

Using Health Literacy Principles in Early Childhood Programs-

Melissa Lin: On today's webinar we have Kim Clear-Sandor, Sarena Dacus and Mercedes Gutierrez. And I'll hand it over to Kim to kick us off.

Kim Clear-Sandor: Thank you, Melissa. Good afternoon or good morning, everybody. It's wonderful to see so many of you joining us from all over the country. I hope you're following along in the chat so you can see all your colleagues in health out there. It's great to see all of you.

Welcome to using health literacy principles in early childhood programs. We know that early childhood programs that focus on health literacy can really improve the well-being of children, families, and staff. Because health literacy strengthens the ability of the early childhood program to communicate accurate health information that staff and families can understand and use to make health-related decisions.

As a health consultant, a child care health consultant, and a health services staff, you can use health literacy principles to develop health policies and procedures that can be easy for staff to understand and carry out. You can also use these principles to help programs when you are creating training materials or different resources for staff and families to promote healthy behaviors. Next slide.

My name is Kim Clear-Sandor. Thank you, Melissa, for the introductions. I am a nurse and a family nurse practitioner, and a senior training and technical assistant associate with the National Center on Health, Behavioral Health, and Safety. My background that I bring to this and to all our health consultant webinars is really a passion and a love for promoting health and safety of children and families in communities and early childhood programs.

In addition to my work with the National center providing training and technical assistance for Head Start programs, I've also worked as a child care health consultant for like 30-plus programs, all with different backgrounds, whether they were licensed or in a school or maybe even licensed exempt and some of them are accredited, but all of us focused on the goal of really promoting health of children in the early childhood setting. I bring all that passion to our sessions. I'm happy to be joined by my colleagues who share this love with me. I'll pass it over to Mercedes.

Mercedes Gutierrez: Hi, everyone. My name is Mercedes Gutierrez. I am also a senior training and technical assistance associate here with the National Center. I'm always happy to do these webinars with Kim because we get to talk to our colleagues who are also out there doing the work as child care health consultants.

I've worked as a child care health consultant for Head Start programs for about 10 plus years now. Also worked in Head Start programs as a health manager. I really, really love these webinars where we get to hear from you all, get to hear what you're seeing out in the field and

share some of the knowledge that we can with you to help you help make your jobs a little bit easier. I'm going to pass it over to Sarena.

Sarena Dacus: Hello, everyone. My name is Sarena Dacus, and I'm very excited to be joining you all today as a special guest. I also am a senior training and technical assistance associate with the National Center on health behavioral health and safety. My background is primarily in maternal and child health. Really getting the opportunity with the center to focus in on a wide variety of topics, including one of my favorites, which is health equity and health literacy.

I have heard nothing but amazing things about these conversations and webinars that you all have the opportunity to have on an ongoing basis with Mercedes and Kim. I'm delighted to get the opportunity to share the learning with you all today.

Kim: Thanks, Sarena, and Mercedes. Sarena, Mercedes, and I are very happy to have you with us. Next slide there. Today, like all our health consultant webinars, we love to use the chat. Please use that chat to answer case studies or just share information and pearls of wisdom that you have with each other around this topic. It's always such a rich conversation in the chat, and we really do appreciate all of you doing that because we can really harness that expertise you all bring to these sessions.

Our session today really intends to draw upon our vision that health consultants and other leaders in early childhood and Head Start programs want to ensure that healthy and safe experience for children and that children can be healthy and safe. A large part of that as you all know, is re-sharing and reviewing information together.

To achieve our goals, we need to be intentional about what and how we share information. That's really what our learning objectives here today try to cover. That we will talk about the definition of health literacy and think about those strategies that consultants can use to communicate with staff and families about health topics. As always, we love to share resources with you that can support you in doing this work and in your own learning. Next slide, please.

We like to always just ground our work in talking about what is a child care health consultant and what does a child care health consultant bring to the early childhood field. We just want to share these two resources. There's links. When you get the PDF of the slides, you can just click the link or you can use that little QR code to reach them.

They are intended as very broad documents that can be individualized for your needs or the needs of the health consultants that you may be working with. The first is child care health consultant competencies. These are a great tool to go through to think about what do I need to know as a child care health consultant as well as what are some of the pieces that I might want to strengthen in my own background and expertise.

The document on the right is an evidence-based document that can really support health consultants having conversations with early childhood programs to talk about what you can

contribute in your role as a health consultant to the program. Different health consultants in every single state, due to different regulations, all bring a different set of knowledge and skills.

As a person with a health background, these are really great tools to reflect on yourself and then think about where you want to go. As we think about those competencies, let's look at how they intersect with our conversation on health literacy. Next slide. Thank you.

We're looking specifically at the health competency number four, health education part B, which explicitly states that child care health consultants can work with early care and education programs to build staff and family health literacy. The next slide further dives into what does that mean and what does that look like.

In the description, we're really talking, again, about that having information that can help help individuals make decisions. Whether that is applying a policy to make a decision, or applying a policy to do the work, or sharing information with families.

You see that in the application side, where it really captures the correct information, the different ways we share information and why that's so important. Let's dive a little bit deeper. We go into our next session, keep this competency in mind as we continue to talk about how it shows up in your work today and how it may show up in some of your work in the future.

Mercedes: Kim mentioned, you came here to learn about health literacy and you already probably have some of that in mind, what the definition is. You already probably have an idea of how it shows up in your work and how you apply it. But we hope to give you a really rounded, comprehensive look at what health literacy is and how child care health consultants can play a part in improving health care literacy I mean health literacy within programs.

We want to open up with a poll. With this poll, we're going to ask that you choose all that apply. I can read the question here to you, which says which is an example of health literacy? Is health literacy when people can read and understand health information? Is it when people can use health information to make informed decisions? Is it when organizations make sure that people can find the health information that they need or when organizations make sure that people can equitably have access to use health services? We ask that you choose all that apply. See that the answers are coming in.

Thank you for those that are participating. We'll cut it off and just — I think I can share results here. You see, we have a pretty good spread across all of them. That is because you are correct. Health literacy is all of the above. Health literacy is really when people are able to find, understand, and use information to make health-related decisions and actions for themselves and for others. Health literacy gets at what organizations can do to help this. I'm going to ask Sarena, our health literacy subject matter expert that's here with us today, if she has any additional insight to this definition of health literacy.

Sarena: Mercedes is right. It's really about both those personal and organizational pieces. When we think about the ways in which people interact with health information and services, that depends partially on their skills and ability. That's what we're thinking about when we're thinking about personal health literacy. But it also matters just as much how easy or how difficult it may be to find information, to understand and learn information and how easy or difficult the health tasks that we share are sharing are to complete.

Keeping in mind both that personal and organizational element, let's go to the next slide. What we see is that updated definition of health literacy. Healthy People 2030 brought us a new definition of health literacy that looks at both of those factors. We see this two-pronged definition include both that personal and organizational health literacy.

Because what the literature and research tells us is that we need to move beyond the perspective that health literacy is solely reliant on the individual and recognize that there is a role that organizations also play in making sure that health information and services are equitably accessed and understood. That's really where you all come in as child health consultants. The personal health literacy is to the degree to which individuals have the ability to find, understand, and use information.

Organizational health literacy is the degree to which organizations equitably enable folks to find and, use, and understand that information. We're very excited that this two-pronged definition has been released and updated. Our focus today is really on the organizational health literacy and how you support programs in sharing information with others. Really our ultimate goal is to help staff, and sometimes families, to have the most important health information that they need. Next slide.

When many people hear the word literacy, they automatically think of reading. However, health literacy is much more than just reading health information. It's really about clear communication. That's whether that's written communication or spoken communication, but it helps someone navigate their health and the health of their child.

Health literacy includes what we see on the slide here. Written communication, which is the things like the flyers and resources and handouts that we provide programs. Spoken communication, which is how we, as child care health consultants, would talk about health concepts or how we would support staff in delivering messaging.

It's also numbers and math. It's the information about health and about data that we're sharing. That quantitative information. Really thinking here about how we're supporting conversations with programs about things like frequency and time and screening results, those are all types of number and math that we're sharing with programs.

Then it's also how we use health information. Once we've shared something with a program or with staff, have we checked to see if they understand the information that we've shared. How are we checking for understanding, and how are we identifying when and how they need additional support to be able to use the health information we've provided them?

The fifth and final component we talk about when we are thinking of health literacy is really the navigation of the health care system. Things like how we're supporting programs and understanding how families are experiencing the systems of care, how they're experiencing the health providers and mental health providers that they're working with.

In the chat, I'd like you all just to take a moment, think about these five different, kind of, aspects of health literacy. Which one do you think you find the most challenging in the work that you're doing as a child-care health consultant? Would it be spoken, written, numbers in math, using health information, or navigating the health care system? Just type that into the chat. A few written communication. Navigating. All of the above. I've saw a couple of those. Navigating. Written communication. Yeah, spoken even. Yeah. All of them.

Mercedes: I'm with them.

Sarena: Yes. A lot yeah lots of great things coming through the chat. I think a great indicator of why it's important that we're having this conversation because there are challenges with each and every type of ways that we're communicating and different aspects of health literacy.

Mercedes: Yeah.

Sarena: Next slide.

Mercedes: I think for me Sarena would be that numbers and math, they're always intimidating to me.

Kim: And how freely we share those things.

Sarena: Yes.

Kim: As you were going through them, I was thinking of little examples of all of them in our work and how it shows up. The numbers in math, I always think about those medication orders. Every four hours, what does that mean? When do I start? Is it so I think these are great it's a great frame to think about how we are doing how we are thinking about what we're sharing and how we're sharing it to be just even tuned into it.

Sarena: Yes.

Kim: As we think about those health consultants and how you support the literacy; this might not come up head on in your program. Like you might now walk into your program and your director says to you, today we're going to — I want you to look at everything with a health literacy lens. That might not be how it comes up.

A lot of times in my work, things come up organically. Like I'm getting ready to do a training or a new form comes in, or I'm asked to look over a policy or even thinking about reviewing handbooks and things like that. Oftentimes, it's when a task or something is asked of a health consultant to really then take this awareness and all the strategies we're learning today and

begin to apply it. That's where we kind of, want to go next while I ask Sarena to please share some strategies that can support the health consultants to pursue this health literacy with this awareness and thinking about how it goes. Next slide,

Sarena: Luckily, we have just recently released a couple of resources that I think are very helpful in thinking about health literacy and, in particular, about how to put some of the key practices into place. We have taken some time to develop a vision for really supporting early childhood programs and becoming health-literate organizations. We developed a set of guiding principles to help us frame that work. These principles are grounded in a couple of foundational health literacy resources, including the National Action Plan to improve health literacy as well as the 10 attributes of health-literate healthcare organization.

As we thought about these frameworks and applying them to early childhood programs, we really found that there were seven key focus areas that emerged. Those are capacity, content, equity, dissemination, feedback, practice, and evaluation. We are going to explore four of these principles today more in depth. As you're working to really strengthen your own skills and build your own capacity to think about health literacy, there are a couple of things that you could utilize this tool for.

you could think about it as, again, a knowledge and capacity-building tool to really just increase your own understanding of how to implement health literate practices. You could also think about it as a way to increase the intentionality of your service delivery. giving some focus to specific areas that could really increase the effectiveness of your own health communication as you're working with programs.

Then you can also think of this framework and these guiding principles as their own assessment for growth and progress. You could use them as a checklist to assess where you're at and where you might need to do some additional capacity building or exploration. Really, we're going to take some time over the next 40 minutes to dive into a few of these.

Kim: Thank you thank you, Sarena. As we're sitting here and learning about that tool, I can think of the opportunity we have after this to really dive into it and but I'm wondering where the audience is right now. When you think about this health literacy concept and you think about the work that you're doing, where do you see this showing up? What health information do you routinely communicate and share with staff and families where you feel this is you're seeing your work in this conversation. Dental visits, tooth brushing, illness policy.

Mercedes: I think that illness policy is such a big one because it really can change per illness. The illness policy leads to exposure notifications to me. Making sure that those are really written and disseminated in a health-literate way. You have a lot more coming in, Kim.

Kim: Recall information requirements. I think, again, to the same your same point, the well-child visits and all those requirements, that can be a lot of information that needs to be unpacked a little bit. I think that's so wonderful to think about what we're asking, how we're asking, and is it clear.

Dressing for the weather. I love it. Children with special healthcare needs, asthma. Just wonderful. You guys, that's great. Let's go to our next slide. You can keep popping things in there because I think if you look at that big list, you'll have a big to-do list that you can create going back to your program. I think this is Sarena.

Sarena: Yeah. There, again, excellent examples that came through the chat. Really the most important thing is that we have awareness about those routine communications. Then that we can now have this extra tool of these guiding principles for health literacy to reflect on those various ways of communication. Without further ado, I really want to dive into the principles and give you all a little bit of an opportunity to see them in action.

Mercedes: Sarena, just like reflecting on all of those ways that we use health communication within the program, I love the way Kim framed it and said, you might not be asked to look at this with a health literacy lens, but you should be looking at it with a health literacy lens when you're just helping programs create some of these things.

Again like an exposure notification. I have a child in an early childhood program, I personally have received one that I'm like, and what and/or it's just a whole page long, and I'm just like, what next. I just really think that we have to be aware of the content. Could you tell us more about this guiding principle content?

Sarena: As we're thinking about content, we're thinking about how we're offering health information that's easy to find, easy to understand, and easy to use. As child care health consultants, in particular, when you're working with programs to consider these health literacy principles, you're really thinking about how you're reviewing and selecting materials to share with staff and with families. How you might also choose and support them in creating materials that address a certain topic that the most relevant information is right there for families and also the community as you think about the information that you're sharing.

But we're hoping with this content that we're really thinking about how we're applying those health literacy principles to think about the messaging and how information is shared and thinking about how we're making that information as easy as possible for folks to find the information they need and then to be able to apply that information to make more informed health decisions.

On the next slide we have another tool that we're sharing with you all. This is developed by the CDC. This is their plain language checklist. It is best practice as we're thinking about health literacy to be assessing the literacy level and the use of plain language in any health information that we're communicating to families and staff.

If we're thinking back to the information Mercedes received about an illness notification for one of her children in school, we're thinking about how we might be taking a look at that resource a little bit differently to look at the literacy level, to think about how is the information organized that the audience can understand and interpret and find what they need.

Thinking about the words that we're using. Are we using words that are in an active voice they know exactly what to do? Are we using words that help bring them into the content? Like things like pronouns and using the word you. Then also, we're thinking about how are we making the most important information easy to find and how are we making that resource really easy for folks to navigate. Kim and Mercedes, do you have any thoughts on how additionally how child care health consultants might be able to use this checklist?

Mercedes: I'm thinking about all the ways that you could be called in as a child care health consultant. It could be after an illness or an outbreak. You are trying to let parents know what's going on in the center. But also, at the same time, you want we try to remind programs that staff can sometimes be the same families that were working with.

You might even in your programs know some of your staff have children within the program. Just having it on the right level that both staff and families can understand some of that information that's either posted on your poster boards or some of these written policies and procedures, it has to be — this checklist is just so great. It has it could help us really go through how we review some of those things that you guys all dropped into the chat.

Sarena: That's great, Mercedes. I really do think thinking about the checklist as a way to help you select materials that are going to be usable and also about how you can then create those effective communication messages around health information.

Mercedes: Let's take a look at an example here of a health communication that is found actually on the CDC website. This measles fact sheet represents something a program could post to increase awareness of an infectious disease found in the community or they could disseminate it through out to the parents, leave it in the cubby or just have it out for people to take.

Sarena, what should people consider when giving out a fact sheet like this? What I would ask is when you look at this particular poster or flyer or handout, what do you all see that helps you that helps you interpret the information? Let's think about that checklist specifically. Let's first just take a look at how the material is organized. Like what do you notice about how it's organized?

Kim: I love the color chunks.

Sarena: Yes.

Kim: I think it makes it easy to move between.

Mercedes: You have a couple colors in the chat too. When I think about measles, I do think about those symptoms. It's something that I want parents to understand much that it does really look like this common cold, but that rash is what's like a little bit. I love how they put that at the top. It isn't just a little rash.

Sarena: Some differentiation of different categories of information by color. Like that's something that this flyer does really, really well. The separation into rows and columns. The way that we're organizing materials. I see so many awesome things coming through the chat. The use of pictures, that's another way to organize information, and to help make the information clearer to understand.

Some places where this has a little bit of room for growth that I would point out is there's a lot of messaging that's happening on this. We may want to think about is this the best way to share the information. Could we think about maybe organizing it a little bit differently or laying it out in a way that simplifies the information. Maybe what's most important for parents versus what's most important for staff?

There again, there's always room for growth in each of our different examples. But thinking about how you would organize the information and making sure that the most important messaging is clear and consistent and really bold and at the top. We want that messaging to be clear and presented first.

Kim: I love that you brought up like the messaging. Because this has a lot of different messages on it. I think it begins with why am I sharing this information and then that helps you then further figure out what you want.

Mercedes and I have often reflected that when we've worked with, as a health consultant with different programs, we often look at a number of different resources and pick things that really come together to achieve whatever it is that we are trying to address. I really love that you pointed out that what are you conveying and being clear about that.

Sarena: Yes.

Mercedes: I just wanted to acknowledge that somebody in the chat put languages. What I think I like about the CDC resources is a lot of times they do come in many different languages. However, thinking again like what Kim's saying, we tend to pick and choose from different resources. That is another challenge that you might come up across and trying to figure out how a program how to help a program navigate some of those language barriers with families and stuff. I appreciate that drop in the chat. I'm going to move forward.

Kim: OK.

Sarena: Go ahead Kim. I'll let you pick it off.

Kim: I was just going to introduce it. You go you go right ahead.

Sarena: This next principle that we're kind of focusing in on is really thinking about dissemination. You have this beautiful flyer that you've just worked with a program to make sure that the messaging is just right, that it's really accessible for all of the folks that are going to be needing to access that point of information and then it's time to think about how you share it.

What information you're sharing, and also what is the best way to share it. When we're thinking about dissemination, we're really focusing in on three concepts. Is the information that we're sharing accurate, accessible, and actionable? Really, as child care health consultants really thinking about embracing this as a best practice in health literacy, you're thinking about how you're helping programs and staff learn the skills that they need to ensure they're sharing information in an effective way so that families can use that information to guide their health decisions. What else would you add, Kim?

Kim: I think about that accurate, accessible, and actionable. a lot of times, health information can come out or be reviewed in very heavy clinical terms. I think, as health consultants that are working with early childhood programs, we can be really good at navigating that bridge to take some complicated medical concepts and think about how can we break it down to make sure it's accessible and that folks know where to get support.

Even some of the accessibleness I think about is where do I look for more information, who can I ask questions about. I think that oftentimes, things are an ongoing learning process when we're sharing information, things that are working not working, and then we're trying to improve it. That's important, I think, that people know where to go. Let's look at this scenario and think about it a little bit together. We're thinking about a program that follows a best practice that has families wash their hands and their child's hands at the beginning of the day when they enter a classroom.

That's this program and their practices. They come to the school and it's a new family they enrolled in the program. When they walked into the classroom, the family notices a sign that says wash hands. After settling the child, the parent washes their own hands and then waves goodbye. What do you think? Is this messaging accurate, is it accessible, is it actionable? I got to go to my link down. Use the hand-washing posters in multiple languages kid-friendly graphics. Maryanne says not really.

Sarena: I like the ideas that are coming through of having a picture and steps for hand-washing graphics. It doesn't mention the child. When we think about the accuracy of the message, it doesn't mention the parent and the child if that's what we're intending.

It also there's some other things that are missing like, it doesn't tell us how long we should wash our hands. It doesn't say if we should use soap and water. There are some if we want to make the messaging as accurate as possible and especially as we're thinking about medical accuracy, then we would want it a little bit more detail. What about accessibility? What are you thinking about Kim when you're thinking about accessibility?

Kim: I should ask I should ask you that question. I think accessibility is where did we post the sign?

Sarena: Yeah.

Kim: Right?

Sarena: Like where are we posting it? Is it posted? I think height is really important. Are we posting it on a wall that also has 10 other messages? And then it's really hard for a parent to decide, "OK, which one am I following today and right now." But also, we're thinking this is where we're thinking about language too. Like is it and I've saw some folks type that into the chat as well.

Is it written in plain language but also is it culturally appropriate messaging? Is the language of the folks that are participating in the program, the staff that are in the program, the parents that are going to be entering and that are intended to read the sign, is it in a language that they understand? Thinking about literacy level, someone mentioned having pictures and steps, and that is another way to think about accessibility as well. Is thinking about what images were also pairing with this message that it can be even more clear.

Mercedes: Awesome. Great tips.

Sarena: Then the last point I would say just about action is a number of people also address that in the chat and we really want any time we're sharing a message, we want there to be a call to action. You saw that in the measles flyer that we share, it's like you have the power. Thinking about how we're using you statements and active voice to call in to create that call to action for folks they know exactly what to do.

Another important key area is feedback. As we're thinking about this principle and supporting programs, we're thinking about asking for feedback, we're thinking about how we're then reviewing and applying that information that we learn. As child health consultants, you can really work with a program to consider how they're seeking feedback and also thinking about how they're going to incorporate the strategies and the information that they receive when they ask for feedback.

As a childcare health consultant, you're also thinking about when you design, or you share information, or you do a training, how you're going to gather feedback and how you're going to review that information and apply it as you think about your further work with that specific program. Thinking about how we are effectively using feedback and how we're facilitating opportunities for our audience to share information as well as how we're then using that feedback, reviewing that feedback, identifying goals to improve our practices, and really developing plans for achieving those goals.

Mercedes: Let's take a look at another scenario together. I think this one might hit home for a little bit for some of you. Here's a diaper training that you completed with a program. You train new staff on how to change the diapers.

As a follow up activity, you go into the classroom to do observations, but you notice that all the new staff members are missing one step while diapering the children. They ask you the program asks you to retrain all of the new staff. As a child care health consultant, you might ask yourself, what went wrong? What do you think could have happened here?

Remembering this competency that we're focusing on that, a child care health consultant embraces health literacy and ensures that health policies and procedures are written in ways that staff can understand to promote effective implementation. But you might be thinking, you know, what went wrong here?

While you can drop in the chat what you might think where you think the misstep went was here. I'm going to move forward to the next slide and also ask you how could you have asked for review and apply that feedback that we've been talking about to improve training and support staff skills? What are some ways that you could seek feedback within programs? See the chat going and I can't keep up.

Kim: Yes, some folks are saying check your poster, maybe it was missing a step. Updated procedures might not have been included in the training.

Mercedes: Yeah. That's what I always people learn in many different ways, right, Kim. Like when you're doing a training like this, you're probably demonstrating for those that are visual learners, you're probably handing out that policy and procedure, right. Then you're giving them a tool also like these diapering posters that you mentioned. If they're all not saying the same thing, then that could have been where the problem is.

Then I see some people writing some feedback or some thoughts on this question here that they could ask the staff how do they feel about the procedures in a few weeks. Like great. During that observation, right, you can go back and ask them, well, how are you feeling about this procedure? Do you feel confident? Do you feel like you can do it? Do you need some other support?

Kim: That's great.

Mercedes: I love that, Heidi. I love what you dropped here in the chat box. Then demonstrate the skill. Yes. That's what we're saying. You can ask for review and apply feedback in these different ways by just demonstrating, by making sure that they have all of the right tools, and all of these things could help to improve your training and support their skills while you're setting them out to implement some of these policies and procedures. That all contributes to health literacy right Sarena?

Sarena: Absolutely. Mercedes, if you go to the next slide, you already mentioned quite a few of these but there are some great ways to gather feedback. I love the examples you shared about how to do it in the moment during training but then also how to circle how to circle back.

A couple of creative ways that are in these best practices for gathering feedback that you'll find in our health literacy toolkit that we'll share the link for are a couple I want to highlight just because I know you all will grab this resource and be able to look through all of them. But one unique way of gathering feedback is to shadow.

Thinking about it as almost like a job shadow type experience or how you're like following what it would be like to experience it as a parent or as a staff member. Thinking about how you walk into a situation or a scenario and really just shadowing what it's like to be that staff person or to be that family member, that's one way to gather feedback.

Then the other thing that I like to point out on this slide is really thinking about using a multimodal approach. Thinking about maybe you're asking questions via survey or an evaluation after you complete your training. But then maybe you're also chat again, like Mercedes mentioned, going back, and chatting with a program or with the staff, or thinking about if there are other ways that you utilize your time during your training to gather feedback in real-time as well. Just a couple of things to highlight there. On the next slide, we also share teach back, which I saw come through the chat. I was very, very excited.

Yasmin, thanks for throwing that out there. But teach back is another type of feedback loop. This is used very significantly in health care settings. You all many of you that have a nursing background have likely heard a lot about teach back. But it's a way to check for understanding to clarify that the information that you've shared, whether it's in a training or a one-on-one conversation, just to check that information was understood. It can be a great tool for you all as child care health consultants to think about using maybe in a non-clinical setting and in a more creative way to gather feedback from programs.

Kim: I love it. A teach back, return demonstrations, those are such learning opportunities in the moment, too. I'm a big teach-back girl. I love a checklist, I love a poster and then going through the steps together. I also just want to elevate that shadowing idea, especially as a child care health consultant who might not be spending tons of time in a program. But to really be in that space together can increase someone's understanding of perspective of how information can be shared in the best way.

I just wanted to elevate that because learning to understand where the program is at and then how to intersect that with the health goals is a little bit I feel like it's one of those little pearls that once you figure that out, you can really open a lot of doors for some collaborative work together. Let's say all of this good stuff in the next 10 minutes and put some of these principles into action. Let's go to the next slide.

We've had a chance to look at these principles individually with different pieces of information. We're going to put it together to look at one example. We're going to do it around the daily health check. We felt that was something that folks are used to doing and thinking about how we can just check in on a child's health status, whether it's at the beginning of the day or if the child has any symptoms throughout the day, how do we support staff in understanding how to give the children a daily health check?

As we mentioned before, we often start by looking for different resources and pulling some things together to begin to plan out what it might be that we want to share or use in our daily health check work with our program. For this scenario, we're going to use this tool. It is out of

North Carolina, I believe. the link in The QR code or on the screen. But we thought it would be a good tool for this scenario. next slide.

Mercedes: As Kim mentioned, this might be a tool that you have your own version of this tool for your programs. But this one's out of North Carolina. This might also be a tool that you have seen before, and you said, "Hmm, I really like this part of this tool," or This part is great, but I'm going to leave the other part."

What thinking back about those guiding principles, we need to make sure that the content here is what you're trying to convey. After checking that the content is accurate and best reflects the practices in your programs policies and procedures, you want to be sure if the content of this handout supports health literacy principles.

Keeping in mind all of the things that Sarena's been all the gems that she's been dropping today, does this really have information that is easy to use and easy to understand? I think I'm going to go just move on to the next slide.

Sarena: The first question, just like Mercedes said, if you have new information that you're sharing with folks or you're going to be sharing this handout, would be to ask, is this easy to use and easy to understand. Then you want to think about, we've looked at this information, we've maybe updated, revised, we've made it easy to use, we've made it easy for staff to understand, how would we disseminate it? How do we share it with folks? Where would we put this information so that staff then takes the next step of applying it and implementing?

Kim: I just want to point out, can you hear me?

Mercedes: Yes.

Sarena: Yes.

Kim: I see someone said the QR code isn't working, and I know we have a team on the back end, maybe they could just get that link and pop it in the chat. That would be really super helpful. I want to just kind of pause for a minute because there were a couple of comments that came in about the daily health, the one we picked out to use as the starting point. Someone noted that there's a lot of information on that sheet.

Sarena: It's a lot.

Mercedes: Yeah.

Kim: I just wanted to acknowledge that.

Sarena: Yes.

Kim: in some ways, it kind of reminds me of the measles sheet.

Sarena: Right. Yes, if we think back to those content principles, you're right. There's a lot of information in there. If you were going to make that handout even better, I'm sure you all already have lots of ideas, based on today's conversation, about how you would do that. Maybe separating out some of the information.

It does do a good job of using some visuals in places. Maybe thinking about is there a place where more visuals could be used? Thinking about what's most important, that was another area with that content. It's kind of hard to tell with that specific daily health check like what is the kind of, most important key message that I'm supposed to take away. You would want that really bold and prominent at the top of that.

There's definitely some room for improvement. Part of the reason that we want to share it is because we know that you all are using lots of materials that you love and are really great. There are other materials that you are thinking about how you could use them a little more effectively.

If you're using information that's already out there that you don't have the ability to share or to revise, I should say. You might want to think about then how am I sharing, that's where dissemination comes in, how am I sharing it I can make sure that the staff that I'm working with can understand and can use the information.

You may need to break it down into different pieces, you may need to have a training session on it. I'm sure you all have no doubt are already thinking about the many ways that you could improve the health literacy of this flyer using different strategies if you're not able to update the content.

Mercedes: I just went back that you can all see it again. Sarena, in my head what I was thinking is maybe this poster is the training tool because we would have time together to digest it together. Then you're taking a piece of this as a reminder poster. As a child care health consultant, that's where you come in and you say, This is maybe too much for the parents as they're walking in and may be too much for the staff to read. Like it's small as a poster, but it could be the way that you choose to use something like this that you help with. Did we cover dissemination, Sarena?

Sarena: I think just thinking there's some great things that are coming through the chat. I hope you all are taking a little bit of time to read that. But really thinking about how you share the information is what we're thinking about with dissemination.

Then, if you remember back to where...

Kim: Sarena, can I highlight one thing you said about the dissemination? I love your idea about I actually don't know which one of you said it. There are pieces of that that you could use in the training and then the I love that poster, and I've always loved that poster because it has everything on it in one place. That goes that's like one of those reminders about myself. Is like I want everyone to have all the information.

I love the idea of breaking it into pieces and then but also thinking about keeping it as a resource for folks. I just wanted to throw that out there. There's a lot of love for that poster out there.

Sarena: Yeah.

Kim: Yes, there is.

Sarena: The principle that we dove into after we talked about dissemination was thinking about feedback. If you're sharing this poster, how then are you going to ask for feedback to make sure that staff are understanding the message? then also when we think about feedback remember it's asking for reviewing and applying.

Once you ask for that information, you want to also think about what's your process for reviewing the feedback that you receive and then for applying those learnings to what you might do differently as a child care health consultant or what you can do to further support the staff in the programs to make sure that they have what they need to communicate the message effectively.

Mercedes: Next slide.

Sarena: Really this kind of activity that Mercedes then Kim put together of looking back at all of those different steps is what we're doing when we think about that practice principle. That practice principle is really thinking about how do we take all of this information that we're learning about health literacy and implement it?

Kim: I love it. Well, we are at the top of the well almost at the top of the hour. I hope that going through that, these little steps and examples together really allowed you to apply some of these concepts and to increase our awareness, I think you use that word Sarena really nicely. About now, that we all know, this really makes a difference.

Perhaps we've sent a form home, and nobody takes action on it, or nobody seems to understand why something is important, and we're wondering what's going on here. Or we have a poster up, and the message isn't being heard and we're wondering what's going on here. Or we're looking at a handbook and saying, how can I improve this family handbook so that these really important messages are getting out there. I think there's many different ways. You guys listed so many different things you're doing in your program and ways that you can use this information. I can't remember Mercedes if you and I are doing this part?

Mercedes: We just have a few great resources to go through in these last couple of minutes.

Kim: There is the tool kit. This one someone is putting that link in the chat for all of you. This is that. Really captures all the work that Sarena has been doing beautifully and making this so accessible for all of you to be able to use and go back to your programs. A lot of the resources she shared today are in that as well. I hope you take a real deep dive into that new resource.

The other resource you really want to call your attention is really it's this resource is part of a bunch of other resources. This is our using cultural competence to solve problems in the program. It's part of our health consultant skill-building modules because cultural can have a big play in how messages are heard and received and understood.

This module is an interactive on-demand kind of module that can walk you through some different scenarios. You can practice and see perhaps different ways that culture comes up in the realm of health literacy and in your work. Then the skill-building modules are really great for brushing up your skills as a child-care health consultant. There are six different ones.

If we're going to do a training and ask for feedback or do return demonstrations, it's important that the staff that we're working with or the families that we're working with feel that we are approaching all of this in a non-judgmental way. That we are here working together to just keep kids healthy and safe and we want to do the best we can to do right by children. Those skill-building modules really help you think about how you're doing your work, how you're providing feedback, and how you're working with your director to achieve health in the program.

I think that's on the next slide, actually, Mercedes. This page has the skill-building modules and there's also a number of different resources that you can use there, too. Next slide. Our next webinar is really quick, everybody. Next week, we're having another webinar. We really hope you can join us again. It's going to be on social-emotional wellness. Sometimes, this isn't something we think about as health consultants. It would be a great time to dive into that on April 3rd. At this point, I'll pass it over to Melissa.

Mercedes: Our Health and Mental Health Leaders Institute is coming up. That will be May 21st through to 23rd. Please use the QR code here. Again, you'll get this slide deck, you'll be able to click the link to register. This really is a three-day workshop where we address some of the health and mental health topics that you're seeing within programs. We hope that you can join us. Then, yes, I will pass it back Melissa.

Melissa: Thank you, Mercedes. Thank you, Kim, and Sarena. Hope you enjoyed today's presentation. It sounds like there was a lot of information that was useful and practical. On this screen, you'll see a QR code please scan it or use the link. We'll also drop it into the chat. We always look forward to hearing your feedback on each session.

You'll also see the link to the evaluation after you close out of the Zoom today. If you have any questions, you can always go to my peers or write to our email address, health@ecetta.info, and know that your survey feedback is anonymous and will help us to improve our future training and technical assistance offerings.

Just a reminder, after submitting the evaluation, you'll see a new URL, and this link leads to your certificate. As my colleagues mentioned, you can connect with us on social media and/or My Peers to continue the conversation from today. Next slide, please. You can find our resources in the health section of the ECLKC. Again, you can always email us. The email address is on the screen. We just thank you so much for choosing to spend a part of your day with us.

Sarena: Thank you all much.

Mercedes: Thank you all.

Kim: Mercedes, there's a request to go back to the HMHLI slide. Thank you for all your expertise, Sarena.

Mercedes: Yes. Thank you, Sarena. Thank you all. This is fun.

Melissa: Have a great rest of your day.

Kim: The certificate somebody is asking about the certificate, and you said after they complete the eval, they'll get the link to the certificate.

Melissa: Yes. Thank you, Kate. You can close the webinar.