



READ TIME:

5-6 minutes

COLLABORATORS & COLLABORATION SERIES

VALORENA PUBLISHING'S
LITERACY FOR HEALTH™

*Examining how knowledge-building
becomes infrastructure for agency.*

ISSUE 02 | SPRING 2026

EDITOR'S NOTE | ISSUE 02

Health literacy is often discussed narrowly: the ability to read medical information, understand prescriptions, or navigate healthcare systems. At Valorena Publishing, Literacy for Health™ extends further.

Literacy for Health™ examines how individuals and communities build the interpretive capacity required to move through increasingly complex healthcare, policy, and institutional environments with greater clarity and agency.

Collaborators & Collaborations is a recurring inquiry exploring how individuals and communities translate complex systems into practical understanding that supports informed decision-making and collective well-being.

Each edition explores how literacy functions beyond reading alone, particularly within increasingly complex institutional environments. This includes the ability to interpret risk, navigate bureaucracy, evaluate information credibility, and advocate effectively within systems that profoundly shape daily life. This is not a profile series. It is an applied study of how knowledge-building becomes infrastructure for agency.

In this edition, we examine the work of Casandra Chen, MPH, Healthcare Advocate with the Healthcare Education Project, whose work at the intersection of Medicare education, labor advocacy, and community health literacy illustrates how interpretation itself becomes a form of public care.

READING THE SYSTEM

*In Conversation with
Casandra Chen, MPH, Healthcare Advocate*

*Interviewed by Dr. Valerie Williams-Sanchez,
Founder, Valorena Publishing*

The first time I met Casandra Chen, MPH, we were standing beneath a shared umbrella on a sweltering summer afternoon at an African American history festival in New York. Around us, families drifted from tent to tent collecting flyers, resources, bottled water, and conversation beneath rows of canopies wavering in the heat.

I was there distributing COVID information and public health materials. Casandra sat only a few feet away at another table, speaking with attendees about Medicare enrollment, healthcare access, and policy changes affecting working families and seniors.

Different tables. Different systems. Same work. We were both translating institutions into language people could actually use.

What stayed with me afterward was something larger about healthcare in America: people often encounter systems first not through institutions themselves, but through community spaces, trusted messengers, advocacy groups, libraries, churches, festivals, and folding tables staffed by individuals willing to explain what official language often does not. Increasingly, that translation work matters.

Long before Casandra entered healthcare professionally, healthcare advocacy was already a household practice. Through her mother, a longtime nurse and caregiver advocate, she witnessed caregiving not as abstraction, but as the activities and tempo of daily life—the appointments, phone calls, paperwork, emotional steadiness, vigilance, and quiet acts of endurance that hold families together.

Chen's perspective is also shaped by her experience navigating the world through a layered cultural identity—Chinese-Caribbean, New York-rooted, multilingual, and deeply aware of how culture shapes communication, trust, caregiving, and access.



Healthcare • Education • Action!

Casandra Chen, MPH

HealthcareEducationProject.org

Moving fluidly across cultural and linguistic spaces, she understands that healthcare communication is never only informational—it is also cultural.

That early understanding of care shaped the way she now approaches healthcare systems themselves: not merely as policy structures, but as forces that eventually land inside somebody's home, somebody's finances, somebody's stress, somebody's body.

Today, through her work with the Healthcare Education Project, Chen operates at the intersection of healthcare advocacy, labor education, public policy, and community engagement. Much of her work centers on helping individuals and families understand Medicare and Medicaid systems that can often feel impossibly dense, particularly during periods of political and economic instability.

That instability matters because confusion itself carries consequences. Confusion becomes its own public health crisis.

Medicare emerged in 1965 as part of President Lyndon B. Johnson's Great Society legislation, created to address a growing national crisis: older Americans were aging into illness and economic vulnerability without reliable access to healthcare coverage. Intended as a public safeguard for seniors—and later certain individuals living with disabilities—the program sought to stabilize healthcare access for populations private insurance systems frequently failed to protect.

Yet over time, Medicare has evolved into a system marked by bureaucratic density, institutional opacity, layered public-private entanglements, shifting regulations, fragmented delivery systems, and a navigation burden so significant that even highly educated Americans often struggle to interpret its pathways, protections, limitations, and consequences confidently.

The result is a system many people depend upon without fully understanding how to move through it safely.

"A lot of people don't realize changes are happening until they're already affected by them," Chen explains quietly.

That quietness is striking. Casandra's voice is soft, measured, almost nurse-like in its steadiness. But what she describes is often surgical in precision: funding mechanisms, policy shifts, institutional vulnerabilities, and healthcare infrastructures under pressure.

"We're trying to shore up everything," she says at one point during our conversation. Simple sentence. Massive implication.

The conversation around Medicare and Medicaid often becomes politically abstract, but Chen consistently returns it to lived reality: hospitals, workers, patients, caregivers, prescriptions, appointments, and survival itself.

“The majority of patients that go to these safety net hospitals are relying on Medicaid funding because the majority of the patients they take are Medicaid patients,” she explains.

That observation points toward something many Americans do not fully realize: Medicare and Medicaid are not fringe systems. They are foundational infrastructure. Entire hospitals, healthcare networks, and local economies depend upon them functioning effectively.

Yet accessing information about those systems frequently requires a fluency many people were never taught, nor given a fair opportunity to develop. Forms are dense. Policy language is opaque. Websites require a level of media literacy many systems simply assume people possess.

This is where Chen’s work becomes especially important—not merely informing people, but helping them interpret systems that profoundly shape their lives.

***“Most people want to know very basic things:
Can I still see my doctor?
Is my medication still covered?
What happens next?”***

— Cassandra Chen, MPH

Behind those questions sits a larger issue: healthcare literacy is civic literacy. Understanding healthcare systems now requires people to interpret policy notices, compare plans, understand coverage structures, evaluate information sources, advocate for family members, and navigate institutional language that often feels deliberately inaccessible.

Chen understands this not simply as healthcare work, but as community work. “We also do a lot of community work,” she explains, “creating spaces where people can really learn more about health literacy.”

That phrase—creating spaces—lingers.

Because the work itself is deeply spatial. It happens in union halls, libraries, senior centers, festivals, church basements, neighborhood meetings, healthcare fairs, and community rooms. It happens wherever somebody pauses long enough to ask a question they may have been carrying privately for months.

Outside of work, Chen remains grounded in the quieter, restorative rhythms of home and family life, rhythms that help sustain the emotional steadiness required for community-facing healthcare advocacy.

That steadiness feels central to her presence. There is no performative urgency in the way she speaks about healthcare systems, even when describing enormous structural pressures. Instead, there is clarity, patience, and an insistence on making information usable.

At one point in our discussion, Chen reframed public health in terms far broader than hospitals or insurance structures.

“How does the environment around you—socially, economically, physically—affect your health?” she asks. “How do we change that environment to better help yourself, and to create somewhere where everyone is able to thrive?”

That question expands the entire conversation.

Because ultimately, the work Casandra Chen does is not simply about Medicare enrollment or policy education. It is about helping people read systems that were never designed to be easily legible. It is about transforming institutional complexity into something navigable enough for ordinary life.

The afternoon we met, we spent hours beneath that umbrella speaking with strangers about systems larger than all of us—COVID, healthcare access, Medicare, prevention, public resources, uncertainty.

At the time, it felt small.

Now, it feels like a metaphor for where public health increasingly lives: not only inside institutions, but inside communities, inside conversation, and inside the quiet human act of helping someone understand what they need to know in order to move forward with dignity.

THIS IS ALSO A LITERACY ISSUE

Maintaining healthcare access increasingly requires individuals to:

- ✓ interpret institutional communication
- ✓ understand eligibility rules
- ✓ navigate digital systems
- ✓ submit documentation correctly
- ✓ respond to deadlines and notices
- ✓ advocate within fragmented systems

As healthcare systems become more administratively complex, access often depends not only on eligibility — but on successful systems navigation.

Literacy for Health™



FOUNDER'S REFLECTION

DR. VALERIE WILLIAMS-SANCHEZ

Translation is a form of care. Information is abundant.
Interpretation is not.

Healthcare systems have become increasingly layered. Policies shift. Institutional language grows denser. Yet individuals are still expected to make deeply consequential decisions inside systems many were never fully taught how to read.

This is where literacy becomes structural.

What emerges in this edition is not simply a conversation about healthcare access. It is an examination of how communities build practical expertise through translation, observation, advocacy, and lived experience.

The work highlighted here does not happen exclusively inside institutions. It happens in libraries. In churches. At neighborhood festivals. In community rooms. Inside conversations where someone quietly asks:

“What does this actually mean for me?” That question matters.

Because healthcare literacy is no longer peripheral knowledge. It is survival knowledge. It is policy knowledge. It is family knowledge. And increasingly, it is collective infrastructure.

Literacy is not passive consumption. It is structured interpretation.

Understanding clarifies. Clarity empowers. Empowerment protects.

— Dr. Valerie Williams-Sanchez —

About the Author: Dr. Valerie Williams-Sanchez

Dr. Valerie Williams-Sanchez is founder of Valorena Publishing and creator of Literacy for Health™, a framework examining how literacy strengthens health agency across systems and communities.



FROM THE PUBLISHER'S SHELF

HOW HEALTH ADVOCACY WORKS

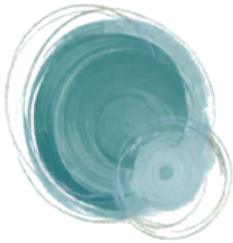
Community health advocacy helps people interpret, navigate, and act within complex healthcare systems.



COMPLEX HEALTH SYSTEMS

Insurance systems • Medicare & Medicaid • Hospital networks • Healthcare policy • Provider systems

Healthcare systems are layered, technical, and difficult to navigate alone.



COMMUNITY HEALTH ADVOCACY

Translation • Guidance • Navigation • Public education • Enrollment support • Community outreach

Advocates help translate complex systems into understandable, actionable information.



TRUSTED COMMUNITY NETWORKS & HEALTH AGENCY

Libraries • Faith communities • Neighborhood organizations • Healthcare educators • Family networks

Trusted relationships help healthcare information move where institutions alone often cannot.



VALORENA PUBLISHING'S
LITERACY FOR HEALTH™

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Editorial content is presented with the Literacy for Health™ framework and reflects applied research, lived inquiry, and cross-sector analysis. This series is produced through select institutional partnerships and issue sponsorship.

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