

What is Health Literacy? An Introduction for Head Start Program

Ndyia Ntouda: On today's webinar, we have as our presenters Sarena Dacus and Alejandra Ullauri. Sarena, you can take it away from here.

Sarena Dacus: Thank you, Ndyia. Welcome, welcome, welcome, everyone. We are in the midst of October, which is Health Literacy Month and felt this was an opportune time to discuss the importance of incorporating best practices for health literacy. When we understand the impact of health literacy, we can improve our health communication and understanding for families and staff in our Head Start programs.

Today, myself and my colleague, Dr. Ullauri and I are excited to spend some time with you all exploring personal and organizational health literacy, demonstrating how health communication is a process, and really explaining the importance of incorporating health literacy practices into communications with staff and families. My name is Sarena Dacus, and I am a training and technical assistance associate with the National Center on Health, Behavioral Health, and Safety, where I have the opportunity to not only train on a wide variety of health and safety topics, but also have the opportunity to help lead our Center's health equity work.

Recognizing the critical role that communication plays in health services, we knew as a center that we could not focus on equity without addressing health literacy. I'm excited to be leading the center's health literacy work. I'm grateful to have the opportunity to work with incredible partners like Dr. Ullauri, who brings a wealth of experience and expertise to this topic as well. Dr. Ullauri, would you like to say hello and introduce yourself as well?

Dr. Alejandra Ullauri: Absolutely, thank you, Sarena and welcome, everybody. We are so excited to be talking about this important topic for all of us today. My name is Alejandro Ullauri. I'm a bilingual audiologist. I'm certified by the American Board of Audiology. At the consortium, I serve as a subject matter expert in hearing screenings.

But this topic is near and dear to my heart. I'm super-excited to be with all of you here today.

Sarena: Thank you. Next slide. Our agenda for our time together today will include learning about health literacy and its dual meaning of both personal and organizational health literacy. We're going to talk about the role of communication and health literacy practices, reviewing also the 10 attributes of health literate health care organizations, and then also discussing some practical applications that you can use in your program. Next slide.

As we begin, it's important to note that the National Standards for Culturally and Linguistically Appropriate Services and Health and Health care provide a framework for health service delivery. It's because of these standards that we prioritize health literacy. There are 15 national CLAS standards, as they're commonly referred to as. The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations.

It's through the lens of these standards that we discuss health literacy today. Many of you are probably still asking yourself, but what exactly is health literacy? First, I'm going to start by passing it over to my colleague again, Dr. Ullauri to share with us, what is health literacy and why is it important?

Dr. Ullauri: Thank you, Sarena. Throughout the slides, we're going to describe health literacy and tell you why is it important. I'm going to give you a quick introduction. Health literacy is needed to advance health equity, improve quality, and help us eliminate health care disparities. Next slide, please.

We're going to put a poll up. If you could please help us choose one or multiple answers. The question is, which is an example of health literacy? The possible answers, when people can read and understand health information, when people can act on health information to make informed decisions, when organizations make sure that people can find the health information they need, when organizations make sure that people – when organizations make sure that people can equitably have access to use health services.

Which one or how many of them do you think are an example of health literacy? All right, I think everybody has chosen their answer or their answers. Kate, could you please help us with the results of the poll?

Excellent, most of you chose all of them. The answer is all of them. Next slide, please I'm sorry, the previous slide. The answer is all of them because health literacy is about people being able to find, understand, and use information they can make informed health-related decisions and take action for themselves and others.

However, there are many factors contributing to finding, understanding, and using information. Whether a person can find, understand, or use health information and services depends in part on their skills and abilities. We call that personal health literacy. The way this information is presented to them has a big impact on whether they can find it, understand it, and use it.

We are going to introduce you to two different concepts when it comes to health literacy. I want you to we want to discuss why it's important that we pay attention to both, to personal health literacy, that's an individual's skills to find, understand, and use information, and organizational health literacy, which is how organizations present this information to patients and families. Next slide, please.

The literature moves beyond this perspective that the health literacy is only related to the individual's skills or abilities. Now we are recognizing that organizations play a significant role in how this information is presented and how individuals can actually find it, understand it, and use it. Let me read the exact description.

Personal health literacy refers to the degree to which individuals can find, understand, and use information and services to inform health-related decisions and actions for themselves and

others. We already talked about this quickly in the previous slides. Now let's go over to this new concept of organizational health literacy.

Organizational health literacy refers to "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. In 2020, with the release of the Healthy People 2030, the health literacy definitions were updated.

That's how we came that's how these two new concepts were presented. We want to emphasize that it's not only the ability to understand information. It's the ability to use this information. It's the ability to make well-informed decisions. Individuals play a part. But organizations play a part as well. This is why we are all here today. Next slide, please.

As we move through today's conversation, we want to highlight that health disparities are often deeply rooted in both personal experiences, but also in the systems determinants that surround all of us. As a center, we believe people have a right to make informed decisions and receive care that improves their health and quality of life.

Health literacy becomes a very important strategy because it has a direct impact on how people access health care and how people access quality health care, and how they benefit from that health care. Addressing health literacy becomes one of our top strategies in order to help us eventually eliminate health care disparities.

We understand that all people have the right to health information that helps them make informed decisions. Health services should be delivered in ways that are easy to understand and that improve health and quality of life. Just want to highlight why we're putting so much emphasis on health literacy as a strategy. Next slide, please.

Let me explain why we need to care about health literacy. The reason is because many adults in the US struggle with literacy. Among working-age adults, one in five have low literacy. That means that if they read a paragraph of new information, they might not be able to paraphrase it. They might not be able to compare information from one source and another.

When it comes to numbers, it's even worse. One in three working adults in the U.S. cannot perform a calculation with one with more than one with more than one step. They cannot interpret simple data or statistics. I want you to think of these, take a minute. Let's pause here because you can see how many adults in the U.S. are struggling with low literacy and in numbers as well. That would be reading and math.

I want to highlight to you that we are we're here talking about working-age adults. We're not even including seniors over the age of 65 or people with other degrees of cognitive issues that involve cognition. If we just think about working age adults, we have lots of people that struggle with reading and math. Next slide, please.

If health literacy goes beyond reading math, it involves spoken communication. It involves using health information. It involves navigating health care systems. For all of us here that have been referred to get services in a big hospital, we know how hard that must be.

All of these sections, all of them require to be able to understand written communication. Next slide, please. We need to be able to understand this information so we can apply for benefits; we can take precautions when we are taking medication; we can choose treatments, maybe one treatment is better than the other; we can get services; we can manage chronic conditions.

Here, you can see that health literacy is extremely important for families to access services that are of good quality and also to benefit from those services because it's not enough to access the services. If they have trouble following the recommendations – you might have put all the efforts to actually make the appointment, make it to the appointment, and you happen to see an excellent health care provider.

But if you have trouble understanding the recommendations, first of all, understanding your condition and the recommendations required for you to overcome this condition, then you're not going to be able to benefit from those services. Health literacy is at the core if we want to make a difference when it comes to closing the health disparity gap. Next slide, please.

Just to add to why this is important. I also want to introduce you to the concept that health literacy is dynamic. For those here that we think, I'm very good at reading. I don't struggle with numbers. I can understand statistics and I can compare statistics. I can compare numerical data.

I also want to tell you that health literacy can be dynamic. That means that it can be influenced by how we feel. Maybe we are tired. Maybe we're feeling sick. Maybe we are overwhelmed. When we are navigating the health care system, and even though we have great reading and math skills, if we are completely overwhelmed by these new diagnoses, we might not hear everything that is said to us.

We might not be in a position to process all that information so we can make an informed decision. All of us can experience limited health literacy at one point, influenced by how we are doing at that given time, despite the fact that we might have good reading levels and good math.

It's very important that we bring it back home, we know that in Head Start programs I mean, Head Start programs are an example of health equity intervention. We are always trying to make sure that our families and our children are accessing services, they're accessing services of quality, and that they benefit from those services.

It's crucial that we think of health literacy as a strategy to make sure we help families do all of those things. However, we also need to keep in mind that health literacy can change from time to time. This is just very important for all of us to keep in mind. Next slide, please.

We've talked about individual health literacy. We've talked about organizational health literacy. We've talked about how our own health literacy may vary from time to time. We've talked about why it is important that we pay attention, and we address health literacy.

The reality is that organizational health literacy in the U.S. is still low. Health information is routinely written at a level that the majority of adults cannot understand. Clinicians often don't check patients' understanding when giving instructions. There is a lack of coordination among providers. It's left to the patient and their family to put all this information together and coordinate services.

There is some ambiguity embedded in health messages. Eventually, that confuses the public. I'd like to put a poll up. I'd like us to all reflect on how do you see these organizational health literacy issues that we experience in the US. How do you see them impacting Head Start families?

Do you think one is more impactful than the other? Do you see your family struggling with one more than the other? Do you think all of them are a true barrier for our families? Let's see what you think, if you can Kate, if you could help us with the poll. I'm sorry. I don't know if I see the poll.

Ndyia: Livia, do we have the slide? Is it the next slide that has the poll?

Sarena: This is the slide with the poll. I don't see Kate. Did we lose her?

Ndyia: I think she's just hopping back on. Just a moment, then the poll will come up.

Dr. Ullauri: Thank you. Livia, would you mind coming back to the slide, please? Sorry, Nydia to interrupt you.

Ndyia: No, that's exactly what I was going to say was to make sure we were on this slide. And here's the poll. There you go.

Dr. Ullauri: Excellent, Thank you so much.

Yes, as we see the results coming up, it seems that we've all seen it. We've all seen our families struggling with written information that they can understand. Providers are not checking with them if they understood the instructions or the recommendations. Lack of coordination, I cannot even imagine how families who do not speak English navigate these situations, of course, ambiguity in the messaging.

We've seen families all across struggling with this. Next slide, please. Now that we've introduced you to these new concepts why they are important, and why they should be at the core of Health Star programs, now we're going to talk about we're going to give you throughout the presentation some practical things that you can include.

We are going to talk about the 10 attributes of health literate health care organizations. How can we make Head Start programs organizations that practice good health literacy? When we talk about these 10 attributes, we're going to walk you through different examples. Here, I'd like to pass on to Sarena so we can continue with the next slides.

Sarena: Thank you, Dr. Ullauri, for giving us such a good explanation of really what health literacy is and why it's important. One of the things that's at the core of health literacy, as you've probably heard as Dr. Ullauri was talking, is effective communication. It provides a foundation for moving towards a health-literate organization, as we're going to talk about when we go through our examples.

We wanted to give you also a quick heads-up that you're going to need a sheet of paper and something to write with when we go through this effective communication portion. If you didn't see that in the chat and haven't grabbed that already, make sure you grab that. Next slide, please. As we enter into this important conversation around communication, we also wanted to just pause for a moment, just to recognize all our minds are filled with.

You've already learned lots as we were going through. Things are on your list at work. Things are on your list at home with your family, your living space, and your community's needs.

All of those things are on our minds. The fullness of our mind really impacts how we communicate. Recognizing that our minds are full, remember that we can still bring awareness and mindfulness to how we communicate.

Just take a moment to bring our awareness to the present, give some attention to our breath, and connect with the content. Next slide. We began to talk about health literacy; there's one major concept that's at the center of it all, as I mentioned, communication. When you hear the word communication, what comes to mind? Type your ideas into the chat.

When you think of communication, what comes to mind? As you're doing that, note that communication really is, as you can see coming in, it's the exchange of ideas. We all have ideas to share. How we get them across is through communication. Communication can be our words, our actions, our body language, and our tone. You can see it coming into the chat all the different ways that we would describe communication.

It can be written. Any time we're interacting with each other, there's an exchange. This is communication. It's also important to note that communication takes place in the mind of the receiver or the person who's receiving the information. The receiver may be a family member, a staff member, or a community partner. Anyone with whom you're exchanging information is the receiver.

Both our own style of communication and the preferences of the person receiving the information have an impact on what is ultimately understood. Next slide. As the receiver, we have preferences, preferences for how we communicate to others as well as preferences for

how we like to receive information and communication, and also, therefore, how we best learn. You can see on the slide the different communication and learning styles.

We have oral communication, written communication, and nonverbal communication. Then those learning styles, you can see they're auditory, visual, also demonstrated, or hands-on demonstration or kinesthetic style of learning. We all have these preferences. Even those of us who have more than one preferred style, it's not likely that we're equally proficient in all three of these communication styles and learning styles. Next slide.

We wanted to try an activity to help demonstrate the impact of our different communication preferences. I want you to find that piece of paper and something to write with that we told you to grab. It can be any size of paper, post-it note, scratch paper, or whatever you have. I'm going to give some basic instructions that I want you to follow. On your sheet of paper and with your writing utensil, draw a circle in the middle of your paper.

Inside that circle, I want you to draw three dots. Those three dots should be in the shape of an upside-down triangle. Then, once you've done that, under the three dots, I want you to draw a curved line.

OK, you should all have something. This is what I was asking you to draw. I am sure that some of you have a drawing that looks exactly like mine, a nice smiley face, right? I'm sure that there are some of you that it looks nothing like that. That could be for a variety of reasons, right?

I want to hear from you in the chat. How could I have improved my instructions and communication in this activity? What could I have done differently? I'm sure that there are some of you that were wishing I had written the instructions out and put them step by step in the chat. I'm sure that there are also some of you who wish that I had shown a picture of the image first and asked you to copy it or model it.

In this particular exercise, it was directed more at our auditory learners or our auditory receivers, right? But it's important to note that incorporating multiple learning styles would have improved my communication. I could have given you more details in my directions. I could have incorporated visual demonstration cues. I could have stopped and confirmed that you understood the first step before I went on to the next one.

There are a lot of things that I could have done. It's important to note that if we want to know if what we just shared is understood by the person who's receiving the information, we have to do two things. One of those is to check for understanding. Did you communicate what you intended to at the time of communication? Then the second is measuring impact. Did your communication achieve the intended results?

I didn't do any of those things, right? This is a fun activity and exercise. You can try it on your friends and colleagues and things like that at home. But it does give us a good example of how for some of us, the communication was really clear. For others of us, it totally missed the mark. Next slide.

What are different examples of communication? Traditional communication is often one-directional. When we want to share a thought or idea, or suggestion, we create our message.

We decide how we're going to deliver it. We hope the person understands the message that we intended to share. That's one-directional communication. That's one style of communication. Next slide.

A more effective communication strategy is closed-loop communication. To improve our communication, we can do things like check for understanding by asking for feedback and confirmation from the receiver that they understood the communication that we provided. With a communication loop, with this closed-loop communication, the conversation continues forward and builds based on the confirmed understanding of each individual involved. Each new concept is confirmed along the way, not just at the end. Next slide.

Effective communication is critical to success in any field. In Head Start, we see effective communication impacting a variety of the things that we do, such as our marketing and recruitment, our interaction with staff and families and community partners. We see it in our teaching practices and our ability to effectively implement policies and procedures.

We also see it in our day-to-day delivery of services and as we seek to plan, monitor, and evaluate our effectiveness in so many more ways as well. Next slide. How do we incorporate this understanding of health communication into practice? During this next portion of our time together, we'll share some practical applications and useful strategies for improving health communication and incorporating health literate practices into your program. Next slide.

Our communication strategies are really only as good as their reach. You can improve your reach by doing a few things, knowing your audience, using multiple communication channels, facilitating that closed-loop communication we described, and also considering the impact of intercultural communication. We're going to walk through each of these.

First of these is knowing your audience and tailoring your message. This is critical. It's important that both the message and the mode of communication or the channel reach the most people and fit the needs of your intended audience.

Thinking back to when we did the activity, the drawing of the smiley face, and the many things that I could have done differently to help improve my communication, one of the things if I had taken time to know a little bit more about each of you, that would have helped as well, had I known your preferred learning styles, had I known what your artistic and drawing capabilities, had I found out your interest, had I even asked, have you ever seen a smiley face, like those kinds of things.

Asking those questions and getting to know your audience, and tailoring your message is critical to meeting their needs. To know our audience, first, we have to ask. Then we have to listen. Then we have to adapt. It's important to intentionally design experiences and instructions that not only reach the most people but also fit the needs of the intended audience.

We may have the most valuable resource to share with all the facts and figures. It can look simply beautiful and have the latest information on everything we want families to know. However, if it doesn't meet the needs of the intended audience and answer their questions, then it will not be useful. Next slide.

One strategy for reaching more of your intended audience is using a variety of communication channels. It's important that we recognize the many ways we communicate as well as use multimodal approaches. Communication channels are defined as the means by which people communicate. You can see a variety of examples of communication channels on the slide.

As we design our communications, we must consider what channel will be the best fit for our intended audience. It's also highly likely that it will need to be inclusive of multiple communication channels or use a multimodal approach. In this present moment, there are many ways to communicate. As you can see on the slide, things like apps, videos, and social media, are things we would never have imagined, right?

It's really critical that we take time to understand the method of communication that fits the preferred mode of communication for our audience. This will ensure that the most people are reached. Next slide.

Knowing our audience, using multimodal approaches, also this closed-loop communication is another way of improving our reach. We introduced this a little bit earlier. But closed-loop communication is interactive. It includes strategies such as helping the receiver feel safe, welcoming their questions, and acknowledging where there may be cultural differences.

It includes asking for understanding along the way often, also listening, paying attention, things like watching body language cues from the intended receiver, also tailoring our messages based on the questions and cues that are coming from our intended audience, using multimodal ways of communicating, considering where there may be challenges, so things like language, hearing, culture.

Where might those challenges come up? Where might we need to try different communication channels? If you have checked for understanding along the way, then you're going to feel more confident that you've done your best to communicate. Next slide.

Another key element of understanding the audience and improving our reach is recognizing the importance of culture. Our perceptions and beliefs about health, our knowledge about interacting with our health care system, and the language that we use all of these factors are influenced by culture. Our interactions with staff and families often include communication with individuals from cultural backgrounds that are different from our own. Understanding the respective cultures of those that serve and the effectiveness of health communication is really important.

There are lots of ways we can improve intercultural health communication. It can be helpful to use that closed-loop communication instead of one-directional communication. That can be

one strategy. Taking time to learn about the intended audience, as we talked about earlier, getting input and feedback from members of the intended audience, as well as taking time to review the information messages and the channels and ideas that you've come up with a lens of cultural awareness and equity is really important.

Also, seeking training, resources and support were needed to improve the capacity of your team and those within your program to better serve the intended audience as well. All of these things can help improve intercultural health communication. Next slide. We've noted so far that to achieve good health outcomes, people need understandable health information and easy access to health services.

You're probably asking again at this point, how do we put this all together? We have those definitions. We have some recommendations. But what does this look like in practice?

The 10 health attributes of a health literate health care organization can serve as a guide for supporting your program to be more health literate. The 10 attributes are just one example of many tools for increasing the capacity to understand and improve health literacy as an organization. Where we wanted to spend the last portion of our time walking through this tool and providing some examples of how you can use it. Next slide.

To gain a better understanding of the 10 attributes, we thought that we would base our conversation on using the attributes as a roadmap for a successful referral process. In Head Start programs, health and mental health service staff often refer families to a health or behavioral health care provider for additional screening, follow-up care, specialist services, et cetera. The referral process is an important component of our comprehensive services.

By incorporating the 10 attributes and making the process more health literate, it includes making it more understandable, more usable, and more accessible. We increase the capacity of staff to communicate effectively with the families we serve. At this point, on the next slide, I'll turn it over to Dr. Ullauri to help walk us through the start of the 10 attributes.

Dr. Ullauri: Thank you, Sarena, so much. I love the activity. I want to share with everybody that I did not get a smiley face when we did it in our group. I might not be one of those listening learners. We want to concentrate now on how we can apply these.

The 10 attributes, think of them as a roadmap. We're going to use those 10 attributes in a roadmap. But we're going to concentrate on the examples, we'll share with you. We're going to link the examples we're going to share with you to the referral process just because the referral process is important in Head Start programs.

The first attribute is leadership promotes health literacy. I mean, leadership takes into consideration health literacy at the core of their mission, structure, and operations. What does that mean? We have talked about health literacy, referring to people finding understanding and using the information to make health care decisions.

We know how important communication is in that respect. When leadership promotes, we want to make sure that Head Start leadership, in your program, an example would be, you're always promoting good communication. You're helping your staff build their communication skills, so they are prepared to share that important information with families, so they understand why they are being referred, why it's important for them to make that appointment, to go to that appointment.

Leadership is pretty much promoting, in this example, good communication by building the capacity of their staff. Also, good leadership promotes good relationships with outside providers. The leadership is building networks where they can refer families. Next slide, please.

The second attribute is to plan, assess, and improve how you integrate health literacy in your program.

Families play an important role in the health starts planning cycle. You want to include families and take into account their experiences. We want their experiences to help us plan our health literacy strategy. We want them to review the materials we're creating. Just involve them as much as we can throughout the process.

Through their feedback, we can gain insight into the referral process. For example, a family we've been working with this health care provider. We're sending families there. By paying attention to families' feedback, we can learn what their experiences are in this health center where we are sending families.

Then we can make decisions about whether this is a center that is welcoming our families, meeting their needs, or whether we need to find a different provider. Maybe this provider doesn't have providers that speak the languages. They don't have interpreters. When we assess our program, we take into consideration families' experiences. Next slide, please.

We're preparing our workforce. We want to make sure that our workforce is health literate. We're checking the progress. The entire Head Start staff plays a significant role in this process. When we make referrals we make referrals to different providers, we want to make sure that our staff has the communication skills to do that.

We want to make sure that they are meeting patients' needs so they are aware of the family's social determinants of health, and they are making referrals that are appropriate to those individual situations. If the family we know comes from too the family lives far away, we're going to help them try to find a provider closer to them.

If we know our family speaks Spanish, we're going to try to find them a provider that speaks their language, or they offer professional interpreting. We're preparing our workforce to understand the social determinants of health and considering those when we choose who we refer our families too. Next slide, please.

This is my favorite slide. We can prepare families as well on how they can access and benefit from those health care encounters. We can encourage families to always ask questions. This is a tool that was put together by the Institute for Health Improvement. It's called the Ask These 3 Questions.

Basically, we can coach families how to use this tool. If you log into their website, you can download these brochures and posters for your facility. But basically, what we can say to families is, when you're going to go see the primary care physician, make sure you always ask the following questions.

What is my main problem? What do I need to do? Why is it important for me to do this? Having tools like this is going to help us coach our families how to access those services, what to do with their appointment, what they can do in order to better understand their conditions, and also better understand the recommendations and what they need to do about that. Next slide, please

We include our families. We include the consumers. In the fourth attribute, we want to include the population we serve. That means that the way that Head Start programs can do that, they can do this through the surveys or community questionnaires at the beginning of the community assessment or at the annual self-assessment. You can do it through groups.

The idea is that you include families, and you learn from them. You learn what their experiences are when they visit and access these services. Then you can understand better what the possible barriers are that they are facing you can come up with a plan to overcome those barriers. Next slide, please.

Advisory groups is a great way to do that. You will bring participants. You choose those families that are going to give you feedback on the services. Maybe you're building your referral network. You have chosen these I'm just going to make an example. You're near this big academic center, clinic, or hospital center and you've chosen this center as your referral point.

But you want to learn from families what the experience is. You want to make sure that you are getting feedback, they understand where the center is, how to navigate the center. They think they can come back and give you back information as, it's very difficult to find the providers because usually they have different access points.

If you take this bus, you're left on the other side of the hospital. It would be very hard to make the appointment on time. But you wouldn't know any of that information unless you include the user, unless you include the family that started using those services. It's very important that you include families at the beginning, and you monitor services through keeping an eye and hearing families' feedback. Next slide, please

We want to meet patients' and families' needs. An example of this would be, your families, you are in a Head Start program. Many of your families speak Spanish. You want to make sure that

when you refer your families to a specific center, you want to choose a center that maybe they have health care providers that speak Spanish.

You want to make sure that if they don't have health care providers that speak Spanish, they provide professional interpreters. You want to make sure that you're coaching families that when they make the appointment, they need to ask for a professional interpreter. You need to make sure, maybe you have a direct line to some staff in the health care center that speaks Spanish.

You can tell your families, when you go to make an appointment, ask to speak with Maria. Maria speaks Spanish, and she can help you book that appointment. So basically, you understand your families.

Going back to what Serena was saying, know your audience. You know your families and you are building a referral process that meets those families' needs. Next slide, please.

I pass it on to and before I pass it on to Sarena, this goes back to the National to the CLAS Standards. We want to make sure that out of we want to make sure that we provide effective, equitable, understandable, and respectful quality of care to diverse cultural communities. Four of these standards of the 15 standards are directly related to how we provide services to families for whom English is not their dominant language or their preferred language. Next slide, please.

Sarena: Yes, thank you Dr. Ullauri for walking us through those first five. We're going to breeze through these last five before we close out today. So Number six is, communicates effectively, and as a program uses health literacy strategies and communication and confirms understanding at all points of contact. In the referral process, identifying how families best learn is really important to increasing their understanding that we can communicate in their preferred learning style and strengthen our communication overall.

It has a direct impact on their ability to understand and use the health recommendations that we may be making for their child. Using plain language, along with visual imagery or models are just a couple of examples of strategies that we can use to strengthen our communication and increase understanding. Next slide.

This slide represents the teach-back model. Teach-back is a model that outlines a way to confirm that you explain to the receiver what they needed to in a manner that they understood. The receiver's understanding is confirmed when they explain it back to you in their own words. This approach can be applied not just to a direct health care provider patient relationship, but also in many types of communication.

Program staff could use these steps when they give a referral recommendation to a family, considering whether they're using simple terms and whether they've checked to ensure that the family understands why the referral is being made, and that the family understands what they need to do to follow up, like Alejandro was mentioning about how that referral process

works and really understanding, what do they need to do in that follow up process to make that appointment, schedule that appointment, and take those next steps? Next slide.

The seventh attribute is about program leadership ensuring easy access to health information and services and providing navigation assistance. In our Head Start programs, supporting easy access will likely involve asking families where they turn to find health information and then providing the needed documents and information via that communication channel. For families to be successful, it's important that we provide tools that fit how they learn and how they're accessing information, a lot of what we talked about earlier when we talked about communication.

It's also helpful to know, who are the trusted sources for health information in the community? These individuals or groups can often be really valuable partners for our programs in becoming more health literate organizations. Going where families are going is really important.

Our strategies for making referral information easily accessible can include things like giving instructions in really small bites, specifically, for your appointment, call this number. For interpretation, call this number, being very specific, also providing information in a family's native language and including those wide variety of modes of communication as well. When we give instructions for a referral or for follow up, providing a map or specific directions or visual images that can help folks continue on that referral process and get the follow up that's needed.

The eighth attribute refers to material design and designing easy-to-use materials. Everyone benefits from materials that are easy to read and easy to use. Using additional tools to evaluate the effectiveness of our communication in the resources you distribute will improve their usability.

On the next slide, you will see an example of a tool that can be used. It's called the Clear Communication Index. If we go to the next slide. The Clear Communication Index is a research-based tool that can help you develop and assess public communication materials.

It has four basic introductory questions. It's scored on 20 different items. At the end, your material receives a final score and explanation on its literacy level. This can be a great tool to use. Ndyia has shared the link in the chat for where to access that. Next slide.

The ninth attribute targets high-risk situations by addressing health literacy in high-risk situations, including care transitions and communications about medicines. Health literacy is always critical. It's especially critical when we're in those high-risk situations.

Using the tools you have to strengthen your response and high-risk situation keeps everyone safe. For example, clear communication between staff, families, and health care providers is really important should we experience a disaster, including in your program's preparedness plan of essential medications that travel with children in the event of an evacuation, and also

considering what communication is necessary to successfully administer, store, track, transmission is really important during an emergency for health and safety. Next slide.

The final and 10th attribute is about explaining coverage and cost to help families understand communication about their health plans and costs that they're responsible for paying when they access services. As you all know, cost can be a major barrier for families and their willingness and ability to seek follow-up or specialty care. Head Start can support families in increasing their health literacy by helping them understand and navigate their insurance benefits and how to access no or low-cost resources that may be available in the community.

Staff can work with families to know if the provider they're being referred to takes their insurance or where they might start and asking those questions up front about, what is your insurance? how can I help you find somewhere that accepts your insurance? also providing referral choices to providers that have lots of experience working with Head Start families and are ready and able to communicate back and forth with the program is really helpful as well. Next slide.

To close out in our last second here, we hope that today provides you a few examples of how these 10 attributes can support staff and families through the referral process. I'm sure you all already thinking of the many, many ways that these attributes can improve the communication and increase understanding of the families that you work with.

We want to thank you all so much for your time today. We've gone right up to the final minute. We want to give a special shout-out as well to our tech team behind the scenes that made everything run so smoothly. Ndyia, I'll turn it over to you for any final closeout things.

Ndyia: Awesome, thank you very much. It looks like you addressed everyone's questions anyway because we didn't see any additional come up in the Q&A box. I just want to say thank you again so much to our presenters Sarena Dacus and Dr. Alejandra Ullauri for all of this very important information. Participants, if you have more questions, you may go to MyPeers, or write to health@ecetta.info.

The evaluation URL will appear when the webinar ends. Do not close the Zoom platform or you won't be able to see that evaluation pop up. Remember that after you submit the evaluation, you will see a new URL. This link is where you will be allowed to access, download, save, and print your certificate. there was a question that just came in about the certificate.

You can subscribe to our monthly list of resources using this URL. You can find our resources in the Health section of ECLKC or write us at health@ecetta.info. Thank you so very much again. Kate, you can go ahead and close out the Zoom platform.