**Primary** **Care** **Health** **Literacy** **Assessment**

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| Please select **one answer** that most accurately describes your practice: |
|  |  |
| **Doing Well**  |  Our practice is doing this well |
| **Needs Improvement**  |  Our practice is doing this, but could do it better |
| **Not Doing**  |  Our practice is not doing this |
| **Not Sure or N/A**  |  I don’t know the answer to this question **OR** |
|  |  This isnot applicable to our practice |

| **1. Prepare for Practice Change** |
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|  | **Doing Well** | **Needs Improve­ment** | **Not Doing** | **Not Sureor N/A** | **Tools to Help** |
| 1. Our health literacy team meets regularly.  | **☐** | **☐** | **☐** | **☐** | **1-Form Team** |
| 2. Our practice regularly reassesses our health literacy environment and updates our health literacy improvement goals. | **☐** | **☐** | **☐** | **☐** | **2- Assess OHL & Create Plan13-Welcome Patients****17- Patient Feedback** |
| 3. Our practice has a written Health Literacy Improvement Plan and collects data to see if objectives are being met. | **☐** | **☐** | **☐** | **☐** | **2-Assess OHL & Create Plan**  |
| 4. All staff members have received health literacy education. | **☐** | **☐** | **☐** | **☐** | **3-Raise Awareness** |
| 5. All levels of practice staff have agreed to support changes to make it easier for patients to navigate, understand, and use health information and services. | **☐** | **☐** | **☐** | **☐** | **3-Raise Awareness** |
| 6. All staff members appreciate that we have a responsibility to make sure that patients can understand and act on health information and services.  | **☐** | **☐** | **☐** | **☐** | **3-Raise Awareness** |
| 7. Our Health Literacy Team understands how to implement and test changes designed to improve performance. | **☐** | **☐** | **☐** | **☐** | **2- Assess OHL & Create Plan** |

| **2. Improve Spoken Communication** |
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|  | **Doing Well** | **Needs Improve­ment** | **Not Doing** | **Not Sureor N/A** | **Tools to Help** |
| 8. All staff members speak clearly (e.g., use plain, everyday words and speak at a moderate pace). | **☐** | **☐** | **☐** | **☐** | **4-Commun. Clearly** |
| 9. All staff members listen carefully to patients without interrupting. | **☐** | **☐** | **☐** | **☐** | **4-Commun. Clearly** |
| 10. All staff members limit themselves to 1-3 key points and reinforce those points. | **☐** | **☐** | **☐** | **☐** | **4-Commun. Clearly** |
| 11. All staff members use simple pictures and models and audio/video materials to promote better understanding. | **☐** | **☐** | **☐** | **☐** | **4-Commun. Clearly****12-Use Health Ed. Material Effectively** |
| 12. Our practice ensures patients have the equipment and know-how to use recommended audio-visual materials and internet resources. | **☐** | **☐** | **☐** | **☐** | **12-Use Health Ed. Material Effectively** |
| 13. All staff members review educational materials they hand out to patients and emphasize the important information. | **☐** | **☐** | **☐** | **☐** | **12-Use Health Ed. Material Effectively** |
| 14. All staff members ask patients to state key points in their own words (i.e., use the teach-back method) to assess whether they have been clear enough. | **☐** | **☐** | **☐** | **☐** | **5-Teach-Back Method** |
| 15. Clinicians routinely review with patients all the medicines they take, including over-the-counter medicines and supplements, and ask patients to demonstrate how to take them. | **☐** | **☐** | **☐** | **☐** | **5-Teach-Back Method****8-Brown Bag Review** |
|  |  |  |  |  |  |
| 16. Our practice routinely provides patients with updated medicine lists that describe in easy-to-understand language what medicines the patient is to take and how to take them.  | **☐** | **☐** | **☐** | **☐** | **8-Brown Bag Review****16-Help Patients Take Medicine Correctly** |
| 17. Our practice trains patients to use our patient portal. | **☐** | **☐** | **☐** | **☐** | **12-Use Health Ed. Material Effectively** |
| 18 Our practice contacts patients between office visits to ensure understanding or to follow up on plans made during the visit. | **☐** | **☐** | **☐** | **☐** | **6-Follow up** |
| 19. Our practice assess patients’ language preferences and record them in the medical record.  | **☐** | **☐** | **☐** | **☐** | **9-Language Differences 13-Welcome Patients**  |
| 20. Our practice always uses acceptable language access services if patients, or companions who are participating in the visit, want to use a language other than English. | **☐** | **☐** | **☐** | **☐** | **9-Language Differences** |
| 21. When staff members give directions for finding the office, they refer to familiar landmarks and public transportation routes as needed. | **☐** | **☐** | **☐** | **☐** | **7-Be Easy to Reach** |
| 22. If there is an automated phone system, one option is to speak with a person. | **☐** | **☐** | **☐** | **☐** | **7-Be Easy to Reach** |
| 23. Our practice can respond to phone calls in the main languages spoken by our patients. | **☐** | **☐** | **☐** | **☐** | **7-Be Easy to Reach** |
| 24. All staff members offer everyone help (e.g., filling out forms, using patient portal) regardless of appearance.  | **☐** | **☐** | **☐** | **☐** | **12-Use Health Ed. Material Effectively** **13-Welcome Patients** |
| 25. Our practice welcomes family and friends and includes them in visits as much as patients want. | **☐** | **☐** | **☐** | **☐** | **22-Include Family and Friends** |

| **3. Improve Written Communication** |
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|  | **Doing Well** | **Needs Improve­ment** | **Not Doing** | **Not Sureor N/A** | **Tools to Help** |
| 26. At least one staff member knows how to assess, select, and create written materials that are easy to understand and act on. | **☐** | **☐** | **☐** | **☐** | **11-Assess, Select, and Create Easy-to-Understand Materials** |
| 27. Our practice gets patient feedback on written materials. | **☐** | **☐** | **☐** | **☐** | **11-Assess, Select, and Create Easy-to-Understand Materials** **17-Patient Feedback** |
| 28. Our practice assesses whether written materials are easy to understand. | **☐** | **☐** | **☐** | **☐** | **11-Assess, Select, and Create Easy-to-Understand Materials** |
| 29. Our practice’s patient education materials are concise, use plain language, and are organized and formatted to make them easy to read and understand. | **☐** | **☐** | **☐** | **☐** | **11-Assess, Select, and Create Easy-to-Understand Materials**  |
| 30. If appropriate, our written materials are available in languages other than English. | **☐** | **☐** | **☐** | **☐** | **9-Language Differences** |
| 31. Our practice’s forms are easy to understand and fill out, collect only necessary information, and use inclusive language. | **☐** | **☐** | **☐** | **☐** | **11-Assess, Select, and Create Easy-to-Understand Materials** |
| 32. Lab and test results letters are concise, use plain language, and are organized and formatted to make them easy to read and understand (e.g., avoid the use of “positive” or “negative” results). | **☐** | **☐** | **☐** | **☐** | **11-Assess, Select, and Create Easy-to-Understand Materials** |
| 33. The name of the practice is clearly displayed on the outside of the building, and signs are posted throughout the office to direct patients to appropriate locations (e.g., practice entrance, restrooms, check-in, check-out, lab, etc.). | **☐** | **☐** | **☐** | **☐** | **13-Welcome Patients** |
| 34. Our practice selects easy-to-understand and relevant materials for the waiting room and ensures that we do not to overwhelm patients.  | **☐** | **☐** | **☐** | **☐** | **13-Welcome Patients** |
| 35. Office signs use large, clearly visible lettering and plain, everyday words such as “Walk‐In” and “Health Center” rather than formal words such as “Ambulatory Care” or “Primary Care Practice.” | **☐** | **☐** | **☐** | **☐** | **13-Welcome Patients** |
| 36. Office signs are written in English and in the preferred languages of our patients (e.g., if most of the patients read English or Spanish, signs are written in English and Spanish). | **☐** | **☐** | **☐** | **☐** | **13-Welcome Patients**  |

| **4. Improve Self-Management and Empowerment** |
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|  | **Doing Well** | **Needs Improve­ment** | **Not Doing** | **Not Sure or N/A** | **Tools to Help** |
| 37. Our practice creates an environment that encourages patients to ask questions (e.g., asking, “What questions do you have?” instead of, “Do you have any questions?”) and get involved with their care. | **☐** | **☐** | **☐** | **☐** | **14-Encourage Questions** |
| 38. Our practice helps patients choose health goals and develop action plans to take manageable steps toward goals. | **☐** | **☐** | **☐** | **☐** | **15-Make Action Plans** |
| 39. Our practice follows up with patients to determine if their action plan goals have been met. | **☐** | **☐** | **☐** | **☐** | **6-Follow up** **15-Make Action Plans** |
| 40. All clinicians consider patients’ culture – including customs, beliefs, and values – when devising treatment options. | **☐** | **☐** | **☐** | **☐** | **10-Consider Culture** |
| 41. All clinicians write precise instructions for taking medicine that are easy-to-understand (e.g., “take 1 pill in the morning and 1 pill at bedtime” instead of “take twice daily”). | **☐** | **☐** | **☐** | **☐** | **16-Help Patients Take Medicine Correctly** |
| 42. Staff members discuss different methods for remembering to take medicines correctly and offer patients assistance setting up a system (e.g., pill organizers, electronic reminders). | **☐** | **☐** | **☐** | **☐** | **16-** **Help Patients Take Medicine Correctly** |
| 43. Our practice requests feedback from patients. | **☐** | **☐** | **☐** | **☐** | **11-Assess, Select, and Create Easy-to-Understand Materials17-Patient Feedback** |

| **5. Improve Supportive Systems** |
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|  | **Doing Well** | **Needs Improve­ment** | **Not Doing**  | **Not Sure or N/A** | **Tools to Help** |
| 44. Our practice assesses patients’ social needs, including their ability to pay for medicines. | **☐** | **☐** | **☐** | **☐** | **18-Attend to Social Needs****19-Pay Less for Medicine** |
| 45. Our practice asks patients if they are interested in improving their reading or math skills. | **☐** | **☐** | **☐** | **☐** | **20-Literacy and Math Resources**  |
| 46. Our practice maintains an up-to-date lists of community resources and assistance programs. | **☐** | **☐** | **☐** | **☐** | **18- Attend to Social Needs****19-Pay Less for Medicine****20-Literacy and Math Resources****23-Talk About Costs** |
| 47. Our practice connects patients with community resources and assistance programs and gets patients help filling out applications, as needed. | **☐** | **☐** | **☐** | **☐** | **18- Attend to Social Needs****19-Pay Less for Medicine****20-Literacy and Math Resources****23-Talk About Costs** |
| 48. Our practice offers patients help with referrals, such as making appointments. | **☐** | **☐** | **☐** | **☐** | **18-Attend to Social Needs****19-Pay Less for Medicine****20-Literacy and Math Resources**  |
| 49. Our practice shares important referral information (e.g., reason for referral, pertinent medical history, test results) directly with the organization we are referring the patient to. | **☐** | **☐** | **☐** | **☐** | **18- Attend to Social Needs****19-Pay Less for Medicine** **21- Referrals****23-Talk About Costs** |
| 50. Our practice follows up to confirms that a referral has been completed. | **☐** | **☐** | **☐** | **☐** | **6-Follow up** **18- Attend to Social Needs****19-Pay Less for Medicine** **21- Referrals****23-Talk About Costs** |
| 51. Our practice welcome questions about healthcare costs. | **☐** | **☐** | **☐** | **☐** | **23-Talk About Costs** |
| 52. Our practice gives patients accurate, understandable information about their share of costs before they make treatment decisions. | **☐** | **☐** | **☐** | **☐** | **23-Talk About Costs** |