

# HEALTH LITERACY PUBLIC HEALTH FORUMS: PARTNERS FOR ACTION

**A “How-to” Guide on Designing and Implementing  
Health Literacy Forums at Departments of Health**

**National Center for the Study of Adult Learning and Literacy**

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# Health Literacy Public Health Forums: Partners for Action

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# P r e f a c e

Dear Colleagues,

This guide was designed to assist you, as public health professionals and members of departments of public health, to provide a state or local Health Literacy Forum and thereby raise awareness about health literacy and links to health outcomes within your state, county, or city. Those of us in public health can help build health literacy in many ways. This forum provides a vehicle for raising awareness and for sharing ideas across sectors to build an action plan. We also hope to encourage you, through the process outlined in this guide, to forge partnerships with the adult education sector and the library associations in your area as well as with a broad range of public health medical, dental, and nursing practitioners to initiate health literacy action.

The guide includes materials needed for planning and implementing a Health Literacy Forum. Appendix C contains background information about the nascent field of health literacy research, links to the public health and medical literature, and what I hope is a convincing argument for action related to health literacy.

I hope that you find this guide useful and that it enables you to build on this preliminary work. I encourage you to share your experiences via email at the following address: [healthliteracy@hsph.harvard.edu](mailto:healthliteracy@hsph.harvard.edu). With your permission, our Health Literacy Studies team will post new ideas along with an electronic version of the guide on our Web site: <http://www.hsph.harvard.edu/healthliteracy>



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*“The ability to access, understand, and use health-related information and services is critical to the success of my three priorities: improving emergency preparedness, and eliminating health disparities, and preventing disease. That’s why health literacy is the currency of success for everything I am doing as Surgeon General.”*

— RICHARD H. CARMONA,  
M.D., M.P.H., F.A.C.S.  
UNITED STATES SURGEON  
GENERAL, DEPARTMENT  
OF HEALTH AND HUMAN  
SERVICES

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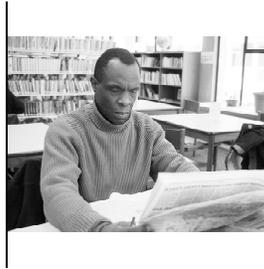


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# I n t r o d u c t i o n



**T**his guide provides suggestions and materials for the development and implementation of a Health Literacy Forum to be coordinated by a local, county, or state Department of Public Health.

Health Literacy Forums, already implemented in several cities and states, have increased awareness about literacy skills of U.S. adults and health implications. The forums have helped staff members of departments of public health forge statewide, county- or city-wide partnerships to develop action plans that improve health messages, health materials, programs and services, as well as outreach.

Increasingly, health literacy is garnering attention through public forums, presentations at professional meetings, and publications. *Healthy People 2010* as well as the Institute of Medicine Health Literacy Committee report (*Health Literacy: A Prescription to End Confusion*, April, 2004) both indicate that professionals must plan and design programs, services, messages, and materials with attention to literacy. We can also improve our data gathering and research agenda if we include literacy considerations in the design of our forms and survey instruments. Thus we will be able to:

- Meet our mandate
- Broaden our reach
- Improve communication strategies

For some of us, the findings from the 1992 National Adult Literacy Survey (NALS) provided a wake up call. However, many public health staff members are busy enough meeting the demands of their work and keeping up with readings in their own field, let alone with readings from other fields such as education. As a result, many public health practitioners are still not aware of the following research findings:

- Half (47-51%) of U.S. adults are not able to effectively use written health materials to accomplish everyday tasks related to health.
- Over 200 studies indicate a mismatch between the reading level of health materials and the reading skills of the general public.
- Sophisticated language and math skills are needed for many everyday activities that relate to health.
- U.S. adults who have limited reading skills are less likely to manage their chronic disease and are more likely to be hospitalized than are people with stronger reading skills.
- Those population groups that we in public health call “vulnerable” or “at risk” (such as those without a high school degree or a GED, those living in poverty, or the elderly) are the same population groups likely to have poor literacy skills.

The *Health Literacy Forum* described in this guide offers a strong first step for action. This how-to guide was piloted in three states: Massachusetts, Oregon, and Vermont. Contributors to the guide include public health department staff, adult educators, and librarians. The guide was peer reviewed and further revised based on comments and suggestions.

We encourage you to use this guide with the hope that you will consider “putting on” a *Health Literacy Forum*. The guide takes you through a planning and implementation process and contains all needed materials for a forum, including a sample invitation letter, evaluation forms, as well as DVD/video and PowerPoint slide show, either of which can be used for a presentation and discussion trigger. In addition, the guide includes options for follow-up workshops and an outline and materials for one. Please feel free to use the materials as is or modify as needed.



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# 1

## Goal and Objectives



**T**he health literacy objective for the nation, articulated in *Healthy People 2010*, is to improve the health literacy of persons with marginal or limited literacy skills. U.S. Surgeon General Carmona suggests that “for health literacy to improve, we need health professionals, policymakers, public officials, researchers, and the public to collaborate on a range of activities.” This forum will contribute to this important objective for the nation.

### Health Literacy Forum Goal

The goal of the forum is to improve materials and program approaches to insure a match between programs and the average literacy skills of U.S. adults.

### Health Literacy Forum Objectives

The objectives of the forum are fourfold:

#### 1. Increase understanding of functional literacy.

- Information about literacy skills of U.S. adults is not well known.
- The presentation offers basic information about functional literacy and summarizes *National Adult Literacy Survey* (NALS) findings. Additional information is included in the appendix along with references for more in-depth study. The background piece in Appendix C offers a foundation for building an argument for needed attention to health literacy.
- Accompanying PowerPoint slides can be used for presentations to share this information with others.
- The *In Plain Language* video/DVD can be used to trigger discussion.

**2. Become familiar with health literacy research and findings.**

Health literacy is a relatively new field of inquiry and offers insight into the link between literacy and health outcomes.

- The presentation summarizes findings from studies that examined the reading levels of health-related materials, people's ability to understand and use health materials, and the mismatch between current demands and common skills.
- The presentation summarizes findings from research linking reading skills and health outcomes.
- Accompanying PowerPoint slides can be used for presentations. Background information and Web site links are in the appendices of this guide.

**3. Forge partnerships with local community resources.**

Collaborative action can support health literacy initiatives.

- Planning activities and networking options built into the forum set the stage for partnerships and collaborations between and among public health practitioners, adult educators, and librarians.

**4. Explore options for additional action.**

The forum is designed to engage participants in active discussion and brainstorming.

- Suggested activities will help generate ideas and first steps most appropriate to your locale.
- Suggested follow-up workshops can help public health practitioners move from information to action.

# 2 Purpose of the Guide



**H**ealth and Adult Literacy and Learning (HALL) researchers have been developing and offering presentations and workshops on health literacy for public health practice since the mid-1990s. In 1998 Dr. Rima Rudd developed what she thought might be an appropriate forum to bring to departments of public health and subsequently piloted this idea in Massachusetts, Vermont, and Oregon. Insights from partners in various states and feedback from participants enabled us to expand our original ideas and improve these efforts.

Over time, Rudd recognized that an outside speaker was not a necessary component of this work to learn about, discuss, and develop strategies to incorporate attention to literacy into public health work. Consequently, this guide has been developed in the form of a “how-to” manual for staff at departments of health to host their own Health Literacy Forum with additional suggestions for follow-up workshops.

This guide, building on HALL’s previous work, is meant to provide the necessary information and tools to assist staff in departments of public health to plan for and implement an initial forum on health literacy. In addition to increasing knowledge and awareness within health departments, these forums can facilitate building of partnerships with adult education and library services. This guide details:

- A planning process for departments of public health to host an event (*Health Literacy Forum*) to bring together professionals from various sectors of public health with professionals in adult education and in library services;
- Helpful activities and materials for the Health Literacy Forum;
- Background information about health literacy, useful for making an argument for the importance of implementing the forum;
- Needed materials for the forum and for one follow-up workshop which has been piloted in hospitals and with department of public health staff;
- Suggestions for other possible follow-up workshops.



# 3 Preparation



## DEVELOPING PARTNERSHIPS

One of the first steps in planning your Health Literacy Forum is to bring together people from public health, adult education, and library services. You will want to identify the key people in each of these fields.

### Developing Partnerships Inside Departments of Health

Key people within departments of public health should be involved in support of the forum. Consider including staff who:

- Are involved in communication projects such as social marketing;
- Can delegate resources;
- Supervise other staff and are in a position to disseminate the information to a wide audience;
- See clients.

If you are interested in implementing broad-level changes, you will want to involve top-level staff who can influence policy and generate interest among others in a variety of bureaus, divisions, or programs.

Explore the benefits to the various bureaus and/or divisions. Consider whether or not various departments, divisions, or bureaus have any on-going efforts that would coincide with the forum's objectives and goals. For example, in Massachusetts, the Bureau of Family and Community Health has an articulated goal in its strategic plan to increase collaboration between the various divisions and programs. The forum, *Health Literacy Public Health Forums: Partners for Action*, could be highlighted as a possible mechanism to help the bureau achieve this goal.

After you have built a supportive working group and involved co-sponsors, you will need to identify someone who can serve as the forum convener. This person will be responsible for the coordination of the forum, including the pre-planning, production, and follow-up. You may want to use someone from inside DPH. You may want to consider someone from adult education or library services. Sometimes a person “outside” the institution has greater cachet. Sometimes, an insider has more power.

Though using a presenter is not a required part of the forum, you may want to select one. This could, of course, be you – the person who first sought out and read this document. You may want to work with someone from within the department or you could contact an outside speaker. The presenter does not necessarily have to be an “expert” in health literacy, but he/she should become familiar with the research, reports, and references included in this guide. If you are interested in contacting an outside presenter, you may want to identify someone who is familiar with health literacy from a public health perspective (and not simply from a medical perspective with a focus on the clinical encounter). You can refer to some of the contact information in the Web Links and References in Appendix C.

### **Developing Partnerships with Adult Education and Library Services**

Partnerships are crucial to this effort. Consider the co-sponsors for the forum. There is a logical link between the health and educational professions, specifically adult education and library sciences. Consequently, colleagues from adult education and from library services as well as any health care facilities that may have an interest can support and strengthen DPH efforts.

Professionals in public health and health care services do not necessarily have the skills or mechanisms to improve the literacy skills of community members or populations of interest. Those of us in public health practice need to improve our own communication skills, the procedures we follow for communicating with and interacting with people, and the forms and materials we write.

Adult educators understand the communication needs and learning styles of adults who have limited literacy skills. In addition, adult educators work directly with people who, because of limited literacy skills, have not had full access to public health and medical information. Public health practitioners and researchers often use the term “at risk” or “vulnerable” populations to refer to these individuals.

Librarians, who are experts on locating and gathering information, serve at the national, state, city, and local level. They are in a perfect position to help the public access needed and appropriate information. A recent survey among libraries and community organizations in New York indicates that librarians believe health literacy can offer an opportunity for productive collaborations. About a quarter of survey respondents indicated that they already address the issue of health literacy through patient education and workshops. In addition, they are involved in the collection or distribution of materials (from: *Evaluation of Health Literacy Work among Libraries and Community Organizations*, METRO Special Interest Group on Consumer Health Literacy, April 2002).

Increasing numbers of adults are using adult education centers and the public library to access critical information and to use the Internet. The adult educator and the librarian are in perfect positions to guide health explorations. Thus, partnerships among public health, adult education, and library science professionals will serve the public well.

You might want to begin with some information about the adult education and literacy systems in your state. You can contact your state office of adult education or the Department of Education (DOE) Web site for more information and names. Some of this national contact information can be found in Appendix C.

Similarly, you will need to gather some information about library services in your area. You may also want to contact the American Library Association. One other source of information could be your regional representative at the National Network of Libraries of Medicine (NN/LM). The mission of the NN/LM is to advance the progress of medicine and improve the public health by providing all U.S. health professionals with equal access to biomedical information, and by improving the public's access to information to enable them to make informed decisions about their health. The program is coordinated by the National Library of Medicine and carried out through a nationwide network of health science libraries and information centers. Contact information for this source is in Appendix C.

Additionally, you can investigate whether or not your state is part of a literacy consortium. Many states such as California, Louisiana, New York, and Pennsylvania have formed health literacy consortiums. Many cities such as New Orleans and New York have done the same.

Once you have learned more about how adult education and library services work in your state, city, or county, you may want to identify counterparts within the DOE and the library arena who would be interested and willing to help plan the forum and serve as co-sponsors. You will also want to engage their help in bringing people to the forum or providing you with a list of key invitees.

### **OFFERING CONTINUING EDUCATION CREDITS**

A good way to attract attendees to your workshop is to provide continuing education credits for their participation. Clinical public health professionals such as physicians, dentists, dental hygienists, nurses, and pharmacists are required to accumulate continuing education credits in order to retain their licensure. Other public health professionals, such as health educators and nutritionists, can accumulate continuing education credits by attending educational workshops.

Generally, for workshop attendees to achieve continuing education credit for their profession they have to supply the following information:

- Workshop name
- Sponsor/organization
- Target audience
- Agenda
- Goal and two to three measurable objectives
- Instructor
- Evaluation/usage

An outline of these requirements is in Appendix E. You will find, further along in this guide, notes about key items on this list (target audience, agenda, goals, evaluation).

However, you will need to check with your department's continuing education office to see what is necessary to incorporate in your workshop to offer these credits. Some health departments do not have continuing education offices. This will make the information harder to gather. It may involve speaking with representatives from the different public health professional associations such as the American Dental Association in order to determine how to obtain CEUs.

## FORUM PLANNING GUIDE

The goals and objectives for the forum are linked to Healthy People 2010.

### Goal and Objectives of the Forum

The goal of the forum is to improve materials and program approaches to insure a match between programs and the average literacy skills of U.S. adults. The objectives of the forum are fourfold, as detailed in the goals and objectives section of this guide:

***Objectives of Health Literacy Public Health Forums:  
Partners for Action***

1. *Increase understanding of functional literacy.*
2. *Become familiar with health literacy research and findings.*
3. *Forge partnerships with local community resources for change.*
4. *Explore action options.*

### Forum Participants and Invitation Letter

The forum announcement or brochure should identify members of the audience and welcome them. For example, those attending the Health Literacy Forums in Vermont, Oregon, and Massachusetts included:

- State deputy secretaries and directors of adult education
- State deputy commissioners of public health departments
- Adult educators

Public health professionals from various divisions, programs, and disciplines including elder health, diabetes, cancer control, statistics and evaluation, women's health, health and wellness, HIV, and oral/dental health.

Colleagues from Hawaii suggest that people from other government agencies, such as those working in bio-terrorism preparedness, be included as well as faith groups and community-based care providers.

Evaluations collected at previous forums suggested that you may want to also invite:

- Social marketers
- Contract vendors
- Lawyers
- Doctors, dentists, and public health nurses
- Representatives from various community ethnic groups
- Local policymakers

An optimum group size for your forum could range from 30 to 100 people with at least 10 representatives from education and library services. Some of the strengths of the forum are the group activities, interaction, and, most importantly, networking opportunities. If there are not enough representatives from fields outside of public health, the forum may not accomplish its goal of partnership building.

The letter of invitation should highlight the expected outcomes of the forum for each of the three fields (i.e., public health, adult education, and library services). In addition, you may want to ask the invitees to bring extra business cards so that they can distribute them during the networking portion of the forum. An invitation that is signed by senior representatives in public health, adult education, and library services in your area will carry weight. A sample invitation letter is in Appendix F.

### **Forum Location**

The forum might best take place at your local or state public health department. This is important because achieving the health literacy objective stated in *Healthy People 2010* is a public health mission. Colleagues suggest that community centers work better in some locales.

The space should be reserved for four hours even though the forum will only be three hours long (two-hour program with one hour for networking). This will allow an extra 30 minutes for set-up and an extra 30 minutes after for any lingering attendees to complete evaluations and to continue networking.

### **Forum Scheduling**

Speak with members of your team to determine the most convenient time for members of their profession. You may also want to plan and send out the invitations to the forum well in advance of the actual event to ensure good attendance. If you are

planning a statewide forum, keep in mind the travel time your attendees will need if they are coming from across the state. Unfortunately, none of the host or sponsoring agencies in the pilot sites was able to offer financial support for travel or attendance. You might, of course, be more successful than we were. You might consider applying for sponsorship, and we hope that the background information provided in the appendix will provide you with an argument to present to sponsors.

## Network Building

After the invitations have been sent out, create a mechanism that will allow you to keep track of responses and the invitees' complete contact information. You will find this information helpful for building a *registration list* and a *directory of participants* to be distributed to all attendees after the forum to strengthen network goals. Such a list will also enable you to conduct follow-up evaluations. Consider these options:

- Include a registration postcard in your invitation packet that attendees can mail back to you
- Ask invitees to mail you their business card

A sample registration postcard is provided in Appendix G.

## Presentation Packet

If finances allow, include the following in the presentation packet to be distributed at the forum:

- On-site evaluation form (sample in Appendix H)
- Printed handout of the presentation slides (four or six to a page)
- List of area public health, adult education, and library services resources (taken from the Web Links and References provided in Appendix C of this guide)

Attendees of past Health Literacy Forums have recommended that this packet include a list of the forum participants along with their contact information, examples of “low literacy” materials, as well as current research articles relevant to health literacy. Of course, an expansive package may be too burdensome to assemble or expensive for some departments. This material could be posted on the web or be sent out as email attachments.

## **Evaluation Plans**

An evaluation plan should include an on-site form and a follow-up mailing. Immediate evaluations provide information for forum planners and contain vital information for follow-up activities, while follow-up evaluations offer very powerful insight into action taken. These findings can support applications for outside funding for future endeavors and for follow-up workshops.

- One powerful question you might want to raise immediately is “what action will you take next week?”
- Next, you will be able to follow up with inquiries about partnerships formed and action taken.

Two sample evaluation forms are included in Appendix H.

# 4

## Forum Guide



**T**his section contains all the elements of the day. The forum will begin with introductions, an overview of literacy, and a discussion of implications for public health practice. The discussion will generate ideas for action and partnerships.

This implementation section begins with a checklist of the materials that you will need to have on hand the day of the forum. Next, you will find a full annotated agenda followed by a “handy” syllabus (useful for the day of the forum).

### MATERIALS CHECKLIST

The following are materials that you will need to have on hand the day of the forum.

- Registration list
- Handout of slides
- List of attendees
- Research reports
- Examples of low literacy materials
- List of national, state, and local resources (DPH, ABE, Library Services)
- Portable microphone (depending on size of room)

If Choosing Video (option A):

- *In Plain Language* video, large screen TV, and VCR **OR**
- *In Plain Language* DVD, large screen TV, and DVD Player

If Choosing Presentation (option B):

- PowerPoint and LCD projector **OR**
- Overheads and Overhead projector

## **ANNOTATED AGENDA**

Below is a step-by-step description of all the activities included in the Health Literacy Forum. These activities are based upon the previous forums held in Vermont, Massachusetts, and Oregon and also include revisions based upon the evaluations that were collected in each state. Please feel free to use as is or modify as needed.

### **STEP ONE: *Introductions (15 minutes)***

Review the goals and objectives of the forum and briefly highlight the various groups of participants. This will help with the networking activities later in the session.

### **STEP TWO: *Health Literacy and the Implications for Public Health Practice (45 minutes)***

There are two options for this step.

- Option A: *In Plain Language* video/DVD with facilitated follow-up discussion.
- Option B: *On the National Agenda: Health and Literacy*, a PowerPoint presentation with Q and A.

#### **Option A: *In Plain Language (Video/DVD)***

Explain that participants will view a video/DVD that deals with the topic of health literacy from several perspectives. Note that this video is meant to provide a common baseline for a discussion about health and literacy. Ask members of the audience to note down anything in the video that surprised them. Present *In Plain Language* video/DVD. Follow up with questions and answers.

When the video/DVD has ended, facilitate a group discussion by posing questions and asking for responses. Begin with implications for public health. You may want to raise the following questions:

- What experiences have you had with a mismatch between DPH materials and audience response?
- What difficulties have you faced in communicating with members of communities? Were any of these related to literacy barriers?

Next, you might ask members of the audience to note facts or passages in the video that surprised them. Here are some questions that could encourage discussion:

- What are some of the consequences of limited literacy as noted in the video?
- What literacy-related barriers to health promotion/protection/care do the Read/Write Now students and other adults face?

Finally, you will want the discussion to focus on action. You could begin with the following questions:

- Which of these barriers might we, in our respective field, be able to eliminate?
- What action can public health staff take?
- What action can adult educators take?
- What action can librarians take?
- What can we do together?

**Option B: *On the National Agenda: Health and Literacy* (Slide Presentation)**

Present overheads or slides focused on findings from the NALS. Follow up with questions and answers. Present the title of each slide and highlight a key item. Avoid reading aloud all the information on the slides. You will find a master copy of the slide show with comments in Appendix I.

Facts about Literacy:

Many health professionals are unaware of the results of the 1992 National Adult Literacy Survey (NALS) and the implications they have for the health and economy of the nation. The main theme of the slide presentation is an illustration of the average or mean literacy skills of adults in the U.S.

Emphasize Average Skills:

Dr. Rudd, in presentations to many different professional audiences, found that an emphasis on people with low or limited literacy skills did not serve the discussion well. Some members of the audience inevitably felt that “these” people were not the same people that they are working with. However, a focus on the mean scores for U.S. adults did serve as a “wake-up call” to many in the audience. Members of the audience discussed the faulty assumptions about average literacy skills among adults in the U.S. and saw the need for some re-adjustments.

Slide Presentation:

This packet contains a sample slide presentation entitled, “On the National Agenda: Health and Literacy” along with notes in Appendix I. You can also download this presentation from the Harvard School of Public Health’s Health Literacy Studies Web site at <http://www.hsph.harvard.edu/healthliteracy>. You should feel free to modify and tailor the presentation to better address your style as well as the needs in your geographic area.

Local Statistics:

Evaluations from previous forums suggest that you ought to include key health and literacy statistics relevant to your city and/or state. One good source of estimated local literacy statistics is the National Institute for Literacy's report, *The State of Literacy in America: Synthetic Estimates of Adult Literacy Proficiency at the Local, State and National levels*. This report is available with a searchable database at:

<http://www.nifl.gov/reders/reder.htm>. Please also refer to the Web Links and References found in Appendix C to help you locate important data for your area.

You may also want to include slides that discuss recent findings from relevant health literacy research. Updated annotated bibliographies are available on the literature section of the Web site: <http://www.hsph.harvard.edu/healthliteracy>.

**STEP THREE: Question and Answer Period (20 minutes)**

Allot time for the audience to ask some questions regarding the slide presentation or the video/DVD. You should not take on full responsibility for presenting answers to questions raised. With representatives from different fields present, you will likely have experts in the audience. Ask members of the audience to answer as many of the questions as possible.

Unanswered Questions:

Consider asking someone to record questions that are left unanswered. A "research team" of volunteers can be assembled to find answers to these questions. Consider distributing the answers at the same time that you collect your follow-up evaluation. We are all more apt to give something (such as completing an evaluation form) when we receive something.

References:

This would also be a good time to refer the audience to the packet of resources that you have distributed.

**STEP FOUR: Action Steps (15 minutes)**

Ask participants to suggest action steps for public health, health care, ABE or library professionals. You might want to begin by posing the following questions:

- Based on what we've just heard, what steps can you take when you return to work? What steps might you be able to take within this month?

**Brainstorming:**

Audience brainstorming activities typically generate a rich listing of possible action steps. You may want to include some of the actions that resulted from other forums. Below is a list of action steps taken by previous forum attendees in Massachusetts, Vermont, and Oregon:

- Convened a research action group that consisted of area adult educators, university researchers, and public health professionals (VT).
- Pilot tested health materials at a local adult education center (MA, OR).
- Incorporated family planning information in an adult education center (OR).
- Ordered additional literacy related materials (MA, OR).
- Incorporated literacy information into office of communication guidelines (OR).
- Added individuals and agencies with education expertise to state's list of pre-qualified vendors (MA).
- Distributed information to local vendors (MA, OR, VT).
- Developed a workshop to train other health professionals on how to write in "plain language" (VT).
- Implemented a Health Literacy Forum in a nearby state (VT).

NOTE: This list will expand. Members of HALL will post actions steps and ideas sent in from departments of public health on the Harvard School of Public Health Web site at <http://www.hsph.harvard.edu/healthliteracy>.

**STEP FIVE: *Brief Summary and Evaluation (15 minutes)***

This period between the final discussion and the following networking opportunity is a good opportunity to summarize the presentation and to conduct and collect evaluation sheets.

**Summary:**

Ask members of the audience to offer summary statements of key points covered. Note your plans for follow-up mailing and for follow-up activities. Many successful forums end with summary statements and announcements of possible follow-up activities that can be conducted as a second step following the forum (see p. 25 for examples).

Evaluation:

Evaluations signal the end of the meeting. However, let the group know that after the evaluations are handed in, everyone in the audience will introduce themselves. Hand out and collect the evaluation sheets. Formal collection, by someone stationed at the exit, is usually very helpful as well.

**STEP SIX: *Introductions and Networking (60 minutes)***

This last hour is of critical importance. It sets the stage for future partnerships and action steps. It is useful to divide the time between public introductions and private discussions.

Introductions:

Ask all attendees, including the “visitors,” to introduce themselves.

- It is helpful and most respectful to ask the senior people in the field to begin the introduction. In Massachusetts, for example, the State Director of Adult Education set the stage by introducing himself and commenting on the mutual benefits of collaboration.
- Participants might also highlight an idea or action of interest. For example, someone might say that he/she is interested in speaking with others who want to plan a workshop for a particular agency.

Discussion:

Consider asking if professionals in one group have any questions for professionals in another group.

Networking:

If you are able, set up refreshments for a social exchange. Refreshments provide a good draw for lingering. As facilitator, you are in a good position to bring key people together. If participants know in advance to bring business cards, this is a good time for distribution.

## HEALTH LITERACY FORUM

### Handy Syllabus – Option A (with video/DVD)

#### **Objectives of Forum**

- Increase understanding of functional literacy.
- Become familiar with health literacy research and findings.
- Forge partnerships with local community resources for efficacious change.
- Explore action options.

#### **Duration**

- Half-day forum (3 hours)

#### **Participants**

- Between 50 and 100 people with at least 15 to 20 representatives from adult education and library services.

#### **Materials (provided by convener)**

- Registration list
- Video/DVD, *In Plain Language*
- VCR or DVD player and monitor
- Portable microphone
- On-site evaluation form
- Refreshments
- Presentation packet

#### **Materials (brought by participants)**

- Business cards

#### **Forum Goal**

To improve materials and program approaches to insure a match between programs and the documented literacy skills of the average adult.

#### **Forum Steps**

##### **1. Introduction (15 minutes)**

(Convener) Review the goals and objectives of the forum. Highlight the various groups that the participants represent. Introduce presenter.

##### **2. Video/DVD (20 minutes)**

(Convener) View *In Plain Language* video/DVD.

##### **3. Question and Answer Period (45 minutes)**

(Convener and Presenter) Direct the attention to the audience, facilitate a whole group discussion by posing questions and asking for responses. Start by asking specific questions that relate to the contents of the video/DVD. Some possible questions to begin this discussion are:

- What experiences have you had with a mismatch between DPH materials and audience response?
- What difficulties have you faced in communicating with members of communities? Were any of these related to literacy barriers?

Next, you might ask members of the audience to note facts or passages in the video that surprised them. Here are some questions that could encourage discussion:

- What are some of the consequences of limited literacy, as noted in the video?
- What literacy-related barriers to health promotion/protection/care do the Read/Write Now students and other adults face?

Finally, you will want the discussion to focus on action. You could begin with the following questions:

- Which of these barriers might we, in our respective field, be able to eliminate?
- What action can public health staff take?
- What action can adult educators take, etc.?

If some questions remain unanswered be sure to write them down and then provide the participants with the answers in a follow-up mailing. Review the handout packet with the participants.

**4. Action Steps (15 minutes)**

(Convener) Ask participants to suggest action steps for health professionals. You might want to begin by posing the following questions:

- Based on what we've just heard, what steps can you take when you return to work? What steps might you be able to take within this month?

We have found that an audience brainstorm activity generates a rich listing of possible action steps. You may want to include some of the actions that resulted from other forums.

**5. Summary and Evaluation (15 minutes)**

(Convener) Ask members of the audience to offer summary statements of key points covered. Note your plans for follow-up mailing and for follow-up activities. Hand out and collect the evaluation sheets.

**6. Introductions and Networking (60 minutes)**

(Convener) Ask all the “visitors” — the non-DPH attendees — to introduce themselves. Ask the senior people in the field to begin the introduction. Consider asking if professionals in one group have any questions for professionals in another group. If participants know in advance to bring business cards, this is a good time for distribution. If you are able to serve refreshments, this is a good draw for lingering. You might want to let the network time flow naturally or provide a structure by dividing the room into sections by population focus (e.g., elders, youth, immigrant groups) or by needs (e.g., assessing materials, developing new material, involving adult learners in piloting materials).

**Post-Forum Steps**

Follow-up mailing that includes any unanswered questions from the forum, details on the next workshop, post-forum evaluation form, as well as any other pertinent information.

## HEALTH LITERACY FORUM

### Handy Syllabus – Option B (with slide presentation)

#### **Objectives of Forum**

- Increase understanding of functional literacy.
- Become familiar with health literacy research and findings.
- Forge partnerships with local community resources for efficacious change.
- Explore action options.

#### **Duration**

- Half-day forum (3 hours)

#### **Participants**

- Between 50 and 100 people with at least 15 to 20 representatives from adult education and library services.

#### **Materials (provided by convener)**

- Registration list
- Presentation slides
- Overhead projector or computer and LCD projector
- Portable microphone
- On-site evaluation form
- Refreshments
- Presentation packet

#### **Materials (brought by participants)**

- Business cards

#### **Forum Goal**

To improve materials and program approaches to insure a match between programs and the documented literacy skills of the average adult.

#### **Forum Steps**

##### **1. Introduction (15 minutes)**

(Convener) Review the goals and objectives of the forum. Highlight the various groups that the participants represent. Introduce presenter.

##### **2. Slide Presentation (45 minutes)**

(Presenter) Review slides with group. Be sure to emphasize the “mean score” or “average skills.” You can view and/or hear discussion points and references by accessing the notes master version of this presentation. You should feel free to modify and tailor the presentation to better address your state and local population and interests.

##### **3. Question and Answer Period (20 minutes)**

(Convener and Presenter) Direct the attention to the audience, solicit questions. If some questions remain unanswered be sure to write them down and then provide the participants with the answers in a follow-up mailing. Review the handout packet with the participants.

##### **4. Action Steps (15 minutes)**

(Convener) Ask participants to suggest action steps for health professionals. You might want to begin by posing the following questions:

- Based on what we’ve just heard, what steps can you take when you return to work? What steps might you be able to take within this month?

We have found that an audience brainstorm activity generates a rich listing of possible action steps. You may want to include some of the actions that resulted from other forums.

**5. Summary and Evaluation (15 minutes)**

(Convener) Ask members of the audience to offer summary statements of key points covered. Note your plans for follow-up mailing and for follow-up activities. Hand out and collect the evaluation sheets.

**6. Introductions and Networking (60 minutes)**

(Convener) Ask all the “visitors” — the non-DPH attendees— to introduce themselves. Ask the senior people in the field to begin the introduction. Consider asking if professionals in one group have any questions for professionals in another group. If participants know in advance to bring business cards, this is a good time for distribution. If you are able to serve refreshments, this is a good draw for lingering. You might want to let the network time flow naturally or provide a structure by dividing the room into sections by population focus (e.g., elders, youth, immigrant groups) or by needs (e.g., assessing materials, developing new material, involving adult learners in piloting materials).

**Post-Forum Steps**

Follow-up mailing that includes any unanswered questions from the forum, details on the next workshop, post-forum evaluation form, as well as any other pertinent information.

# 5

## Follow-Up



### OPTIONS

**A**fter the initial forum, some of your participants may want to have a hands-on follow-up workshop. There are several options you may want to consider:

- Focus on piloting techniques and ideas for formative research;
- Focus on “visual literacy” and how best to use graphics and illustrations;
- Focus on the development of materials;
- Focus on health literacy and culture with an emphasis on overcoming language and cultural barriers;
- Focus on developing health communication tips for distribution to all DPH sectors;
- Focus on developing health communication guidelines for all departments.

This is just a brief listing of the possibilities. You may want to collect suggestions for follow-up workshop ideas on your evaluation form. It is very likely that adult education specialists or librarians could help shape the agenda for such workshops and take a lead role.

### FOLLOW-UP EXAMPLE: ASSESSING MATERIALS WORKSHOP

One follow-up workshop that we have successfully organized focuses on how to assess existing health materials. This workshop teaches three main skills:

1. How to use plain language;
2. How to assess readability of written materials and how to improve vocabulary, sentence structure and organization;
3. And, how to assess other characteristics of written materials to increase readability (i.e., layout).

## **ANNOTATED AGENDA**

The workshop outlined below should take less than 4 hours including a 10-minute break. Ideally, your workshop participants should have attended the previous *Health Literacy Forum* but it is not necessary (as long as attendees are willing to read background information before the workshop). What follows is a discussion of the workshop and its suggested activities.

### **STEP ONE: *Icebreaker (15 minutes)***

This brief game sets a great tone for the workshop and provides participants with an “a-ha” moment. Participants come together in pairs or as a threesome. Each member holds a “plainword” card, reads a “fancy,” word and asks the others to suggest a common word substitute. This game is the exact opposite of games developed to “improve vocabulary” for those taking some national tests.

(plain•word)<sup>TM</sup> was developed by the Canadian Public Health Association’s (CPHA) National Literacy and Health Program. (plain•word)<sup>TM</sup> is easy to play. All you have to do is guess a (plain•word)<sup>TM</sup> for each hard word on a word card. (plain•word)<sup>TM</sup> is designed to help you simplify the language you use by teaching the principles of plain language that will help get your message across the first time.

This exercise will give the participants a hand-on understanding of the challenges encountered when writing and speaking in “plain language.” A more detailed description of (plain•word)<sup>TM</sup> is included in Appendix J.

### **STEP TWO: *Introduction (20 minutes)***

An overview of health literacy findings will be useful to participants who did not attend the forum. You may want to ask participants to briefly highlight some key points about health literacy and to define terms such as literacy, functional literacy, and functional health literacy. You can also highlight the 1992 National Adult Literacy Survey (NALS) findings or recent studies regarding the functional literacy and functional health literacy of the U.S. population.

**STEP THREE: Plain Language (30 minutes)**

One of the first steps in assessing or developing materials is to make sure you use plain language.

**Plain Words and Straightforward Sentences:**

The term “plain language” is jargon and many people are not familiar with it. You may want to begin your discussion of plain language by circling back to the icebreaker game, (plain•word)<sup>TM</sup>. In their book *Teaching Patients with Low Literacy Skills*, the Doaks (see references) provide a list of substitution examples in health. This discussion is helpful to people who, once they see “utilize” and “use” side by side, understand the concept of plain words. You may also want to use one or two examples of comparisons between complex/simple sentences. Once the participants have a reference point, it may be easier to discuss the definition of plain language, tips for writing in plain language, and other important strategies.

**Organization:**

Plain language also focuses on organizing and presenting information so that it makes sense and is easily understood by the intended audience. Suggestions include use of headings and summary sections to highlight important information. Typically, “plain language specialists” recommend that when you are writing for the general public, material should be written at a Grade 4 - 6 level so the greatest number of people can understand. We also urge you to emphasize clarity and not “dumbing down.” Plain language is, in the terms used by the CDC, about clarity and simplicity.

**Revision:**

People have a difficult time when they try to make a text clear and simple. This type of exercise “goes against the grain” because, in the K-12 schooling, many have learned that good writing incorporates a broad vocabulary and varied sentence formats. Plain language revisions take skill and time. Practice is very important. Therefore, the workshop activity should include an opportunity for participants to revise a piece of material.

Examples:

Below are two examples from, *Writing and Designing Print Materials for Beneficiaries: A Guide for State Medicaid Agencies*. One is the original and the second is a more appropriate plain language version.

Grade 12:

It makes good sense that premature births and newborn illnesses are decreased by early pregnancy care. The doctor is actively involved in testing the pregnant woman for pregnancy-induced diabetes and a host of other problems that would not be detected by the patient alone. We know that these problems cause premature births and illness in newborns. It certainly makes sense that early detection and treatment of these problems by the doctor results in healthier babies.

Grade 4:

If you are pregnant or think you might be, go to the doctor as soon as you can. If you start your care early, things will go better for you and your baby. Your own doctor or a childbirth doctor from our list will give you a first exam. Tests every month or so will let you know if all is going well. If there is a problem, you'll know it right away. Then we can do what is needed. Early care is the best way to have a healthy child. Your baby counts on you.

#### **STEP FOUR: Readability (45 minutes)**

Introduce the topic of readability to your participants. Readability is the first step in materials assessment. Generally, a readability level is associated with a grade level. This simply means that the structure and format of a sentence or passage is linked to expectations within a particular grade – if, of course, teaching has focused on needed skill building.

Note that there are several types of readability formulas in use. Some of the more commonly used are:

- FRY
- SMOG
- Flesch-Kincaid (computer version)

For a detailed discussion of readings as well as these readability tools please see Appendices D and J.

Following this discussion, present the SMOG readability formula in detail. We promote teaching the SMOG because, unlike some of its counterparts, it does not rely on any charts or graphs – just some simple math. This allows for greater versatility and use.

### **SMOG Assessment Activity:**

Provide the instructions for the SMOG process. Ask your participants to divide into pairs. Have each pair assess the sample material that they were asked to bring with them. Participants have enjoyed working with materials that are meaningful to them.

After the participants have assessed their materials, have them report back to the larger group. What seems like a simple straightforward formula can spark many questions. For example:

- Q: What if a polysyllabic word is repeated several times?  
Do you count it every time or only the first time it is mentioned?  
A: According to the SMOG rules you should count the word every single time it is mentioned.
  
- Q: What if a date or number is mentioned like 1999 or 12?  
A: In the first instance, 1999 would be counted as one poly-syllabic word since it reads as a five syllable word, “nineteen ninety-nine”. In the second instance, 12, would not be counted as a polysyllabic word since it reads as a one syllable word, “twelve”.
  
- Q: What if an acronym is mentioned like TANF?  
A: An acronym is counted as each individual word that it represents. In this example, TANF represents “Temporary Assistance for Needy Families” and it has 3 polysyllabic words (temporary, assistance, and families). Therefore, you would add 3 to your polysyllabic word count.

### **STEP FIVE: *Beyond Readability (45 minutes)***

Determining the reading level is just one component of assessing materials. In this portion of the workshop you will introduce your participants to other assessment tools such as the Suitability of Assessment of Materials (SAM) and the PMOSE/IKIRSCH, which are used to assess document literacy.

The SAM is frequently used for materials assessment and reviews. It covers organization, writing style, appearance, and appeal. Because your time is limited, you will probably have only enough time to offer an overview of the SAM. A complete overview of the SAM is in Appendix J. Again, after you discuss the benefits and the limitations of the SAM, such as its subjectivity, you will once again have the participants assess the materials that they brought.

The PMOSE/IKIRSCH is a tool used for assessing lists, charts, and graphs. Review the key components of this instrument, which is in Appendix J. If time does not permit a full discussion and application of this tool, you can refer your participants to their handout, which will have references to all of the tools used in the workshop as well as ones that were not mentioned.

**STEP SIX: *Summary and Plan (10 minutes)***

Ask participants to review insights from the first half of the workshop. You may want to ask about skills learned and insights gained. This is also a good opportunity to see if you need to review any key issues.

Plan Development:

Ask participants to suggest plain language “guidelines” for their colleagues. If these suggestions are listed on an overhead or a board, the group can organize them into categories. You can also ask participants to test out this list with colleagues and consider forming a committee to develop a DPH guideline.

**STEP SEVEN: *Evaluation and Follow-Up (10 minutes)***

Pass out an evaluation form. Focusing on the next step, ask participants to identify what they can do differently when they return to work. This and other evaluation options are included in Appendix K. You might consider a follow-up in two months’ time to record action taken.

## ASSESSING MATERIALS WORKSHOP

### Handy Syllabus

#### **Goal of Workshops**

- *Participants will leave with an understanding of “plain language.”*
- *Participants will be able to assess the readability of written materials.*
- *Participants will be able to improve the readability of written materials.*
- *Participants will learn other strategies for improving communication.*

#### **Duration**

- *Half-day workshop with break (3.5 hours)*

#### **Materials (provided by facilitator)**

- *Directions for the SMOG*
- *Directions for the FRY*
- *Directions for the SAM*
- *Additional list of references*
- *Sample “plain language” materials*
- *(plain•word)<sup>TM</sup>*
- *Easel*
- *Flip chart*
- *Markers*
- *On-site evaluation form*
- *Refreshments*

#### **Materials (brought by participant)**

- *Sample of materials that can be written on*

#### Goals of Workshop

#### **Purpose**

The purpose of this workshop is to illustrate how to write in plain language and how to use various assessment tools.

#### **Steps**

##### **1. Icebreaker (15 minutes)**

Have the participants pair up in either groups of 2 or 3 depending on how many are in attendance. Pass out 2 (plain•word)<sup>TM</sup> cards to each group. Read the directions aloud and then allow the groups to play for about 10 minutes. Then ask the participants to comment on the game as a larger group.

##### **2. Introduction (20 minutes)**

Have each of the workshop participants introduce themselves to the group. Then briefly recap some of the important definitions that were discussed in the previous Health Literacy Forum: literacy, functional literacy and functional health literacy. If time permits you may also want to quickly recap some of the pertinent statistics from the 1992 National Adult Literacy Survey (NALS).

##### **3. Plain Language (30 minutes)**

Introduce the topic of plain language to the group. Review the definition and make references to the icebreaker game, (plain•word)<sup>TM</sup>. Explain methods of how to write using plain language.

##### **4. Readability (45 minutes)**

Introduce the topic of readability as one component in assessing materials. Discuss the various types of readability formulas while weighing their pros and cons. Present the SMOG readability formula in detail and allow 20 minutes for the group to divide into pairs and assess the materials that they brought. Leave 10 minutes for reporting back to the larger group as well as for questions and answers.

**5. Beyond Readability (45 minutes)**

Introduce the other important components of assessing materials. Present the SAM (Suitability Assessment of Materials) in detail.

Have the participants divide into small groups (~3) and perform the SAM on the materials that they brought in. In order to allow the participants to “check” their work, have each participant in the smaller groups work on one piece of material. Allow at least 10 minutes for questions and answers as well as for the smaller groups to report back their findings.

**6. Summary and Plan (10 minutes)**

Ask participants to review insights from the first half of the workshop. You may want to ask about skills learned and insights gained. This is also a good opportunity to see if you need to review any key issues.

Plan Development:

Ask participants to suggest plain language “guidelines” for their colleagues. If these suggestions are listed on an overhead or a board, the group can organize them into categories. You can also ask participants to test out this list with colleagues and consider forming a committee to develop a DPH guideline.

**7. Evaluation and Follow-up (10 minutes)**

Pass out an evaluation form. Focusing on the next step, ask participants to identify what they can do differently when they return to work. This and other evaluation options are included in Appendix K. You might consider a follow-up in two months’ time to record action taken.