INTEGRATING HEALTH LITERACY INTO HEAD START COMMUNITIES

Head Start National Center on Health
in partnership with
UCLA/Johnson & Johnson Health Care Institute
HEALTH LITERACY IS IMPORTANT

Results from the Head Start Health Managers Descriptive Study conducted by RAND revealed that 60 percent of health managers cited low health literacy as a major concern facing Head Start children and families. Other challenges to implementing health-promotion activities include lack of parent or family interest/support in the topic, lack of parent or family time to engage in the activity and lack of staff buy-in. The results also revealed that only 38 percent of health managers surveyed provide health-literacy training to their staff.1

Health literacy is taking center stage as an imperative for improving health care and health outcomes. In our complex health system, the mismatch between individual ability and the demands of the medical system has created daunting challenges for millions of people in the U.S. The demands on the individual require mastery of many different tasks in various domains: background knowledge, written, verbal and numeracy skills, manual skills (such as taking a temperature or measuring medication doses), reasoning, and decision-making. Ideally, these skills, abilities and knowledge would be best built over an individual’s lifespan, leading to proficiency in health literacy.2

There are numerous definitions of health literacy in published literature. The standard definition is “the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions.”3 A broader concept used by World Health Organization4 defined health literacy as “cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health.” Through further reshaping of the definition of health literacy, it is described as an important life skill required to navigate modern society and the choices in everyday life influencing health and well-being.5,10 This dynamic concept of health literacy, changing with circumstances and context, empowers individuals to act on their own behalf.

Health Literacy: A Priority for the Department of Health and Human Services

Low-income families are at especially high risk for low health literacy.5 Head Start is positioned to lead the way nationally for incorporating health literacy into school settings where preschool children from vulnerable families are served. Due to Head Start’s comprehensive and holistic approach for children and families, integrating health literacy principles widely into Head Start performance standards and programs is an important organizational action. Child Care and other infant and toddler programs can also benefit as HHS expands high-quality early learning opportunities to infants and toddlers through the Early Head Start-Child Care Partnerships.

An organization-wide approach to improve health literacy led by Head Start would move the field forward significantly and positively impact family health and community health. Improvements in family health literacy can have an ecologic effect at multiple levels — on all children through a health curriculum, on improved parental care of Early Head Start and Head Start children and siblings across the lifespan, on parents’ wellness, on staff and their families, and then from generation to generation, shifting the whole family to a better health trajectory.

World Health Organization4 defined health literacy as “cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health.”
Health literacy is an essential tool that can help parents help their children meet the objectives supporting school readiness.

National Center on Health (NCH) and UCLA/Johnson & Johnson Health Care Institute (HCI) Lead Efforts to Improve Health Literacy in Head Start

NCH has embraced the importance of health literacy, incorporated health literacy as a cross-cutting theme for its work, and thus aligned itself well with the HHS National Action Plan to Improve Health Literacy. NCH understands that the Early Head Start and Head Start programs present an important national opportunity for addressing health literacy. School readiness, a key objective for Head Start, begins with health and, thus, builds on health literacy.

- Children who arrive at school with optimal health and development, such as good nutrition, daily physical activity and appropriate preventive health services, are more ready to learn.
- Children whose parents understand and are prepared for their important role as their child’s first teacher for learning and health have a greater chance of getting on a good trajectory for health and success.
- Parents who understand how to assess acute illnesses in their children and respond appropriately will have fewer unnecessary clinic/ER visits and missed school days.
- Parents who understand developmental and dental issues will be better able to follow up on recommended actions.

HCI, housed at the UCLA Anderson School of Management, has designed and taught a business-systems-management approach for successful implementation of health-promotion interventions in Head Start for more than a decade. Fundamental to the innovative approach taken by HCI is the recognition that low health literacy is a key obstacle and that, to effectively disseminate knowledge and empower families, materials have to be tailored to the audience’s literacy level, language and culture. Also key to the success of HCI’s methodology is the recognition that relationship building and engagement are fundamental, leading to empowerment of parents and families. HCI, in collaboration with local agencies, has implemented low-literacy health training on multiple prevention topics in health with more than 100,000 families in 48 states across 10 ethnicities and seven languages. HCI’s work aligns well with one of the goals of Healthy People 2020, where Early Head Start and Head Start programs are tasked with providing health education that will help prevent disease and injury, improve health and enhance quality of life. HCI has collected and analyzed extensive data and demonstrated significant outcomes with results published in peer-reviewed literature.
DESCRIPTION OF THE TRAIN-THE-TRAINER MODEL

NCH, through HCI staff, faculty and field-based partners, has implemented Train-the-Trainer (TTT) events annually since 2012. To date, 150 grantees and 450 staff representing all ACF regions and 48 states have been trained. HCI’s systems management approach incorporates a two-day Train-the-Trainer model that not only provides a structured set of tools and processes for strategic implementation of health promotion, but also builds social capital in teams of agency staff that can sustain the health-literacy work over time. The topic chosen for the NCH TTT is management of common childhood illnesses. The training helps parents develop the skills to appropriately treat ordinary illnesses, such as fever, cold or cough, at home. In addition, parents learn to use simple health reference materials and become better informed about when to consult with a health care provider and whether a trip to the emergency room is appropriate.

The TTT covers instruction in subjects necessary to successfully implement and market the health training to parents and to the general community. **Topics covered include:**

- Strategy for implementing Health Improvement Project
- Project management
- Parent and staff motivation
- Marketing and community relations

Agency teams also participate as if they were parents in a mock parent-training session that allows teams to experience firsthand what parents would experience during a parent-training session. Experiential learning, such as how to use a thermometer and how to properly measure a simple dosage of medicine, is also provided. A high level of audience participation is encouraged throughout the training. Door prizes relevant to the health topic are used to maintain the excitement and momentum during the training. The HCI approach ensures that momentum for the staff and parents is maintained throughout the program. HCI spends considerable time teaching teams to create buy-in various ways for their social-service staff, who work with families/parents on a daily basis, to help assure great attendance and success.

**Head Start grantees are provided with a complete training toolkit that includes the following:**

- Staff Training Guide for Parent Trainings
- Low-literacy health reference materials for parents
- Nominal stipend to assist agencies in removing barriers to attendance
- Follow-up webinars
- Supplemental trainings post-TTT on other health topics

After successful completion of TTT, agencies are then eligible to participate in additional trainings on different prevention topics.

Accepted programs must commit to the following to participate in the NCH-HCI Train-the-Trainer:

- **Gather a team of three staff members to lead the implementation of the health promotion project.** Required team members include: HS/EHS Director, Social Service Lead, Health Services Lead.
- **Obtain support from Policy Council and Board of Directors.**
- **Complete a Health Improvement Project** – HCI’s core strategic element by which the local agency’s goals and objectives are set and outcomes for the program are measured.
- **Train at least 100 parents during the project period** (exception for programs serving less than 100 families).
- **Submit to UCLA requested data, program progress, successes and challenges.**
For each implemented health-promotion module, HCI has the agency collect baseline intervention data from HS staff and parents in the form of written questionnaires measuring topic-specific health knowledge and self-reported behaviors. After training and reinforcement sessions, data is again collected and sent to UCLA for analysis. The data is shared back with each agency individually and also aggregated. There are consistent survey results showing a significant decrease in school days missed and increased use of low-literacy health materials.

The training takes place at a time most convenient for family attendance. The introductory module trains parents to manage acute illness in their young children, a topic relevant for every parent. Results are consistent year after year, suggesting that this program is replicable and scalable. Please see charts for post-intervention results.

**PARENT TRAINING RESULTS**

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*When your child is sick where do you FIRST go to help?*

<table>
<thead>
<tr>
<th></th>
<th>PRE INTERVENTION</th>
<th>POST INTERVENTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>ER</td>
<td>24.78%</td>
<td>1.22%</td>
</tr>
<tr>
<td>Doctor</td>
<td>44.36%</td>
<td>15.42%</td>
</tr>
<tr>
<td>First</td>
<td>18.80%</td>
<td>42.10%</td>
</tr>
<tr>
<td>Family/Friends</td>
<td>4.42%</td>
<td>25.40%</td>
</tr>
<tr>
<td>I treat my child at home</td>
<td>12.40%</td>
<td>47.40%</td>
</tr>
<tr>
<td>Ask family friends</td>
<td>1.22%</td>
<td>2.82%</td>
</tr>
</tbody>
</table>

(N=9570) P Value<0.001

*Where do you get INFORMATION about your child’s health*

<table>
<thead>
<tr>
<th></th>
<th>PRE INTERVENTION</th>
<th>POST INTERVENTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>ER</td>
<td>3.22%</td>
<td>2.82%</td>
</tr>
<tr>
<td>Doctor</td>
<td>47.40%</td>
<td>25.40%</td>
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<tr>
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</table>

(N=9570) P Value<0.001

*Average school days missed per child (per year-data annualized)*

<table>
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<tr>
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<th>PRE INTERVENTION</th>
<th>POST INTERVENTION</th>
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<tbody>
<tr>
<td></td>
<td>14.37</td>
<td>9.82</td>
</tr>
</tbody>
</table>

(N=632) P Value<0.01

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“The TTT was a life changing experience. I feel motivated to take this program to my families and staff and change their lives.”

Head Start Staff
What would you do FIRST if your child had?

<table>
<thead>
<tr>
<th>Condition</th>
<th>PRE</th>
<th>POST</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEMP of 99.5?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Look in health book</td>
<td>2.20%</td>
<td>54.30%</td>
</tr>
<tr>
<td>Treat child with OTC medication</td>
<td>38.10%</td>
<td>32.30%</td>
</tr>
<tr>
<td>Ask family/friends</td>
<td>2.60%</td>
<td>2.10%</td>
</tr>
<tr>
<td>Take child to the clinic or the doctor</td>
<td>33.30%</td>
<td>9.20%</td>
</tr>
<tr>
<td>Call 911 or take child to the ER</td>
<td>23.80%</td>
<td>2.10%</td>
</tr>
</tbody>
</table>

Vomiting?

<table>
<thead>
<tr>
<th>Condition</th>
<th>PRE</th>
<th>POST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Look in health book</td>
<td>3.20%</td>
<td>55.67%</td>
</tr>
<tr>
<td>Treat child with OTC medication</td>
<td>17.80%</td>
<td>21.20%</td>
</tr>
<tr>
<td>Ask family/friends</td>
<td>6.60%</td>
<td>3.20%</td>
</tr>
<tr>
<td>Take child to the clinic or the doctor</td>
<td>55.20%</td>
<td>16.70%</td>
</tr>
<tr>
<td>Call 911 or take child to the ER</td>
<td>17.20%</td>
<td>3.20%</td>
</tr>
</tbody>
</table>

Earache

<table>
<thead>
<tr>
<th>Condition</th>
<th>PRE</th>
<th>POST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Look in health book</td>
<td>3.40%</td>
<td>40.57%</td>
</tr>
<tr>
<td>Treat child with OTC medication</td>
<td>13.30%</td>
<td>17.30%</td>
</tr>
<tr>
<td>Ask family/friends</td>
<td>4.00%</td>
<td>3.02%</td>
</tr>
<tr>
<td>Take child to the clinic or the doctor</td>
<td>66.50%</td>
<td>36.91%</td>
</tr>
<tr>
<td>Call 911 or take child to the ER</td>
<td>12.80%</td>
<td>2.20%</td>
</tr>
</tbody>
</table>

Cough

<table>
<thead>
<tr>
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<th>PRE</th>
<th>POST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Look in health book</td>
<td>3.20%</td>
<td>44.87%</td>
</tr>
<tr>
<td>Treat child with OTC medication</td>
<td>28.30%</td>
<td>39.30%</td>
</tr>
<tr>
<td>Ask family/friends</td>
<td>4.80%</td>
<td>3.80%</td>
</tr>
<tr>
<td>Take child to the clinic or the doctor</td>
<td>47.90%</td>
<td>9.42%</td>
</tr>
<tr>
<td>Call 911 or take child to the ER</td>
<td>15.80%</td>
<td>2.60%</td>
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</table>

2012-13 MILESTONES

1. TRAIN-THE-TRAINERS
   - Grantees Trained: 100, All ACF Regions Represented, 40 States ✓
   - Staff Trained: 300
   - Evaluations Received: 292 (97.3% response rate) ✓
   - HIPs Developed: 100 (100% of goal reached) ✓

2. STAFF/FAMILIES TRAININGS
   - National Trainings: 404
   - Families Trained: 9,750 (95% of goal reached) ✓
   - Qualitative Reports Received From Grantees (training descriptions, lessons learned, testimonials, pictures): 95 out of 100 (95% response rate) ✓
   - Family Pre/Post Surveys Collected: 9,650 (98.6% of goal reached) ✓
   - Average Family Attendance/Training: 85% of those invited ✓

3. HEALTH & SCHOOL READINESS INDICATORS:
   - Increased knowledge of common childhood illnesses ✓
   - Increased health literacy ✓
   - Increased parental awareness of health warning signs ✓
   - Prompt parental response to early signs of illness ✓
   - Appropriate use of health reference materials for first line help P<0.0005 ✓

- Reduced ER use for most common childhood illnesses by 32% (based on survey) ✓
- Reduced doctor/clinic use for most common childhood illnesses 41% decrease ✓
- Increase in school readiness (27% fewer school days missed) ✓

“This was the first health class I have had that I enjoyed and at the same time received valuable and useful information.”

Head Start Parent
The NCH, using the HCI-research framework and logic model shown here, has applied a systems management approach to improving community health literacy and to achieving successful, well-attended, engaging health-promotion programs. This training approach and the provision of a complete toolkit for agencies to use, has yielded consistent, effective implementation and scaling of the program. Through extensive qualitative data (not shown in detail in this document), agency staff report seeing the impact of the HCI programs on parents. Many agencies embed the HCI method in their health work and in their budgets, so it becomes an ongoing best practice in their agency. Implementation grows social capital within the agency, builds better relationships between staff and families and encourages outreach to the communities where the Head Start Program is located. By ensuring that health literacy is fully integrated into the culture and performance standards at Head Start, we can help ensure every single Early Head Start and Head Start family has the tools they need to succeed as primary caregivers for their children.

We believe health literacy is a key stepping stone to improving prevention practices in schools and homes. We believe health literacy is a door to family engagement and a goal that families can achieve. As each family strives to do its best for their children, together we are creating healthier families, healthier children and healthier communities.

### Comprehensive Model for Improving Health Literacy

**National Center on Health-UCLA Health Care Institute**

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>OUTPUTS</th>
<th>SHORT TERM OUTCOMES</th>
<th>MID-TERM OUTCOMES</th>
<th>LONG-TERM OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two-day Train-the-Trainer is a research based, management systems approach developed at the UCLA Anderson School of Management. This training (provided by a team) focuses on strategic tools to effectively implement health-education sessions that will lead to engagement of families, staff and the community.</td>
<td>Delivery of training to staff and parents.</td>
<td>Increased TTT participants’ knowledge, skills and self-confidence implementing useful health-education-training classes for the families they serve.</td>
<td>Community partnerships are strengthened to improve support of comprehensive services &amp; foster health development in low-income children.</td>
<td>• Change of culture around the importance of prevention. • More efficient use of health care resources and services. • Mitigate burden on local community hospitals and ER facilities. • Lower cost of health care</td>
</tr>
<tr>
<td>Development of Health Improvement Plan.</td>
<td>Quantitative data collection of number of trainees and pre/post surveys.</td>
<td>Increased work productivity for parents and increased school readiness for children involved.</td>
<td>Awareness of Head Start as a community leader in improving health.</td>
<td>Workforce &amp; families more knowledgeable of health care issues, practices and policies.</td>
</tr>
<tr>
<td>Full training toolkit on Common Childhood Identities.</td>
<td>Health Improvement Projects scoped and implemented.</td>
<td>Reduced ER, doctor/clinic visits for families involved.</td>
<td>Change in parents’ behavior &amp; knowledge leads to healthier lifestyles in homes.</td>
<td>Empowered &amp; informed parents are better able to instill healthier lifestyle choices in their children, able to be more present at work and focus on family engagement.</td>
</tr>
<tr>
<td>Multiple webinars before and after Train-the-Trainer focused on implementation of specific project phases and networking.</td>
<td>Newsletters/Emails and Follow Up with grantees designed to maintain momentum and share best practices and results.</td>
<td>HCI methodology can be applied to train families in other important prevention topics in health.</td>
<td>Increased parents, staff and community engagement.</td>
<td>School readiness begins with health.</td>
</tr>
</tbody>
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REFERENCES:

1. Karoly L, Martin L. Head Start Health Manager Descriptive Study: Study Overview and Early Results. July 2014

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HEALTH CARE INSTITUTE

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Johnson & Johnson

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HAROLD AND PAULINE PRICE CENTER FOR ENTREPRENEURIAL STUDIES

“Thank you very much for doing this to help us to better care for our children, and for keeping us in mind... Thank you.”

Head Start Parent

“I have to share that I have not been this excited about a training in a long time. Even though times are tough with all of the budget cuts, it is so nice to have something positive to focus on.”

Head Start Staff