, D. 2021. Building health literacy system capacity: a framework for health literate systems. *Health Promotion International*, 36, i13-i23.
- TREZONA, A., ROWLANDS, G. & NUTBEAM, D. 2018. Progress in Implementing National Policies and Strategies for Health Literacy-What Have We Learned so Far? *Int J Environ Res Public Health*, 15, 1554.
- WORLD HEALTH COMMUNICATION ASSOCIATES 2010. *Health Literacy. Action Guide Part 2 "Evidence and Case Studies"* UK, World Health Communication Associates Ltd.
- WORLD HEALTH COMMUNICATION ASSOCIATES 2011. *Health Literacy "The Basics"*, UK, World Health Communication Associates Ltd.
- WORLD HEALTH ORGANIZATION 2019. Glossary of terms: WHO European Primary Health Care Impact, Performance and Capacity Tool (PHC-IMPACT). *In: TELLO, J., BARBAZZA, E., YELGEZEKOVA, Z., KRUSE, I., KLAZINGA, N. & KRINGOS, D. (eds.) Glossary of terms: WHO European Primary Health Care Impact, Performance and Capacity Tool (PHC-IMPACT).*
- WORLD HEALTH ORGANIZATION 2021. Health promotion glossary of terms 2021. Geneva: World Health Organization; 2021.
- WHCA, World Health Communication Associates (2009): Health Literacy, Part 1 'The Basics', WHCA Action Guide, World Health Communication Associates.
- WHCA, World Health Communication Associates (2010): Health Literacy. Action Guide Part 2 'Evidence and Case Studies', World Health Communication Associates.