



Questionnaire

Organizational health literacy of schools (OHLS-Q)

Version 1

Munich, 28.09.2022



Project: HeLit-Schools

"Health-Literate Schools" (HeLit-Schools project) is a model project that aims at adapting the concept of organizational health literacy for schools in Germany. The organizational health literacy approach in the school setting, which is captured by the health-literate schools concept (HeLit-Schools concept), intends to optimize the school environment and school development as well as associated processes and structures regarding the promotion of health literacy. At the same time, the approach targets the promotion of personal health literacy in different schoolrelated target groups, e.g., schoolchildren, teachers and principals. By addressing organizational development, especially schoolchildren's personal health literacy will be strengthened sustainably as the HeLit-Schools concept addresses the whole school environmental and context-related factors. Environmental and context factors are crucial for effectively promoting health literacy. Based on the HeLit-Schools concept, a questionnaire to measure organizational health literacy of schools (OHLS-Q) has been developed. The questionnaire will be used in a pilot study to collect first-time data. The survey will allow determining the health literacy capacities of schools and gathering hands-on information for supporting the development and implementation of measures and interventions to promote health literacy in the school context. In addition to the scientific goals, one of the project's goals is to establish a "Health-Literate School" network, which was already launched in 2021 under the umbrella of the German Alliance for Health Literacy in Schools.

This questionnaire ("OHLS-Q") is a translation of the German OGKS-FB. The OHLS-Q / OGKS-FB were developed to measure the organizational health literacy of schools. They assess the eight standards of a health-literate school using six indicators for each standard.

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Project staff

Prof. Dr. Orkan Okan (project coordinator) Technical University of Munich (TUM) Department of Sport and Health Sciences orkan.okan@tum.de

Sandra Kirchhoff Technical University of Munich (TUM) Department of Sport and Health Sciences sandra.kirchhoff@tum.de

Website and E-Mail www.gekoorg-schule.de gekoorg-schule@sg.tum.de



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Introduction

What is health literacy?

Health literacy basically refers to a person's ability to manage health information from a broad range of sources. In particular health literacy is linked to literacy and entails people's knowledge, motivation and competences to access, understand, appraise, and apply health information in order to make judgments and take decisions in everyday life (Sørensen et al. 2012). Health literacy enables children and adolescents to make decisions about health promotion, prevention and care in everyday life. Health literacy is closely linked to education and a child's socialization (Okan et al. 2020). It is particularly important for dealing with health information via traditional and digital media as well as in social interactions – for example with doctors, nurses, parents, teachers and peers (Bröder et al. 2019). Health literacy is an important determinant of health that can be improved through education and thus contributes to increasing health equity (Bröder et al. 2018; World Health Organization 2017). In the life-course, children and adolescents will need health literacy for judgements and decisions in all areas of their personal life, e.g., health literacy can support health promotion, strengthen health resources and it is also vital in the context of disease prevention or in the usage and the navigation of the health care system (World Health Organization 2021).

Fostering health literacy within and by school

Health literacy is understood as the result of educational processes. Therefore, personal health literacy of children and adolescents can be promoted and strengthened by learning opportunities (Paakkari and Paakkari 2012). In this context, schools play a key role, as they are a significant venue in young people's lives for learning and conveying knowledge. The high accessibility of young people in the school setting regardless of their socioeconomic and sociocultural background also stresses the importance of school-related measures to strengthen health literacy (Okan et al. 2020; World Health Organization 2021; World Health Organization. Regional Office for Europe, European Observatory on Health Systems and Policies & McDaid, David 2016).

Schools offer a wide range of potentials that can be utilized and combined to strengthen the health literacy of everyone in the school setting: from the creation of learning opportunities to the arrangement of the entire learning environment. A health-literate school, which is conceptually rooted in the organizational health literacy model, integrates all these possibilities and allows to systematically strengthen health literacy within and by schools.

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"A health-literate school optimizes processes, structures and frameworks in such a way that health literacy can be developed, practiced and enhanced within and through its setting. A healthliterate school enables everyone involved in school – students, school principals, teachers and non-teaching staff, parents and caregivers as well as persons in the extended school environment –to deal with and manage health information and to improve and reinforce health-literate behavior." *(Kirchhoff et al. 2022)*



The health-literate school concept (HeLit-Schools concept) comprises eight areas (see figure 1) in which a school can take action on health literacy. These areas are called "standards". Each standard comprises six aspects defined as indicators that further describe the content and objectives of the respective standard. Standards and indicators are presented in the "organizational health literacy of schools"-questionnaire (OHLS-Q) and can be used to measure schools' organizational health literacy. Primarily, the questionnaire is meant to help schools identify areas in which they already address health literacy and areas in which they may have unused potential or need for improvement. At the same time, the standards address different levels of impact in the school organization, which are also addressed centrally within health promoting school framework (see Figure 2).

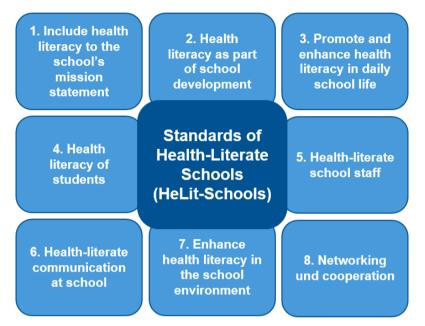


Figure 1: Eight Standards of a health-literate school (Kirchhoff and Okan 2022)

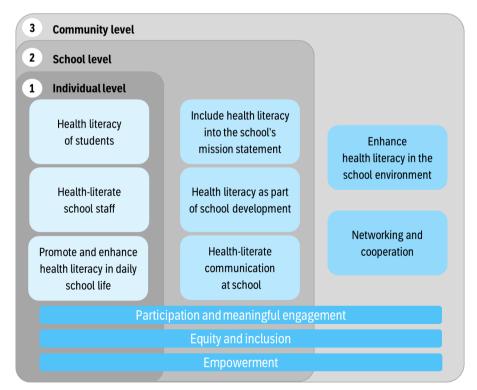


Figure 2: Organizational health literacy of schools and school health promotion (based on the SHE-factsheet (Okan et al. 2020))



Questionnaire

Organizational health literacy of schools (OHLS-Q)



Standard 1: Include health literacy into the school's mission statement

Standard 1 emphasizes that school principals, teachers and school staff consider strengthening health literacy in the school as important

Sta	Standard 1 Include health literacy into the school's mission statement							
		Strongly Agree	Agree	Disagree	Strongly Disagree	N/A		
1	Health literacy is part of our school's mission statement.							
2	Strengthening health literacy of everyone at our school is consid- ered an important goal in the context of school health promotion and prevention.							
3	At our school, students learn to obtain health knowledge and how to access, critically appraise and apply health information in their everyday life.							
4	Health literacy is taken into account in school health promotion and prevention and is regularly reflected upon (e.g. quality as- sessment).							
5	Our school management team (e.g., principal, deputy principal) actively supports the implementation of measures to strengthen health literacy at our school.							
6	The school district administration supports our school to be- come a health-literate school by providing financial and person- nel resources.							



Standard 2: Health literacy as part of school development

Standard 2 places health literacy at the organizational and school development levels

Star	Standard 2 Health literacy as part of school development								
		Strongly Agree	Agree	Disagree	Strongly Disagree	N/A			
1	Health literacy is included in the school development plan of our school.								
2	We apply and further develop measures in classroom and extra- curricular activities to strengthen health literacy at our school.								
3	A contact person has been appointed at our school responsible for matters on health and health literacy (e.g. for communication purposes, coordination, training, teaching, projects, counselling).								
4	Personnel resources are available to implement health literacy measures.								
5	Time resources are available to implement health literacy measures.								
6	Financial resources are available to implement health literacy measures.								



Standard 3: Promote and enhance health literacy in daily school life

Standard 3 ensures that the daily school life is designed in a way to contribute to promoting of health literacy at school

Sta	Standard 3 Promote and enhance health literacy in daily school life							
	1		Strongly Agree	Agree	Disagree	Strongly Disagree	N/A	
1	teaching	chool, we tackle health literacy and reflect on existing g content and methods in order to improve them with re- he strengthening health literacy.						
2	ing their	port all students at our school in developing and practic- health literacy (e.g. in class, on project days, in the canteen).						
3		ide freely accessible, age appropriate and real-world Iformation for our students (e.g., library, school canteen, media).						
4		ool provides health information and services that meet rsity of our students (e.g. language, culture).						
5	tent) me	e sure that materials (videos, books, multimedia con- et criteria for good health information (e.g., reliable pro- ources and dates, neutral presentation of the topic).						
6		ool principal, teachers and school staff act health-literate w how to organize daily school life in a way that benefits f all.						



Standard 4: Health literacy of students

Standard 4 is dedicated to strengthening health literacy of students in the classroom and daily school life

Sta	Standard 4 Health literacy of students							
	1		Strongly Agree	Agree	Disagree	Strongly Disagree	N/A	
1	At our school we teach health knowledge stand, critically appraise and apply health ferent sources (e.g. from books or texts fro	information from dif-						
2	At our school, we have teaching materials health literacy of our students.	to strengthen the						
3	We practice critical thinking about and ap mation in the classroom (e.g. distinguishir rect information, dealing with social medi	ng correct from incor-						
4	We address health literacy in different sch health education, science, biology, physic							
5	Health literacy is addressed as a cross-cut in other cross-cutting issues (e.g., health p tion, digital and media education, road sat change).	romotion and preven-						
6	Student participation is a key concern (e.g wishes, interests, and needs are taken into							



Standard 5: Health-literate school staff

Standard 5 focuses on strengthening health literacy of school principals, teachers, and school staff

Sta	Standard 5 Health-literate school staff							
		Strongly Agree	Agree	Disagree	Strongly Disagree	N/A		
1	At our school, we provide training and professional development opportunities on health literacy for the entire school team (their own personal health literacy and health literacy teaching skills).							
2	There are offers to strengthen health literacy for our school team.							
3	Our school team has already taken part in training and profes- sional development to strengthen health literacy.							
4	We employ various measures to implement health-related qual- ity standards and processes (e.g. feedback, supervision, quality manuals).							
5	We pay attention to the health of our school team and take ac- tion to promote the health of school principals, teachers and school staff.							
6	We check whether measures are still up-to-date and improve the school environment for the health of our school team.							



Standard 6: Health-literate communication at school

Standard 6 pays attention to simple, understandable communication as a principle of a health literate school

Star	Standard 6 Health-literate communication at school							
	1		Strongly Agree	Agree	Disagree	Strongly Disagree	N/A	
1	Our school team makes sure that communication ics is simple and understandable for everyone (colleagues and parents or guardians).							
2	At our school, we facilitate participation in profe on health communication.	essional training						
3	Our school team has attended professional trai communication.	nings on health						
4	At our school, we create an awareness for com health and reinforce appropriate skills (e.g., crit communicating in a way that promotes unders	ical questioning,						
5	We work with a variety of communication meth ing health topics both in the classroom and in c							
6	We initiate and engage in dialogue with parents school health.	s or guardians on						



Standard 7: Enhance health literacy in the school environment

Standard 7 places health literacy in the context of school health promotion and prevention for a healthy school environment

Sta	Standard 7 Enhance health literacy in the school environment							
		Strongly Agree	Agree	Disagree	Strongly Disagree	N/A		
1	At our school, health literacy contributes to achieving school health promotion and prevention goals.							
2	Our school collaborates with various school-linked and non- school-related health support systems.							
3	We provide initiatives and services that strengthen the health lit- eracy of parents and guardians (e.g. parents' evenings, open days, parenting courses, project days).							
4	At our school, we act as a (first) point of contact and convey in health-related concerns of our students.							
5	Our school has a list of contact addresses of the most important internal and external persons and services (e.g. school psycholo- gists, school social workers, doctors), including their respective responsibilities.							
6	Information on the school's internal strategies for health promo- tion and prevention as well as for dealing with crisis situations is freely and easily accessible to everyone in the school environ- ment.							



Standard 8: Networking and cooperation

Standard 8 stresses involvement in networks, cooperation and exchange on health literacy

Standard 8 Networking and cooperation							
		Strongly Agree	Agree	Disagree	Strongly Disagree	N/A	
1	Our school is networking with other institutions and organiza- tions on the topic of health.						
2	Our school attends local/regional networking meetings, projects, and offers on health/health literacy.						
3	Our school shares knowledge and experience on health literacy with other schools in the region and locally.						
4	Our school shares examples of good practice in local/regional media or in magazines or at conferences						
5	Our school team collaborates with parents or guardians.						
6	We make health literacy visible inside and outside our school and act as role models.						



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