

Organizational Health Literacy Guidebook





Welcome

This guidebook presents tips and best practices on organizational health literacy, covering foundational definitions, principles, practical strategies, and techniques. It also provides a collection of approximately 50 common health literacy resources for professionals developing health-literate materials, programs, and policies.

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Introduction to health literacy

Section one

References for this section

1. Lopez, C., Kim, B., & Sacks, K. (2022). *Health literacy in the United States: Enhancing assessments and reducing disparities*. Milken Institute.
https://milkeninstitute.org/sites/default/files/2022-05/Health_Literacy_United_States_Final_Report.pdf
2. United Health Group (2020). *Improving health literacy could prevent nearly 1 million hospital visits and save over \$25 billion a year*.
<https://www.unitedhealthgroup.com/content/dam/UHG/PDF/About/Health-Literacy-Brief.pdf>

Introduction to health literacy

Definitions and Scope

Health literacy encompasses the skills individuals need to access, understand, and use information to make informed health decisions. It includes:

- **Personal health literacy:** The ability of individuals to find, understand, and use information and services to inform health-related decisions.
- **Organizational health literacy:** 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.
- **Public health literacy:** The capacity of groups and communities to obtain, process, understand, evaluate, and act on health information to make public health decisions that benefit the community.

Why it matters

- Individuals with low health literacy are more likely to experience adverse health outcomes, mismanage medications, and use emergency services more frequently.
- Promoting health literacy improves individual autonomy, enhances provider-patient communication, and supports equitable access to healthcare.
- Informed communities are better equipped to participate in prevention, advocacy, and policy efforts that improve population health.

Current data & trends

- According to the National Assessment of Adult Literacy, only 12% of U.S. adults have proficient health literacy.
- Low health literacy is more common among older adults, racial and ethnic minorities, individuals with lower levels of education, and non-native English speakers ([Lopez et al., 2022](#)).
- Improving health literacy could prevent nearly 1 million hospital visits and save \$25 billion a year ([United Health Group, 2020](#)).

Frameworks and guiding principles

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Section two

Resources for this section

1. [IUHPE Strategic Plan 2021-2026 \(International Union for Health Promotion and Education\)](#)
2. [Health Literate Care Model \(Office of Disease Prevention and Health Promotion\)](#)
3. [Ten Attributes of a Health Literate Organization \(National Academy of Medicine\)](#)
4. [Plain Language Guide Series \(U.S. General Services Administration\)](#)
5. [National Culturally and Linguistically Appropriate Service \(CLAS\) Standards \(HHS, OMH\)](#)

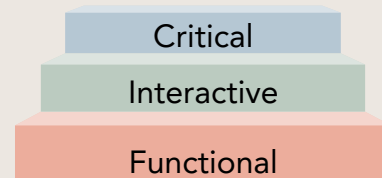
NOTE: There are many health literacy frameworks and models. We share a few in this section that are common for general health literacy.



General health literacy frameworks and models

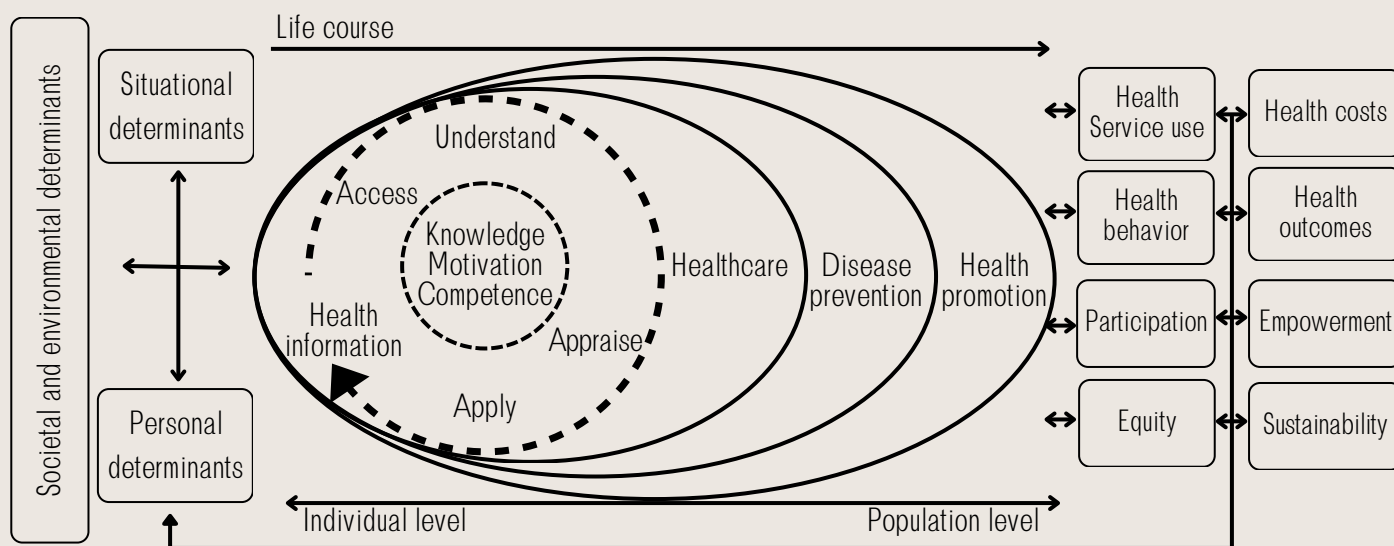
Don Nutbeam (2000)

- The Nutbeam framework explains that health literacy is more than just reading and understanding health information; it's about how people find, understand, evaluate, and use health information to make good decisions and take action for their health.
- Nutbeam describes three levels of health literacy
 - Functional** = basic understanding of information.
 - Interactive** = using information in daily life.
 - Critical** = thinking deeply and acting for change.



Kristine Sørensen (2012)

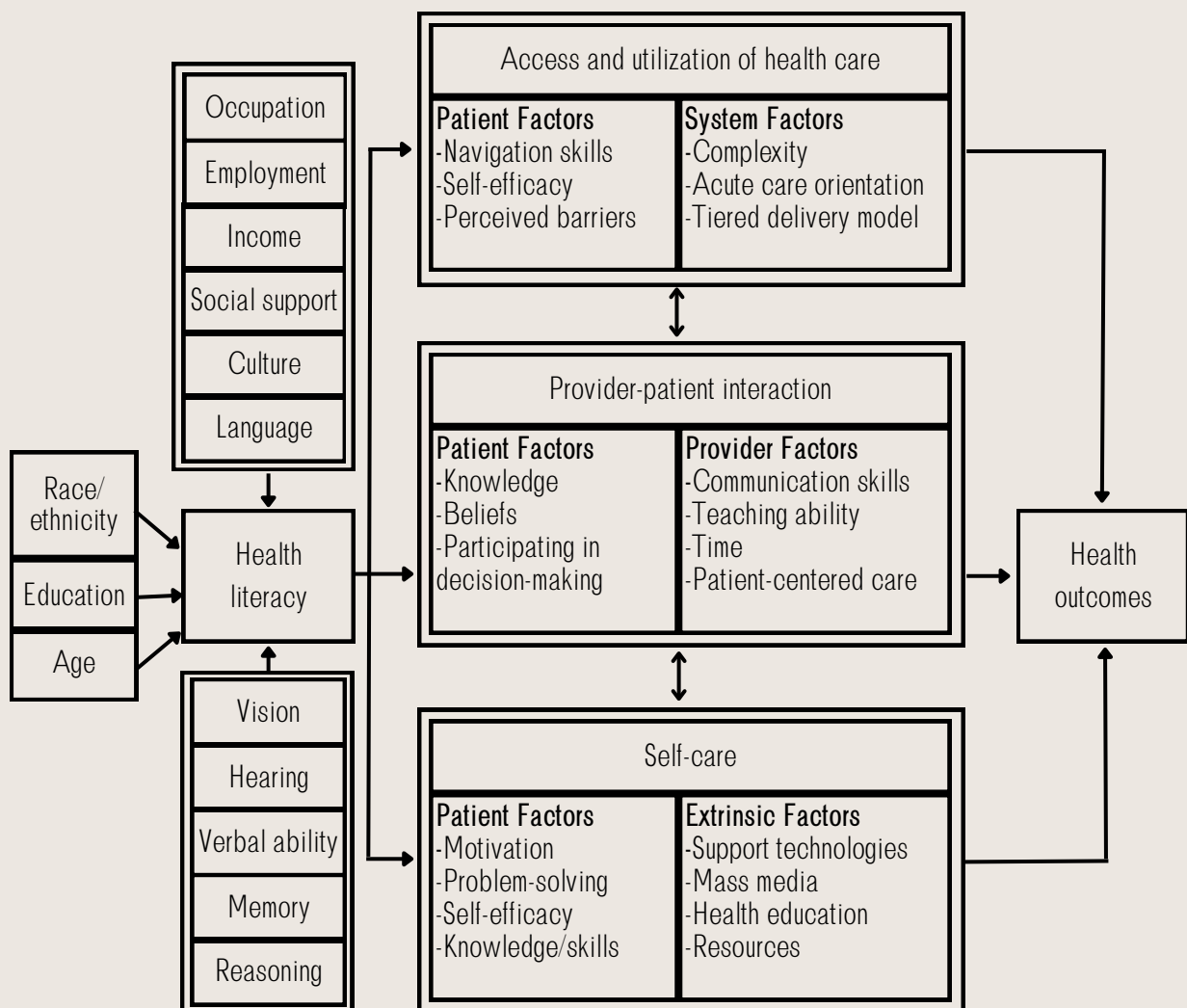
- The Kristine Sørensen framework defines health literacy as a set of skills people need to manage their health throughout life
 - Access:** Ability to find or get health information when you need it.
 - Understand:** Ability to read, hear, or see health information and know what it means.
 - Appraise:** Ability to think critically and decide if information is trustworthy and relevant.
 - Apply:** Ability to act on that information to make decisions or change behavior.
- These skills are used in three major areas
 - Healthcare:** Making decisions about medical treatment with health professionals.
 - Disease prevention:** Understanding and using information to avoid illness.
 - Health promotion:** Using information to improve well-being and create healthier environments.



General health literacy frameworks and models

Paache-Orlow & Wolf (2007)

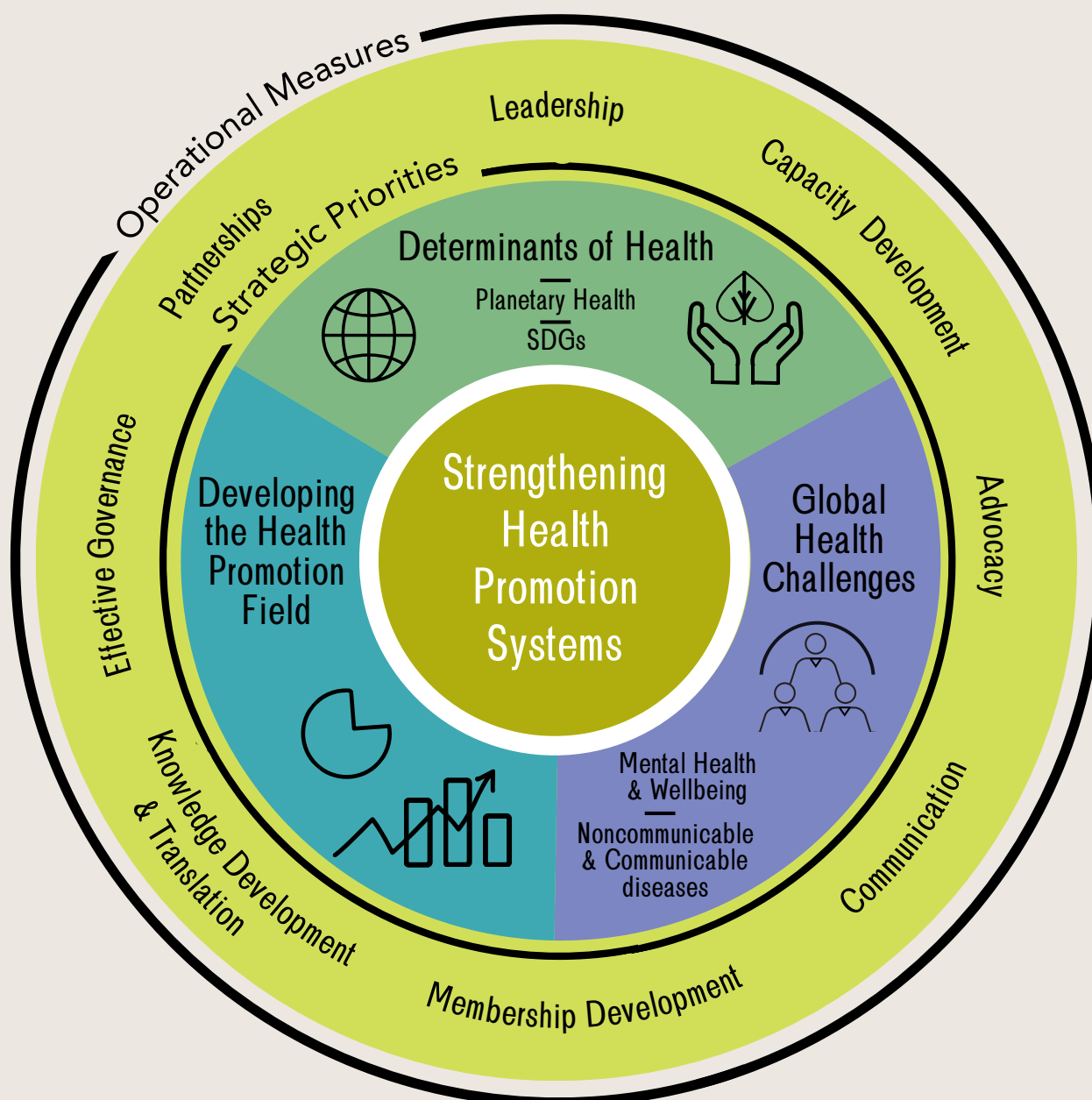
- The Paache-Orlow & Wolf framework shows the relationship between limited health literacy and health outcomes, emphasizing that both individual capabilities and systemic factors influence health literacy. It identifies three main ways limited health literacy can influence health outcomes
 - **Access and use of health care:** People with lower health literacy may have trouble finding care, filling out paperwork, or navigating insurance systems.
 - **Patient-Provider interaction:** Health literacy affects how well someone can communicate with doctors, ask questions, and understand what's said during appointments.
 - **Self-care and health management:** Health literacy influences how people manage medications, follow treatment plans, and make daily healthy choices.



General health literacy frameworks and models

Strategic Framework for International Union for Health Promotion and Education (IUHPE) Strategic Plan 2021-2026

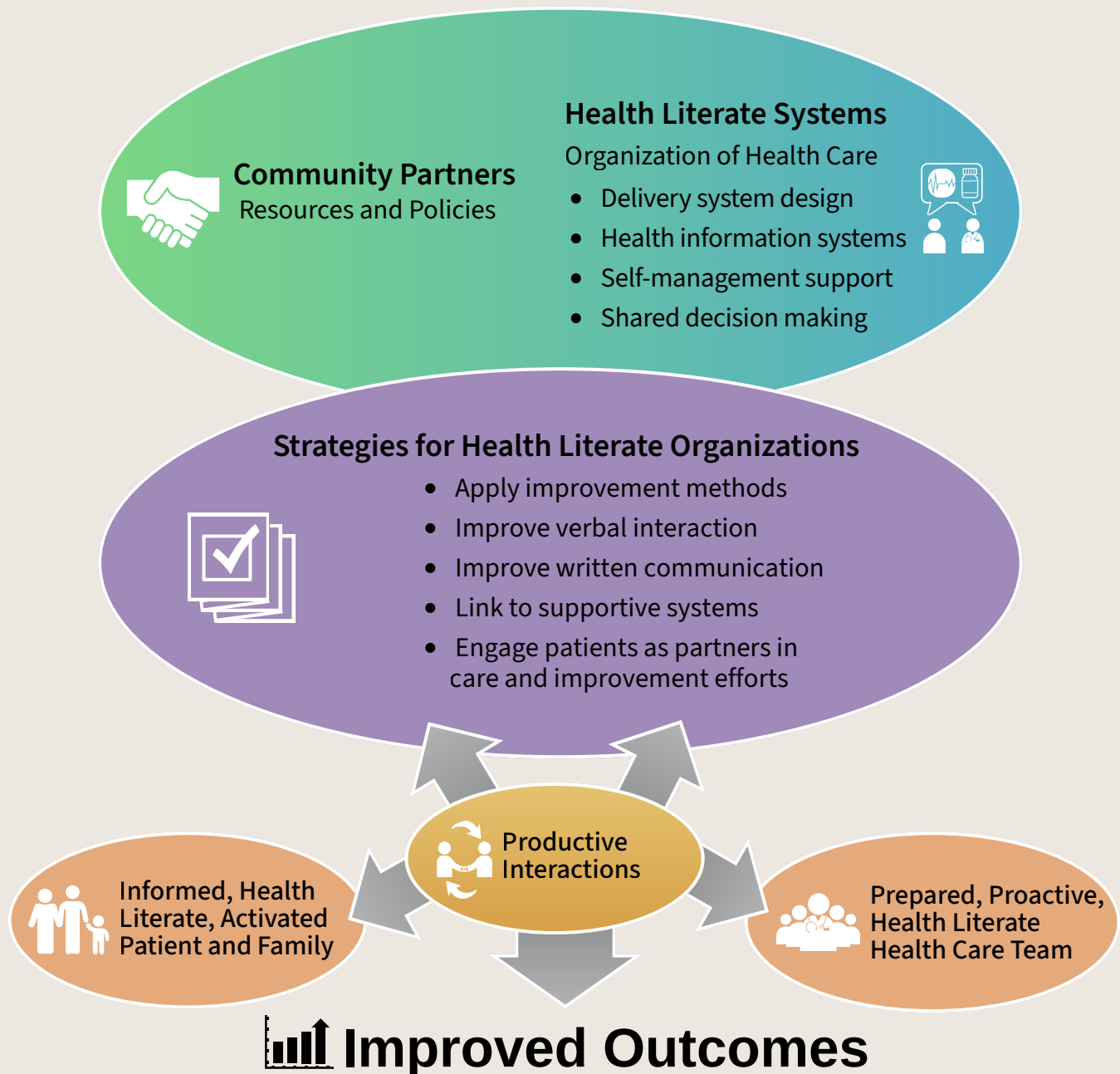
- The central theme is strengthening health promotion systems with three strategic priorities: 1) Action on the determinants of health, 2) Addressing global challenges to health and health equity, and 3) The development of the health promotion field. Visit iuhpe.org to learn more.



General health literacy frameworks and models

Health Literate Care Model

- The Health Literate Care Model helps organizations design care that is easy to understand and navigate. It builds clear communication and patient support into every step of the health system, so patients aren't left to figure things out on their own. Visit odphp.health.gov to learn more.



Guiding principles of health literacy

Implement the 10 attributes of a health-literate organization.

1. Make health literacy a part of your mission and operations.
2. Integrate health literacy into planning, evaluation, and quality improvement.
3. Prepare your workforce to be health literate.
4. Include populations served in the design and evaluation of health information and services.
5. Meet the needs of people with varying levels of health literacy.
6. Use health literacy strategies in your interpersonal communications.
7. Provide easy access to health information and services.
8. Design and distribute content that is easy to understand and act upon.
9. Address health literacy in high-risk situations such as transitions of care.
10. Communicate clearly about health insurance coverage and costs.

Use plain language

- Learn the principles of plain language: writing for the reader, organizing information, choosing simple and clear words, and avoiding jargon.
- Writing for understanding: keeping it clear and short, using familiar terms, and writing in a style that increases reader understanding.
- Designing for understanding: using headings and lists to provide structure, clarifying with tables, considering how to use visuals effectively, and thoughtfully using links to help the reader find information.

Follow the National Standards for Culturally and Linguistically Appropriate Services (CLAS)

- The 15 National Culturally and Linguistically Appropriate Services (CLAS) standards offer a blueprint of action steps for delivering services that respect diverse cultural health beliefs and practices, health literacy levels, and communication needs.
- Standards include actions in the areas of governance, leadership, workforce, communication, language assistance, engagement, continuous improvement, and accountability.



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Designing health-literate materials

Section three

Resources for this section

1. [Health Communication Playbook \(ATSDR, CDC, HHS\)](#)
2. [Guidelines for Effective Writing \(Centers for Medicare and Medicaid Services\)](#)
3. [Designing Infographics for Public Health \(CDC\)](#)
4. [Everyday Words for Public Health Communication \(CDC\)](#)
5. [Contrast checker \(WebAIM\)](#)
6. [COVE Data Visualization Types \(CDC\)](#)
7. [Health Literacy and the Role of Culture \(Centers for Healthcare Strategies\)](#)
8. [EthnoMed](#)
9. [Health Information in Multiple Languages \(MedlinePlus/National Library of Medicine\)](#)
10. [Guide to Accessible Web Design & Development \(Section 508 GSA\)](#)
11. [How to Develop Products for Adults with Intellectual Developmental Disabilities and Extreme Low Literacy \(CDC\)](#)

Designing health-literate materials

Understand your audience

- Determine who the audience is, recognizing there may be multiple audiences.
- Get to know your intended audience to properly tailor messages and select channels.
- Ask yourself- Why are they seeking the content, and what action are they trying to take? People usually want to act, not just learn.
- Focus on what affects the user, not what your organization is doing.
- Put the most important information FIRST to meet reader expectations and help them take clear, easy actions.
- Pre-test materials to ensure they are accessible, culturally relevant, and actionable.

Plain Language Writing

- Organize the information. Emphasize the most important points first.
- Be concise and use clear, simple, and direct words.
- Keep sentences short, ideally 15 words or fewer, and paragraphs two to three sentences.
- Use common, everyday words. For example, use 'heart doctor' vs. 'cardiologist'.
- Do the math for your audience. Do not make them calculate percentages, proportions, or fractions. Use charts, tables, pictures, or infographics to explain numbers.
- Write in an active voice. For example, take your medicine with food (active voice) vs. your medicine should be taken with food (passive).
- Limit jargon and define any necessary technical terms.
- Use bullet points, lists, tables, and headings to organize information.
- Ensure headings are independently meaningful, descriptive, and clear.
- Write for your format (web, print, presentation, etc.).
- Test understandability and actionability using tools such as AHRQ's Patient Education Material Assessment Tool (PEMAT) or the CDC's Clear Communication Index.

Designing health-literate materials

Visual Design Best Practices

- Use clear and simple images that support the main message.
- Use clean, uncluttered layouts with plenty of white space.
- Choose high-contrast colors and large, easy-to-read fonts (minimum 12-point).
- Use culturally appropriate illustrations or icons that support the message.
- Limit each page or screen to one main idea.
- Use diagrams, flowcharts, or pictograms to simplify complex processes, such as medication schedules or symptom management.
- Label all images clearly and ensure visuals align with the written content.
- Present data clearly and effectively, using the right visualization to tell a story. Refer to the [COVE Data Visualization Types](#) tool to learn best practices.

Cultural and Linguistic Integration

- Provide easy access to health information and services to all populations served.
- Respect cultural norms.
- Provide culturally and linguistically relevant information that aligns with the material's primary audience.
- Translate highly accessed vital documents.
- Train staff in cross-cultural communication.

Accessibility

- Follow [Section 508](#) and the [Web Content Accessibility Guidelines \(WCAG\)](#).
- Use alt text for images and ensure they are compatible with screen readers.
- Provide materials in alternative formats, such as braille, large print, audio recordings, captioned videos, or physical objects.
- Avoid relying on color alone to convey meaning.
- Include sign language interpretation or transcripts for video-based materials.
- Design for mobile use, ensuring readability and navigation on smartphones and tablets.



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Communication techniques

Section four

Resources for this section

1. [Always Use Teach-Back \(Institute for Healthcare Advancement\)](#)
2. [Improving Verbal Communication to Promote Patient Health Literacy \(Center for Healthcare Strategies\)](#)
3. [Community Toolkit for Addressing Health Misinformation \(Office of the U.S. Surgeon General\)](#)
4. [Health Literacy Online 3rd edition \(HHS, OASH, ODPHP\)](#)
5. [Best Practices for Translation of Documents \(National Association of Educational Translators and Interpreters of Spoken Languages\)](#)
6. [Working effectively with an interpreter \(HHS, OMH\)](#)

Communication techniques

Verbal communication

- Use the teach-back method
 - Explain the concept in plain language. Use a caring and non-judgmental tone and break the information into chunks.
 - Ask the client to explain it back (not a quiz, but to check clarity). "I want to make sure I did a good job explaining this. Can you tell me how you will [take this medicine] [use the bus] [choose WIC-approved items at the grocery store] in your own words?"
 - Clarify and re-teach if the client struggles to explain.
 - Check again by having them share again after clarification.
 - Document the use of teach back in client records.
- Use easy-to-understand terms.
- Chunk and check: deliver small amounts of information, then pause to confirm understanding.
- Use various tools to teach (e.g., physical objects/models, diagrams, drawings, videos).
- Ask open-ended questions.
- Use motivational interviewing.
- Write down instructions, follow-up items, etc., for the client.

Misinformation management

- Listen to a person's fears and concerns, and acknowledge that it can be difficult to trust information.
- Understand that people often share information unintentionally because they want to help, seek connection, or feel they have new knowledge.
- Direct people to trustworthy sources that are not in a position to personally profit.
- Don't publicly shame others. Have one-on-one conversations privately to avoid making the other person defensive.
- Train staff in responding to misinformation and in empathy-based dialogue.
- Use a checklist to evaluate content before sharing.

Communication techniques

Digital messaging

- Use an easy-to-read font that is at least 16 pixels or 12 points.
- Make information available in multiple languages and ensure screen readers and assistive technologies can read your site.
- Design mobile-friendly materials and involve the audience in the design.
- Avoid long blocks of text and use white space.
- Organize content with the user in mind.
- Use interactive elements where possible.
- Update your information regularly and ensure your links are up-to-date.

Translation

- Use professional translators who are familiar with the primary culture.
- Apply the principle of meaning-based translation. The goal is to convey the meaning, tone, and intent of the original text, not just a literal word-for-word translation.
- Ensure the source document is the final, edited version and is written using clear, concise language, avoiding jargon, idioms, or cultural references that won't translate well.
- Work with editable source files and design documents with text expansion in mind, as translated languages often take up more space.
- Give the translator a glossary of key, industry-specific terms and a style guide detailing desired tone and formatting preferences to ensure consistency.
- Implement a formal, multi-step quality assurance process that typically includes a second professional editor or proofreader who reviews the translation for linguistic accuracy, consistency, and flow.
- Adapt the translation to the cultural and regional norms of the primary audience to ensure the message is appropriate and resonates naturally.
- Use translation memory (TM) tools to ensure the same words and phrases are consistently translated across all related documents.

Communication techniques

Interpretation

- Always use a trained and certified interpreter, not family members, friends, or untrained staff, to ensure accuracy and professionalism.
- Before your session, discuss the purpose, goals, and nature of the session (e.g., highly technical or emotional content) with the interpreter so they can prepare.
- Allow extra time for the session and set up an appropriate seating arrangement, often a triangle, so you can maintain eye contact with the client, not the interpreter.
- Confirm the interpreting style, usually consecutive, where each person pauses for interpretation, and remind the interpreter of the confidentiality protocol.
- Face and address the client using the first person ("How are you feeling today?"), treating the interpreter as the conduit for the message, not a participant in the conversation.
- Use plain language, avoid jargon, idioms, or complicated sentence structures. Speak in relatively short segments (1-3 sentences) and pause regularly to allow the interpreter to translate completely.
- Speak at an even pace, clearly, and do not interrupt the interpreter or the client.
- Assume and insist that everything said by all parties is interpreted, and avoid private conversations with the interpreter or colleagues.
- Do not ask the interpreter for their opinion; only ask for cultural clarification if needed, and explain to the client why you are doing so.
- Use the "teach back" method by asking the client to share back key messages or instructions in their own words, via the interpreter, to confirm they understood.
- After the client leaves, have a short debriefing session with the interpreter to clarify any cultural issues, check for non-verbal cues that may have been missed, or ensure the interpreter is doing well if the session was difficult.

Health literacy in practice

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Section five

Resources for this section:

1. [Health Literacy Universal Precautions Toolkit 3rd edition](#) (Agency for Healthcare Research and Quality).
2. [MedlinePlus](#) (National Library of Medicine).
3. [Make Health Communication Programs Work](#) (National Cancer Institute).
4. [Community Health Workers, Extension Agents, and Health Literacy Community Advocates](#) (Rural Health Information Hub).
5. [Medline Plus Videos](#) (National Library of Medicine).
6. [Making Health Literacy Real: The Beginnings of my Organization's Plan for Action](#) (CDC).
7. [Clear Communication by Design: Health Information Planning Template](#) (Utah Health Literacy Coalition).



Health literacy in practice

In clinical settings

- Encourage shared decision-making by presenting risks and benefits in simple terms.
- Use visuals and decision aids to supplement explanations.
- Offer written instructions at an appropriate reading level.
- Ensure multilingual and interpretation services are available.
- Document the use of teach-back in patient records.

Public Health campaigns

- Develop audience profiles to guide message tone and channel selection.
- Test messages and materials before releasing them widely.
- Use trusted community members as messengers.
- Integrate health literacy strategies into risk communication, emergency response, and disease prevention messaging to enhance effectiveness.

Community outreach

- Leverage community health workers, *promotores*, and peer educators.
- Conduct workshops in familiar community settings.
- Use storytelling, role-play, and visuals for low-literacy groups.
- Collaborate with faith organizations, libraries, schools, and mutual aid networks.

Templates to get you started

- Making Health Literacy Real: Steps and worksheets for developing an action plan at your organization.
- Clear Communication by Design: Health information planning worksheets for defining purpose and audience, planning the key message, writing for readability and understandability, design and layout, and visuals and accessibility.



Evaluation and improvement

Section six

Resources for this section

1. [Clear Communication Index \(CDC\)](#)
2. [Patient Education Material Assessment Tool \(Agency for Healthcare Research and Quality\)](#)
3. [Health Education Material Assessment Tool \(National Library of Medicine\)](#)
4. [Making it clear: Your plain language power checklist \(Utah Health Literacy Coalition\)](#)
5. [Hemingway Editor](#)
6. [Readability Formulas](#)
7. [Organizational Health Literacy Assessment \(Cook County Public Health\)](#)
8. [Harvard Health Literacy Environmental Activity Packet \(Harvard School of Public Health\)](#)
9. [HLE2 The Health Literacy Environment of Hospitals and Health Centers \(Harvard School of Public Health\)](#)
10. [Health Literacy Toolshed \(Tufts Medicine\)](#)
11. [Plan-Do-Study-Act Worksheet \(AHRQ\)](#)

Evaluation and improvement

Material Assessment Tools: Use validated tools to assess understandability, actionability, and readability of materials

1. The CDC's Clear Communication Index is used to evaluate the clarity and understandability of health messages. The seven areas of assessment are:

- Main message and call to action
- Language
- Information design
- State of the science
- Behavioral recommendations
- Numbers
- Risk

2. AHRQ's Patient Education Materials Assessment Tool (PEMAT) is used to assess patient education materials for understandability and actionability. The areas of assessment are:

- Content
- Word choice and style
- Use of numbers
- Organizations
- Layout and design
- Use of visual aids
- Ease of use

3. NLM's Health Education Materials Assessment Tool is used to evaluate the understandability of health materials. The areas of assessment are:

- Purpose
- Content
- Plain language
- Active voice
- Design

Evaluation and improvement

4. UHLC's Plain Language Power Checklist has 12 yes or no criteria to assess if a material meets understandability best practices, and a notes section for sharing feedback.
5. Hemingway Editor calculates the average education level (readability) needed for the reader to understand the text.
6. Readability Formulas uses seven readability calculators to give an average reading score. Also available for Spanish text.

Organizational Self-Assessments

- Conduct an internal assessment of leadership, staff engagement and development, information accessibility, physical environment, and policies.
- Engage staff across roles to identify their strengths and areas for improvement.
- Use the results to develop an improvement action plan.

Client Assessment Tools

- Find a health literacy assessment tool that fits your specific needs. The Health Literacy Tool Shed has many available measures to filter through.
- Use universal precautions and provide the same assessment to all clients.
- Integrate findings into tailored communication and education strategies.

Feedback Mechanisms

- Gather user input through interviews, focus groups, and surveys.
- Use human-centered design methods such as usability testing.
- Implement changes based on community feedback.

Quality Improvement

- Apply the Plan-Do-Study-Act (PDSA) quality improvement cycle to pilot changes (or implement another quality improvement method).
- Include health literacy indicators in performance monitoring.
- Train staff in continuous improvement approaches.



Policy, advocacy, and funding

Section seven

Resources for this section

1. [Health Literacy in Healthy People 2030 \(HHS, OASH, ODPHP\)](#)
2. [State Legislature websites \(Library of Congress\)](#)
3. [Grants.gov](#)
4. [Becoming a Health Literate Organization - The Business Case \(Institute for Healthcare Advancement\)](#)
5. [Building Health Literate Organizations: A Guidebook to Achieving Change, 2nd edition \(Advancing Health Franklin County\)](#)

Policy, Advocacy, and Funding

Health literacy policy connections

- Align your organizational initiatives with Healthy People 2030 objectives on health literacy.
- Implement health literacy policies at your organization.
- Track and support local and state health literacy resolutions.
- Collaborate with local policymakers and participate in public discussions
- Advocate for policies that promote access to clear and actionable health information.
- Engage with community organizations to raise awareness about the importance of health literacy.

Funding sources

- Federal: Health communication or information grants from CDC, Health Resources and Services Administration (HRSA), Substance Abuse and Mental Health Services Administration (SAMHSA), National Institutes of Health (NIH), and other federal agencies.
- Local: State public health departments, regional health coalitions, community foundations.
- Private: Health conversion foundations, philanthropic organizations, and health system community benefit funding.

Institutional support

- Make the case with local data, patient stories, and return on investment.
- Incorporate health literacy goals into strategic plans.
- Establish champions and steering committees.
- Build health literacy into onboarding and continuing education.

Training and capacity building

8

Section eight

Resources for this section

1. [Good Questions for Good Health Presentation \(CDC\)](#)
2. [Good Questions for Good Health Toolkit \(CDC\)](#)
3. [CDC Train \(Public Health Foundation\)](#)
4. [National Library of Medicine Training \(National Library of Medicine\)](#)



Training and capacity building

Staff Training

- Offer onboarding and refresher training on health literacy principles.
- Use real-life case scenarios to illustrate challenges and best practices.
- Provide scripts and toolkits to support staff in common interactions and situations.
- Encourage interprofessional training to promote team-wide consistency and collaboration.

Community Training

- Train peer educators, ambassadors, and CHWs in communication skills.
- Incorporate role-playing, storytelling, and visual tools into workshops.
- Partner with trusted organizations to co-host events.
- Create train-the-trainer modules to expand reach.
- Use the prepared [CDC's Good Questions for Good Health Presentation and Toolkit](#) to help community members improve communication with healthcare providers.

Courses and Certifications

- Promote free and low-cost online training:
 - Search the [CDC Train Course Catalog](#) for many web-based training options, some of which offer certificates of completion.
 - Browse the [National Library of Medicine's class catalog](#) for many class and course options.
- Encourage continuing education credits when applicable.



9

Resource bank

Section nine

This section is an alphabetical list of all the resources listed throughout this guidebook.

Each resource lists: **Title** (Agency) Website [section where the resource can be found in this guidebook]

Resource bank

1. Always Use Teach-Back (Institute for Healthcare Advancement)

<https://teachbacktraining.org/> [Section 4]

2. Becoming a Health Literate Organization: The Business Case (Institute for Healthcare Advancement)

<https://ihaacademy.org/wp-content/uploads/2025/06/IHA-White-Paper-Becoming-Health-Literate-Org-202501R-1.pdf>. [Section 7]

3. Best Practices for Translation of Documents (National Association of Educational Translators and Interpreters of Spoken Language)

<https://naetisl.org/wp-content/uploads/2025/03/BEST-PRACTICES-FOR-TRANSLATION-OF-DOCUMENTS.pdf> [Section 4]

4. Building Health Literate Organizations: A Guidebook to Achieving Change, 2nd edition. (Advancing Health Franklin County)

<https://teachbacktraining.org/wp-content/uploads/2024/07/Organizational-HL-Guidebook---2024.pdf> [Section 7]

5. CDC Clear Communication Index (CDC)

<https://www.cdc.gov/ccindex> [Section 7]

6. CDC Train (Public Health Foundation)

<https://www.train.org/cdctrain/welcome> [Section 8]

7. Clear Communication by Design: Health Information Planning Template (Utah Health Literacy Coalition)

<https://utahhealthliteracy.org/wp-content/uploads/2025/10/Clear-communication-Health-information-planning-worksheets.pdf> [Section 5]

8. Community Health Workers, Extension Agents, and Health Literacy Community Advocates (Rural Health Information Hub)

<https://www.ruralhealthinfo.org/toolkits/health-literacy/2/community/chw-extension-advocates> [Section 5]

Resource bank

9. **Community Toolkit for Addressing Health Misinformation** (Office of the U.S. Surgeon General: <https://www.hhs.gov/sites/default/files/health-misinformation-toolkit-english.pdf> [Section 4]

10. **Contrast Checker** (WebAIM) <https://webaim.org/resources/contrastchecker/> [Section 3]

11. **COVE Data Visualization Types** (CDC) <https://www.cdc.gov/cove/data-visualization-types/index.html> [Section 3]

12. **Designing Infographics for Public Health** (CDC) <https://www.youtube.com/watch?v=sMWtoijQBnc> [Section 3]

13. **EthnoMed** <https://ethnomed.org/> [Section 3]

14. **Everyday Words for Public Health Communication** (CDC) <https://www.cdc.gov/ccindex/everydaywords/index.html> [Section 3]

15. **Good Questions for Good Health presentation** (CDC) <https://www.cdc.gov/health-literacy/pdf/gqgh-presentation.pdf> [Section 8]

16. **Good Questions for Good Health toolkit** (CDC) <https://www.cdc.gov/health-literacy/pdf/gqgh-toolkit.pdf> [Section 8]

17. **Grants.gov** <https://grants.gov/> [Section 7]

18. **Guide to Accessible Web Design & Development** (Section 508 GSA) <https://www.section508.gov/develop/guide-accessible-web-design-development/> [Section 3]

Resource bank

19. Guidelines for Effective Writing (Centers for Medicare and Medicaid)

<https://www.cms.gov/training-education/learn/find-tools-to-help-you-help-others/guidelines-for-effective-writing> [Section 3]

20. Harvard Health Literacy Environmental Activity Packet (Harvard School of Public Health)

<https://healthliteracy.nswlhd.health.nsw.gov.au/wp-content/uploads/2023/09/activitypacket.pdf> [Section 6]

21. Health Communication Playbook (ATSDR, CDC, HHS)

<https://www.cdc.gov/nceh/clearwriting/docs/health-comm-playbook-508.pdf> [Section 3]

22. Health Education Materials Assessment Tool (National Library of Medicine)

<https://medlineplus.gov/pdf/health-education-materials-assessment-tool.pdf> [Section 6]

23. Health Information in Multiple Languages (MedlinePlus/National Library of Medicine)

<https://medlineplus.gov/languages/languages.html> [Section 3]

24. Health Literacy and the Role of Cultures (Center for Healthcare Strategies)

https://www.chcs.org/media/Health_Literacy_Role_of_Culture.pdf [Section 3]

25. Health Literacy in Healthy People 2030 (HHS, OASH, ODPHP)

<https://odphp.health.gov/healthypeople/priority-areas/health-literacy-healthy-people-2030> [Section 7]

26. Health Literacy Online, 3rd edition (HHS, OASH, ODPHP)

<https://odphp.health.gov/healthliteracyonline> [Section 4]

Resource bank

27. Health Literacy Toolshed (Tufts Medicine)

<https://www.tuftsmedicine.org/research-clinical-trials/research-institutes-research-department/center-health-literacy-research-and-practice/find-a-measure?vertical=measures> [Section 6]

28. Health Literacy Universal Precautions Toolkit, 3rd edition (Agency for Healthcare Research and Quality)

<https://www.ahrq.gov/sites/default/files/publications2/files/health-literacy-toolkit-third-edition.pdf> [Section 5]

29. Health Literate Care Model (Office of Disease Prevention and Health Promotion) https://odphp.health.gov/sites/default/files/2019-10/HLCM_09-16_508.pdf [Section 2]

30. Hemingway Editor <https://hemingwayapp.com/readability-checker> [Section 6]

31. HLE2 The Health Literacy Environment of Hospitals and Health Centers (Harvard School of Public Health) <https://files.eric.ed.gov/fulltext/ED606503.pdf> [Section 6]

32. How to Develop Products for Adults with Intellectual Developmental Disabilities and Extreme Low Literacy (CDC)

https://www.cdc.gov/ccindex/pdf/350129-D_MAN_RTI_CCIModule_508.pdf [Section 3]

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Definitions

- **Actionability:** How easy it is for someone to know what to do next.
- **Adverse health outcomes:** Negative or harmful results to health.
- **Alt text:** Written descriptions of images for people using screen readers.
- **Autonomy:** A person's right to make their own choices.
- **Culturally appropriate:** Respectful of a person's culture, values, and beliefs.
- **Decision aids:** Tools that help people compare options and make choices
- **Health literate:** Someone who has the skills to find, understand, and use health information effectively to make informed health-related decisions for themselves, others, or to help guide their organization's processes.
- **Information accessibility:** How easy it is for a person to get and use information.
- **Informed decision:** A choice made with clear, complete, and understandable information.
- **Jargon:** Specialized words, often used in specific jobs, that are hard for people outside that job to understand.
- **Linguistically appropriate:** Using language that matches a person's spoken or written language needs.
- **Readability:** How many years a person would need to complete in school to read and understand the text.
- **Shared decision-making:** When two people make decisions together, such as a provider and patient or a teacher and student.
- **Translation memory tools:** Software that saves translations to reuse for consistent wording.
- **Vital documents:** Important materials/forms needed to access services or rights.
- **Understandability:** How clearly information can be understood.