

Health Literacy Train the Trainer Toolkit

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Land Acknowledgement

We first and foremost would like to acknowledge that the land on which we gather is the ancestral homelands of the Coast Salish Peoples, particularly the Tulalip, Skagit, Snohomish, Stillaguamish, and Sauk-Suiattle Tribes. Their histories can be seen in the surrounding cultural landscapes, and we pay respects to these tribes, their ancestors, and their thriving communities today. We make it our responsibility to dedicate ourselves to moving forward with partnership, collaboration, and reconciliation. If you would like to educate yourself on the land which you are joining from, please visit <https://native-land.ca/>.

Introduction

During the COVID-19 pandemic, data emerged showing that historically underrepresented communities faced disproportionate burdens, including higher infection rate, when compared to the non-Hispanic white population. This was true in Snohomish County and in the United States as a whole. Communities that faced higher infection rates included Black, Indigenous, and People of Color (BIPOC), people with disabilities, and the LGBTQIA+ community. Health inequities are not unique to the COVID-19 pandemic, but instead are common to many other health outcomes as well. There are many factors that contribute to these health outcomes including access to healthcare and the availability of easy-to-understand health information for all people regardless of their background and education levels. The latter is referred to as health literacy and is a factor that we can more easily address.

Health literacy has two crucial elements to its definition – the first relating to individual health literacy, and the second to organizational responsibility.

- “Personal health literacy is 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.
- Organizational health literacy is 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” (Healthy People 2030, 2020).

Organizations have both the responsibility and opportunity to help empower communities to make healthy decisions by sharing information that meets their needs. By learning from successes and lessons during the COVID-19 pandemic, we can improve communication both in our day-to-day work and in future health emergencies.

This Health Literacy Train the Trainer Toolkit is intended to increase awareness about and adoption of health literacy best practices among those who share health information with members of the community. We hope to improve the way information is shared and help decrease health disparities, particularly for communities which have been historically excluded from the opportunity to make well-informed health decisions. This exclusion is especially problematic during public health crises, such as the COVID-19 pandemic.

Use this Toolkit:

1. To increase your personal health literacy knowledge and skills
2. To implement a tried-and-tested health literacy training program
3. To increase your organization’s health literacy

Section One - Health Literacy

Health literacy is often overlooked but remains an essential link in the healthcare system. Without proficient individual and organizational health literacy, the complicated chain of events a patient must navigate, and a provider must lead, can break before it has even begun. The last National Assessment of Adult Literacy (NAAL, 2003) showed that most people do not have the skills needed to successfully handle the American healthcare system. Meanwhile, the COVID-19 pandemic showed that many people do not have access and/or the skills needed to identify truthful information from reliable, credible sources. The Snohomish County Advancing Health Literacy Project research (see [Appendix A](#)) showed that many healthcare providers in Snohomish County have gaps in the skills needed to adequately provide information to their patients.

patients with low
HEALTH LITERACY...

- 
Are more likely to visit an
EMERGENCY ROOM
- 
Have more
HOSPITAL STAYS
- 
Are less likely to follow
TREATMENT PLANS
- 
Have higher
MORTALITY RATES

www.cdc.gov/phpr 

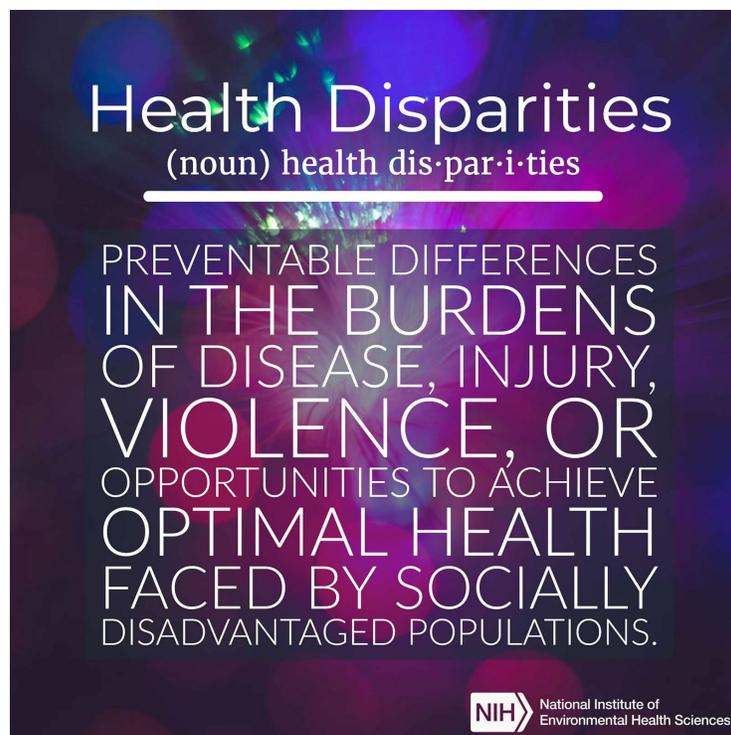
Centers for Disease Control and Prevention (CDC) Office of Readiness and Response, www.cdc.gov/phpr

Social Determinants of Health

There are many things that influence our ability to attain our highest level of health, and many of them are out of our control. These factors are called the social determinants of health (SDOH) and include access to healthcare, the physical environment, workplace conditions, exposure to violence, food instability, access to education, and financial security. These are not necessarily part of our medical care, but are influenced by systems and forces, such as

economic policies, urban and rural development, social norms, racism, climate change, and political systems. According to Healthy People 2030, health literacy is also a social determinant of health and is interconnected with many other determinants like race, age, and educational attainment. These influence and are most often the cause of health disparities.

Health disparities are “preventable differences in the burden of disease, injury, violence, or in opportunities to achieve optimal health experienced by socially disadvantaged racial, ethnic, and other population groups, and communities” (NIH, n.d.). The COVID-19 pandemic highlighted many existing disparate health outcomes in the American healthcare system by exacerbating them. Some of those include: which communities were more likely to be regularly exposed to the virus; the quality of COVID-19 care received by BIPOC compared to white people; and the health conditions resulting from chronic stress experienced by populations which have historically been discriminated against and how those health conditions increased the likelihood of experiencing worse COVID-19 symptoms. To learn more about social determinants of health in depth, including resources for assessing health disparities and utilizing a theoretical framework such as the Socio-Ecological Model, see [Appendix B](#).



National Institute of Environmental Health Sciences, www.niehs.nih.gov

Health Equity

Health equity is “the state in which everyone has a fair and just opportunity to attain their highest level of health” (CDC, n.d.). Both individual and population health is dependent on a complex set of systems which intersect with and influence one another. Fighting for health equity in the public health and healthcare fields means dismantling systems and processes influenced by racism and other injustices and working on the root causes of health disparities. Achieving health equity requires focusing on and bringing attention to historic and contemporary injustices, addressing barriers to make healthcare accessible for everyone, and dedicating ourselves to preventing health disparities.

Health inequity involves systematic differences in the health status and the distribution of health resources of different groups of people. Health inequities are often responsible for health disparities that are deemed unfair or stem from some form of injustice. Many health inequities today are avoidable, unnecessary, and unjust.

Health equity is closely tied to the social determinants of health, which can be where the inequitable distribution of information, resources, and access to healthcare are rooted. Many groups of people were historically excluded from the opportunity to attain their highest level of health, and this persists today. As public health professionals and healthcare providers, it is our responsibility to work to mitigate health disparities by creating health literate organizations that welcome patients from all backgrounds and providing care that is just and equitable.

Advancing health literacy is closely tied to achieving health equity. Many communities have been and continue to be excluded from the opportunity to make well-informed decisions about their health. Advancing health literacy can help create equal opportunities for people to receive culturally relevant and linguistically appropriate healthcare services, communication, and information. For more information about health equity, including examples of historic injustices, see [Appendix C](#).

“Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.”

- Healthy People 2030 Goals

What is Health Literacy?

The definition of health literacy has two parts – individual and organizational.

Individual health literacy is 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. There are three aspects of individual health literacy.

1. Functional health literacy includes basic reading and writing skills, as well as communication of information. It can also be called foundational health literacy because it is the groundwork for reaching higher levels of literacy and health literacy.
2. Interactive health literacy, also known as communicative health literacy, refers to the skills that are used as an active participant in everyday situations. This includes the ability to recognize and understand health information, and apply this to changing circumstances.
3. Critical health literacy refers to the cognitive and social skills needed to critically assess the reliability and applicability of health information to personal situations. Having critical health literacy involves both personal and community empowerment and being able to advocate for oneself and others.



*Patient receives information from a doctor, reads more about it, thinks about what they have learned, and asks questions.
Snohomish County Health Department, www.snohd.org*

Organizational health literacy is 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. A health literate organization takes steps to ensure their workforce is prepared to be conscious of health literacy, has leadership that makes health literacy a foundational aspect of the organization’s core values, and meets the needs of all within their patient population.



Another piece of health literacy is digital health literacy, or eHealth literacy. This is the ability to acquire and evaluate health information from electronic sources and use that information to inform health problems, decisions, and actions. Digital health literacy is growing evermore relevant as varying forms of health information are widely available on the internet. Additionally, the expectation for patients to use online portals to view their electronic medical records is expanding. The ability to access and act on this information is vital to one's health in today's world.

Why is Health Literacy Important?

Low Health Literacy is Common!

“Health for all Americans starts with health literacy.”
- Brett P. Giroir, M.D., former U.S. Assistant Secretary for Health

Did you know 9 out of 10 American adults don't have all the literacy skills needed to navigate health diagnoses, plans, and systems? Even those who are highly educated in health-related fields can experience limited health literacy when faced with certain high-risk situations. These high-risk situations can include receiving new diagnoses, unfamiliar medications, and incidents where emergency medicine is necessary.

Negative Outcomes

The impacts of limited health literacy are visible at the individual, community, and systemwide levels. Research paid for by the Agency for Healthcare Research and Quality (AHRQ) and published in the International Journal of Nursing Sciences, found in various studies that limited health literacy has been consistently associated with poor health outcomes, including:

- lack of knowledge about medical conditions and related care
- lack of engagement with healthcare providers
- poorer use of preventive health services
- increased hospitalizations
- mismanagement of treatment plans
- poorer overall health status
- higher rates of mortality

“Health literacy may be a stronger predictor of health than age, employment status, education level, race, and income.” (Kuczmarski et al., 2016)



Lack of foundational or functional health literacy (the ability to read and write) can lead to less critical health literacy, as well. Without the ability to critically assess and use health information, communities may be unable to come together to raise awareness and advocate for themselves about public health and medical problems affecting them. The Love Canal community's experience advocating for fair environmental health and safety is an example of a community which had critical health literacy and worked together to fight toxic chemicals in their soil and consequential negative health outcomes. If you'd like to learn more about the Love Canal tragedy and the community's resilience, read [The Love Canal Tragedy](#) by Eckardt C. Beck on www.epa.gov or watch [Love Canal – 40 Years Later](#) on YouTube from the Buffalo Toronto Public Media.

Financial Impact

Advancing health literacy could save the American healthcare system an estimated \$143 million to \$25 billion every year, according to the Centers for Disease Control and Prevention (CDC). Improving health literacy could prevent nearly 1 million hospital visits every year. Research shows that the costs associated with limited health literacy are related to miscommunication of information by healthcare providers, lack of well-informed consent among patients, and mismanagement of treatment plans leading to preventable hospital readmissions.

Opportunity to Improve Health

Health literacy is important because it enables people to navigate the health care system, adopt health-promoting behaviors, and act on health-related information. This allows people to not only be well-informed, but to also use health information to make decisions and take action for themselves and their families. When the health care system, including healthcare settings and public health departments, are person-based, health literate, and linguistically inclusive, community members feel more comfortable and safer in what can be a stressful, intimidating environment. When people are informed and have trust in health and government institutions, they tend to be more comfortable adopting health-promoting behaviors. Working with the community, being inclusive, and tailoring information to your specific intended patient are a few ways to build trust and help people be well-informed, so they can act on the information provided.

What Are Some Health Literacy Best Practices?

Health literacy best practices are interventions, programs, and strategies proven to increase patient understanding of health information by improving the way that health information is provided. We will discuss plain language, the teach-back method, shared decision-making, creating a shame-free environment, creating a feedback-loop, and following universal precautions.

Plain Language

Plain language is the first health literacy best practice.



Plain language is language which the average adult can understand the first time they see or hear it. Using plain language means avoiding medical terminology, challenging words, acronyms, and jargon. Research shows that writing and speaking at a 5th or 6th grade reading level will allow most adults to understand and use the information you provide. It's important to remember that what seems plain and simple for one person may seem difficult for another. Therefore, it is vital to learn about your patient and engage them throughout the education you are providing. There are many strategies when incorporating plain language into your teaching and trainings, including these tips:

1. Incorporate a reader-centered approach

Think about, engage, and collect feedback from your patient before, during, and after presenting information. Not only will this help maintain their interest, but it will also help build a trusting relationship.

2. Keep it short

Prioritize information to two or three things that are most important. Use short sentences and shorten paragraphs as much as possible.

3. Present information logically

Put the most important information first. For example, you wouldn't start reading a book by reading the final pages first, so try to make sure the information flows in an understandable way.

4. Use a friendly tone while speaking clearly and (not too) slowly

Incorporate a friendly tone by using "you" and other pronouns. Being kind and welcoming can help make your patient more comfortable and more receptive to the information. Speak slow enough for your patient to follow along, but not so slowly that you might insult them.

5. Use common, everyday words

When considering which words to prioritize, try using living-room language, or words you would use around your family and friends rather than diction used professionally.

6. Avoid unfamiliar abbreviations and acronyms when possible

When in doubt, don't use abbreviations or acronyms. When you absolutely must, always explain it in plain language first.

7. Use familiar objects for comparison and analogies when presenting complicated concepts

An example of using familiar objects when comparing is instead of saying "4 ounces of beef," you can say "about the size of a deck of cards." Try using drawings to enhance

understanding, too. Using everyday examples which are familiar to your patient to explain medical terms and concepts can be very helpful.

For federal agencies, the Plain Writing Act of 2010 requires use of clear government communication which the public can understand and use. Additionally, Executive Orders 12866, 12988, and 13563 emphasize the importance of plain language. For more information about federal guidelines on plain language, visit www.plainlanguage.gov.

Teach-Back Method

The Teach-Back Method is the second health literacy best practice and is one technique that providers can use to ensure they accurately and sufficiently explain information in ways their patient can understand and use. It has been tried and tested by numerous organizations and is proven to save time during patient-provider communications. The Teach-Back Method has five steps:

1. Organize small chunks of information in a logical way
2. Provide the first chunk of information
3. Ask your patient to teach the information back to you, so you can assess if you need to re-explain in a different way
4. Re-teach the information, as necessary, while using different words, analogies, and educational strategies
5. Provide the next chunk of information

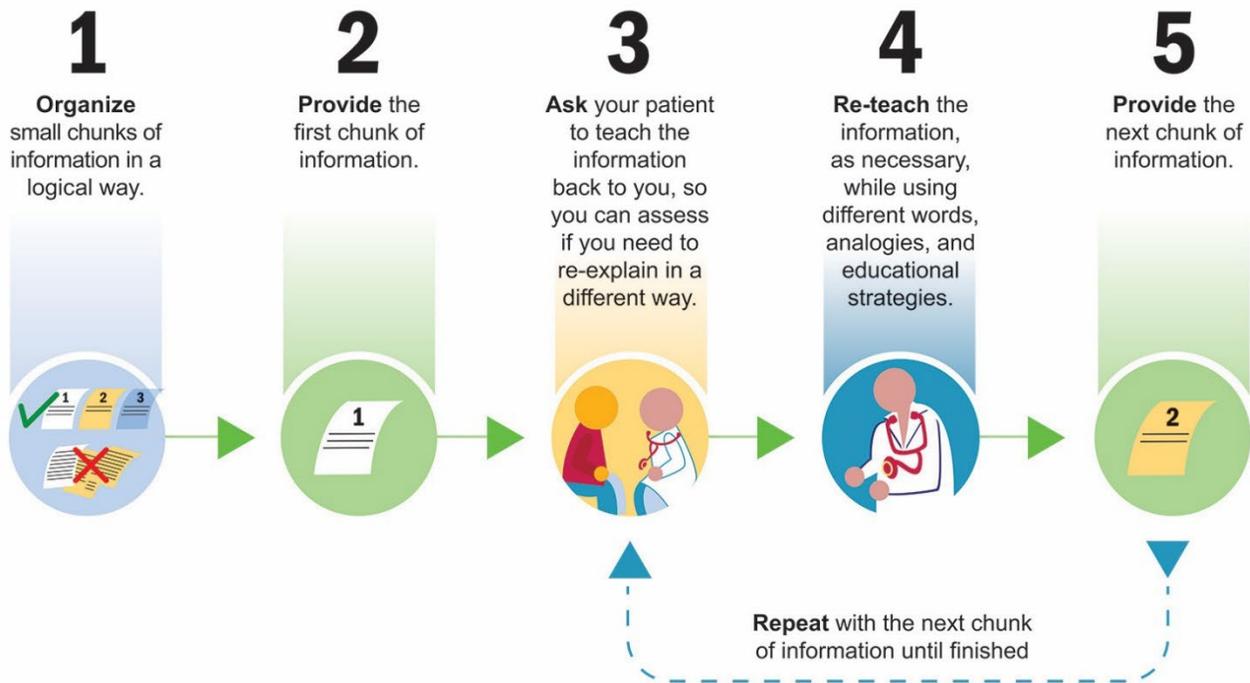
It's important to remember that when implementing the Teach-Back Method, we are assessing our ability to provide the information, *not* the patient's ability to understand the information. It is also important to ensure we are respectfully asking our patients to teach the information back to us; we don't want our patients to feel like they are taking a quiz. Try using questions like:

- "When you go home today, how will you talk with your family about the information I provided?"
- "I know this is a lot to take in, and I want to make sure I did a good job explaining this information. Would you mind sharing with me what I told you?"

If you realize you didn't explain the information in an understandable and actionable way for your patient, try saying:

- "I'm sorry, I could have done a better job explaining this. Please let me try again."

For more information about the Teach-Back Method, visit the Agency for Healthcare Research and Quality's (AHRQ) [Teach-back: Interactive Module](#).



Teach-Back Method Steps, Snohomish County Health Department, www.snohd.org

Shared Decision-Making

Shared Decision-Making is the third health literacy best practice and is one method healthcare providers can use when making decisions with patients about their health, including treatment plans, medications, and lifestyle changes. It requires that a healthcare provider and their patient work together to make a decision that is best for the patient, prioritizing the patient's needs. Those needs can include culturally important aspects of their life. Research shows that shared decision-making enhances patient autonomy and treatment adherence and improves patient-centered healthcare practices. It's one way to empower patients to take control of their health.

The SHARE Approach is one model for shared decision-making. It is a five-step process completed through thoughtful discussion about what is most important to the patient. Discussion should include exploring and comparing the benefits, harms, and risks of each option and considering culturally important aspects. Here are the five steps:

1. Seek patient participation

Try to actively engage your patient in conversations about their health, treatment plan, and culture.

2. Help your patient explore and compare treatment options

We may not understand all the factors that play into what treatment the patient will want, so exploring all the options and comparing them, including side effects, cost, and cultural factors can help build trust and increase patient participation.

3. Assess your patient's values and preferences

Learning about your patient is always a good idea. Ask them important questions:

- Do they want to make the decision with their family?
- Would they prefer to find treatments other than medication?
- What is important to them in their care?

4. Reach a decision with your patient

When we work with patients and see their input as equal to our own, we will find a treatment plan that best fits them while building trust with them.

5. Evaluate your patient's decision

Some questions to consider are:

- Will the plan you made together be feasible for them?
- Will the decision you made together help them adhere to the treatment plan?
- Does this align with the patient's values, culture, and preferences?
- Is the decision safe and healthy for the patient?

Patient decision aids are visual-based tools which can help ease the shared decision-making process. They typically outline treatment options, including pros and cons, with images or graphics. They are a health literacy support tool for healthcare providers exploring treatment options with their patients. When healthcare providers incorporate patient decision aids and approach patients with cultural humility, patients can become better informed about their options and may find it easier to converse about them with their doctor. Patient decision aids can also help reduce conflict in the decision-making process. They can accommodate many topics relevant to various fields in healthcare, including maternity, total joint replacement, end-of-life care, and cancer screenings.

For more information about shared decision-making, visit [The SHARE Approach: A Model for Shared Decision Making – Fact Sheet](#) from the AHRQ.

Creating a Shame-Free Environment

The fourth health literacy best practice is to create a shame-free environment.

As healthcare and public health professionals, we should always strive to create a welcoming, shame-free environment for our patients and clients. The healthcare system in the United States is increasingly difficult to navigate. Accurate, accessible, and actionable health information is progressively becoming more and more challenging to find, understand, and use.



Every interaction with a patient is an opportunity to make them feel safe, respected, and welcomed. A poorly handled interaction can make them feel unsafe, disrespected, and unwelcome. How we choose to engage with our patients can go a long way in building trust, empowering patients, and increasing both individual and organizational health literacy.

To create a welcoming, shame-free environment we should first evaluate the current environment. This can be done by conducting a patient walk-through of the healthcare environment and/or online patient portal, disseminating a survey to patients post-visit, and creating a feedback loop with your patients. Start by becoming aware of any issues and committing to make any needed changes.

Another step we can take is to use clear and easy-to-understand signs throughout the healthcare space. Linguistic and culturally inclusive signs throughout the space can help patients feel more comfortable, welcome, and supported throughout their healthcare experience. Additionally, asking staff to meet patients with kindness, empathy, and respect while offering to help them make appointments and fill out paperwork. Always use an interpreter for patients who speak a language other than English. You can ask if they would like one, and if so, make sure to note this in their chart so that next time you can already have the interpreter ready for them. This will go a long way in making your patients feel respected and welcome.

Lastly, always encourage questions. Patients often have questions, and you should encourage them to ask about anything that is unclear or sparks curiosity. When encouraging questions, try to use open-ended phrases. If someone providing information asks, “Do you have any questions?” the patient’s automatic answer will likely be no, even if they do have questions. Instead, try asking, “What questions do you have for me?” which can lead to a more robust discussion of the patient’s concerns and confusions.

For more information about how to create a shame-free environment, please see [the AHRQ’s Health Literacy Universal Precautions Toolkit](#).

Creating a Feedback Loop

Creating a feedback loop is the fifth health literacy best practice and is a method of engaging the intended users of a service or program in a way that is meaningful and provides helpful feedback. It is one way to include your patient in the planning, design, implementation, and evaluation of your project, presentation, materials, and more.

Community engagement is a process of collaboratively working with the people you are serving or teaching. It is always important to work with community members, incorporate their thoughts, and include them in evaluation.

Creating a feedback loop will look different depending on the community you are engaging. We should always look to our community members to guide the creation, revision, and evaluation



of our services. Community knows community best. After recruiting members of the community and defining the problem together, here are a few steps to take:

1. Engage community members using their preferred method of communication
2. Set expectations for commitment, partnership, roles, accountability, and responsibility
3. Get to know your community members by meeting them where *they* are
4. Work with the community to determine what improvements need to be made
5. Modify project, presentation, or intervention considering community feedback
6. Review new changes with the community and finalize
7. Implement the project, presentation, or intervention
8. Continually evaluate with the community
9. Prepare for challenges and commit to working through them together

While engaging directly with the intended users of your project, presentation, or intervention, try to incorporate additional health literacy best practices, such as creating a welcoming, shame-free environment. Community engagement, when conducted with intention, respect, and an openness to growth, can build trust and strengthen community cohesion.

Health Literacy Universal Precautions

Health literacy universal precautions are steps that encompass many health literacy best practices, which assume all patients will experience limited health literacy. The Agency for Healthcare Research and Quality (AHRQ) created a toolkit, which is a great reference for improving spoken and written communication, self-management, patient empowerment, and patient support systems. The universal precautions toolkit contains 21 tools:

1. Form a team
2. Create a health literacy improvement plan
3. Raise awareness
4. Communicate clearly
5. Use the Teach-Back Method
6. Follow up with patients
7. Improve telephone access
8. Conduct brown bag medicine reviews
9. Address language differences
10. Consider culture, customs, and beliefs
11. Assess, select, and create easy-to-understand materials
12. Use health education material effectively
13. Welcome patients with a helpful attitude, signs, and more
14. Encourage questions
15. Make action plans
16. Help patients remember how and when to take their medicine
17. Get patient feedback

18. Link patients to non-medical support
19. Direct patients to medicine resources
20. Connect patients with literacy and math resources
21. Make referrals easy

Health literacy universal precautions are based on the idea that because 9 out of 10 American adults do not have the health literacy skills needed to navigate the American healthcare system, healthcare providers should always use health literacy best practices.

For more information, please refer to the [AHRQ's Health Literacy Universal Precautions Toolkit](#).

Who Does Health Literacy Impact?

A myriad of factors may influence someone's ability to find, understand, and use health information. These factors include:

- Experiencing poverty
- Identifying as a refugee or immigrant
- Education level
- Racial and ethnic background
- Older age
- Disability status
- Health insurance status
- Living with a chronic illness or disease

Some of the greatest and most significant health disparities related to health literacy occur among racial and ethnic minority groups and among those for whom English is not their primary language. The 2003 National Assessment of Adult Literacy was the last nationwide assessment of literacy in the United States. It found that 20% of African American/Black adults and 39% of Hispanic adults had a below basic level of literacy. Related to education, 15% of their entire sample did not graduate from high school. Of those who did not graduate from high school, 55% had a below basic health literacy level. This highlights the disproportionate effects of limited health literacy among racial and ethnic minority populations and among people with lower education levels.

Limited health literacy can be difficult to detect, which is why we should always use health literacy best practices with every patient we serve. However, there are a few indicators for identifying patients who may be experiencing limited health literacy. These patients may:

- Walk out of the waiting room
- Seek help only when illness is advanced
- Become angry or demanding
- Use humor to deflect
- Become quiet, passive
- Have incomplete registration forms
- Have difficulty explaining medical concerns
- Be unable to name medications, or explain the purpose or timing of taking them

- Not adhere to their medication plan or not take their medications
- Take a detour or let the clinician miss their concern
- Make excuses
- Not ask any questions
- Frequently miss appointments
- Skip tests and referrals

When someone experiences limited health literacy, they might not understand what their condition is, how to take their medication, when or where to make follow-up appointments, or how to voice concerns and ask questions. As healthcare providers, it is our responsibility to work with patients so they can find, understand, and use the information they need to make informed decisions and actions.

LOW HEALTH LITERACY IS A BARRIER TO



**Caring for
your family**



**Reading
prescription
information**



**Getting
important
health alerts**



**Making informed
health decisions**



**Preventing
disease**



Peace of mind



Erie County Department of Health, Literacy Buffalo Niagara, <https://www3.erie.gov/health/health-literacy>



Health literacy initiatives for more information:

- [Ten Attributes of Health Literate Health Care Organizations - National Academy of Medicine \(nam.edu\)](#)
- [AHRQ Health Literacy Universal Precautions Toolkit | Agency for Healthcare Research and Quality](#)
- [National Action Plan to Improve Health Literacy | health.gov](#)

Take a Moment

After learning about health literacy, take a moment and reflect on the following questions:

- How do you feel about your own health literacy? Was there ever a time you experienced limited health literacy?
- What have you noticed about your doctor's health literacy? Do they use any of these health literacy best practices? Which would you like them to use?
- Which health literacy best practices will you try to incorporate in your own work?

Section Two - Tips for Teaching about Health Literacy

After conducting health literacy trainings with over 300 healthcare providers, social service providers, and public health professionals, we have learned some things which helped us and we hope will help you, too. Here are some tips as you begin to raise awareness about health literacy with your colleagues, within your organization, or with healthcare providers.

Assess Audience Knowledge

Assessing your audience's knowledge before you start teaching them about health literacy can help in two ways. If your training program or intervention has metrics you are trying to reach (maybe at least 50% of your audience will increase their knowledge or that people who attend your training will be more likely to try implementing one of the health literacy best practices), assessing your audience's knowledge both before and after your presentation can be very useful. Additionally, this can provide you with useful feedback to enhance your presentation.

Gain Audience Interest

One way to increase attendance at and participation throughout your presentation is to gain interest from your audience. This can be done in several ways, from advertising your valuable training via email beforehand to providing incentives for attendees. Spreading the word about the training you are providing is an important step to gaining interest in it. Try posting flyers, sending out emails, leveraging your communication team's contacts, or having leadership mention the importance of your training to increase awareness and interest. Additionally, when training healthcare providers, one useful incentive is continuing education credit. Providers can be required to receive a certain amount of continuing education credits to acquire or maintain licenses and certifications they have, so having attendance at your trainings be rewarded with continuing education credits can be a great way to gain interest.

Learning Activities

Before beginning your training, think of some activities that might help your audience better understand the information and might appeal to people with different learning styles. In our trainings, we used plain language practice and role-playing teach-back method activities to enhance our audience's knowledge about health literacy. Think about what might be best for your specific audience and try creating some fun activities that will help them retain the information you are providing. You can find the learning activities we created in [Appendix D](#) of this toolkit.

Engaging Your Audience Virtually

When your audience is virtual and quiet with their cameras off, engaging with them can be very difficult. We recommend having interactive activities throughout your presentation, such as discussion or group work, and letting your audience know about the interactivity at the beginning of your presentation. Consider asking that all audience members turn on their cameras so you have face-to-face connection through the screen and can see their reactions as you teach. Level-setting your audience's expectations by providing them with an overview of



what you are going to cover, in addition to telling them you will have some discussions or learning activities for them, can help organize their thinking and increase participation.

Encouraging Questions and Participation

Just as healthcare providers should always encourage their patients to ask questions, we should encourage our audience to do the same. Ask “What questions do you have?” throughout or near the end of your presentation and give them some time to think about it. They will usually have some question for you, which could lead to a great conversation. Additionally, include some discussion questions throughout the presentation to encourage participants to share their thoughts. Some examples could be the “Take a Moment” questions we included on [page 19](#). Be sure to allow enough time for the conversation that could result.

Sharing Resources and Materials

Sharing the resources you used, activities you created, and materials you found helpful is always a good idea. Sometimes a participant may ask you if you’re willing to share your slides and resources, but even if they don’t, it’s good to let them know you’re happy to do so. Always include your contact information in the presentation so participants can reach out later if they have any additional questions or want more information.



Conclusion

Thank you so much for your time, attention, and consideration of the Snohomish County Advancing Health Literacy Project's Health Literacy Train the Trainer Toolkit. We've learned so much about health literacy, and we hope you have, too. The mere fact that you are learning about and trying to raise awareness about health literacy is a huge step in the right direction. Thank you for sharing your knowledge with others and continuing to spread the word!

Should you have any questions about the information provided, please feel free to reach out to Jaime Robb at jaime.rob主@co.snohomish.wa.us. We are more than happy to answer your questions and provide support in any way we can.

Good luck with your trainings!

Appendix

- A. Snohomish County Advancing Health Literacy Project
- B. Social Determinants of Health
- C. Health Equity
- D. Learning activities

Appendix A: Snohomish County Advancing Health Literacy Project

The COVID-19 pandemic has exacerbated the health inequities already present in Snohomish County, reemphasizing the barriers community members are facing to accessing healthcare and health information, inadvertently putting people in danger and lives at stake. In response, the Department of Health and Human Services (HHS) Office of Minority Health (OMH) created the Advancing Health Literacy (AHL) to Enhance Equitable Community Responses to COVID-19 initiative for urban- and rural-serving health departments and other recipients to increase health literacy for communities which have been historically excluded. The hope was that by providing more inclusive, culturally relevant information about COVID-19 and ensuring that information reached people who previously did not have accessible, understandable, nor usable COVID-19 information, the result would be increased uptake of COVID-19 mitigation measures, such as social distancing, mask wearing, and vaccination.

“One of the greatest challenges over the past 15 months has been keeping up with continuously evolving information and guidelines and making them accessible in the needed languages and formats for our service area... We can do better, and we must do better.”

-Snohomish County AHL Grant Partner

After being awarded the AHL grant, Snohomish County Health Department decided to tackle both individual and organizational health literacy. To do so, we partnered with many organizations including the Latino Educational Training Institute (LETI), Refugee and Immigrant Services Northwest (RISNW), Volunteers of America Western Washington (VOAWW), North Counties’ Family Services (NCFS), Edmonds College, and Bastyr University.

The overarching goal of the Snohomish County Advancing Health Literacy Project is to decrease health disparities related to health information and how that information is shared by identifying and implementing culturally appropriate and evidence-based health literacy strategies to engage racial, ethnic, and other populations most at risk of COVID-19 in undertaking public health recommendations for COVID-19 testing, contact-tracing, vaccination, and other prevention measures.

“The Advancing Health Literacy initiative is a vital part of the HHS efforts to help communities hardest hit by the pandemic access and understand COVID-related information.”

-Assistant Secretary for Health, Rachel L. Levine, M.D.

Survey of Members of Communities of Focus on COVID-19 Experiences- Community Survey

In partnership with Bastyr University, the Latino Educational Training Institute, Edmonds College, and Sno-Isle Libraries, the Snohomish County AHL Project created and disseminated a survey to community members in Snohomish County. The goal of this survey was to understand the experiences of Snohomish County community members more thoroughly in accessing, understanding, and using COVID-19 information. This goal included understanding what resources communities looked to as credible sources of COVID-19 information; the barriers they faced in accessing, understanding, and using COVID-19 information; and what works when disseminating credible COVID-19 information to reach communities which have been historically excluded.

Based on the results of the community survey, respondents stated that having insurance and the language they speak were most likely to influence their ability to find a COVID-19 testing site, to get tested, to find a COVID-19 vaccination site, to get vaccinated, to find information related to COVID-19 specific to their needs, and to talk to their healthcare provider about COVID-19. People who responded to the survey also highlighted that the top resources they needed were financial aid including help with rent, counseling, childcare, and health-related services like finding vaccines. When asked to qualitatively write their fears throughout the pandemic, many comments were related to fears and concerns about COVID-19 vaccine side effects.

“I have no way to determine what is something I can trust and what isn’t.”

- Survey Respondent

When asked what information or resources would have been useful to help lessen fears or concerns, survey respondents identified topics such as information about the creation and approval process of vaccines, more thorough information about side effects of the COVID-19 vaccine as well as long-term COVID, and guidelines specific to people with disabilities and people with autoimmune diseases. There are lessons to be learned, trust to rebuild, and improvements to be made in how health information is communicated during a crisis and for the next public health emergency response.

Survey of Providers and Organizational Leaders on Health Literacy Training Needs- Provider Survey

In partnership with Bastyr University, the Latino Educational Training Institute, Edmonds College, and Sno-Isle Libraries, the Snohomish County AHL Project disseminated a survey to healthcare and social service providers in Snohomish County. The goal of this survey was to assess the health literacy knowledge of professionals and service providers in Snohomish County, and to determine training needs with regards to health literacy and the social determinants of health.

Based on our provider survey, even though most respondents have been in practice for more than 20 years, 72.7% of healthcare and social service providers have not attended health



literacy trainings in the last two years and 52.6% said they have never attended a health literacy training. These providers may be unaware of the health literacy best practices and tools available to them. They may not have all the knowledge about health literacy that they need to provide health information in ways that are accessible, understandable, and usable for their patients. We believe that if providers have knowledge of health literacy and how to best communicate with their patients, the result would be increased individual health literacy amongst their patients, leading to better informed patients and improved health outcomes.

“We serve people from all walks of life and all educational levels, basically everyone who walks through the door. Tailoring complex health information to their need or desire for information can be challenging.”

-Survey Respondent

Appendix B: Social Determinants of Health

Healthy People 2030 groups the social determinants of health into five categories, with each representing a myriad of items which influence individual and community health:

1. Education access and quality, which includes

- Early childhood education and development
- Graduation from high school
- Enrollment in higher education
- General educational attainment
- Language and literacy

2. Health care and quality, which includes

- Health insurance coverage
- Having a primary care provider
- Access to healthcare services, including distance to travel to get care
- Ability to afford care
- Getting recommended preventative care, like cancer screenings

3. Neighborhood and built environment, which includes

- Living in a safe or unsafe neighborhood
- Pollution of air and water
- Exposure to occupational hazards
- Access to the internet
- Affordable housing

4. **Social and community context**, which includes

- Availability of social support from family or friends
- Discrimination
- Ability to afford necessities
- Safe housing
- Language and literacy

5. **Economic stability**, which includes

- Ability to find and keep a job
- Disabilities or conditions that affect ability to work
- Ability to afford healthy food, healthcare, and housing
- Childcare

How To Assess the Health Disparities in Your Area

Looking into the health disparities in your area using the social determinants of health can inform your trainings and help your patients realize what your community is affected by. Here are a few resources to start your research:

- [CDC/ATSDR Social Vulnerability Index \(SVI\)](#)
- [LexisNexis® Community Crime Map](#)
- [Snohomish County Health Department's Community Health Assessment 2022](#) or check your local health department's website for their most recent community health assessment. Hospital districts or other local experts may have similar assessments available.
- Check Google Maps for where hospitals and healthcare clinics are in your area. This will help you to see which communities may have to travel far to see a doctor or receive emergency health services.

The Socio-Ecological Model

The Socio-Ecological Model can help us understand how many factors affect our health. The model considers the individual, social, community, and environmental levels which all influence an individual's ability to achieve their highest possible level of health. Let's look at each level:

- Individual level factors include age, education, substance use, history of abuse, and skills. Two social determinants of health which relate to this level are access to and level of education.
- Relationship level factors include a person's family members, friends, partners, and peers. They all influence behavior and contribute to health practices. Two social

determinants of health that relate here are discrimination and cohesion within a community.

- **Community level** factors are the physical areas around where we live, learn, work, play, and worship. Relative social determinants of health are pollution, violence, and availability of sidewalks or safe park spaces to exercise and play outside.
- **Societal level** factors include social and cultural norms and social policies and entail social determinants of health like economic stability and climate policies.

When we use the Socio-Ecological Model to help us understand the social determinants of health, we can more clearly envision just how many things influence our ability to obtain our highest possible level of health.

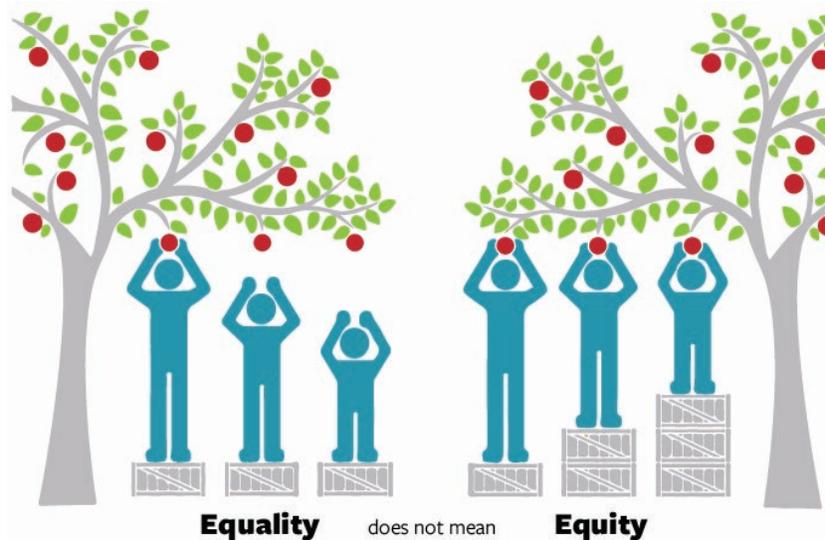
If you would like more information about how the social determinants of health can affect a person's health, please visit [the Healthy People 2030 website](#). You can also watch [How do social determinants impact public health? Episode 11 of "That's Public Health"](#) on YouTube from the American Public Health Association.

Appendix C: Health Equity

The Difference Between Equality and Equity

While sometimes related, health equity and health equality do not mean the same thing.

Equality means everyone has the same resource, service, or opportunity, whereas **equity** means people have what they need to reach their highest level of health while recognizing that people have different needs.



Escambia County Department of Health, <https://escambia.floridahealth.gov/index.html>



In the picture above, three people of different heights are trying to reach the fruit on the tree. In this case, the fruit symbolizes good health. The different heights of the people represent the unequal distribution of opportunities and privileges in society, which can be related to the social determinants of health.

If we treat these people equally, we will give everyone the same box to stand on. The result would be that only the tallest person could reach the fruit or attain their highest level of health. If we treat these people equitably, we will give them as many boxes as they need to reach the fruit.

Many communities we serve are rightfully and understandably distrustful of the healthcare system and public health government entities. Part of achieving health equity and rebuilding trust requires recognizing, addressing, and learning from wrongful, misguided, and harmful actions conducted by or in the name of public health and healthcare. Another part requires holding ourselves, our peers, and our workplaces accountable.

If we investigate U.S. history, we can see many instances where people were unnecessarily harmed and traumatized in the name of advancing health. It is equally vital to investigate and make known current healthcare and public health wrongdoings. We would like to share two instances of harmful acts conducted by healthcare systems for you to ponder and we encourage you to learn more about the history of public health and healthcare systems in general, including the harms and flaws. *We would also like to place a warning here that these stories might be triggering; please take care of yourself.*

The US Public Health Service (USPHS) Syphilis Study at Tuskegee

The tragedy that occurred in 1932 when the USPHS and the Tuskegee Institute studied the progression of untreated syphilis in Black men, was damaging on many levels. The study involved 600 Black men, 399 who had syphilis and 201 who did not. At the time, “bad blood” was everyday vernacular for many illnesses and ailments, including syphilis, anemia, and fatigue. Researchers told these men that they were being treated for “bad blood,” not revealing that they had syphilis.

Although penicillin was available and the best treatment for syphilis at the time, the Black men in this study were not provided any treatment. Their syphilis was allowed to proliferate, and they were never informed and did not consent to their lack of treatment. The scientists involved took advantage of these Black men and incited distrust in healthcare and public health that persists today. In an effort to repair the harm done, President Clinton issued a formal Presidential Apology, and a class-action lawsuit was filed on behalf of the Black men who participated in the study and their families, which resulted in a \$10 million settlement in 1974. Survivors of the study and their families were also given free medical care for life, albeit provided by the USPHS. If you would like to learn more, refer to [The Untreated Syphilis Study at Tuskegee Timeline](#) from www.cdc.gov.

The Forced Sterilization of Latina Women in Los Angeles

In the 1960s and 1970s, many Latina women sought prenatal and birth care at the USC Medical Center in Los Angeles. During this time politically, conversations about eugenics and control of population growth were occurring. When Latina women went to the USC Medical Center to deliver their babies, they were not provided care in the languages they preferred to speak, were told their partners were not allowed to support them throughout their birth, and many were forced to sign documents (by nurses holding their hand and writing their signature) they did not understand and did not consent to. Many of these women were sterilized after they gave birth.

In the 1970s, a group of ten women called the Madrigal Ten filed a lawsuit alleging that medical professionals had coerced women into signing consent forms they did not understand and forcibly sterilized them. They may have lost their litigation battle, but in the process, they instigated the anti-sterilization abuse movement and helped shape the Chicana feminism movement. If you would like to learn more, watch [No Más Bebés](#) documentary from PBS.

Advocacy and Social Justice

The stories we shared are important to acknowledge, to learn from, and to rectify. But these stories are only a few. If we dig deeper or talk to communities which have been historically excluded about their experiences seeking healthcare in the United States, we can begin to learn about how pervasive health disparities and inequities are. Therefore, it is important to uplift stories, voices, and experiences which highlight things that need to be changed. Also, it is vital to include community members in everything we do.

According to the Alliance for Justice, advocacy is defined as “any action that speaks in favor of, recommends, argues for a cause, supports, defends, or pleads on behalf of others.” It is important for healthcare providers to advocate for their patients, especially those who are facing disparities. Incorporating health literacy best practices into your daily workflow is one way to ensure that each patient is supported in making the best health decisions for themselves.

Social justice is the view that everyone deserves equal rights and opportunities, including the right to achieve their highest level of health. There are many aspects of social justice which are closely related to public health, specifically health equity and health literacy. Racism, specifically, has resulted in structural inequities in healthcare for BIPOC communities. Whether it's pain management, newborn care, or maternal mortality, BIPOC patients experience unequal care from healthcare providers and inequitable circumstances in accessing that care. Studies have shown that healthcare providers tend to have negative attitudes towards patients of color, and implicit racial bias is one reason why patients of color experience poorer communication and poorer quality of care from healthcare providers.

Appendix D: Learning Activities

Teach-Back Method Activity #1

During this activity, you will practice your teach-back skills. Try your best to follow the three steps of the teach-back method, apply plain language to the prompt below, and ensure your patient understands the information you are providing.

Remember: you are testing your ability to provide the information, not your patient's ability to understand. To view another example on how and why to utilize Teach-Back, check out this video on YouTube: [What the Heck is Teach Back?](#) – DTA Healthcare Solutions

1. Find a partner
2. Assign roles (i.e., provider or patient)
3. Practice applying plain language to the statement and using the teach-back method
4. Switch roles, so the other partner can practice too

COVID-19 Scenario:

Provider: “After assessing the results of your antigen test, you have tested positive for COVID-19. Since you have confirmed, you will need to spend at least 5 days in isolation to protect others who are more likely to experience worse symptoms or complications. When your symptoms improve, you can reintegrate into your normal life, but should consider taking extra COVID-19 mitigation measures during the process.”

Patient: “Okay, so I have COVID-19?”

Provider: “Yes, you have tested positive for COVID-19. I know we talked about a lot of information, and I want to make sure I provided it in a way that makes sense to you. Would you be able to tell me the instructions I gave you?”

Patient: (Respond by stating some of the information with some confusion)

Provider: “I’m sorry, I must not have explained this well. Let me try again. (Restate information in another way, using different words, analogies, or comparisons)”

Patient: “So, when I go home, I’m supposed to stay away from the rest of my family for 5 days or until I feel better. And then, when I am around my family and friends again, I should wear a mask?”

Provider: “Yes! Now that I was able to explain the information in a better way, do you feel ready to go home and rest?”

Patient: “Yes, I feel ready to rest and keep my family safe. Thank you!”

Teach-Back Method Activity #2

Mpox (monkeypox) Scenario:



Provider: “Would you be able to tell me the symptoms you are experiencing?”

Patient: “Sure. It started when I thought I had the flu. Then, I got some pimples on my hands. They got much worse and now they are itchy, and I don’t feel well at all.”

Provider: “Thank you for telling me. From what you’ve described, your symptoms align with those of mpox. Symptoms of mpox usually start within 3 weeks of exposure and can continue for 2-4 weeks. Some additional symptoms you may experience are swollen lymph nodes, fatigue, muscle aches, headaches, and respiratory symptoms.”

Patient: “Wow, that sounds scary. I’m glad I came in today.”

Provider: “It can be overwhelming to hear a new diagnosis, and I know we covered a lot of important information. When you talk about this with your friends or family, how will you explain this to them?”

Patient: (Repeat some of the information)

Provider: I’m sorry I didn’t do a good enough job explaining everything. If it’s okay with you, I’d like to try again. (Repeat all the information using different word choices and plain language)

Patient: “That makes more sense. So, (repeat all the information back to the provider)”

Provider: “That’s exactly right! Now let’s talk about some precautions you should take.”

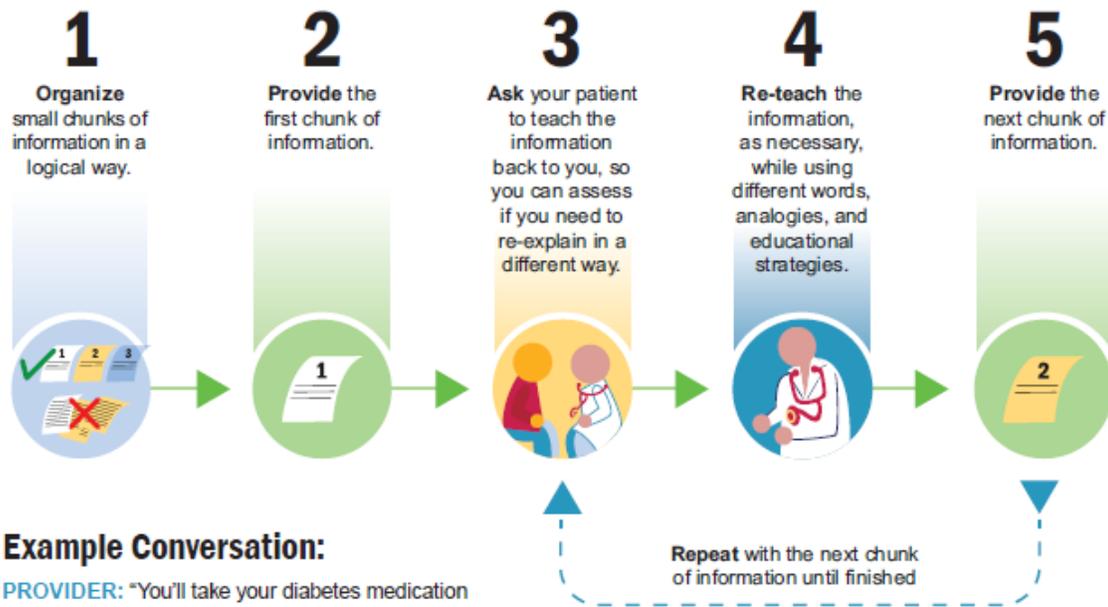
The “Teach-Back” Method

WHY USE TEACH-BACK?

Patients forget up to 80% of the medical information they are told immediately after the office visit.¹

Teach-back is a technique that providers can use to ensure they accurately and sufficiently explain information in ways their patient can understand and use. It has been proven to save time during patient-provider communications by clarifying misunderstandings early.

It is meant to check how well the provider taught the information, not the patient’s knowledge or ability to understand. It shouldn’t feel like a quiz.



Example Conversation:

PROVIDER: “You’ll take your diabetes medication every day in the morning and evening. Call me if you have any side effects and schedule a follow up appointment in one month.”

PATIENT: (Listening)

PROVIDER: “I know this is a lot to take in, and I want to make sure I did a good job explaining this information. Would you mind sharing with me what I told you?”

PATIENT: “I’ll take my diabetes medication every morning and evening and then come back next month so I can tell you if I had side effects.”

PROVIDER: “I’m sorry, I could have done a better job explaining this. Please let me try again. You will come back next month for a follow-up, but call me right away if you experience any side effects. Don’t wait until the appointment.”

Another Tip:

Use analogies and visual aids, when applicable, to help teach the information. For example, instead of saying “4 ounces of beef,” you could say “about the size of a deck of cards.”

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01-2024 SAC

Teach-Back Method Flyer, Snohomish County Health Department, www.snohd.org



Plain Language Practice Activity

Now let's put those plain language skills to the test! Using [the Flesch-Kincaid Readability Scale](#), please use what you've learned to revise this statement to a U.S. 6th grade reading level. You can also see readability scores within a Word document by toggling to the "Home" tab, selecting "Editor," then clicking on "Document stats" under "Insights." This will bring up a report window that shows the Flesch-Kincaid grade level and other useful information.

"The best way to prevent and slow down transmission is to be well informed about the disease and how the virus spreads. Protect yourself and others from infection by staying at least 1 meter apart from others, wearing a properly fitted mask, and washing your hands or using an alcohol-based rub frequently. Get vaccinated when it's your turn and follow local guidance."

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