

# Beyond Individual Behavior:
## Building Systems That Make Health Easier to Navigate

**Colorado Health Literacy Coalition**

**2026 Annual Conference**

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Diabetes Translation Research

Anschutz

# Overview

1. Distinguish Personal & Organizational Health Literacy
2. Personal Health Literacy
    - Main Components & Impact
3. Organizational Health Literacy
    - Health Literate Organizations
    - Case for Focusing on Systems
4. Strategies for System Change



# What is personal health literacy?



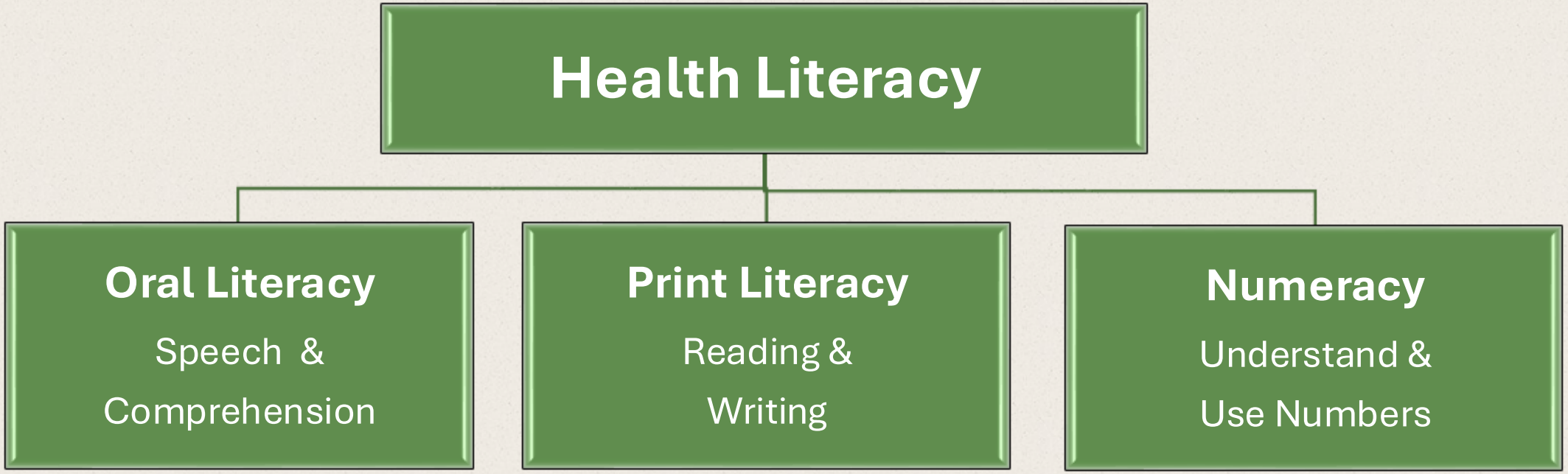
## Healthy People 2030

“the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others”

## Shorthand

Ability to understand and use health information

# What are key components of personal health literacy?

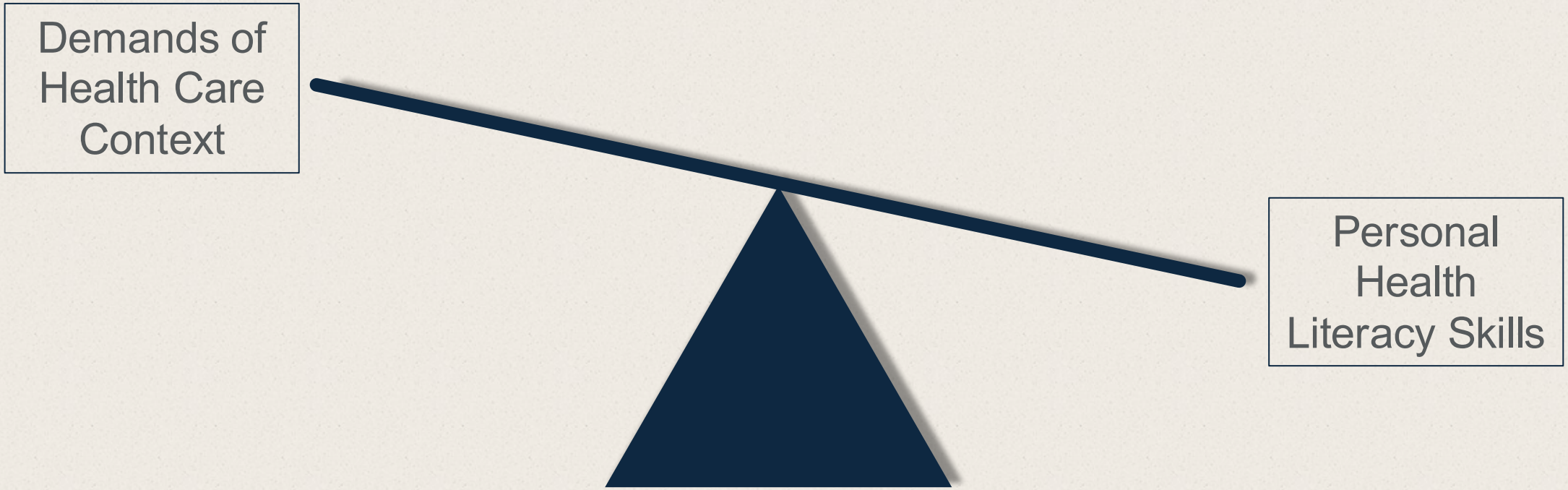


# How is health literacy associated with health?

People with limited health literacy are:

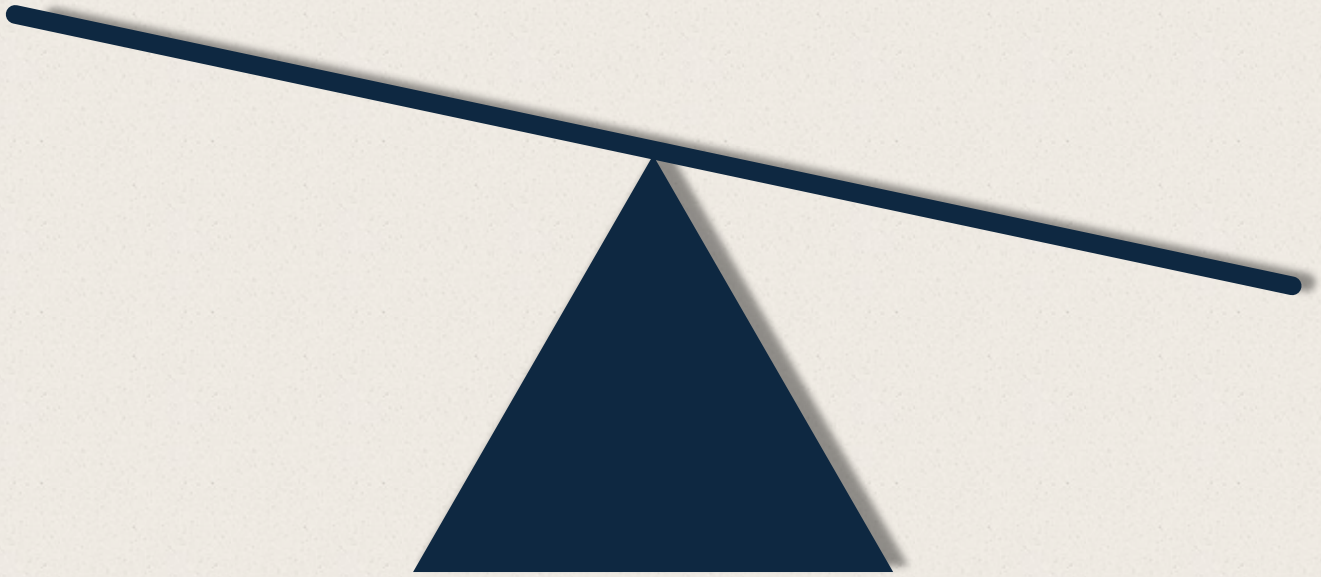
- Less **knowledgeable** about health (topics & terms)
- More likely to have **health beliefs** that are not conducive to positive behaviors (e.g., perceived barriers and benefits)
- Less **confident** they can manage their health (i.e., self-efficacy)
- Less likely to do recommended **self-care** (e.g., medications)
- More likely to worse health **outcomes** (e.g., blood sugar, oral health)

# Balance Between Skills & Demands



# Ex: Patient Materials vs. Patient Reading Skills

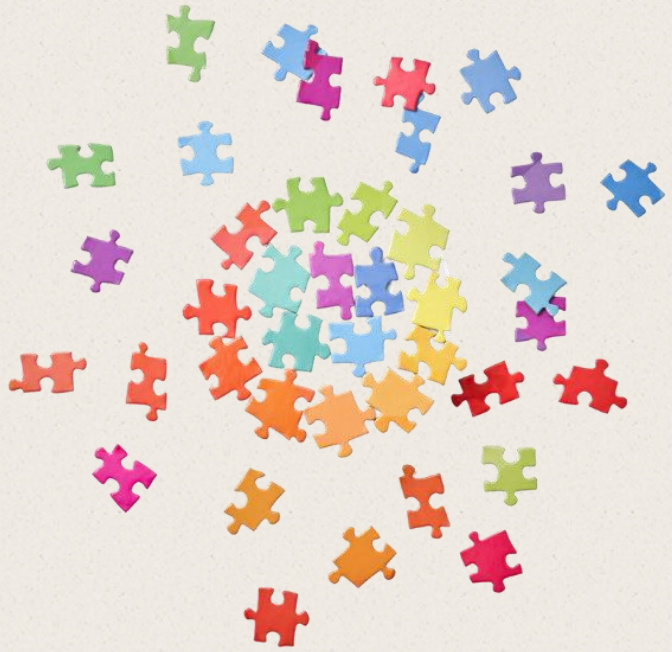
Average US Reading Level
**8-9th Grade**



Patient Materials
**≥10th Grade**

Consent/HIPAA Forms
**College**

# What is organizational health literacy?



## Healthy People 2030

“the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others”

## Shorthand

Organizations making it easier for patients to understand and use health information. Improving the balance between skills and demands.

# What makes a health care organization “health literate?”

Implemented system-level changes to address health literacy.

1. Improve written & verbal communication with patients
   - E.g., teach-back
2. Make it easy to navigate the environment & health care system
   - E.g., signage, appointments, referrals
3. Support patient engagement & self-management
   - E.g., engage in action planning, decision making
4. Address social needs to reduce barriers to good health
   - E.g., transportation, food insecurity, housing



# Why make changes at the system level rather than addressing the needs of individual patients?

Making changes at the system level allows us to improve communication and support for all patients.

- High prevalence of limitations among adults (36%)
  - Especially true for some sociodemographic groups
- Even people with strong skills can have trouble
- Providers cannot tell who has limited health literacy
- Avoids potential embarrassment of health literacy assessment



# Strategies for System-Level Change

Jill Kaar

# Where does system-level change happen?

1

## Within an organization

Leadership, policies, staff training and everyday communication practices.

*Example: a clinic adopts teach-back and plain-language standards.*

2

## Across organizations

Clinics, libraries, schools and health departments working from shared standards.

*Example: a city-wide pledge or learning collaborative.*

3

## Across a state

Policy, funding and recognition that make health literate practice the expected norm.

*Example: a statewide framework or recognition program.*

**Most health literacy work starts at level 1. Lasting change needs all three.**

# How does an organization get started?

Start with an honest self-assessment, done as a team.

1

## Reflect

Bring together managers, clinicians, front-desk and administrative staff. Talk through where patients and clients get stuck.

2

## Rate

Score the organization against a structured tool. Discuss where team members' ratings differ.

3

## Prioritize

Agree on a short list of actions: some for the next few months, some for the next few years.

### Who should be in the room

- Managers and leaders
- Clinicians and front-line staff
- Front-desk and administrative staff

*A team of 3 to 5 people is enough to start.*

# Which assessment fits your organization?

| Tool | Built for | What it looks at |
|---|---|---|
| **AHRQ Health Literacy Universal Precautions Toolkit**<br>United States, 3rd edition 2024 | Primary care practices | 23 short tools in five areas: getting started, spoken communication, written communication, self-management and empowerment, and supportive systems |
| **HLE2: Health Literacy Environment of Hospitals and Health Centers**<br>United States, 2019 | Hospitals and health centers; also piloted with community organizations | Policies, institutional practices, navigation, culture and language, and communication (print, forms, websites, patient portals) |
| **Org-HLR: Organisational Health Literacy Responsiveness self-assessment**<br>Australia, 2018 | Health and social service organizations | Seven domains: external policy and funding, leadership and culture, systems and policies, access, community engagement, communication, and workforce |
| **OHL-Act**<br>Denmark, 2026 | Hospital and municipal health services | Eight domains, built on Org-HLR, adding high-risk situations and monitoring; run as three staff workshops |
| **CCDPH Organizational Health Literacy Assessment**<br>Cook County, Illinois, 2025 | Health departments and their partners | Six focus areas: leadership, workforce, partnerships, accessibility, communication standards, and community engagement |

**To track progress over time:** AHRQ's 22 consensus quality improvement measures (Brega et al., 2019).

# What does this look like in practice?

## San Antonio's Health Literacy Pledge Program

**10**

**community organizations**

3 clinical, 7 non-clinical: community centers, a housing provider, a college, a health plan

**45**

**staff on health literacy teams**

3 to 5 people per organization, from different levels and roles

**3 + 3**

**priority actions each**

At least 3 short-term and 3 long-term actions, agreed by consensus

**What they found:** every organization completed the assessment. Most scores were low, and policy was the weakest area. A low first score is a starting point.

Stone et al., Health Literacy Research and Practice, 2025. A single-city pilot.

Best Practice

# Findings From Performing an Organizational Health Literacy Assessment in Community-Based Health Organizations

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**TABLE 3**

## Organizations' Health Literacy Environment of Hospitals and Health Centers Results

| HLE2 Section | Policy | Practice | Navigation | Culture and Language | Print Materials | Forms | Website | Patient Portals |
|---|---|---|---|---|---|---|---|---|
| Organization category (n) | Mean Percent Score[a] (SD) and Score Grade | | | | | | | |
| Non-clinical (1) | 78.13 | 78.75 | 91.07 | 68.75 | 97.37 | 94.44 | 95.00 | 83.93 |
| | B | B | A | C | A | A | A | B |
| Clinical (3) | 14.33 (3.06) | 74.33 (4.04) | 90.00 (0) | 51.67 (2.89) | 100.00 (0) | 94.00 (0) | 86.00 (0) | 100.00 (0) |
| | D | C | A | C | A | A | A | A |
| Non-clinical (1) | N/A | 51.56 | 54.17 | 57.14 | 75.00 | 50.00 | 73.33 | N/A |
| | N/A | C | C | C | C | D | C | N/A |
| Clinical (4) | 20.75 (1.26) | 59.50 (4.20) | 74.75 (0.50) | 58.50 (1.00) | 71.00 (0) | 79.00 (0) | 53.00 (0) | N/A |
| | D | C | C | C | C | B | C | N/A |

TABLE 4

## Themes of Priority Actions Developed from the Health Literacy Environment of Hospitals and Health Centers Assessments

| Theme | Short-Term Actions (in rank order) | | | |
|---|---|---|---|---|
| | Sub-theme 1 | Sub-theme 2 | Sub-theme 3 | Quotes |
| 1. Staff development | Staff training | Staff orientation | Creating resources for staff | "Develop a language resource page for staff that includes resources such as the language line" |
| 2. Environmental changes | Signage and navigation | Welcoming environment | - | "Evaluate and score navigation using the Walking Interview" |
| 3. Assessment of materials | Health literacy principles | Engage patient advisory council | Web improvements | "Review and update the 10 most common forms used by members for inclusion of health literacy principles" |
| 4. Policy | Assessing materials | Staff training | St | |
| 5. Raising awareness | Health literacy awareness for clients | Awareness about organization | - | |
| 6. Practices | Staff recognition | Provider visit | Cl | |

| | Long-Term Actions (in rank order) | | | |
|---|---|---|---|---|
| 1. Staff development | Staff training | Staff orientation | - | "Provide training about health literacy issues and practices for clear verbal communication (such as the Teach-Back method) for community-facing staff" |
| 2. Assessment of materials | Evaluate for plain language | Evaluate for translation | - | "Materials will be reviewed for plain language, appropriate translation, and imagery" |
| 3. Policy | Assessing materials | Staff training | Strategic plan | "Develop new hire orientation and training policies for health literacy" |

# What helps the change take hold?

| | | |
|---|---|---|
| 1 | **Build relationships early and often** | Buy-in and understanding make adoption faster and easier. |
| 2 | **Involve staff and community from the start** | Explain what you want to change, what you are asking of people, and why. |
| 3 | **Connect it to current priorities** | Show how health literacy helps meet goals the organization already has. |
| 4 | **Show the value up front** | Point to better information, services and satisfaction at each step. |
| 5 | **Plan for slow institutional change** | Leaders are usually supportive. Embedded practices still take time to shift. |

Rosenfeld, Best Practice Brief for Health Departments, NNPHI, 2026. Practice guidance from CDC-funded projects.

# Who is already doing this?

San Antonio, Texas

## A pledge program

Organizations assess, plan and act over about 10 months, then earn a certificate.

Cook County, Illinois

## A public toolkit

Six focus areas and a companion self-assessment, written for health departments and their partners.

Maryland

## A recognition seal

A Health Literacy Organizational Seal with three levels of commitment.

Denmark

## Co-creation workshops

OHL-Act: three workshops where staff reflect, generate ideas and set priorities.

**We have not found a published, coalition-led process for doing this across a whole state.**

# What is Colorado doing?

Colorado Health Literacy 2030: coalition members are building a statewide framework, step by step.




| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| **Brainstorm** | **Ground it** | **Commit** | **Listen** | **Field test** |
| What would a health literate Colorado look like by 2030? | Test the ideas against three Colorado personas and group them into clusters. | Give each cluster a 2030 commitment, an owner and measures. | Add the voice of community members and people with lived experience. | Try the framework in 3 to 5 Colorado settings. |
| Done | Done | In progress | Next | Planned |

Academic partner: Research Center for Health Literacy & Equity (REACH), Aarhus University, Denmark.

# What have coalition members told us?

### Leadership & Workforce Standards

Leaders drive training and policy. Health literacy is part of daily operations.

### Trusted Information

One consistent, multilingual source people can trust over misinformation.

### Equitable Access

Timely interpreter services. Plain-language education that reaches rural communities.

### Education Pipeline

K-12 health and insurance literacy. Stronger training for health professions students.

### Universal Standards & Community Design

A shared checklist for any health-related organization. Services designed with communities.

### Measurement

Process measures and outcome measures, with attention to rural areas.

**The human contact principle:** every tool and resource must have a clear human back-up.

# What can you do next?

## You

- Use teach-back in your next conversation
- Rewrite one handout in plain language
- Ask a patient or client where they got stuck

## Your organization

- Form a small health literacy team
- Complete one self-assessment together
- Pick three actions for the next six months

## With the coalition

- Join a CHLC working session
- Help shape a 2030 commitment
- Tell us if your organization would pilot the framework

**System change starts with one team, one assessment and three actions.**



# What questions do you have?

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