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Please stand by for real time captions.

>> Welcome to the webinar my name is Anna Costalas and I am the AIDD Technical Assistance Program specialists here at AUCD. This webinar will address health literacy principles and adult education strategies to engage families in early intervention services. This webinar is presented by AUCD's early intervention and early childhood special-interest group and is supported by administration on intellectual and developmental disabilities through the UCEDD resource Center.

>> Before we begin I would like to address a few logistical details. First, we will provide a brief introduction of our speakers. Following the speakers' presentation there will be time for Q&A. Because of the number of participants, your telephone lines will be muted throughout the call. You can submit questions at any point during the presentation via the chat box on your webinar console. You may send a chat to the whole audience or to the presenters only. We will come pile your questions for the webinar and address them at the end. Please note that we may not be able to address every question. This entire webinar will be recorded and will be available on AUCD's website following the webinar at our webinar library. There will also be a short five question evaluation survey at the close of the webinar. We invite you to provide your feedback on the webinar and also to provide suggestions for future topics. I will now turn the mic over to Cory Robinson, co-chair of AUCD's early childhood intervention early childhood special-interest group to talk about the EIEC groups upcoming events. Corey?

>> Thank you Anna. Welcome everyone. This is Corey Robinson on behalf of my co-chair Marybeth and myself we want to welcome you to this AUCD early intervention special interest group webinar. We have had a bit of a hiatus in webinars but are really excited to bring you this program today. Before I turn it over to our speakers, I just want to remind people that we do have a number of events planned for the upcoming AUCD meeting. There is a special workshop on Birth to Five Watch me Thrive screening in intervention efforts scheduled for Sunday. Then we do have our AUCD early intervention special interest group meeting on Tuesday. At that meeting, we are planning to hear from Michael Gorelnick about developments in early intervention the professional interest group that Michael heads up. And also to talk about plans for looking at criteria in reauthorization of part C and B of IDEA. So please plan on joining us at those events at the meeting. At this point, let me turn the program over to our two speakers, both from University of Wisconsin- Milwaukee. Kris Barnekow and Simone Conceicao. She has the phonetics of pronouncing her name on the chat box there. They are going to tell you about their background and interest in this topic. I really want to express appreciation to both of them for making the time and doing the preparation for this very important topic. With that, I will turn it over to Chris and Simone.

>> Thank you Corey and thank you Anna. Simone and I welcome you to our webinar entitled, "Using health literacy strategies to engage families in early intervention services. My name is Kris Barnekow and I am an associate professor at the University of Wisconsin- Milwaukee. My area of specialty is early intervention. I have conducted research related to early intervention service delivery and many of my research questions are based in early intervention practice. Simone?

>> Hello. Thank you again for being a part of this webinar my name is Simone Conceicao I am a professor at the University of Wisconsin Milwaukee. My area of specialty is adult education, instructional design and the impact of technology on teaching and learning. Something related to this presentation is that I have worked with Children's Hospital of Wisconsin to develop a curriculum for caregivers of children with special needs. I have also been part of a grant to train caregivers to teach other caregivers on health literacy and adult education strategies. In this webinar, at the end of the webinar you will be able to define functional interactive communicative and critical health literacy as they relate to early intervention practice. You will be able to list the prevalence of and risk factors for no health literacy. You will be able to associate health literacy with family engagement. And finally, you will be able to identify evidence-based health literacy strategies that can be used in early intervention practice.

We would like to do some activities with you. We planned this session to be really engaging and interactive. We would love to have your participation in the activities that we have prepared. There will be a series of activities during the webinar. This will make our one hour go really fast and you will also allow time as Anna said for Q&A at the end.

So time for introductions. First of all we have over 100 people registered -- I think 160 people registered for the session. Right now we have about 42 attendees. This can be very interactive. We would like you to write in the chat box that will appear on the screen your name, your organization, and your location. We want to know where you are coming from. So if you could -- once a chat pod appears in the middle of the screen write your name, your organization, and your location. You can do it all in one line.

We have a few people answering. We have people in Connecticut, and Virginia, in Georgia, in New York, Ohio, we have people from all over. California --

And it seems like we have people from a range of different practice settings. I see some people from UCEDDs, academic institutions but also I see people who are part of clinical practice settings.

Very good. Thank you for sharing your location, your name, and your organization.

Thank you so much. We will move on to the next slide.

We actually have a question for you. A poll will appear for you to answer letter A, B, C or D. Our question is what is health literacy? Does it mean understanding and applying health related information, being able to read at six grade level, make suitable decisions about care, or all of the above. Select on the pole the answer. A, B, C or D.

I think this poll is not correct. This one is for a little bit later, Anna.

>> The poll we are using is what is health literacy. I have some answers in the chat area. We have two D's... three D's in the Chat area.

>> It looks like D is the best answer for everyone. Everybody is a D That is true. The best answer is D it. Thank you for responding in the chat area. Kris?

>> What is health literacy? Health literacy is the ability to gather understand and apply health related information to make suitable decisions about care. Health literacy is the result of the interactions between people and environmental context. Next slide.

>> What function does health literacy serve in early intervention practice?

>> When caregivers have health literacy they can participate in their child's care. They will be able to implement and follow through with the activities and ideas listed on the ISSP. Caregivers and parents will be empowered to act based on their knowledge about their child's health. They will be able to exert control over decision making, key to prioritizing early intervention goals and outcomes.

>> Donald Nutbeam developed a framework and his framework provides a conceptual model for health literacy. He describes three types of health literacy including functional, which is reading and numeracy. Interactive and communicative health literacy which includes asking questions, remembering appointments, applying information to make decisions, and critical health literacy which includes advocacy.

>> What is functional health literacy? Functional health literacy is the ability to read and interpret written or numeric health related text. So in the chat box how would you read the word spelled O-N-C-E? So if you could write and how you would read that word.

>> I see people are typing. Once, Once, Once. Many people are saying that they would read that word as once and if you are English-speaking, O-N-C-E, would be read as of the word once or possibly one time. If Spanish was your primary or native language you would actually may read the word O-N-C-E as once or 11.

>> We have to be considerate of what the families that we are serving whether or not English is their primary language and how they are really interpreting information.

>> Why does the caregiver needs adequate functional health literacy? There are multiple forms that caregivers or family members receive that they need to be able to read. Among these forms are the IFSP documents, possibly home instruction, and the administrative paperwork including parent-child rights form, the intake forms, all of those forms parents need to be able to read and understand.

>> What does that -- what do data tell us about the readability about early intervention materials. The Institute of medicine recommends that written materials are prepared at a fifth to sixth grade reading level. We conducted an analysis of administrative program literature from nine agencies who provide early intervention services. We found that many of the forms were written at a college grade reading level.

>> What do data tell us about IFSP documents? We also did analysis of IFSP documents and found that certain sections on the IFSP documents were also written well above the fifth to sixth grade reading level. They were not written using plain language. They were written using sentence fragments and jargon.

>> So we talked a little bit about functional health literacy. Let's transition to interactive and communicative health literacy. Caregivers who possess the ability to access information, apply information to make decisions, integrate health related information to make a plan, are said to have interactive or communicative health literacy.

>> Interactive and communicative health literacy requires caregivers to remember appointments, understand the purpose of their early intervention program, evaluate the assessment results and compare those assessment results with their knowledge of their child and their child's development. They need to analyze the assessment results and be able to develop or prioritize outcomes, and they

may also need to create something to assist with scheduling or care coordination documents. Simone has a question for you next. Simone?

>> We are going to talk about the impact of interactive communicative health literacy and early intervention, So the question is if caregivers have for interactive or communicative health literacy abilities what might be difficult for them? A. - ask questions. B- apply and follow instructions. C- participate in the IFSP meeting. D- remember appointments. E- understand the various early intervention services and the affiliated roles of the EI team. F- all of the above. So let's see your answers in the pod area. So letter A, B, C, D, E, or F. Everybody is pretty much choosing F. We have 25 people -- 26, 27 that's pretty good. That is the correct answer. Thank you so much for answering the poll. It's correct answer. Kris will go next.

>> We have talked about functional health literacy, communicative and interactive health literacy and now we are going to talk a little bit about critical health literacy. Caregivers who have critical health literacy can advocate on their child's behalf and it may be advocacy within the program or it can even be advocacy at the state or national level. The outcome of critical health literacy is societal or policy change.

>> So when caregivers do not possess critical health literacy, they may not be empowered to act on their child's behalf or create change in policy.

>> Going back to Nutbeam's conceptualization Nutbeam describes how health literacy can be an asset or a risk factor. When a person possesses low health, low literacy and low numeracy skills, they and their child are at greater risk for poorer health and developmental outcomes. When a caregiver has functional health literacy and then they have interactive and communicative health literacy and they are starting to embark on critical health literacy, they possess protective factors that can actually strengthen their health and developmental outcomes.

>> So what is the prevalence of low functional health literacy? The ability to read and to use numeracy skills. An estimated 87 million adults possess low health literacy. Simone has a question for you next. Simone?

>> Thank you, Kris. This question is a little bit complex . It will require an analysis. We will have to select a combination of answers that will provide the best answer. So the question is, what caregivers are at greater risk? You have A- a lower social economic status, B- age, C- education, D- language proficiency, E- cultural factors. In reality we want to know if it's A,B,C BCD, or CDEa. Which one would be the best? So lower social economic status, age and, education; or age, education, language proficiency; or education, language proficiency, and cultural factors.

>> Our poll is pretty much giving each answer but we would like to know which ones would be the highest. Let's see your individual answers. We see that language proficiency is pretty high then the next one we have education and it seems like lower social economic status. We see the answers ABC, CBE, BCD, any others which ones do you think has a greater risk?

>> The best answer would be BCD. Kris is going to explain why next.

>> Research has shown that caregivers or individuals who are at greater risk include people who are older adults or the elderly. Those who have low education and individuals where English is a second

language. We have to think when I think about my practice of any families I worked with were children were in kinship care and actually I was working a lot with grandparents. I work in urban settings so I worked frequently with families where English was a second language. I did work in population where education was lower.

>> So what can we do and how can early intervention providers use health literacy strategies to enhance caregiver involvement? Simone will talk a little bit more later on in the presentation about specific strategies. And I will just generally state some. In particular, we should really be evaluating all our written materials that we provide to families for readability in plain language. We should make sure that we are writing in complete and concise sentences with little to no jargon. We should evaluate the white space and the qualitative aspects of all the materials that we give to families. We can have families give us information and provide feedback on the materials. We can use teach back or ask me 3 methods. I think early intervention practitioners get into EI because they love working with children. Current practice requires practitioners to work with parents or caregivers and those are the people that we have to train. Those are the adult learners. So health literacy in adult education strategies can help improve communication and interaction with the caregivers or the adult learners.

>> Okay. We are going to give you 30 seconds to do a little stretch. There are some suggestions of stretching. Getting up and walking around your chair. Stretching your arms or there are different ways that you can stretch because what we do webinars, we tend to be sitting all the time and focusing on the computer. This is an opportunity for you to take a little break. We are about halfway through the webinar. Take a deep breath and then we will move on to a new topic.

>> How many people have stretched already?

>> I got up off my chair and am actually standing now because sitting for too long hurts my back.

>> Are you ready to get back?

>> Okay. We will go to the next question. I will like to ask you a question have you ever thought about placing yourself in the role of an adult educator? Answer yes or no.

>> A few of you no. Most of you actually thought about it. Who is adult educators someone who is working with the caregiver and educating them on what to do or what tasks to accomplish and so on. Thank you. This is a good way to reflect on that. Thank you for answering the question. So now we are going to talk about principles and strategies for early intervention services. This principle and strategies are really based on adult education. So if you look at the first one focus on the caregiver first. In my case, I would say focus on the learner but the learner is really the caregiver. So the strategy would be to, this means that the caregiver has different abilities, needs, and challenges to learning. Such as language, culture, prior knowledge, readiness and motivation to learn, potentially Internet access and comfort if they have to complete forms online. Reading skills, learning abilities, and physical limitations. Like for example, you might be working with a colorblind person, somebody who has a problem with vision, hearing, or touch. We must take into consideration all of them. This means that as a service provider you need to adjust your approach depending on the caregivers strengths and weaknesses. So very important that you focus on the learner as a principal and figure out which strategies to use. The second principle is use family centered approach to build relationship and trust with caregiver. Who is familiar

with family-centered approach? Kris answer in the chat area or no. Just to have an idea. Because the -- it looks like many of you are familiar. Excellent. Very good.

>> In this case, this means that when working with caregivers you need to demonstrate respect for family and child, recognize that families are at different points on their journey as a caregiver, and value differences in families belief system. So it is very important that you are aware of who the family is so when you first come into work with the family you do a little analysis and look at their characteristics, focus on what their needs are, and now you know where they are, you know their abilities. So focus on what they need.

>> The third principle is to create a comfortable and non-stressful environment while you are working with them. This means meeting in an area without distractions, trying to have a meeting room with good lighting, comfortable seating, a writing surface, comfortable temperature. Managing and prioritizing content to fit in the scheduled time. When I say content I talk about the form you are using with them. The IFSP or you have some educational materials. You want to make sure that they are comfortable with that. Of course, you are going to write everything at their level.

>> The next slide is going to the forth principle which is using effective communication skills and Kris just talked about the different types of communication and interaction with caregivers . So you want to make eye contact, allow time for questions, use active listening, and really re-enforce what they have learned. How to do that? You repeat what you said, you ask them to repeat themselves of what they just learned.

>> Use health literacy principles is the next principle. What does that mean? For this you need to use plain language, as Kris had mentioned before, clarified defined words because sometimes you might have a material that have a very complex word that people may not understand. If you're working with somebody that speaks a second language you might want to say the word in a couple of different ways. Break information into smaller chunks, have caregivers explain or demonstrate information or the skill you just presented and we will give you some strategies for that later on, and encourage caregivers to ask questions. You can always encourage them at the end of a session to make sure that they understood what you are teaching.

>> The sixth principle is ensure that all caregivers receive the same information from each module or from each session from each material that you are addressing. So if you have a series of sessions. If you are meeting with all of them are you have a group of people that you provide service, make sure that you provide consistent information to everybody. So this means that you will focus on the goals of the session, you are providing, use IFSP to apply skills learned so you can help them complete the form, then you can end the session by evaluating their learning. Ask them to repeat what you just said.

>> The final principal that we have used Children's Hospital in Wisconsin is to consider the caregiver's needs and the method that you use. So now put yourself in the role of adult educator. What kind of strategies can you use to encourage them to interact with you, to show that they learn the material that you are providing? You could try role-playing, so let's see if they are going to visit a school and they had to present the IFSP one example could be that they can pick the role of themselves and you are taking the role of a person working at the school and will be listening about their explanation. They could demonstrate how things are done for the child, or other interactive activities. You really should include activities to engage the caregiver. So now be more specific about the strategies. What strategies can you

use? I have four types of strategies here. Ask me three, activities that promote interactive communication, learner friendly environment, and teach back. I am really curious who really knows the first one is asked me three which involves three questions. When you go to the session you encourage the caregiver to ask what is my main problem, what do I need to do, and why is it important for me to do this? Anybody familiar with Ask-Me-3? Say yes or no in the chat room.

>> Some people no and some people yes. This is a very easy one. Ask-Me-3 if you go to the website you can do a search on the Internet. They have -- I actually received the little thing to put on my keychain and I carry that with me so and it has the three questions in there. This is actually good for anybody but of course, when working with caregivers it is very important. There is that kind of interaction. When the caregiver goes an appointment or goes to the school, or a session, they can always keep those three questions with them. They are easy to remember. They are short. And they can serve really well. You already answer the question. I see that there are many yeses and some no's. I really appreciate that.

>> The next one is how can you set up a friendly environment? In adult education we always talk about the environment when working with adults. When you are teaching face-to-face you really have to look for the environment. I will give an example, when we have adult learners, they might be older and have a vision problem. So you need to have some light. Or you might have people with disabilities you have to have enough space in the classroom. In this case, you are talking about the environment either the physical environment and also the environment if you are doing something online or the materials that you are using. So always think about consistency in the format to give the structure and easy to find information. So if you have a series of materials, educational materials and print, you want to be very consistent how you present the materials. You want to also if you have handouts in a session that you are doing one-on-one with the family. The second one is visual cues to focus attention and organize information so sometimes if you have printed materials, you want to use bullet points the other one is content in small chunks. You might want to create an educational material a handout that has a small chunk that will be much easier to remember. Bullet points to highlight items. Bold print to focus attention and bullet list and listed items with explanation tables and boxes sometimes you can put some graphics next to it. You can use number items to show steps then they know what comes first in the next and you can do checkboxes to mark completed objectives. At the end of the session, you can have a handout that just has checkbox. Today we talked about those items. You don't need to talk like you are in your formal education environment. This is more like an informal type of learning.

>> It's very important that you focus on the learner. You don't know what you are going to have. But maybe on your first meeting you could do an evaluation and who your learners are and what needs to be done.

>> The next thing is that what would plain language look like? So definitely plain language means no jargon. Complete sentences that are short and concise. For example, Susie will drink from her cup turned dinner. Susie will help put on clothes every day.

>> So write some examples in the chat area. One example at least per person. What kind of plain language would you use in your practice?

>> We have somebody that says all of our visits are supposedly in the family room light in the center is not always ideal.

>> Andrea, what can be done with that? That is really sad. Definitely something to maybe encourage the organization to think about that. Sometimes organizations don't realize how important it is.

>> Somebody will walk to the kitchen for a snack. Use finger and thumb to pick things up instead of [Indiscernible]. That is one way.

>> Johnny will use a word to ask for a snack. Jackson will drink small sips from a cup. Those are really good examples. I think you are on track there. Sarah will say eat to ask for food. John will wear his cochlear implants during afternoon play activities and at dinnertime. Melinda is saying that it is good to have visits in the home where people are comfortable. That is very true.

>> Great comments, everyone. I really appreciate it.

>> So our next slide is what is interactive communication? In your case, we have interconnected triangles here in the slide showing how the caregiver can interact with the early intervention professional or with other caregivers and with caregivers with -- in this case would be the IFSP. So Kris do you have any examples of this? Kris will provide some activities for you.

>> So when you are thinking of writing the goals and working in particular with the IFSP document and everybody from what I can see was writing very short concise and clear goals. I think we know is best practice and I was again taken back when we actually did an analysis across 85 IFSP documents that that -- even though we understand that that is best practice it still not being possibly implemented in practice. We have to really be aware when we are thinking about preparing the IFSP goals what the interaction of the caregiver with that IFSP document and their goals are. Caregiver with the EI professional and I think there were some really good points made that when we are providing services, we are providing services in natural environments. We have -- we may have little control over what is in that environment when we walk into it, but how are we going to stay aware and attune to how that environment effects the family's ability to learn? I can think about many times when I run out into practice and there were many siblings in the home, a very active home. So how, if we are really imparting information and expecting the caregiver to learn something to carry over, we have to at least be cognizant of how that environment is going to affect that caregiver's of ability to learn and to carry over what we are presenting. So their interactive communication we have to be considerate of the caregiver and our interactions and what the environment is as an EI professional. We also might arrange opportunities for caregivers to be mentored or develop some peer support with other caregivers. That is also a great source of interactive communication.

>> The next activity is really the next strategy is teach back. What is teach back? Teach back is a communication approach that has the caregiver show or tell what they have learned and how they will use it at home. The service provider can then check for understanding and correct any misunderstandings, so very important. So you could assess understanding by asking I want to make sure that I did a good job explaining this. Can you tell me in your own words how you will...? Could you show me how you will do this at home? Of those are really important examples. Kris can provide other examples to. Kris I think in the coaching model like some of the comments that have come up in the chat box the coaching model really does encourage the parents to show back and teach back possibly some activities or skills. I would like to offer or suggest that teach back can also be used when we are holding IFSP meetings. So we can ask the family during the meeting what really happened what transpired at the meeting. Another key time that it might be effective to use teach back is when the

family members is actually being introduced into the EI program and EI services. That is a lot of information at one time and if the service coordinators can ask the family to tell them back what is the EI program all about, that way you can know what the parent is understanding. As this slide highlights during an IFSP meeting or when conveying information really prioritize three and at the most five points. It has been shown that people generally can only remember three and possibly at the most five points. If you ask the caregiver to tell you back what you talked about, what EI program is about, what OT is that way you can have them understand or what PT is or what special education services are. That way you really understand and know what they're understanding about the EI program and EI services. Simone will continue with some more strategies. Simone. Actually what we are going to summarize what you have learned in terms of strategies. Think about that you can create a shame free environment that encourages caregivers to ask questions. Usually my suggestion is that you ask what questions do you have instead of saying to you understand or do you have questions? Because when you ask do you understand they might not feel comfortable saying no. The best way is -- what questions do you have? The other thing is that use plain language to explain services and purpose of EI caregiver and child rights and a roll of provider. Limit new information at any one time to no more than 3 to 5 things as Kris said in the previous slide. Another thing that you can do is you allow time to review skills and information to help caregivers remember the information.

>> Also very important that you provide feedback and correct any misunderstandings. And we check for understanding and give positive and encouraging feedback. It is very, very important.

>> With that, I am going to pass to Kris.

>> In this slide you will find is a link to the Harvard school of Public health. They are a wonderful resources there to help early intervention professionals create a health literate early intervention program. These resources include how to assess documents for readability. They also include suggestions on how to create readable and suitable documents. Then they also go into talking about how policy might be influenced because we know -- in our state our parent-child rights form is written and it comes from our state program. So some of these resources give some suggestions on how to work with policymakers to see if you can implement change in some of the state forms or state processes that are essentially required when you are providing birth to 3 services in a certain state. Simone has some final questions.

>> Our webinar is almost over but before we go into Q&A, we'll have a couple of thoughts and chats on the screen. One of them is for you to say -- to answer, what was the most important thing you learn today? And the other one what will be your next steps after participating in this webinar? We will wait until Anna opens up. We will have two pods one is the most important thing you learn today and one is what will be your next step. The general chat you can answer what was more important in the other pod will be your next step.

>> Let's see what you have to tell us and then we will go into Q&A in a little bit.

>> We have several people writing right now. One person said, I do not communicate above fifth and sixth grade literacy reading level. Very good. That is very, very important. Many times we forget.

>> The IFSP is often above the ideal reading level taught in house at the state level to make the IFSP readable.

>> Excellent.

>> The most important is be able to remember three questions to organize the discussion.

>> We have lots of things ask what questions do you have for me and focus on three key points.

>> Very good.

>> It disappeared.

>> Sorry about that.

>> So this is very good. Some of you are already talking about what will be your next steps. Three types of health literacy and how to incorporate this knowledge in the clinical practice. Research initiatives. When teaching adult learners as a college professor. Excellent. The teach back method. So what will be your next step? Maybe your answers will be what you are writing. So what do you want to do with this kind of information? Put into practice, start using it tonight or tomorrow? Sharing all of this information with the team. Excellent. Remember to use open-ended questions to engage the parents in dialogue. Very good.

>> Think about how health literacy issues map onto the knowledge advocacy areas for family of children with disabilities.

>> Very good.

>> I am going to look for a website that has a curriculum that we created for the Children's Hospital of Wisconsin. Some of you might be interested in using and so feel free. This is my personal website. Within this link you can download the curriculum that we created. It is free and we share with everybody, it was on our federal grants. So we are very interested in sharing and having other people use it. It's for children with special needs but really can be used by anybody. It's a series of 12 modules. You will see that it uses a health literacy principles lots of plain language, white spaces. You will see very simple and very easy to read and anybody can use it.

>> Thank you so much for answering those questions. Do you have any questions for Kris and myself? We are open for questions. We still have like nine minutes. I want to make sure that you are able to ask questions.

>> Very good. Thank you for sharing. Excellent.

>> I just wanted to comment too that the timing is I think really good because right now what we see in early intervention practices is we are looking at coaching and primary service provider model. So how we can utilize some of the health literacy strategies and adult learning principles I think can really create more effective services. I am really excited that there were so many participants to read all of the -- how people are going to use the information in their practice.

>> We have a question from Wisconsin. Andrea asked what is Wisconsin using in EI?

>> She said that Montana is using active coaching approach.

>> Wisconsin is strongly encouraging coaching within the primary service provider model.

>> Anybody else?

>> How are they supporting that coaching?

>> You mean training, Corey?

>> Yes.

>> Okay. Well, we are actually right now starting to talk about how we may be able to even add some health literacy adult education materials to the training. There -- I can say this from our county, being in Milwaukee County. There is variability across counties and across agencies. So we have some counties that there is really one primary service -- one agency that is managing EI in that County. In Milwaukee we have nine agencies and we have Milwaukee County that distributes the referrals and then each of those nine agencies has a variation of coaching and primary service provider that kind of fits their agency. So it's not standard across County and across agency. There is a variation. So I think they would like to offer additional training and support so that the variation their flexibility, but there is kind of a general sense of how the state would like services to be provided. We also in state of Wisconsin, each County gets a grant, receives funding from the state which is very different than when I was in Illinois. That was individual providers billed the state so that also affects I think how services are delivered within coaching and primary service providers as well.

>> Any other questions or comments?

>> This is Corey again. One of the things that we are hearing about so much now as a strategy is motivational interviewing and I'm wondering whether there is materials that you are familiar with that kind of crosswalk strategies for motivational interviewing and health literacy?

>> Not that I've seen. I know on campus here in our program we have individuals who work in behavioral health who use motivational interviewing quite a bit for individuals with substance abuse. I haven't even really approached or thought about using motivational interviewing as a way to facilitate family engagement and participation.

>> It certainly seemed to have started out not field. Hearing more and more about it. -- Integrating into other areas in your content to me just really brought that thought to mind. Keep these principles in mind around communication but then what are the issues that would be motivational for people.

>> Yes. That's a really good question.

>> So Kris has a few words to tell you.

>> As I mentioned, I think it's really been a pleasure to have everyone in the session. The timing is critical and hopefully you have some ideas that you can walk away with and use. Simone? You may contact us via email. Kris's email is the first one, and then my email. krisb@uwm.edu or simonec@uwm.edu at the University of Wisconsin Milwaukee. We also have made the PowerPoint available on PDF

>> Yes, the PowerPoint is available on the event page at EIEC SIG and it's also posted again, -- is available as a hand up but if you would like in a different format please let me know. I see you have the link their. Also we have the references for all of the citations in the PowerPoint as part of the PowerPoint. If you

want to refer back to those references, they are here. But you will see them on the area too. We have a few slides with the references so you'll be able to see them on the PDF of the PowerPoint.

>> It's been a pleasure having you all and I love the interactivity during the purchase -- among the participants. So thank you everyone.

>> Thank you very much and thank you for attending the webinar. This webinar has been recorded and will be archived at AUCD.org if you need any information about EIEC please take time to contact us. Please take a moment to fill out the survey. I'm going to close out the webinar and the survey will pop up on your browser.

>> Thank you very much. Have a good day.

>> Goodbye. [Event Concluded]