Tools and Strategies for Better Organizational Health Literacy

Nancy Topping-Tailby: On today's webinar, we have two fabulous speakers, who will officially introduce themselves, but I'm going to turn it over to our first speaker, Serena Dacus. Serena.

Sarena Dacus: Thank you, Nancy. Thank you for all the tips and tricks and details and that fabulous introduction. We are very excited to have this opportunity. Welcome everyone, thank you all for participating in today's webinar. We really couldn't think of a better time than Health Literacy Month, which is October, to have the opportunity to share with you all some of our updated resources on organizational health literacy. Next slide. Today, we are going to spend our time together defining health literacy, both personal and organizational health literacy, and talking about why health literacy is important to the families and staff that you all serve in early childhood programs.

We are going to share the guiding health literacy principles that are newly available on the ECLKC, Early Childhood Learning and Knowledge Center. We are going to present the new health literacy toolkit and talk about different approaches to best practices, and outline some strategies and resources for helping you all to inform health-related decisions and actions with all of the families and staff that you're working with in your programs.

Before we go any further, we'd like to introduce ourselves. My name is Serena Dacus, and I am a senior training and technical assistance associate with the National Center on Health, Behavioral Health, and Safety. I get the opportunity with the Center to train and develop products on a wide variety of health and safety topics and spend a large portion of my time supporting our center's work on health equity and our health literacy efforts. I've really enjoyed the opportunity to really focus in on health literacy over the last year and to work with our colleagues from the University of Maryland, and I'm excited to be joined today by Dr. Catherine Maybury, and I'll let her introduce herself.

Dr. Catherine Marbury: Hello, everyone. I'm delighted to be here. I am a faculty specialist in the Horowitz Center for Health Literacy. I live and breathe health literacy every day. In my role, I work with organizations to help them make it easier for their clients to find, understand, and use health information and services that the organizations provide. I work with a wide variety of organizations, often with hospitals, and medical, and dental clinics, and I also work a lot with community-based organizations that provide social services. I'm very excited to partner with Head Start. It's been a lot of fun to work with Head Start this past year, just to focus on health literacy to support the families that you serve. Next slide.

Let's begin by defining health literacy and explaining why it's important to families and staff in early childhood programs. Next slide, please. Effective communication is critical to success in any field in early childhood programs. Effective communication impacts our marketing and recruitment, our interactions with staff, families, and community partners. It impacts our teaching practices, and our ability to effectively implement policies and procedures. It also

impacts our day-to-day delivery of services and our ability to plan, monitor, and evaluate our effectiveness in our work.

As you can see by looking at that list, with effective communication, we increase our success across a wide variety of aspects of early childhood programs, and from a health literacy perspective, effective communication is the foundation of health literacy. To achieve good health outcomes, people need to understand health information and they need easy access to health services. Next slide, please. I'd like to begin with a question about health literacy, and we're going to launch a poll, and we would like you to tell us which of the following is an example of health literacy, and you can choose more than one.

Is it A when people can read and understand health information? Is health literacy when people can act on health information to make informed decisions? Or when organizations make sure that people can find the health information they need? Or D, when organizations make sure that people can equitably have access to and use health information and services? We'll take a few moments here, as the information is still coming in. We'll give you about 10 more seconds, and then we'll go on to the next slide.

Great. The answer is health literacy is all of the above. There are many factors contributing to finding, understanding, and using information to inform health decisions, and whether a person can find, understand, and use health information and services depends in part on their skills and abilities. That is their personal health literacy; but it matters just as much how easy or difficult the information is to understand, and how easy or difficult the health tasks are to complete.

Organizations can play an important role because they can make it straightforward or complex, and it's going to impact whether people can equitably find, understand, and use health information and services. It's equally important to pay attention to both the personal and the organizational factors as we think about health literacy. Next slide, please.

When most people hear the term health literacy, they think of reading... Reading literacy. However, health literacy is much more than just reading health information. It includes written information, written communication, such as flyers and resources that we share with families, it includes spoken communication, which is how we as program staff talk about health concepts, and how we support staff in developing messaging.

It includes numbers and math. Information about health and the data that we share is often numeric, or quantitative, and supporting conversations with family about maybe the frequency of a medication, or the results of screening results, and then it's using health information. Once we've shared information with families, have we checked for understanding to find out if they need further support around how to use the information that we've shared to benefit their health and their family's health?

Last, there's navigating the health care system. Things like, how are we supporting families in their interactions with health systems and health providers. A couple examples would be how to apply for Medicaid, or even how to schedule an interpreter for an appointment. Next slide, please. Let's take a moment here to pause, and we want you to have an opportunity to hear from all of you as you're thinking about how this information applies to your program.

Take just a quick moment to reflect on what you're hearing when you're working with your families. Would you please share in the chat which of these areas of health literacy are most challenging to address or which areas do you think families are most challenged by as we are navigating the health care system. We'll take a few seconds here; we'll take a look at what individuals are saying before we go on to the next slide.

I'm seeing navigating the health care system quite a bit, and that's not a surprise. The U.S. health care system is very complicating. I'm seeing a few spoken communication. We will talk about that today, using plain language and not using jargon. The health care system is filled with jargon and interpretation is obviously really important. I'd like to thank everybody for putting that information in. You can continue adding your comments to the chat and then we'll go on to the next slide. Next slide, please. I've been talking about this thing called health literacy, let's go ahead and define it.

The definition of health literacy comes from Healthy People, which are the nation's health objectives, and they're published every 10 years. One of the updates that was made in Healthy People 2030, which is where we want to be as an organization in 10 years in 2030, had to do with the definition of health literacy, and you can see that it's two-pronged. It includes both personal and organizational health literacy, and this is because the scientific literature moved beyond the perspective that health literacy is solely reliant on individuals.

It recognizes the role that organizations play in making sure health-related information and services are equitably accessed and understood. The definition was updated and what you'll see on the left side of the screen is personal health literacy, which is, "the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and for others."

We have organizational health literacy, which is really, how organizations enable individuals to find, understand, and use information and services to make these health-related decisions and actions for themselves. When we learned about this updated definition, we were really excited to see the direct connection to health equity in the definition. Disparities in health outcomes are often due to low health literacy, which is deeply rooted in both personal experiences and systems and determinants surrounding staff and families in early childhood programs.

Today's webinar is focused on this newly developed health literacy toolkit, and what we'll see is that this toolkit we can use it as a strategy to address the social determinants of health that families are experiencing. You'll see the toolkit provides this very intentional focus on organizational health literacy. Next slide, please. In this webinar, as I said, our focus is going to be on organizational health literacy, and it's going to be on the strategies that you can use to

support you as organizations, which is the second half of that definition. When we talk about organizational health literacy, we're using what we call a health literacy lens, and we're focusing on key factors that can affect people's ability to access information like where do they find it, how do they access and find care and services.

These different factors are listed on the screen, and I'm going to give you an example of each. An example of an organizational policy is a policy that requires family satisfaction or family experience surveys, include at least one question about the quality and the availability of health information, or it could be a question about the communication skills of the professional staff. An organizational practice could be that all print materials for family and staff are reviewed for the use of plain language, which is everyday language that people understand.

When we think of navigation, that could include staff or volunteers helping people navigate a facility. One way an organization considers culture or language is to make sure that the forms or any materials that they have are offered in languages other than English. We want to be able to offer materials in the languages of the people that we're serving. When we consider communication, we really want to think about the vocabulary that we use. We call this everyday language, living room language, or plain language. What you can see here from this list, is there are many factors to consider.

Next slide. As we think about improving health literacy as a practical way to work towards equity, we can incorporate personal and organizational health literacy strategies into our work. With this approach, we have the opportunity to improve health outcomes for family and staff in early childhood education programs. These health literacy strategies are integral to delivering culturally and linguistically appropriate services, and we need to consider language as well as cultural context to ensure that we have clear communication.

If we use health literacy strategies and practices, it can help us provide equitable access to information, and because under-resourced communities are disproportionately represented in the group of adults with the lowest level of personal health literacy, our health literacy strategies have the potential to reduce health disparities.

Sarena: Thank you, Catherine. I really appreciate the way you framed this all for us. I think all of those examples really demonstrate the importance of health literacy in achieving health equity. As we began this work, we really did a lot of thinking about how early childhood programs often find communication to be one of those challenging factors when working with families, and how oftentimes it is the many factors and conditions in the family's environment, all those social determinants of health, as you mentioned earlier, that are impacting a family's ability to find, understand, and use health information.

Let's take another brief moment to pause and reflect and think about how we are communicating with families in regards to health information, and what that looks like. Take a moment and just reflect, you can reflect in your own notes, or if you're comfortable sharing in the chat we'd love to hear or see your comments coming through the chat, how do you communicate health information often with families? What are some of those strategies that

your program is currently using, the strategies you've maybe found successful as you think about communicating health information?

We really want to take a moment to reflect on that, just to begin thinking about, what are the many, many, many ways that we're already communicating with families that are already thinking about health information? Just take a moment to reflect on that before we dive into some of those strategies. Conducting trainings, that's right. Communicating through messaging, documents, newsletters. Yes, the importance of screenings and exams and follow up. Health services advisory committee for our Head Start programs. Yes. Word of mouth. Talking face-to-face, so yep, those one one-on-one conversations. Phone calls, family meetings, a wide variety of ways that we're communicating that health information.

Keep all of those in mind as we move through the rest of the content today and as we start to think about strategies for making that health communication even more useful. Next slide. As the National Center on Health, Behavioral Health and Safety, our first step really in moving towards designing a resource to put out for you all, which we framed as a toolkit, our first step really was to think about, how do we frame a vision for health literacy to support early childhood programs and becoming health literate organizations? We knew we needed to start with a set of guiding principles to help us frame the work.

We began by forming an internal workgroup and partnering with subject matter experts, like our colleagues from the University of Maryland, and we started by reviewing several foundational resources. I'm going to share a couple of those on the next two slides. The first resource, and that was one of the foundational resources that we reviewed, was the National Plan to Improve Health Literacy. This resource outlines goals and key strategies to support the development of health-literate organizations. You can find a link to this resource in your handouts from today's session. But this national action plan really served as an important source of information and guidance as we've been building out our health literacy approach for early childhood programs.

The next resource, on the next slide, is the 10 Attributes of Health Literate Health Care Organizations, and this again another foundational document, really guides the advancement of organizational health literacy and talks about how programs can use these 10 attributes to help themselves become more health literate as health care organizations. We really took each of these resources, along with a number of others, to help us frame the toolkit that we have outlined for you, and really, to be those foundational resources within those guiding principles for health literacy.

On the next slide, you'll find the guiding principles that we work together to develop. These guiding principles serve as a foundation for our health literacy work in early childhood programs, and they also provide the framework for the health literacy toolkit that we are going to be sharing with you all today. These principles can now be found in a document that's posted on the ECLKC, and you can find the link to those guiding principles in the handout and resources that you have from today's session. Next slide.

As you're working to strengthen your own skills or the skills of your team to become health literate, you can use these guiding principles as a tool. They can really serve as a knowledge and capacity-building tool. We all come from a different level of capacity or knowledge and awareness when it comes to health literacy, we all have varying levels of expertise, and increasing our own understanding of health literacy is one of the first steps as we think about changing our practices and as we think about educating families.

The principles can also be used to increase the intentionality of our planning and our service delivery. As you partner with families and think about and discuss where health literacy fits into the services that you provide as a program, you can utilize these health principles to help guide those conversations and help you think about your program goals, your program planning, implementation of services, your evaluation efforts, the guiding principles can be used to help frame that conversation. Furthermore, the principles can provide a framework for identifying areas of growth and for assessing progress.

The guiding principles can also be used as an assessment tool. You can use the principles to review your current practices, to make sure you're integrating health literacy into all aspects of your program. Next slide. From those principles, we really took those principles and used them to provide a framework for our approach to health literacy for early childhood programs, and we felt this was really important to share the strategies and identify those practical tools and resources for putting principles into action.

That's what we packaged together as the toolkit. Next slide. We're very, very excited to highlight the toolkit as a new resource today and to really walk through the toolkit and the different tools, and tips, and strategies, and practices that are included in the toolkit. Next slide. For the toolkit design, we really decided to focus on multiple different focus areas and their respective audiences. One of those audiences being early childhood programs, and then the other audience being families and early childhood programs, and we really include staff in that audience as well as we think about staff being involved in our programs as well as dealing with some of the same challenges when it comes to health literacy as the families that we serve in our program.

We're excited today to be focusing in on the toolkit for early childhood programs, and this toolkit really provides tools for programs to incorporate best practices and organizational health literacy, and then the toolkit that is being designed and currently under development for families in early childhood programs, is really focused on how we improve health outcomes for the families that are being served in early childhood programs. That one is currently in development with partnership from our friends at the National Center on Parent, Family and Community Engagement, that one will be coming soon. Next slide

The toolkit is currently or actually take you back one more slide. The toolkit is currently framed with the guiding principles in mind, the toolkit contents directly relate to each of the seven principles. It provides an opportunity for additional learning and practical application for each of these areas that we've prioritized. As we walk through today, you'll see each of these seven principles, and you'll see the practical application and some of the additional learning that

relates to each of those seven principles. Catherine, I'm going to turn it over to you to kick us off with talking about capacity as the first principle.

Dr. Maybury: Thank you, Sarena. Next slide, please.

I'll talk about capacity in just a second, but let's talk just a little bit more about the toolkit. Each of the seven principles is structured in the same way in the toolkit. The principle begins with the description of why it's important to early childhood education programs and how it can support your work, and then it has a skill development and learning activities, as well as additional resources, so this is for every principle.

Today, we're going to highlight each of the seven principles and we're going to pull out a few of the skill development and learning activities, we can't cover them all. Let's start with our very first principle, which is capacity, which is to understand health literacy and implement health literate practices. We want to use health literacy principles in everyday practice. For example, when we're communicating with families and staff and we're selecting products and materials for use in your programs, or training staff teams, or delivering comprehensive services, you want to consider health literacy throughout each of these aspects of your program.

It's important for early childhood program leaders to build this foundational knowledge of organizational health literacy and best practices for integrating health literacy principles into your practice, and this begins by learning what health literacy is and why it's important, and you can increase your program's capacity by understanding the definition of health literacy, the attributes of a health literate organization, and the importance of health literacy in improving health outcomes for the children and the families that you serve.

For the skill development, we have a video, it's called, "Five Things to Know About Health Literacy." This video talks about proven strategies that organizations can use to make health information services and information easier to find, understand, and use, and the learning activity, is "The Attributes of a Health Literate Early Childhood Program Checklist," and I'll show you that next. Next slide, please.

Here's the list of the attributes, there's 10 of them there. When you look through this checklist, it's really an effective tool for assessing your organizational health literacy within the program. As Sarena mentioned earlier, we have those 10 attributes of a health literate health care organization. We looked at those and then adapted them, took out a lot of the health care language, and adapted them for early childhood programs.

It's everything from, at the top the leadership that makes health literacy integral to its mission, and it could be things like including the individuals that you're serving to make sure that they're involved when you're creating materials in programs in the health literacy skills, and then it could also be addressing you could be designing and distributing print materials. You're really thinking about health literacy. Are they written in a language and in a cultural context that serves the individuals in the program? Next slide, please.

Our second principle is to offer health information that's easy to find, understand, and use and that ties back to that definition of personal health literacy. Early childhood programs can use health literacy principles when you're selecting or sharing materials with your family and staff. You can choose materials that address the topics that are most relevant to the families and the communities that you serve, and you can offer health information that's easy to understand.

Your knowledge of health literacy supports effective communication with families, applying these health literacy guiding principles to the health and safety content, the information that you provide, the resources that you provide, ensures that the information is accurate, accessible, and actionable. For skills development we have a training called Selecting Written Materials, and what it does is provide best practices and these key considerations for how to select materials using these plain language principles.

This is everything from when you select a material, making sure that you put the most important information first, you limit the amount of information that you provide, and then you use simple words and language. Then for the learning activity, this is something that we're very excited about, it comes from CDC's plain language checklist. We have adapted it for Head Start. If you go to the next slide, please.

We'll see here that we've got this checklist. The content of this checklist is bucketed into three different areas. We always start with the focus on our audience, we want to know who we're communicating with, and we want to make sure that we put the most important message first, and then we want to break that information into logical chunks or sections. We want to use headings and bullets to set it off. When we think about choosing words that the audience that will understand, we choose our words very carefully.

Probably one of the most important things important things is to choose words and numbers that your audience is familiar with, that has to do with the types of numbers, not using decimals and percentages. We want to keep information short, so we have short sentences, like 10 or 15 words not like 30 or 40 and keeping paragraphs short and we use pronouns like "you." In the third category, we want to make information for people we want to make it easy to find. If somebody is looking at a flyer or they're looking at a web page, we want the information to be laid out so that there's very clear headings and text and lists that really help them.

Knowledge of this type of checklist is really important. What we'd like you to be able to do as your learning activity is to select a web page or a resource that you often share with your families and staff and then review it using this checklist, and use the information that you gain out of that as a way to think about revising that material for your families. Sarena, I'll turn it over to you.

Sarena: Thank you, Catherine. The next area of the toolkit is equity, and which we've described as implementing equitable, inclusive, and culturally and linguistically responsive practices. One attribute of a health literate organization is that it meets the needs of people who have varying skill sets and understanding of health information and health literate practices. This attribute

really applies to the wide variety of families and staff in Head Start and other early childhood programs, and the diversity of the communities that we serve.

Consider your program's internal organizational culture as well as the culture of the community and the area that you serve, and really think about those social determinants of health, or those external factors that are impacting a family's ability to access health services or achieve health outcomes. This can help you identify and adopt health literacy practices that are equitable, inclusive, and culturally and linguistically responsive to the needs of the families, the staff, and really, the community that you're serving at large.

In this particular section of the tool kit, you will find a skills development component that's focused on the social determinants of health. There's a training in there that is a video that you can watch around how do the social determinants of health impact public health. It comes from APHA, which is the American Public Health Association series on "That's Public Health," and focuses in on understanding the social determinants of health and how they're impacting the community and the children and families that you're serving.

The learning activity, in particular, is a resource from Think Cultural Health, and there's a couple of resources in there. One around providing class, and which is culturally linguistically culturally and linguistically appropriate services, and the other on communication styles. If we go to the next slide, we're going to focus in on the one on communication styles as the tool that we're sharing with you all today and further highlighting.

This resource comes, as I mentioned, from Think Cultural Health, and really describes those culturally and linguistically appropriate services as services that are respectful of and responsive to individual cultural health beliefs and practices, preferred languages, health literacy levels and communication needs. To further support the application of those equitable practices in health literacy, this resource, this handout in particular on communication dials is a resource that can be used to further enhance your practices.

We've just shared a couple here in the slide deck today. The one that's on the slide for you to see currently is the one around eye contact, and what it does in this resource, and in this handout is shares the communication style, which in this case is eye contact, it talks about the cultural differences, and how in varying cultures in particular eye contact may be considered polite or eye contact may be considered rude, but if we don't understand those cultural differences. We may be perceiving that eye contact based on our own lens, and our own beliefs, and our own experience.

Some of the examples then are also included in this handout of where direct eye contact may be highly valued and may be important when speaking and listening, and in other cultures, in particular, where it may be considered rude or offensive or may be avoided. It gives us that perspective on the varying cultural lenses that folks may be bringing into conversations when you're talking about health and also may be helpful for folks to understand as they're navigating our health care system, and as we are working to support children and families and how they're navigating our health care system.

On the next slide, you'll see one more example. This one in particular talks about formality and how culture can influence where formality is valued and how formality is valued in experiences, and it gives a couple of examples there as well. I think you'll find this handout really valuable. It's one of my favorite resources and just on exploring and understanding culture and those cultural differences, and you can find that link in the handouts that you've received for today's session as well as connected in the toolkit. Next slide.

We wanted to take a moment to pause here and to give you all a second to just think about how do you adapt your health communication to meet the needs of families. In particular, as you think about making practices more equitable, as you think about the varying cultural and linguistic beliefs, practices, perspectives that folks bring to the table, how are you adapting your health communication to meet the needs of families?

Thank you, Lynne. Lynne shares in the chat a comment around eye contact and how it's considered disrespectful to elders in most Native American cultures. Thank you for elevating that as well. Offering services in other language, translating documents. Great. Using infographics, using imaging, visuals, is another great example. Information with pictures. Continue to share the different strategies that you all are using to adapt health communication in the chat and take note of the ones that you may want to take back to your program as well. We'll move on to the next slide.

The next component of the toolkit, you will find is the dissemination principle, and our guiding principle around dissemination is sharing accurate, accessible, and actionable information to guide health decisions. In this particular area, we're thinking about how we're incorporating best practices in health literacy to help families and staff build the skills and confidence that they need to engage in behaviors that support their health.

You can support families and staff in this area by identifying trusted sources of information, by providing easy access to health information, really thinking about how we're sharing information and how we're making sure it's easily accessible. By ensuring the content that we share is easy to understand and act on, and by helping families and staff with challenges that they have in navigating our health care system.

In this particular section of the toolkit, you'll find a training on how to find science-informed and evidence-based health information. This actually is a resource that is currently available on the ECLKC, it's a module that is incorporated into our health services competencies, and you'll find that module available on the ECLKC. Then the learning activity that we have here is around searching for health information and assessing websites that you can understand if they are trusted sources of information.

There are a couple of tools and handouts that are available within the toolkit that can help you to assess some of the websites that you're commonly using, or commonly sharing with families, in regards to health information so that you can help with supporting families and understanding where they can find those trusted sources of information and how they can

access information, both in a literacy level that they can understand as well as information that is presented in an equitable way as well.

On the next slide, we'll take a look just a little bit at that health services competency module, and this again, is something that you can find on ECLKC. The modules are really great in that they're interactive, they're a great learning tool and training style for a great interactive way to take a look at how to find that science-informed and evidence-based health information, really taking a look at how you develop your program policies and procedures, how you're supporting the health and safety of children, and how you're educating families and staff. Next slide.

The next component of the toolkit is focused on the guiding principle of feedback, and you will see that we've even incorporated a feedback loop into our presentation today by asking you to fill out that evaluation, I'm sliding in a little plug here as we talk, and we think about feedback. But feedback, in this guiding principle we're really talking about how we're asking for, reviewing and applying feedback. How are we intentionally designing our programs with families at the center and incorporating that family engagement in that feedback loop as a best practice for organizational health literacy.

How are we not only asking for that information, but then how are we taking the information that families provide reviewing it and applying that feedback and what we've learned from families into our practices as programs. There's a couple of resources that you'll see that are listed on this slide that are a part of the toolkit, one in particular the skills development. There is a resource here that's shared on how to test the usability of documents, it provides some great assessment opportunities for how you look at the documents that you're sharing with folks and you're able to assess their usability and understand how families are experiencing those various forms that you're having them fill out, maybe the handouts that you're providing them.

How are we taking a look at those and really making sure that families can find the information that they need to find within those documents and then that they can then use the information to put into practice. Then the next component, the learning activity, is a resource on best practices for gathering feedback and we've actually shared that one on the next slide. As you can see on the screen, we've got a list of a number of best practices, and these are all put together in a handout and resource and framed for you in the tool kit.

But this list of best practices can be used to increase the effectiveness of your services when you provide opportunities for stakeholders to review content and to offer feedback, really thinking about how are we asking questions, where are our opportunities to shadow, where are we shadowing families experience, walking with them through the experience of enrollment into our program, walking with them through the experience of drop off and pick up at our program.

Just thinking about and taking maybe our staff or our program hat off for a moment and really truly shadowing an experience as a family. I'm sure you all are familiar with conducting focus groups and having small group opportunities to provide feedback. Then how are we monitoring

data? All of the various sources and information that we're gathering collecting, how are we then monitoring that data to use that as information that can inform our work as programs, making sure we make our opportunities accessible for folks to participate, making sure that we make our survey forms available in multiple languages, making sure that our focus groups aren't always at 5:00 p.m. because maybe there's folks that work during that time frame.

Really thinking about how we're making things accessible. Allowing for anonymous feedback. There are some things that folks are not going to be willing to share with us face to face, and we need to create those opportunities that allow them to be anonymous so that they can really truly be genuine and honest in their feedback. Using multimodal approaches, we've shared some examples of those things like focus groups, surveys, gathering data and a wide variety of ways. Then really in within this best practices, there's some great resources and tips on how you act on the results. How do you take that information that you've learned, that's been provided and feedback, and then use it to inform the work that you're doing. Next slide.

Dr. Marbury: Thank you, Serena. What we'd like to do now is to take a minute or and have you share your thoughts about how your program is using the family, the participant feedback to improve their services. If you could enter in the chat some of the things that your program is doing, that you're doing. We'd love to hear the creative ways that you found to seek feedback from the families, from your staff.

We've got policy council meetings, that's a great idea. Monthly parent site meetings, surveys for menus and training, I love that. Lots of surveys, we see lots of surveys. Asking directly for it at home. I'm seeing a theme here with lots of surveys and involvement with parent groups and family groups, through whether it is monthly, or more often, or maybe a little less often. I see here conduct a self-assessment. Day in which parents from family council come and provide their ideas and share their struggles, which is a really great way for us to learn. One-on-one communication is great, because as Sarena mentioned, often people are not comfortable sharing in a large group, and then family needs assessments.

Please continue to add those to the chat and we'll go on to our next guiding principle. Next slide, please. We're going to talk about practice. This principle is to adopt and implement guidance, resources and tools that promote health literacy. When we think of program planning, it promotes continuous quality improvement, doing many of those activities that you just talked about for getting feedback. When you're planning and you're thinking about improving the quality, you can build upon the opportunity for action planning, analyzing progress, and responding to needed adjustments.

As you begin to work towards adopting and implementing health literacy at the organizational level, you can begin by identifying effective strategies for moving those goals of yours and your ideas into practice. You could do things like when you're creating your annual plan improve processes for sharing health information within your program. It sounds like you're doing a pretty good job of that right now. Use communication strategies that advance health literacy including using plain language, you can advocate for informed decision-making for your staff and families, and then just plan conversations around further supporting families in accessing

health services, helping families be aware of services how to access them and how to actually maybe prepare for meetings.

We have as part of this practice, we've got a skill development. CDC has a guide to developing a health literacy plan for your organization, we'd like you to review that, and then the learning activity is actually to apply that tool. Next slide we'll talk about that. In this best practices from CDC, in developing an organizational plan, it involves many aspects, and just a couple of them that I'll highlight we'll be identifying advocates within the program, that could be staff, and it could be families, it could be making a commitment, an overall commitment to planning to include health literacy, and then an honest assessment is always very important.

Then considering like when you do that assessment you might come up with some things that you're doing fabulous and some things that you need to consider as barriers, and then thinking about solutions. Once you have that information, you can develop your action plan. Next slide, please. We're at our last guiding principle, which is to evaluate, so evaluation is really important. with evaluation we want to assess the impact of health literacy principles on early childhood programs and practices.

Program evaluation is important in many different types of businesses, but it's really important in our programs because it can offer an additional opportunity for reflection on the many ways that health literacy can enhance the effectiveness of organizational health literacy practices. We've talked about many things here today, and this would be a time to step back and think, about reflect, on how we can implement these to enhance our program. For skills development, we have a tool that's called an overview of organizational health literacy.

This is a training, it provides a definition of organizational health literacy, it describes how an organization's environment, and their practices, and their policies can create barriers to clear communication as well as facilitate it. You want to go through and review that training. Then for the learning activity, what you want to be able to do is to review the health literacy guiding principles for early childhood programs, and we're going to talk about that on the next slide. Next slide, please.

Within the toolkit there is a packet called the Health Literacy Environmental Packet, and this packet presents a series of exercises, and they're really designed to help health care organizations begin to consider some of these characteristics of their organization that support or create barriers. You can easily look at that and modify that to assess the environment in your program. I've done this for both health care organizations and for nonprofits. A couple of the great tools in here are the

First Impression section, which is a way to observe how families come in and observe your program, say when they visit the website or when you're talking to them via phone. Then the walking interview, is an opportunity as you walk through your site. It includes when people like enter your building and they walk through, it's how they're experiencing it. Can they find what they're looking for? Can they engage with staff? This packet here is really helpful and it includes

all the forms for conducting these assessments. That concludes our seven guiding principles, I'll turn it back over to Sarena.

Sarena: Yes, as you can see on the slide, we have the Toolkit for Families in Early Childhood Programs that is going to be coming soon. I'm sure that you all are thinking, These principles are really awesome and this toolkit sounds really fabulous, how do I access all of these tools and resources? The toolkit that we shared and framed and outlined today is going to be available on the ECLKC very soon. We were hoping that it would be up before we launch this webinar but it's not quite live yet, and it will be live very, very soon and I will share the link in the chat to where that will be located once it goes live.

Then as we talked about, there is another toolkit that will be coming out. This one will be directly focused on how to incorporate health literacy with families in early childhood programs, and will provide resources on how to work with families and increase their capacity around health literacy. That toolkit is currently still in development, we're working with the National Center on Parent, Family and Community Engagement on developing that toolkit, and that one will be released very, very soon as well.

Be on the lookout for the toolkit to be coming on the ECLKC, we will make sure that you all have access to that as soon as it is available. It looks like we also have a request in the chat to share a couple of other links, so Olivia, I'm wondering if you can paste the handout again into the chat? That really concludes our time today. I'm not sure if we received any we do have a couple of minutes, if we go to the next slide for questions. I'm not sure if we've received any questions.

Nancy: We didn't actually Serena and Catherine. There were some folks who put reflections in the Q&A, but there were no direct questions. I think it's wonderful material and people will sit with it a while and they may have questions afterwards, and especially when the toolkit comes out, but there were no questions for today.

Sarena: OK

Nancy: We're almost at the top of the hour. I think if you have nothing else to add I'll close this out. Does that sound with you both?

Sarena: I think that sounds great we did get a question I saw that says, "Can you use this material to train our staff?" Yes, absolutely. The toolkit is designed to incorporate those skills development components and incorporate all of those learning opportunities and capacity building opportunities into work that you're doing with staff, so yes. On the handout, you'll find links to a number of the resources and skills development things that we already shared, and then when the tool kit goes live, you'll have access to all of them.

Nancy: There was a question about just interpretation services or translation services, and it's a very big country and there are different resources available in different states and in different communities. I certainly encourage folks to share with each other that would be a great question maybe to put on MyPeers If anybody in Montana know or anybody in Georgia know,

because maybe somebody has one that works well for you, but we don't have a specific recommendation to make. That was the only question.

I just want to do a huge shout out to you Sarena and Catherine for all the wonderful information. if you have more questions, not just about translation services or more interpretation or anything else, please go to MyPeers and you can always write to us, because we love to hear from you, on our info line at health@ecetta.info, which is also going to be on your handout. The evaluation URL, is it in the chat? I wasn't looking. Could somebody put it in the chat if you didn't.

There also will be a QR code, and you could see the QR code on this slide, it's right there. I'm somebody who's newer to QR codes and I'm always amazed when I hold my phone up and it actually works, and it takes me to where I need to go. Either the URL or the QR code will bring you to our evaluation. Just remember, I told you at the beginning of this webinar, but that was a long time ago, after you submit your evaluation, then a new URL will pop up and that link will allow you to access, download, save, and print your certificate.

If you have any problem with any of these processes, again, please write to us at our info line. You can also subscribe to our monthly list of resources using this URL, and we hope that you'll follow us on social media, and again, continue to use conversations on MyPeers related to health literacy or anything else that's on your mind related to this topic from colleagues in your state or region and your colleagues across the country. You can find all of our resources in the health section of ECLKC, and we will do an e-blast when the timing is everything. We hoped that it would be on the ECLKC, not quite, but not quite doesn't quite make it, but it will be there.

We're expecting it to be very soon, and we will send out an e-blast just so everybody knows that the new toolkit is available. I think that covers everything and we're just right at the top of the hour. Thank you for taking time out of your busy days to join us, and we look forward to hearing from you and following up with the new toolkit for families in the coming months. Have a good day, thank you. That concludes our webinar we can close out Kate.