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2024

# NAVIGATING DEMENTIA

*Health Literacy &  
Plain Language  
Communication*

**RESOURCE BOOK  
FOR AGING SERVICES  
PROFESSIONALS  
& CAREGIVERS**

Funded by a generous grant  
from the Maryland Department of Aging



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**WEBINAR &  
IN-PERSON\*  
SESSIONS**

**MARCH 1 1-3 PM  
CHANGES IN MEMORY**

**MARCH 8 1-3 PM  
THE DEMENTIAS**

**\* MARCH 22 9-4 PM  
COMMUNICATION**

**APRIL 19 1-3 PM  
INTERVENTIONS**

**APRIL 24 9-2 PM  
SERVICES & SUPPORTS**

**\* MAY 10 9-4 PM  
ASSESSMENT & REFERRALS**

**MAY 24 1-3 PM  
MARYLAND RESOURCES**

\*The Meeting House, Columbia, MD

## Spring 2024 “Navigating Dementia” Education Series

**Description:** The Geriatrics & Gerontology Education and Research (GGEAR) program at University of Maryland, Baltimore, with generous support from the Maryland Department of Aging, is pleased to announce our new professional development and community education program entitled “**Navigating Dementia.**” Alzheimer’s disease and related dementias (ADRD) represent a growing public health crisis. Across Maryland, there are an estimated 110,000 individuals aged 65 and older living with ADRD and nearly 240,000 unpaid family members providing care to these individuals. Recognizing the unique needs of these groups, GGEAR is hosting a series of five webinars and two in-person conferences that are FREE and open to the public.

The "Navigating Dementia" educational series is intended for Aging Services professionals, caregivers of persons living with ADRD, and anyone with an interest in matters concerning older adults. The series will provide valuable knowledge, resources, and support on topics related to aging, cognitive health, dementia care, and caregiving in Maryland.

### Overall objectives:

1. Advance personal understanding of dementia;
2. Formulate realistic expectations based on effects of dementia on persons living with ADRD and their caregivers;
3. Demonstrate confidence in interactions which reflects evidence-based, unbiased, culturally sensitive approaches to care; and
4. Create meaningful living opportunities for adults living with Alzheimer's disease or a related dementia in Maryland.

**In-Person Conference : Friday, March 22, 2024 (9:00am-4:00pm; check-in begins at 8:30am)**

**Title:** Health Literacy & Plain Language Communication in Alzheimer’s and Related Dementias

**Description:** Health education materials are often written at a 10th-grade level or higher, creating significant barriers for many individuals to comprehend and apply health-related information effectively. Particularly for those affected by Alzheimer’s and related dementias (ADRD), along with their caregivers who often face heightened stress. Developing plain language materials and effective verbal and non-verbal communication is crucial to facilitate easier absorption of information, enhancing the capacity of individuals to navigate challenging caregiver situations and manage dementia-related behavioral symptoms. Designed for both professionals and care providers, this comprehensive conference will underscore the significance of health literacy and plain language tools, and provide attendees with practical tips to increase understanding and improve interactions with older adults living with dementia.

### Objectives:

- Identify reasons why health literacy improves health outcomes;
- Describe benefits of clear verbal and written communication; and
- Develop skills to develop and/or locate plain language materials for families affected by ADRD and in support of caregivers to people living with ADRD.



## THE SCHEDULE FOR TODAY

Time	Schedule	Location	Theme	Speaker
<b>8:30 AM</b>	<b>Doors Open</b>	Continental Breakfast Available		
<b>9:00 AM</b>	<b>Conference Begins</b>	Housekeeping Remarks	Diane Martin, PhD	
<b>9:05-9:50 AM</b>	<b>Keynote Lecture</b>	MAIN	Health Literacy: Implications for ADRD and Beyond	Takashi Yamashita, Ph.D., MPH, MA
<b>9:50-10:00 AM</b>	<b>BREAK</b>			
<b>10:00-10:50 AM</b>	<b>Session 1</b>	Option 1	Effective Communication Strategies	Diane Martin, PhD
		Option 2	The Conversation Project: Talking About Care through the End of Life	Kate DeBartolo, The Conversation Project
		Option 3	Dementia Live	Meredith, Joy, Kim, MIn
		Option 4	Creating HL Friendly Materials	Char
		Option 5	Words Make Worlds: What Matters Most	Laura Gillen
<b>10:50-11:00 AM</b>	<b>BREAK</b>			
<b>11:00-11:50 AM</b>	<b>Session 2</b>	Option 1-5		
<b>11:50-12:30 PM</b>	<b>Lunch &amp; Visit the Exhibitors</b>			
<b>12:30-1:30 PM</b>	<b>Special Event</b>		Lego Serious Play	Loretta Veney
<b>1:30-1:45</b>	<b>BREAK</b>			
<b>1:45-2:30 PM</b>	<b>Session 3</b>	Option 1-5		
<b>2:30-2:40 PM</b>	<b>BREAK</b>			
<b>2:40-3:30 PM</b>	<b>Session 4</b>	Option 1-5		
<b>3:30-4:00 PM</b>	<b>Wrap-up &amp; Evaluation</b>		<b>Department of Aging</b>	

## TODAY'S PRESENTERS



**Takashi Yamashita, Ph.D., MPH, MA** is a social gerontologist by training and a professor of sociology at UMBC. He is a faculty in the UMBC Gerontology Ph.D. program. Dr. Yamashita's research interests include exploring the wider benefits of lifelong learning and adult education; health literacy; aging and well-being; gerontology education; social statistics education; STEM workforce education and development. His teaching interests center on social gerontology, sociology of aging, applied social statistics, and survey research methods.

[yamataka@umbc.edu](mailto:yamataka@umbc.edu) [Takashi Yamashita's Website](#) [Takashi Yamashita's CV](#)



### **Diane Martin, PhD**

**Associate Professor, Graduate School**

**Program Director, Aging & Applied Thanatology**

**Program Co-director, Gerontology**

**Director, Geriatrics & Gerontology Education and Research (GGEAR) Program**

Dr. Martin is a leader, educator, and scholar practitioner who has dedicated her career to developing impactful academic and non-academic activities in support of our rapidly aging population.

As the director of UMB's Geriatrics & Gerontology Education and Research (GGEAR) program, Dr. Martin provides leadership on interprofessional initiatives designed to enhance health professional training for those serving aging populations. These programs are tailored to enrich trainees' knowledge of older adults, and the valuable contributions health and social care practitioners make to their well-being when specialists work together. Dr. Martin collaborates with various organizations statewide to develop interprofessional training opportunities for students across health and social science programs, as well as conferences for professionals and the public with a focus on improving the well-being of older adults and enhancing the quality of life of older adults and their families. Additionally, she actively conducts interdisciplinary research supporting geriatric education, workforce development, and initiatives promoting optimal aging. Dr. Martin holds a doctorate in Psychology (Aging concentration); a master's in Experimental Psychology; and a bachelor's in psychology and she will be completing her master's in law (Health Care concentration) in spring 2024. She is a member of the Gerontological Society of America and the Academy for Gerontology in Higher Education, and is currently serving as President of Sigma Phi Omega, the international honor and professional society in Gerontology.

## the conversation project



**Kate DeBartolo** is a Senior Director at the [Institute for Healthcare Improvement \(IHI\)](#) and leads [The Conversation Project](#), IHI's public engagement initiative to help people share their wishes for care through the end of life. The Conversation Project was founded in 2010, on the belief that these discussions should begin at the kitchen table—not in the intensive care unit. The Conversation Project offers free tools, guidance, and resources to begin talking with those who matter most about your and their wishes. Kate joined IHI in 2007, with earlier work designing and executing the national field operations for IHI's hospital-based programs. Prior to joining IHI, Kate worked as a grant analyst at The California Endowment. She is a graduate of Wellesley College and currently lives in Washington DC with her husband and son.

The Conversation Project® is a public engagement initiative of the Institute for Healthcare Improvement (IHI). Our goal is both simple and transformative: to help everyone talk about their wishes for care through the end of life, so those wishes can be understood and respected. The Conversation Project began 2010, when Pulitzer Prize-winning writer Ellen Goodman and a group of colleagues and concerned media, clergy, and medical professionals gathered to share stories of “good deaths” and “hard deaths” within their own circle of loved ones.

While 92% of Americans say it's important to discuss their wishes for end-of-life care, only 32% have had such a conversation. 95% of Americans say they would be willing to talk about their wishes, and 53% even say they'd be relieved to discuss it (The Conversation Project National Survey, 2018).



## *Loretta Veney* Inspires!

**Loretta Woodward Veney** is an inspirational speaker and certified LEGO® Serious Play® facilitator who offers a wealth of information, encouragement, and humor to her audiences. Loretta is the author of *Being My Mom's Mom*, *Refreshment for the Caregiver's Spirit*, and *Colors Flowing from My Mind*. In 2006 after her beloved mother Doris was diagnosed with dementia, Loretta began learning everything she could about the disease becoming a fierce advocate for her Mom in the process. Loretta and her Mom have been featured in the *Wall Street Journal*, *The Washington Post*, *The NY Times*, and a PBS special. Loretta's engagement with her Mom using LEGO bricks and her facilitation of LEGO Serious Play workshops for those with dementia and their caregivers resulted in her and her Mom being chosen as one of Robin Roberts Thrive Thursday recipients, which previewed on *Good Morning America* in November 2021. In September 2023, Loretta received a Maude Award, given to individuals and companies using innovative methods for engaging those with dementia. Though her mom passed in January of 2022 the legacy they created continues through Loretta's work throughout the United States and Europe.



**Rev. Charnissa Boulware** is a committed geriatric social worker for McGregor PACE in Cleveland, Ohio. She has committed her career to ministry, advocating for end-of-life practices, and assisting in preparation of estate planning. She is a member of the Gerontological Society of America and the National Association of Social Workers. She earned her bachelor's degree in biblical studies from Indiana Wesleyan University and her master's degree in social administration with a concentration in aging and non-profit management and organization from Case Western Reserve University. She is currently a graduate student at the University of Maryland, Baltimore earning a master's degree in gerontology with a concentration in aging and applied thanatology.



**Laura Gillen, MS Education, MS Gerontology,  
Certified Brain Longevity Specialist**

Laura is an applied gerontologist, educator, and care partner. Her goal is to optimize aging outcomes through education, advocacy, and translational research. She believes that meaningful living as well as finding joy in everyday life are key to what matter most, and these can be achieved for all of us.

Her roles in the community focus on helping others to navigate a dementia or life course journey, educating on evidence-based best practices and strategies, and advocating for support and positive change.

**Maryland Department of Aging**

[www.aging.maryland.gov](http://www.aging.maryland.gov)



**Vision** Change the Trajectory of Aging

**Mission** The Maryland Department of Aging helps establish Maryland as an attractive location for all older adults through vibrant communities and supportive services that offer the opportunity to live healthy and meaningful lives.

**Key Goals**

*Goal 1:* Ensure the rights of older adults and their families and prevent their abuse, neglect, and exploitation.

*Goal 2:* Support and encourage older adults, individuals with disabilities, and their loved ones to easily access and make informed choices about services that support them in their home or community.

*Goal 3:* Create opportunities for older adults and their families to lead active and healthy lives.

*Goal 4:* Finance and coordinate high quality services that support individuals with long term needs in a home or community setting.

*Goal 5:* Lead efforts to strengthen service delivery and capacity by engaging community partners to increase and leverage resources.

# LET'S TALK ABOUT HEALTH LITERACY & COMMUNICATION

## with PERSONS WITH ADRD

It is time to debunk common myths or misconceptions about understanding the message.  
Get ready to become an expert!

<p>MYTH: Only cognitively challenged people have trouble understanding and communicating.</p>	<p>UNTRUE! Have you ever heard an unfamiliar medical term? Felt scared or confused about a diagnosis or serious illness? Had to make a difficult health choice on your own? Been asked to analyze statistical information about risks to reach a valid conclusion? Been diagnosed with a complex condition that requires complicated self-care? Experienced symptoms, felt sick, worried, tired, overwhelmed, or anxious, yet had to focus and concentrate to make hurried decisions?</p>
<p>MYTH: Everyone faces the same challenges with health literacy.</p>	<p>FAR FROM IT: Vulnerable people, including those with cognitive challenges related to ADRD need more support. We must act as though every person is at risk of being misunderstood, and we will all be better off!</p>
<p>MYTH: There is no way to improve health literacy outcomes.</p>	<p>ENCOURAGING NEWS! There are universal health literacy strategies which encourage a person to take part in decisions which honor their values, goals, preferences, and circumstances. Listening with respect, taking time, and making information easy to understand are key.</p>
<p>MYTH: My job is to use clear communication and hope that the other person understands me.</p>	<p>THAT'S FAULTY LOGIC~ Checking to make sure the other person understands the message you are trying to deliver is so important. Use the teach-back method and involve all care partners. Use visuals, written materials, and decision aids plus reminders and follow-up calls to convey your point and be sure.</p>
<p>MYTH: Health literacy is all about good communication.</p>	<p>AND MORE! Improving health literacy helps people to achieve their goals: get reliable advice and information, manage health conditions/plans of care, stay independent, engage in a healthy lifestyle, and find support and solutions more easily.</p>

# LET'S LEARN MORE

## HEALTH LITERACY & COMMUNICATION with PERSONS WITH ADRD Note-Taking Guide

Use this guide to help your brain process the information in the webinar and retain it more effectively! Take time to add your own notes and comments.

### What is the impact of low health literacy in clinical terms?

1. Reduced health knowledge
2. Reduced health status
3. Higher mortality
4. Increased hospital use
5. Increased Emergency Department use
6. Increased health care costs
7. More likely to skip preventive measures
8. Less likely to participate in preventive services

### Who is at risk for low health literacy?

Anyone who has difficulty reading or using numbers, plus people who are not fluent in English need more support. An estimated 90 million Americans have low health literacy, including many:

- With lower socioeconomic status or education;
- With low English proficiency (LEP) and/or who are non-native speakers of English; and
- Who are receiving publicly-financed health coverage or other socio-economic assistance.

Almost everyone will have difficulty with health literacy at some point. Illnesses, stress, lack of sleep, and medication use all have the potential to affect one's level of health literacy.

### Why are older adults especially at risk?

Seniors may have decreased reading skills

Physical changes such as decreased hearing, vision or the body's ability to metabolize medicine

Psychological changes such as increased depression and anxiety

Cognitive changes also occur. It may take longer to process and understand information and some older adults have trouble with short term memory loss.

Seniors have more chronic illnesses and use more medical services than other adults. According to NCOA research, nearly 95% of adults 60 and older have at least one chronic condition, while nearly 80% have two or more.

Seniors take more medicine, which can increase the chance of an adverse drug event, whether due to risk of interactions, complicated dosage schedules or difficulty in reading and understanding labels

<https://www.ncoa.org/article/the-top-10-most-common-chronic-conditions-in-older-adults>



## **Compare the risks for a person with proficient health literacy vs. someone with a low health literacy experience:**

4 times higher health care costs

6% more hospital visits with longer hospital stays and increased hospital re-admissions.

Medication errors;

Low rates of treatment compliance due to poor communication between providers and patients;

Reduced use of preventive services and unnecessary emergency room visits;

Ineffective management of chronic conditions, due to inadequate self-care skills;

Poor responsiveness to public health emergencies; and Higher mortality.

Through all its impacts – medical errors, increased illness and disability, loss of wages, and compromised public health – low health literacy is estimated to cost the U.S. economy up to \$236 billion every year.

## **What are other benefits of improved health literacy ?**

1. INDEPENDENCE!

2. MAKING GOOD CHOICES People make choices about their health every day: what to eat, when to see a doctor, whether to smoke. To stay healthy, individuals must know how to read the labels on food and medicine, locate the nearest health center, report symptoms to health professionals, understand insurance paperwork, and pay medical bills. These can be complicated tasks and the skills to achieve them are not explicitly taught by the health care system or other educational and social institutions.

2. LIVING AT HOME or one's preferred community

3. Able to PREPARE for the future – health, family, finances

4. INCREASED SAFETY - Health literacy can also help improve the effective and safe use of medications. Following dosage instructions can be very difficult, especially if one takes multiple medications and/ or if cognitive abilities are compromised. This can lead to serious problems, including adverse drug events and even death.

5. Better overall health outlook, including emotional and spiritual wellness

6. EASIER TIME for caregivers

7. Less time with MEDICAL APPOINTMENTS AND HOSPITAL VISITS

8. GOALS and PLAN of CARE are achieved.

9. COMMUNITY RESOURCES are conserved. Health care delivery systems are able to provide safe and effective services; and governments, employers, insurers, and patients costs are lower.

## **What are ways to address low health literacy?**

Solutions for addressing low health literacy rely both on individual health care consumers as well as broader societal structures like the health care system, educational institutions, and the media. Interventions in the health system fall into three broad categories:

1. Making print, oral, and electronic health information easier to understand (e.g., at a fifth-grade reading level);
2. Providing education to improve literacy skills and empower individuals; and
3. Reforming health care and other service delivery to be more person-centered.

What questions do you have for the presenter?

How will you use this information, both personally and/or professionally?

# LET'S COMMUNICATE WELL

The three factors that make up the messages we communicate are:

- Body language (the message we give out with our facial expressions, posture and gestures), which accounts for **55** per cent of communication
- The tone and pitch of our voice, which accounts for **38** per cent of communication
- The words we use, which account for **7** per cent of communication.

## **Communication alone can:**

- Increase the intended audience's knowledge and awareness of a health issue, problem, or solution
  - Influence perceptions, beliefs, and attitudes that may change social norms
    - Prompt action
  - Demonstrate or illustrate healthy skills
  - Reinforce knowledge, attitudes, or behavior
  - Show the benefit of behavior change
  - Advocate a position on a health issue or policy
  - Increase demand or support for health services
  - Refute myths and misconceptions
  - Strengthen organizational relationships
- Communication combined with other strategies can:
- Cause sustained change in which an individual adopts and maintains a new health behavior or an organization adopts and maintains a new policy direction
  - Overcome barriers/systemic problems, such as insufficient access to care

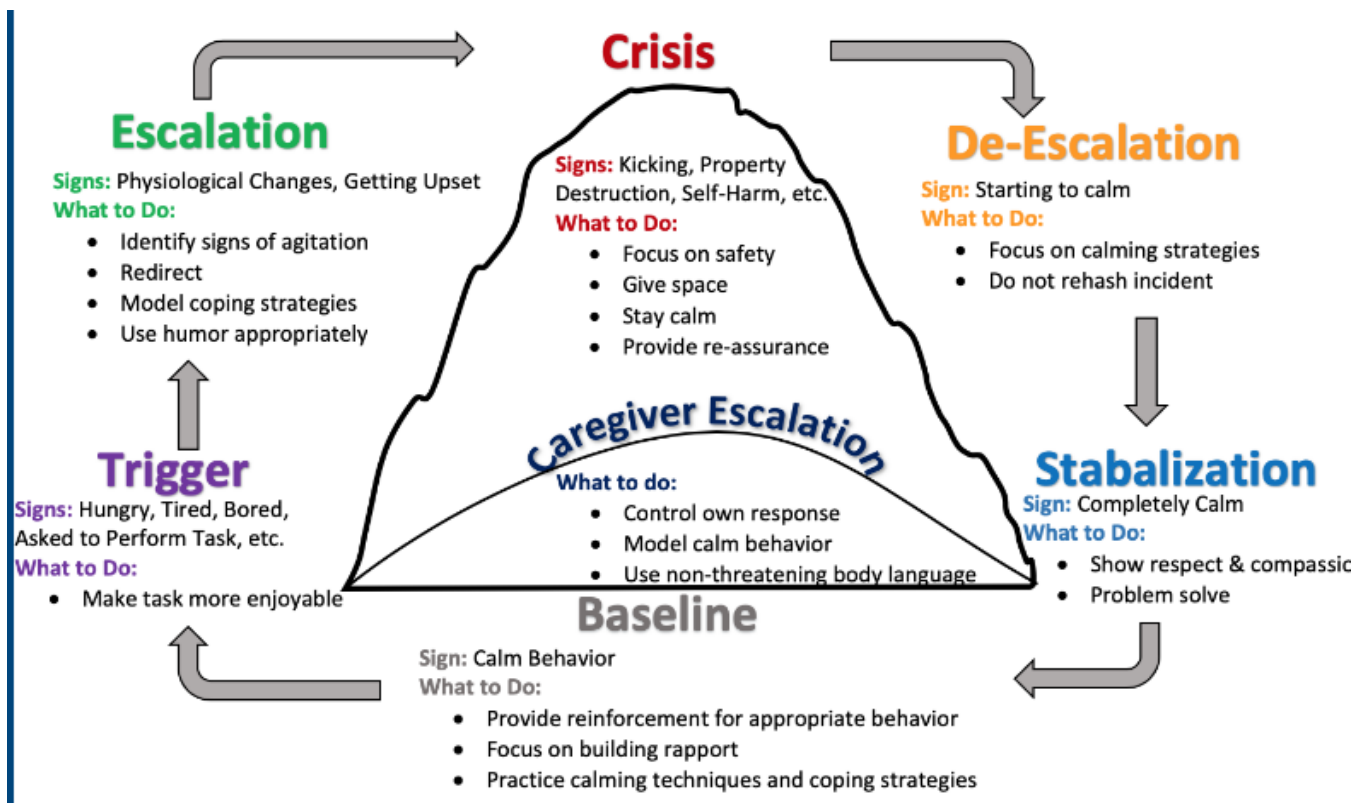
## **Communication cannot:**

- Compensate for inadequate health care or access to health care services
- Produce sustained change in complex health behaviors without the support of a larger program for change, including components addressing health care services, technology, and changes in regulations and policy
- Be equally effective in addressing all issues or relaying all messages because the topic or suggested behavior change may be complex, because the intended audience may have preconceptions about the topic or message sender, or because the topic may be controversial.

[https://www.lacrosseconsortium.org/uploads/content\\_files/files/Health%20Literacy%20Dementia.pdf](https://www.lacrosseconsortium.org/uploads/content_files/files/Health%20Literacy%20Dementia.pdf)

## WHAT CAN YOU DO TO HELP? TIPS FOR BETTER COMMUNICATION

1. Use written instructions to reinforce verbal instructions. Talk through them together and check for understanding.
2. Try to find the best time of day to offer new instructions. Sometimes mornings are better or after a rest.
3. Repetition helps to form new memories and habits over time for all. Engage the person in developing a plan to integrate something new into their routine. It takes several weeks to develop a habit without cognitive decline so expect to work at it for a while, and repeat instructions as needed.
4. Use “we” statements instead of “you” statements. Instead of saying, “YOU really messed up this checkbook”, say “Why don’t WE take a look at the checkbook together?”
5. Alzheimer’s can be a harsh word to hear. Maybe soften the word by saying “memory trouble”.
6. Acknowledge that sometimes comments or reactions can be hurtful and concerning. This might be the “disease talking”.
7. Keep in mind that facial expressions, tone of voice, and body language are all forms of communication. Ever been “hangry”? Learn to recognize these non-verbal expressions and things that trigger distress.



[https://www.lacrosseconsortium.org/uploads/content\\_files/files/Health%20Literacy%20Dementia.pdf](https://www.lacrosseconsortium.org/uploads/content_files/files/Health%20Literacy%20Dementia.pdf)

<https://pbs.cedwvu.org/support-report/winter-2020>

# PRACTICAL HEALTH LITERACY TECHNIQUES

[Health Literacy Dementia.pdf \(lacrosseconsortium.org\)](#)

**Improving communications and understanding of health information is beneficial for everyone, no matter their health literacy level.**

**1. Introduce yourself and explain what you are doing.** Do this every time. Be sure to make eye contact and talk directly with the individual. In other words, do not talk with others in the room as though the person with dementia is not there.

## **2. Create a welcoming environment.**

- Offer tips on what questions to ask and what to bring to the meeting or appointment. Caregivers, family members or even a trusted friend should go to the appointment, too, to help write information down and record what was said.
- Exhibit an attitude of helpfulness, respect, caring and sensitivity to feelings so that the individual feels comfortable at the appointment.
- Offer to help with completing forms and other information to both the individual with dementia and caregivers, family or friends. Provide a comfortable setting in which to do so.
- Provide information needed to make the best decision and reassure everyone that understanding health information isn't easy. Encourage questions in a non-judgmental and caring manner.
- Remember that even those with good literacy skills and no memory issues prefer simple, understandable health information.
- Avoid saying things like, "Don't you remember? We just talked about that!"

## **3. Practice plain, simple language.**

- Use words with 1 or 2 syllables, such as "use" not "utilize."
- Use simple sentences, especially those that just have one idea. NO: Help may be available for you to pay your medical bills and to find out if you qualify, here's what you should do. YES: We may be able to help you pay your medical bills. Find out if you qualify. Follow these steps.
- Avoid jargon and acronyms: People are afraid to ask what you mean because they may feel embarrassed that they do not understand.
- Use specific instructions: NO: Get adequate rest. YES: Get at least 7 hours of sleep each night.
- Avoid using slang: NO: Jump in the car. It's time to go. YES: It's time to go to the store. Please get in the car. Name the objects instead of using "it" or "that." NO: Here it is. YES: Here is your shirt.
- Use active voice rather than passive voice: Passive: You will be asked to give information about your medical history. Active: We will ask for information about your medical history.

#### 4. Think of ways to say things in simpler terms.

- Turn questions into answers by providing the solution rather than the question. NO: Are you thirsty? YES: Here is the water fountain.
- Turn negatives into positives: NO: Don't walk that way. YES: Let's walk this way.
- A word about numbers: 1. Do the math for those with dementia. For example, if their appointment cost \$100 and there is a 20% co-pay, inform them that their out-of-pocket cost is \$20. 2. Keep denominator the same; use: 5 out of 100 compared to 10 out of 100 3. Use frequency (1 out of 10) instead of percent (10%) 4. Use comparisons/analogies, such as your cyst is the size of a marble.
- SLOW DOWN. Speak clearly at a moderate pace. Understanding drops dramatically with faster speech and people are reluctant to ask you to repeat what you said.

#### 5. Support words with pictures that reinforce the message:

- Show pictures while you explain a concept. Be sure the pictures support the message you are trying to send.

#### 6. Limit the amount of information provided:

- Focus on giving only "need to know" concepts. Do not overwhelm conversation with every little detail.
- Chunking: Break material into chunks and limit the amount of information to 2-3 pieces at a time, maybe even fewer, depending on the individual.
- Use analogies or words that are particularly relevant to the individual with dementia. For example, if they referred to movies as "flicks" then use that term while talking with them.

#### 7. Encourage questions:

- There will likely be many questions that those with dementia – or their caregivers – may be hesitant to ask, or they may have trouble doing so. NO: Do you have any questions? - Individuals with dementia may often feel put on the spot with this question and will usually just say "no" even if they do have questions. YES: It's question time now. Please share your questions.

**NOTE:** It is helpful to bring a list of questions to the appointment. If the caregiver, family member, or friend has concerns about changes they are seeing in the individual, they should send that information ahead of time to the provider. This is more respectful than sharing this information in front of the individual at the appointment, as it may cause distress.

- Verify understanding using "Teach-Back". Ask the individual in a non-judgmental way to demonstrate understanding. This is NOT meant to "quiz" the person, but rather to make sure you are doing a good job of explaining things. This can be particularly helpful with medication use.

You can ask: • "We have gone over a lot of things relating to your medicine. To make sure I did a good job of explaining all this to you, please show me how you will use your inhaler when you get home."

- If teach-back shows a misunderstanding, try to re-explain in a different way.

#### A WORD OF CAUTION:

Although the teach-back method and other clear health communication and reinforcement strategies may help those with mild cognitive impairment, patients with advanced dementia are not likely to benefit. However, these communication strategies should also be directed to caregivers, many of whom may have lower health literacy as well.

**REMEMBER:** The teach-back method can also be used to help identify and assess one's cognitive abilities.

**CHANGES IN COMMUNICATION SKILLS** occur as dementia progresses. Eventually, a person will have more difficulty expressing thoughts and emotions which can lead to frustration. However, by understanding what changes may occur, you can prepare, make adjustments, and know how to respond, which helps to improve communication. **Changes in the ability to communicate can vary and are based on the person and where he or she is in the disease process.** <https://www.alz.org/help-support/caregiving/daily-care/communications>

<p>Changes you may see throughout the dementia journey include:</p>	<p>Easily losing a train of thought          Difficulty finding the right words          Using familiar words repeatedly          Describing familiar objects rather than calling them by name</p>	<p>Difficulty organizing words logically          Reverting to speaking a native language          Speaking less often          Relying on gestures more than speaking          Communication in the early stage</p>
<p><b>EARLY STAGE (mild)</b></p> <p>An individual is still able to participate in meaningful conversation and engage in social activities. However, he or she may repeat stories, feel overwhelmed by excessive stimulation, or have difficulty finding the right word.</p>	<p>Speak directly to the person rather than to his or her caregiver or companion.</p> <p>Take time to listen to the person express his or her thoughts, feelings and needs.</p> <p>Give the person time to respond. Don't interrupt unless help is requested.</p> <p>Ask what the person is still comfortable doing and what he or she may need help with.</p>	<p>Discuss which method of communication is most comfortable.</p> <p>This could include face-to-face conversation, email or phone calls.</p> <p>It's OK to laugh. Sometimes humor lightens the mood and makes communication easier.</p> <p>Don't pull away; your honesty, friendship and support are important to the person.</p>
<p><b>MIDDLE STAGE (moderate)</b></p> <p>Typically, the longest and can last for many years. As the disease progresses, the person will have greater difficulty communicating and will require more direct care.</p>	<p>Engage the person in one-on-one conversation in a quiet space that has minimal distractions.</p> <p>Speak slowly and clearly.</p> <p>Maintain eye contact. It shows you care about what he or she is saying.</p> <p>Give the person plenty of time to respond so he or she can think about what to say.</p> <p>Be patient and offer reassurance. It may encourage the person to explain his or her thoughts.</p> <p>Give visual cues. Demonstrate a task to encourage participation.</p>	<p>Ask one question at a time.</p> <p>Ask yes or no questions. For example, "Would you like some coffee?" rather than "What would you like to drink?"</p> <p>Avoid criticizing or correcting. Instead, listen and try to find the meaning in what the person says.</p> <p>Repeat what was said to clarify.          Avoid arguing. If the person says something you don't agree with, let it be.</p> <p>Offer clear, step-by-step instructions for tasks. Lengthy requests may be overwhelming.</p> <p>Written notes can be helpful when spoken words seem confusing</p>
<p><b>LATE STAGE (moderate)</b></p> <p>May last from several weeks to several years. As the disease advances, the person with Alzheimer's may rely on nonverbal communication, such as facial expressions or vocal sounds. Around-the-clock care is usually required in this stage.</p>	<p>Approach the person from the front and identify yourself.</p> <p>Encourage nonverbal communication. If you don't understand what the person is trying to say, ask him or her to point or gesture.</p> <p>Use touch, sights, sounds, smells and tastes as a form of communication with the person.</p>	<p>Consider the feelings behind words or sounds. Sometimes the emotions being expressed are more important than what's being said.</p> <p>Treat the person with dignity and respect. Avoid talking down to the person or as if he or she isn't there.</p> <p>It's OK if you don't know what to say; your presence and friendship are most important.</p>

## THERE'S PLENTY OF WORK TO DO!

Healthy People 2030, administered by the Office of Disease Prevention and Health Promotion (ODPHP) sets data-driven national objectives to improve health and well-being over the next decade. It includes 359 core — or measurable — objectives as well as developmental and research objectives in three areas:

**Core objectives** reflect high-priority public health issues and are associated with evidence-based interventions.

**Developmental objectives** represent high-priority public health issues that are associated with evidence-based interventions but don't yet have reliable baseline data.

**Research objectives** represent public health issues with a high health or economic burden or significant disparities between population groups — but they aren't yet associated with evidence-based interventions.

Here are the **six objectives** developed by the Health Communication and Health Information Technology Workgroup related to health literacy:

Objective	Status	Most recent data	Target	Baseline	Desired direction
<b>Increase the proportion of adults whose health care provider checked their understanding — HC/HIT-01</b>	Little or no detectable change	25.6 percent (2019)	32.2 percent	26.6 percent (2017)	INCREASE DESIRED
<b>Decrease the proportion of adults who report poor communication with their health care provider — HC/HIT-02</b>	Little or no detectable change	9.0 percent (2019)	8.0 percent	8.9 percent (2017)	DECREASE DESIRED
<b>Increase the proportion of adults whose health care providers involved them in decisions as much as they wanted — HC/HIT-03</b>	Improving	57.2 percent (2020)	62.7 percent	52.8 (2017)	INCREASE DESIRED
<b>Increase the proportion of people who say their online medical record is easy to understand — HC/HIT-D10</b>	Developmental				
<b>Increase the proportion of adults with limited English proficiency who say their providers explain things clearly — HC/HIT-D11</b>	Developmental				
<b>Increase the health literacy of the population — HC/HIT-R01</b>	Research				

<https://health.gov/healthypeople/priority-areas/health-literacy-healthy-people-2030>



## Tips from a Person with Dementia

- ✓ **Give us time to speak**, wait for us to search around that untidy heap on the floor of the brain for the word we want to use. Try not to finish our sentences. Just listen, and don't let us feel embarrassed if we lose the thread of what we say.
- ✓ **Don't rush us** into something because we can't think or speak fast enough to let you know whether we agree. Try to give us time to respond, to let you know whether we really want to do it .
- ✓ When you want to talk to us, think of some way to **do this without questions that can alarm us or make us feel uncomfortable** . If we have forgotten something special that happened recently, don't assume it wasn't special for us too. Just give us a gentle prompt; we may just be momentarily blank .
- ✓ **Don't try too hard though to help us remember** something that just happened. If it never registered, we are never going to be able to recall it.
- ✓ **Avoid background noise** if you can. If the TV is on, mute it first .
- ✓ If children are underfoot, remember we will get tired very easily and find it very hard to concentrate on talking and listening as well. **Maybe one child at a time** and without background noise would be best .
- ✓ **Maybe earplugs** for a visit to shopping centers, or other noisy places.



*“Some days all I want to do is give up the constant, exhausting struggle and stop trying to be normal. But I can't. It's not in me to walk away from a fight. I'll keep fighting and telling my story. Before I forget.” Christine Bryden (Boden) was diagnosed with dementia at age 46*

[Caring for someone with dementia 1 - Communication](#)

## Do's and Don'ts: Communicating with a Person Who Has Alzheimer's Disease

People with Alzheimer's may struggle to find the right word when speaking and may forget what they were saying. Remember to be patient. Here are some do's and don'ts to keep in mind.



Do	Don't
✓ Make eye contact and use the person's name.	✗ Exclude the person from conversations.
✓ Listen and be open to the person's concerns.	✗ Speak with an angry or tense tone.
✓ Allow extra time for the person to respond.	✗ Talk about the person as if they are not there.
✓ Try using different words if the person doesn't understand what you say the first time.	✗ Interrupt or argue with the person.
✓ Ask yes or no questions: "Would you like some tea?" rather than "What would you like to drink?"	✗ Ask the person whether they remember something or someone.

To learn more about communication and behavior changes in Alzheimer's disease, visit [www.nia.nih.gov/alzheimers-communication](http://www.nia.nih.gov/alzheimers-communication).



[Do's and Don'ts: Communicating With a Person Who Has Alzheimer's Disease | National Institute on Aging \(nih.gov\)](#)

## Therapies and Communication Strategies for People with Dementia

These communication strategies often provide others with a sense of trust and support. You may already be using these without knowing their formal names!

### Validation therapy

Validation therapy teaches that, rather than trying to bring the person with dementia back to our reality, it is more positive to enter their reality. In this way, you can develop empathy with the person, and build trust and a sense of security. This, in turn, reduces anxiety.

As an example, if a person with dementia believes that she is waiting for her children (all now middle-aged) to return from school, family and carers who use validation would not argue the point or expect their relative to have insight into their behavior. They would not correct the beliefs of the person with dementia. Instead, with the validating approach, carers would acknowledge and empathize with the feelings behind the behavior being expressed. In this way, the person with dementia has their dignity and self-esteem maintained.

### Music therapy

Activities that involve music are another effective way of communicating with a person who has dementia. Often when other skills have gone, the person can still enjoy old familiar songs and tunes. A certain piece of music can unlock memories and feelings. It is important to be prepared to respond to the release of these feelings.

Knowing a person's musical likes and dislikes is vital for this to be a successful approach. Music can be used as a formal therapy or simply for enjoyment. It can also help in the management of challenging behaviors. Music therapists have training in the use of music with people with dementia, but this approach is easy for anyone to try.

### Reminiscence

Reminiscence is a way of reviewing past events. This is usually a very positive and rewarding activity. Even if the person with dementia cannot participate verbally, reminiscing and reflecting on the past can still give them pleasure. It can also be a means of distraction if the person becomes upset.

While reviewing past events can provide a sense of peace and happiness, it can also stir up painful and sad memories. It is important to be sensitive to the person's reactions if this happens. If their distress seems overwhelming, then it is better to use another form of distraction to reduce anxiety.

### Making a Memory Book



Making a chronological history of the life of a person with dementia can help with reminiscence and provides information for people who may interact with them. It can also help carers coming in to the home or residential care facility to get to know about the person and their life. A *This Is Your Life* or memory book is a visual diary, like a family photo album. It can include letters, postcards, certificates, and other memorabilia labelled, with a max of 2-3 items per page.

[https://www.dementia.org.au/sites/default/files/helpsheets/Helpsheet-CaringForSomeone02-TherapiesAndCommunicationApproaches\\_english.pdf](https://www.dementia.org.au/sites/default/files/helpsheets/Helpsheet-CaringForSomeone02-TherapiesAndCommunicationApproaches_english.pdf)

# Alzheimer's San Diego

## Communication Strategies



### What is Dementia?

Dementia is a progressive brain disease in which two or more functions deteriorate significantly:

- **Memory:** short or long term
- **Cognition:** thinking, planning, reasoning and problems with language
- **Behavior:** changes with humor or personality
- **Physical Function:** fine motor skills, balance, coordination and sensory processing

**Keep in mind:** You can not control memory loss, only your reaction to it. For a person living with dementia, their disability is memory loss.

### Common Challenges of Communication:

- Using the correct word and understanding the meaning
- Connecting what you see with what you hear
- Paying attention
- Filtering out the background noise
- Feeling frustration when communication is difficult
- Repeating questions or phrases

### Techniques for Communication:

- **Forgive:** Move past negative reactions and accept blame (even when it is not your fault). Do not take things personally, question their memory, or blame them.
- **Slow down:** Adjust your expectations, it is possible to try later. Stay happy and affirming. Do not hurry them.
- **Keep it simple:** Provide brief explanations, repeat instructions or sentences in exactly the same way, and present the person with easy, straightforward options.
- **Be flexible:** Agree and validate the feelings of the person, or divert and redirect their attention. Do not try to reason, fight, or convince.

### Understanding Anosognosia:

*Anosognosia* is a decline in self-awareness, a condition in which the person living with dementia does not appear aware of that disability. Many people with dementia do not recognize their own memory loss or changes with their abilities. **It is not useful to try to convince someone that they forgot.**

# Alzheimer's San Diego

## Communication Strategies

### Connecting the 5 Senses



- **Vision:** Photographs can activate memories or provide comfort and entertainment for someone who misses a loved one.
- **Sound:** Music is a powerful way to connect with a person with memory loss.
- **Touch:** A gentle touch on the shoulder allows the person with memory loss to recognize that you are talking to them.
- **Smell:** Certain scents can comfort – especially if that smell binds the person to a memory. Use flowers, relaxing fragrances, or a batch of fresh cookies baked from the oven.
- **Taste:** A favorite treat can be a good distraction or way to reminisce.

### Real Life Examples

#### 1) "Why do I have to go to the doctor? I'm fine."

- **Advice:** Focus on giving short explanations and accept guilt
- **Response:** "It's just a regular checkup. I forgot to tell you, I'm so sorry."
- **Avoid trying to reason:** "You have seen this doctor every three months for the last three years. I wrote it down on the calendar and I told you yesterday and this morning."

#### 2) "I didn't write this check for \$500. Someone at the bank is forging my signature."

- **Advice:** Focus on responding to feelings, reassuring & redirecting
- **Response:** "Oh my goodness, how scary. I'm sorry that happened. Let me see if I can call the bank and get to the bottom of this. This is not okay. While I'm looking for the phone number, can you help me fold some towels?"
- **Avoid arguing:** "What are you talking about? That is your signature, see! The bank wouldn't forge it."

#### 3) "Nobody is going to make decisions for me. Leave and do not come back!"

- **Advice:** Focus on accepting blame, responding to the person's feelings, reassuring & redirecting
- **Response:** "I'm sorry this is a tough time. I love you and we are going to get through this together. You know what? Don has a new job. He's really excited about it."
- **Avoid arguing:** "I'm not going anywhere and you cannot remember enough to make your own decisions."

#### 4) "Who are you? Where is my husband?"

- **Advice:** Focus on being flexible & reassuring
- **Response:** "I am a friend of your husband, Bob. He just went to the store and he'll be back in time for dinner."
- **Avoid taking it personally:** "What do you mean 'where's your husband?' I'm right here!"

#### 5) "I'm going to the store to buy a newspaper."

- **Advice:** Focus on repeating the same thing
- **Response:** "Please put on your shoes...please put on your shoes."
- **Avoid repeating things differently:** "Please put your shoes on...you have to put your shoes on now."



For free support, contact Alzheimer's San Diego:

858.492.4400 | [www.alzsd.org](http://www.alzsd.org)

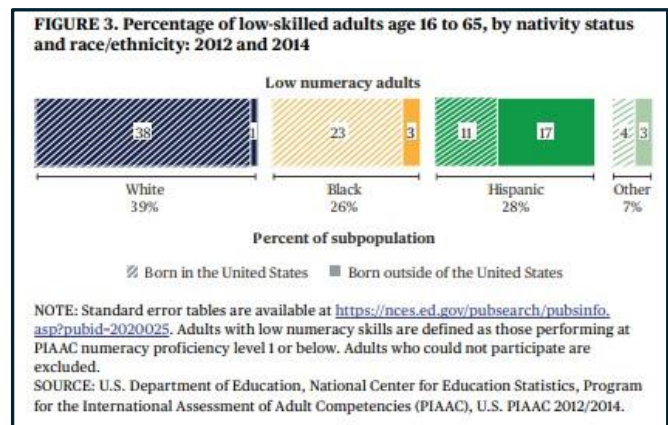
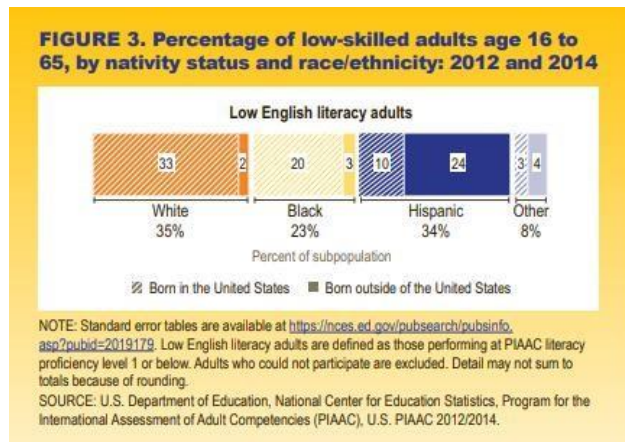
## Health Literacy Skills of Marylanders

PERCENTAGE WITH SKILLS AT OR BELOW LEVEL 1 IN COUNTIES IN MARYLAND 2012/2014/2017	LITERACY SKILLS -INDIRECT ESTIMATE	NUMERACY SKILLS – INDIRECT ESTIMATE
STATE-WIDE	20	30
COUNTY		
SOMERSET	33	50
BALTIMORE CITY	32	49
PRINCE GEORGE’S	30	44
CAROLINE	26	39
DORCHESTER	26	39
WICOMICO	22	35
WASHINGTON	21	32
KENT	20	31
ALLEGANY	20	31
CHARLES	19	30
BALTIMORE	18	28
CECIL	18	28
WORCESTER	17	28
TALBOT	17	27
BARRETT	17	26
ST. MARY’S	17	25
MONTGOMERY	17	23
ANNE ARUNDEL	15	22
HARFORD	14	22
FREDERICK	14	21
QUEEN ANNE/S	13	21
CALVERT	13	21
CARROLL	13	20
HOWARD	11	16

<https://nces.ed.gov/surveys/piaac/skillsmap/src/PDF/Maryland.pdf>

**Literacy Skills:** Level 1 Below 226 Points. Adults at this level can be considered at risk for difficulties using or comprehending print materials. Adults at upper end of this level can read short texts, in print or online, and understand the meaning well enough to perform simple tasks, such as filling out a short form, but drawing inferences or combining multiples sources of texts may be too difficult. Adults who are below level one may only be able to understand very basic vocabulary or find very specific information about a familiar topic. Some adults below level one may struggle even to do this and may be functionally illiterate.

**Numeracy Skills:** Adults with low levels of numeracy are defined, consistent with international reports (OECD 2013), as those performing on PIAAC’s numeracy assessment at “level 1 or below” or those who could not participate in the survey. Adults classified as below level 1 may be considered not functionally numerate in English. They cannot successfully complete one-step tasks presented in English involving counting, sorting, and identifying elements of simple graphs and spatial representations (OECD 2013).



[PIAAC Skills Map \(ed.gov\)](https://nces.ed.gov/surveys/piaac/skillsmap/)

## CHARACTERISTICS OF EFFECTIVE HEALTH COMMUNICATION CAMPAIGNS

Certain attributes can make health communication campaigns more effective. Use the guidelines in this section to plan your campaign.

### *Define the communication campaign goal effectively:*

- Identify the larger goal
- Determine which part of the larger goal could be met by a communication campaign
- Describe the specific objectives of the campaign; integrate these into a campaign plan

### *Define the intended audience effectively:*

- Identify the group to whom you want to communicate your message
- Consider identifying subgroups to whom you could tailor your message
- Learn as much as possible about the intended audience; add information about beliefs, current actions, and social and physical environment to demographic information

### *Create messages effectively:*

- Brainstorm messages that fit with the communication campaign goal and the intended audience(s)
- Identify channels and sources that are considered credible and influential by the intended audience(s)
- Consider the best times to reach the audience(s) and prepare messages accordingly
- Select a few messages and plan to pretest them

### *Pretest and revise messages and materials effectively:*

- Select pretesting methods that fit the campaign's budget and timeline
- Pretest messages and materials with people who share the attributes of the intended audience(s)
- Take the time to revise messages and materials based upon pretesting findings

### *Implement the campaign effectively:*

- Follow the plans you developed at the beginning of the campaign
- Communicate with partners and the media as necessary to ensure the campaign runs smoothly
- Begin evaluating the campaign plan and processes as soon as the campaign is implemented

<https://www.cancer.gov/publications/health-communication/pink-book.pdf>



# Your Conversation Starter Guide

How to talk about what matters to you and have a say in your health care.



the conversation project

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We can't plan for everything. But we can talk about what is most important — in our life, and in our health care — with those who matter most.

Talking with the important people in our life can bring us closer together. It also helps us create the foundation of a care plan that's right for us — a plan that will be available when the need arises.

The Conversation Project wants to help everyone talk about their wishes for care through the end of life, so those wishes can be understood and respected. We created this guide to help you start a conversation (and keep talking) so you can have a say in your health care — today and tomorrow.

It's also important to choose what's known as a health care proxy, or health care advocate — someone who would make health care decisions on your behalf if you became unable to voice those decisions yourself. Visit our Guide to Choosing a Health Care Proxy for guidance on picking a proxy.

If you are completing this document on a computer, first save it to your desktop with a name you can easily find again. Then open your saved document and type in your answers. (Otherwise, what you type will not be saved.) Completing it on your computer will create a digital document that you can easily share with others.

We'll help you take it step by step.

You can take your time! There's no need to say everything that matters in one conversation — you can start talking, then keep talking. It's all about what works best for you.

**STEP 1**  
Think About What Matters to You... 3

**STEP 2**  
Plan Your Talk... 4

**STEP 3**  
Start Talking... 8

**STEP 4**  
Keep Talking... 11

This document does not seek to provide legal advice.

## STEP 1

### Think About What Matters to You



To get ready to talk about what matters to you and your wishes for care through the end of life, it's helpful to gather your thoughts as a first step. You don't need to have the conversation just yet. Here are some helpful ways to think about what matters to you and prepare for your conversation.

1 What does a good day look like for you?

SOME IDEAS Is it time with family or friends? Enjoying favorite everyday activities? What do you need to enjoy a good life — through the end of life?

2 What or who supports you during difficult times?

SOME IDEAS Your faith, culture, family, friends, pets

3 Try finishing this sentence:

What matters to me through the end of my life is...

SOME IDEAS Being able to recognize my children; being independent; being able to spend time with the ones I love

That's your "what matters to me" statement.

Sharing it with people you trust could be a big help if they need to communicate with your health care team one day. They may need to share what's important to you and what you need to be able to have a good day. They also may need to decide what type of treatment you'd want to receive. Completing this guide will help you refine what you want them to know about what matters to you.

## STEP 2

### Plan Your Talk



Having a say in your health care is more likely if you share how you feel about certain situations that could arise now, in the future, and toward the end of life.

For each statement below, mark the place on the line that is closest to what you think or believe about each statement now. There are no "right" or "wrong" choices — your answers are about what works for you.

1 As a patient, I'd like to know...

Only the basics about my condition and my treatment

All the details about my condition and my treatment

2 When there is a medical decision to be made, I would like...

My health care team to do what they think is best

To have a say in every health care decision

3 What are your concerns about medical treatments?

I worry that I won't get enough care

I worry that I'll get too much care

1 **MY FEARS AND WORRIES** • What are your biggest fears and worries about the future with your health?

These are the main things I worry about:

EXAMPLES

I don't want to be in pain • I'm worried that I won't be able to get the care I want • I don't want to feel stuck someplace where no one will visit me • I worry about the cost of my care • What if I need more care than my caregivers can provide?

2 **MY STRENGTHS** • As you think about the future with your illness, what gives you strength?

These are my main sources of strength in difficult times:

EXAMPLES

My friends • My family • My faith • My garden • Myself ("I just do it")

3 **MY ABILITIES** • What abilities are so critical to your life that you can't imagine living without them?

I want to keep going as long as I can...

EXAMPLES

As long as I can at least sit up on the bed and occasionally talk to my grandchildren • As long as I can eat ice cream and watch the football game on TV • As long as I can recognize my loved ones • As long as my heart is beating, even though I'm not conscious

If you become sicker, which matters more to you: the possibility of a longer life, or the possibility of a better quality of life? Please explain.

3 **MY WISHES AND PREFERENCES** • What wishes and preferences do you have for your care?

If my health situation worsens, here's what I want to make sure DOES happen:

EXAMPLES

I want to stay as independent as possible • I want to get back home • I want my doctors to do absolutely everything they can to keep me alive • I want everybody to respect my wishes if I say I want to switch to comfort care only

And here's what I want to make sure DOES NOT happen:

EXAMPLES

I don't want to become a burden on my family • I don't want to be alone • I don't want to end up in the ICU on a lot of machines • I don't want to be in pain

Is there anything else you want to make sure your family, friends, and health care team know about you and your wishes and preferences for care if you get sicker?

3 **MY QUESTIONS** • What questions do you want to ask your health care team?

EXAMPLES

How will you work with me over the coming months? • What treatment options are available for me at this point – and what are the chances they'll work? • What can I expect if I decide I don't want more curative treatment? • If I get sicker, what can you do to help me stay comfortable? • What are the best-case and worst-case scenarios?

## My People

2 Are there key people who will be involved in your care (family members, friends, faith leaders, others)? For each person you list, be sure to include their phone number and relationship to you.

3 How much do they know about your wishes and preferences? What role do you want them to have in decision making? When might you be able to talk to them about your wishes?

3 Which person would you want to make medical decisions on your behalf if you're not able to? This person is often called your health care proxy, agent, or surrogate. See the Guide to Choosing a Health Care Proxy for help.

Name, phone number, relationship to me

I have talked with this person about what matters most to me.  Yes  No

I have filled out an official form naming this person as my health care proxy.  Yes  No

I have checked to make sure my health care team has a copy of the official proxy form.  Yes  No

## My Health Care Team

Who are the key clinicians involved in your care?

1 My primary care provider	<input type="text"/> Name	<input type="text"/> Phone number
2 My social worker	<input type="text"/> Name	<input type="text"/> Phone number
3 My main specialist	<input type="text"/> Name	<input type="text"/> Phone number
4 Other	<input type="text"/> Name	<input type="text"/> Phone number

## Next Steps

Now that you have completed the Workbook, what's next?

- **Talk it over with someone else.** If you filled out the Workbook on your own, make a time to share your answers and questions with a family member, a friend, or another person. You might want to give them a copy of the Workbook with your answers written in. See the [Conversation Starter Guide](#) for help.
- **Talk it over with your health care team.** Make an appointment to talk over the Workbook, sharing your answers and asking any questions. If your primary care doctor or main specialist works with a social worker, that person can be an excellent place to start. You might want to give your health care team a copy of the Workbook with your answers written in before your appointment. See the [Guide for Talking with a Health Care Team](#) for help.
- **Pick a proxy.** This is the person you choose to make medical decisions for you if you are not able to make them for yourself. See the [Guide to Choosing a Health Care Proxy](#) for help.
- **Keep talking.** People's preferences often change as their health changes or as time goes by. Revisit the Workbook over time to see if your answers have changed. And be sure to keep your health care team updated so they know what is most important to you.

WITH THANKS TO



CREATED BY



the conversation project



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**English Translation:** Point to your language. An interpreter will be called. The interpreter is provided at no cost to you.

<p><b>Arabic</b> عربي </p> <p>أشر إلى لغتك. وسنم الاتصال بمترجم فوري. كما سيتم إحضار المترجم الفوري مجاناً.</p>	<p><b>Korean</b> 한국어 </p> <p>귀하께서 사용하는 언어를 지정하시면 해당 언어 통역 서비스를 무료로 제공해 드립니다.</p>
<p><b>Burmese</b> မြန်မာ </p> <p>သင့်ဘာသာစကားကို ညွှန်ပြပါ။ ကကားပြန် ခေါ်ပေးပါမယ်။ သင့်အတွက် ကကားပြန် အခမဲ့ ပေးပါမယ်။</p>	<p><b>Mandarin</b> 國語 </p> <p>請指認您的語言， 以便為您提供免費的口譯服務。</p>
<p><b>Cantonese</b> 廣東話 </p> <p>請指認您的語言， 以便為您提供免費的口譯服務。</p>	<p><b>Polish</b> Polski </p> <p>Proszę wskazać swój język i wezwiemy tłumacza. Usługa ta zapewniana jest bezpłatnie.</p>
<p><b>Farsi</b> فارسي </p> <p>زبان مورد نظر خود را مشخص کنید. یک مترجم برای شما درخواست خواهد شد. مترجم بصورت رایگان در اختیار شما قرار می گیرد.</p>	<p><b>Portuguese</b> Português </p> <p>Indique o seu idioma. Um intérprete será chamado. A interpretação é fornecida sem qualquer custo para você.</p>
<p><b>French</b> Français </p> <p>Indiquez votre langue et nous appellerons un interprète. Le service est gratuit.</p>	<p><b>Punjabi</b> ਪੰਜਾਬੀ </p> <p>ਆਪਣੀ ਭਾਸ਼ਾ ਵੱਲ ਇਸ਼ਾਰਾ ਕਰੋ। ਜਿਸ ਮੁਤਾਬਕ ਇਕ ਦੁਭਾਸ਼ੀਆ ਬੁਲਾਇਆ ਜਾਵੇਗਾ। ਤੁਹਾਡੇ ਲਈ ਦੁਭਾਸ਼ੀਆ ਦੀ ਮੁਫਤ ਇੰਤਜ਼ਾਮ ਕੀਤਾ ਜਾਂਦਾ ਹੈ।</p>
<p><b>Haitian Creole</b> Kreyòl </p> <p>Lonje dwèt ou sou lang ou pale a epi n ap rele yon entèprèt pou ou. Nou ba ou sèvis entèprèt la gratis.</p>	<p><b>Russian</b> Русский </p> <p>Укажите язык, на котором вы говорите. Вам вызовут переводчика. Услуги переводчика предоставляются бесплатно.</p>
<p><b>Hindi</b> हिंदी </p> <p>अपनी भाषा को इंगित करें। जिसके अनुसार आपके लिए दुभाषिया बुलाया जाएगा। आपके लिए दुभाषिया की निशुल्क व्यवस्था की जाती है।</p>	<p><b>Somali</b> Af-Soomaali </p> <p>Farta ku fiqluqadaada... Waxa laguugu yeeri doonaa turjubaan. Turjubaanka wax lacagi kaaga bixi mayso.</p>
<p><b>Hmong</b> Hmoob </p> <p>Taw rau koj hom lus. Yuav hu rau ib tug neeg txhais lus. Yuav muaj neeg txhais lus yam uas koj tsis tau them dab tsi.</p>	<p><b>Spanish</b> Español </p> <p>Señale su idioma y llamaremos a un intérprete. El servicio es gratuito.</p>
<p><b>Italian</b> Italiano </p> <p>Indicare la propria lingua. Un interprete sarà chiamato. Il servizio è gratuito.</p>	<p><b>Tagalog</b> Tagalog </p> <p>Ituro po ang inyong wika. Isang tagasalin ang ipagkakaloob nang libre sa inyo.</p>
<p><b>Japanese</b> 日本語 </p> <p>あなたの話す言語を指してください。 無料で通訳サービスを提供します。</p>	<p><b>Vietnamese</b> Tiếng Việt </p> <p>Hãy chỉ vào ngôn ngữ của quý vị. Một thông dịch viên sẽ được gọi đến, quý vị sẽ không phải trả tiền cho thông dịch viên.</p>

# Health Literacy

Words can be found in any direction (including diagonals) and can overlap each other. Use the word bank below.

H E H T B L I K T M Q Z V U J M K D U T  
U M K S B F R E S C Y R O T S I H T H N  
I Y A I Q Q M N H M W A W W Z Q V A L X  
D S G L R D U A O L I S T E N A W R T N  
K S U A O B N E H I L C Y I C I O X T O  
F U W I X G U C S S S N B S Y E H X N I  
Q C V C E X I M H T S I N D Z U S R W T  
N S O E J B Y X O Y I R C I O U H N Z A  
Q I C P J Z Q Q L S E O X E H C O P W S  
G D M S L S C I X C V R N O D I T A J R  
T M K H D P M H N W Y H A S T I A O B E  
O J K H Z A T O U L K I H A I F M C R V  
X N R N F L C N O I T A C I D E M Q A N  
N Y T G A S Q Y T H G I W A U L P L G O  
Y L A E A F E L L Y N C C C D T O B J C  
D T H W H W U H A U R K Y U K W L M H A  
D L U D V D O J M U B G E P T Q D S M K  
N J P R D Z F M T N E S K G B L K T H G  
K L K G D Z O L Q B M Z X N O L W T P A  
H U V U U C L F U D I M L F K A I H S H

## Word Bank

- |                  |                |                  |             |
|------------------|----------------|------------------|-------------|
| 1. medication    | 2. listen      | 3. change        | 4. discuss  |
| 5. ask           | 6. concerns    | 7. health        | 8. doctor   |
| 9. communication | 10. family     | 11. conversation | 12. history |
| 13. decision     | 14. specialist | 15. questions    |             |

# RESOURCES

## TRY ACCESSIBILITY QUICK CARDS

The Maryland Department of Disabilities offers these [Accessibility Quick Cards](#) to help you make your digital products (including Microsoft Office and Adobe documents; maps; and social media pages) accessible to more users. [MDOD Accessibility Quick Guides | Powered by Box](#)

## LOCATE INTERPRETATION/ TRANSLATION SERVICES

**Statewide Foreign Language Interpretation/ Translation Services (FLITS) 2019/2024** This contract provides Maryland State agencies (as well as Maryland's other non-State government entities such as the local governments, counties, municipalities, etc.) with competent, continuously available language translation services to minimize or eliminate any language barrier in three Service Category Areas: [By Telephone](#) [On-site at your specified location](#) [Written document translation](#)

## USE A TOOL FOR ENABLING COMMUNICATION & PERSON-CENTERED CARE

'This is me' is a simple leaflet for anyone receiving professional care who is living with dementia or experiencing delirium or other communication difficulties. 'This is me' can be used to record details about a person who can't easily share information about themselves. For example, it can be used to record:

- a person's cultural and family background
- important events, people and places from their life
- their preferences and routines.

The leaflet can be used in any setting – at home, in hospital, in respite care or in a care home. 'This is me' helps health and social care professionals better understand who the person really is, which can help them deliver care that is tailored to the person's needs. It can therefore help to reduce distress for people with dementia and their carers. It can also help to overcome problems with communication and prevent more serious conditions such as malnutrition and dehydration. [this\\_is\\_me\\_1553.pdf \(alzheimers.org.uk\)](#)

## LEARN ABOUT COURAGEOUS CONVERSATIONS IN DEMENTIA

[Courageous Conversations in Dementia - YouTube](#)

Teepa Snow's life mission is to shed a positive light on dementia so that everyone can understand why this is happening and how to support those living with brain change in a more positive and respectful way. She believes that "Rewiring our own perceptions, attitudes, communication strategies, actions, and responses, provides the shift that promotes change for the others around us". [Homepage - Positive Approach to Care \(teepasnow.com\)](#)

## WHERE TO GO FOR MORE INFORMATION

[AHRQ Health Literacy Universal Precautions Toolkit | Agency for Healthcare Research and Quality](#) [Agency for Healthcare Research and Quality \(AHRQ\)](#) Source of tools, training programs, and health literacy publications for healthcare professionals and healthcare organizations.

[Centers for Disease Control. Health Literacy: Accurate, Accessible and Actionable Health Information for All](#)

This site provides information and tools to improve health literacy and public health. These resources are for all organizations that interact and communicate with people about health, including public health departments, healthcare providers and facilities, health plans, government agencies, non-profit/community and advocacy organizations, childcare and schools, the media, and health-related industries.

[The Conversation Project - Have You Had the Conversation?](#)

[Culturally and Linguistically Appropriate Services - Think Cultural Health \(hhs.gov\)](#) The National CLAS Standards are a set of 15 action steps intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services. Free, continuing education e-learning programs and resources available, too. [View the Standards](#)

[Everyday Words for Public Health Communication | The CDC Clear Communication Index | Centers for Disease Control and Prevention](#) Everyday Words for Public Health Communication offers expert recommendations from CDC's Health Literacy Council and other agency communicators on how to reduce jargon and improve readers' understanding. You can search for public health jargon or plain language words and find alternatives and example sentences.

**Frameworks Institute** offers these framing strategies to make your messages more effective [https://frameworksinstitute.org/toolkits/aging/elements/items/aging\\_apr\\_ystt.pdf](https://frameworksinstitute.org/toolkits/aging/elements/items/aging_apr_ystt.pdf)

[Health Literacy - health.gov](#) Contains evidence-based health literacy and communication tools, practices, and research for health professionals. Includes resources to find effective strategies for sharing health information in ways that people can understand and use.

[Health Literacy in Healthy People 2030](#) Health literacy is a central focus of Healthy People 2030. One of the initiative's overarching goals demonstrates this focus: "Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all."

[Horowitz Center for Health Literacy](#) is part of the Dean's Office of the University of Maryland's School of Public Health. They see Maryland, and the Nation, as a place where everyone can find and use health information and services for health and wellbeing.

[Limited English Proficiency -LEP.gov](#) The mission of LEP.gov is to share resources and information to help expand and improve language assistance services for individuals with limited English proficiency, in compliance with federal law.

[Maryland's Consumer Health Information Hub](#) The Hub is a network of organizations and people increasing plain language and language access for health, safety, insurance, and social services information in Maryland. Here you can learn about the Hub's purpose and goals, explore Hub activities, events, and resources.

[Office of Disease Prevention and Health Promotion](#) Includes links to tools for improving health literacy, government resources, and reports and research.

[Roundtable on Health Literacy](#) brings together leaders from academia, industry, government, foundations and associations, and representatives of patient and consumer interests who work to improve health literacy.

- [National Action Plan to Improve Health Literacy](#)

This plan seeks to engage organizations, professionals, policymakers, communities, individuals, and families in a linked, multi-sector effort to improve health literacy. This report contains seven goals that will improve health literacy and suggests strategies for achieving them.

- [Health Communication and Health Information Technology - Healthy People](#)

Health literacy objectives for Healthy People 2020.

- [Ten Attributes of Health Literate Health Care Organizations](#)

Health literacy is the product of individuals' capacities and the health literacy–related demands and complexities of the health care system. System changes are needed to align health care demands better with the public's skills and abilities.

- [Health Literacy of America's Adults: Results from the 2003 National Assessment of Adult Literacy](#)

National Center for Education Statistics. The first release of the National Assessment of Adult Literacy (NAAL) health literacy results. The results are based on assessment tasks designed specifically to measure the health literacy of adults living in the United States.

- [National Assessment of Adult Literacy](#)

The 2003 National Assessment of Adult Literacy is a nationally representative assessment of English literacy among American adults age 16 and older.

- [Health Literacy: A Prescription to End Confusion](#)

Full text of the publication from the Institute of Medicine of the National Academies

- [Health Literacy Fact Sheets](#)

Center for Health Care Strategies. The sheets define health literacy, describe its impact on health outcomes, provide strategies to prepare appropriate educational materials to assist low-literate consumers, and provide resources for additional health literacy information and publications

Strategies for Developing Culturally Driven Public Health Communications [File - Public Health Communications Collaborative \(PHCC\) \(publichealthcollaborative.org\)](#)

[Top 10 Best Practices for Multilingual Websites – Digital.gov](#)

**An introduction to plain language** Using plain language is required on all government websites and also creates a better user experience [An introduction to plain language – Digital.gov](#)

**Plain Language Medical Dictionary (umich.edu)** Use common words that you would use to explain health information to your friends or family who do not work in healthcare, such as tummy or belly instead of abdomen. Avoid acronyms. Find alternatives to medical terminology here as well.

health literacy tool shed <https://healthliteracy.bu.edu/all>



I told (him) to cover his eyes with an eye-pad.

<https://s-media-cache-ak0.pinimg.com/736x/dd/16/6e/dd166e3fa9b22ea1ad89392a3fe2b625--medical-humor-nurse-humor.jpg>

## SCHOLARLY RESOURCES

**Agency for Healthcare Research and Quality.** (2011). Health literacy interventions and outcomes: An update and systemic review. Rockville, MD: Agency for Healthcare Research and Quality. Retrieved from <https://www.ahrq.gov/downloads/pub/evidence/pdf/literacy/literacyup.pdf>

**Allen, M., Auld, E, Logan, R., Montes, J., & Rosen, S. (2017).** Improving collaboration among health communication, health education, and health literacy. NAM Perspectives. Discussion Paper, National Academy of Medicine, Washington, DC. <https://nam.edu/improving-collaboration-among-health-communication-health-education-and-health-literacy>.

**Berkman, N. D., Sheridan, S. L., Donahue, K. E., Halpern, D. J., Viera, A., Crotty, K.,... Viswanathan, M. (2011).** Health literacy interventions and outcomes: An updated systematic review. Rockville, MD: Agency for Healthcare Research and Quality.

**Institute of Medicine.** (2004). Health literacy: A prescription to end confusion. Washington, DC: The National Academies Press. doi: 10.17226/10883.

### **The Roles of Trust and Health Literacy in Achieving Health Equity: Community Settings**

National Academies of Sciences, Engineering, and Medicine. 2023. The Roles of Trust and Health Literacy in Achieving Health Equity: Community Settings: Proceedings of a Workshop-in Brief. Washington, DC: The National Academies Press. <https://doi.org/10.17226/26889>. <https://nap.nationalacademies.org/read/26889>

The National Academies Roundtable on Health Literacy convened the first of three workshops to explore the positive impacts on health equity improved literacy practices in clinical settings can have. To relate and inspire confidence, physicians must communicate plainly and at the literacy level of the patient and recognize the knowledge the patient brings. Equality and equity are not the same, and treating every patient, their conditions, history, and identity, identically can interfere with trust. Diversifying the work force can facilitate better clinical practices that honor all patients. This Proceedings document summarizes workshop discussions.

## Communication Self-Assessment

**Directions:** After an encounter with a person and/or care partner, rate whether you agree, are neutral, or disagree with the statements in the table. Your self-assessment is subjective, but it allows you to examine your communication with others honestly. After completing the assessment, think about how you could improve.

	Agree	Neutral	Disagree
1. For those whose preferred language is not English: I used qualified interpreters or spoke to them in their preferred language fluently.			
2. I greeted the person warmly and maintained a caring attitude.			
3. I was respectful and made appropriate eye contact.			
4. I used open-ended questions to encourage the person and care partner to participate in the conversation and voice their concerns throughout the visit.			
5. I listened without interrupting.			
6. I covered no more than 1 to 3 key points and reviewed them more than once.			
7. I used plain, nonmedical language.			
8. I spoke clearly and at a moderate pace.			
9. I gave specific, concrete explanations and instructions.			
10. I used graphics such as a picture, diagram, or model to help explain something (if applicable).			
11. I demonstrated how to do something (e.g., how to take medicine or exercise) (if applicable).			
12. I created the expectation that I wanted the person to ask questions (e.g., asking “What questions do you have?”).			
13. I checked that I was clear by asking the person to describe what they need to know or do using their own words or by demonstrating.			

## Health Literacy for Older Adults

Check how well you are doing in addressing health literacy issues for older adults.

**When you communicate about health with older adults and their caregivers:**

	Doing Well	Needs Improvement	Not Doing
Do your messages match the important characteristics of the specific group of older adults you want to reach? Think about age, literacy skills, cognitive and physical functioning, comfort with technology use, cultural and ethnic differences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you consider the complexity and novelty of the messages and the cognitive demands of the situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you focus on communicating the main issues and helping older adults get the gist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do your messages address common lived experiences and shared values among older adults?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you use appropriate compensatory mechanisms such as reminders to aid memory or audio reinforcement of visual information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide clear recommendations and solutions for health issues specific to your older adult population?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you collaborate with senior community organizations or local Area Agencies on Aging for feedback and recommendations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Centers for Disease Control and Prevention  
Office of the Associate Director for Communication



## Appendix A: Checklist for Easy-to-Understand Print Materials

### Message Content

- Have you limited your messages to three to four messages per document (or section)?
- Have you taken out information that is “nice to know” but not necessary?
- Is the most important information at the beginning of the document?
- Is it repeated at the end?
- Have you identified action steps or desired behaviors for your audience?
- Have you post-tested your materials?

### Text Appearance

- Does your document have lots of white space? Are margins at least 1/2 inch?
- Is the print large enough (at least 12 points)? Does it have serifs?
- Have you used bold, italics, and text boxes to highlight information?
- Have you avoided using all capital letters?
- Is text justified on the left only?
- Did you use columns with a line length of 40 to 50 characters of space?
- Have you post-tested your materials?

### Visuals

- Is the cover attractive to your intended audience? Does it include your main message and show who the audience is?
- Are your visuals simple and instructive rather than decorative?
- Do visuals help explain the messages found in the text?
- Are your visuals placed near related text? Do they include captions?

- If you read only the captions, would you learn the main points?
- Have you post-tested your materials?

### Layout and Design

- Is information presented in an order that is logical to your audience?
- Is information chunked, using headings and subheadings? Do lists include bullets?
- Have you eliminated as much jargon and technical language as possible?
- Is technical or scientific language explained?
- Have you used concrete nouns, an active voice, and short words and sentences?
- Is the style conversational?
- Have you post-tested your materials?

### Translation

- Are the language and content culturally appropriate?
- Are the visuals culturally appropriate?
- Have you had the piece back translated?
- Is the translator fluent in the same linguistic variation as the intended audience?
- Have you post-tested your materials?

### Understandability

- Have you tested the complexity of the language used in your material for comprehension?
- Have you pre-tested your materials with members of your intended audience?
- Have you post-tested your materials with members of your intended audience?

[https://www.cdc.gov/healthliteracy/pdf/simple\\_put.pdf](https://www.cdc.gov/healthliteracy/pdf/simple_put.pdf)

## CARE Feedback Measure for

Date:
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Please rate the following statements about today's visit. Please mark the box like this  with a ball point pen.

If you change your mind just cross out your old response and make your new choice. Please answer every statement.

How good were we at...	Poor	Fair	Good	Very Good	Excellent	Does not apply
<b>1) Making you feel at ease</b> (introducing him/herself, explaining his/her position, being friendly and warm towards you, treating you with respect; not cold or abrupt)						
<b>2) Letting you tell your "story"</b> (giving you time to fully describe your concern in your own words; not interrupting, rushing or diverting you)						
<b>3) Really listening</b> (paying close attention to what you were saying; not looking at the notes or computer as you were talking)						
<b>4) Being interested in you as a whole person</b> (asking/knowing relevant details about your life, your situation; not treating you as "just a number")						
<b>5) Fully understanding your concerns</b> (communicating that he/she had accurately understood your concerns and anxieties; not overlooking or dismissing anything )						
<b>6) Showing care and compassion</b> (seeming genuinely concerned, connecting with you on a human level; not being indifferent or "detached")						
<b>7) Being positive</b> (having a positive approach and a positive attitude; being honest but not negative about your concern)						
<b>8) Explaining things clearly</b> (fully answering your questions; explaining clearly, giving you adequate information; not being vague)						
<b>9) Helping you to take control</b> (exploring with you what you can do yourself; encouraging rather than "lecturing" you)						
<b>10) Making a plan of action with you</b> (discussing the options, involving you in decisions as much as you want to be involved; not ignoring your views)						
<b>Comments: If you would like to add further comments on this visit, please do so here or on the back of this paper.</b>						



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### Health Literacy

Words can be found in any direction (including diagonals) and can overlap each other. Use the word bank below.

H E H T B L I K T M Q Z V U J M K D U T  
 U M K S B F R E S C Y R O T S I H T H N  
 I Y A I Q Q M N H M W A W W Z Q V A L X  
 D S G L R D U A O L I S T E N A W R T N  
 K S U A O B N E H I L C Y I C I O X T O  
 F U W I X G U C S S N B S Y E H X N I  
 Q C V C E X I M H T S I N D Z U S R W T  
 N S O E J B Y X O Y I R C I O U H N Z A  
 Q I C P J Z Q Q L S E O X E H C O P W S  
 G D M S L S C I X C V R N O D I T A J R  
 T M K H D P M H N W Y H A S T I A O B E  
 O J K H Z A T O U L K I H A I F M C R V  
 X N R N F L C N O I T A C I D E M Q A N  
 N Y T G A S Q Y T H G I W A U L P L G O  
 Y L A E A F E L L Y N C C C D T O B J C  
 D T H W H W U H A U R K Y U K W L M H A  
 D L U D V D O J M U B G E P T Q D S M K  
 N J P R D Z F M T N E S K G B L K T H G  
 K L K G D Z O L Q B M Z X N O L W T P A  
 H U V U U C L F U D I M L F K A I H S H

**Word Bank**

- |                  |                |                  |             |
|------------------|----------------|------------------|-------------|
| 1. medication    | 2. listen      | 3. change        | 4. discuss  |
| 5. ask           | 6. concerns    | 7. health        | 8. doctor   |
| 9. communication | 10. family     | 11. conversation | 12. history |
| 13. decision     | 14. specialist | 15. questions    |             |



## MISSION

### **The Geriatrics & Gerontology Education and Research Program**

is a University of Maryland, Baltimore-based program that facilitates interprofessional education and interdisciplinary research activities in the field of aging in partnership with campus affiliates and agencies and organizations serving Maryland's older adults and their caregivers.

**VISION** Optimize care provided to older adults to promote quality of life through education, research, and training.

## CORE VALUES

Accountability	Excellence
Civility	Diversity
Leadership	Knowledge
Collaboration	

Whether you want to make an impact directly by working with older adults and their families or indirectly through research, changing policy, or developing innovative technology to tackle the complex health and social challenges associated with growing older, a graduate degree from UMB is a great place to start.

Programs such as our graduate certificate in [Aging & Applied Thanatology](#), our [Master's in Gerontology](#), and our [PhD in Gerontology](#) are designed to help you meet your career goals. Visit our [website](#) for a complete list of academic programs.

[Geriatrics and Gerontology Education and Research Program - UMB: An Age-Friendly University \(umaryland.edu\)](#)

The Graduate School is home to the Geriatrics & Gerontology Education and Research ([GGEAR](#)) program. Educational programs developed by GGEAR and its partners include online training modules through Geri-ED and interprofessional training opportunities such as the Geriatric Assessment Interdisciplinary Team (GAIT) program, in which students learn and work collaboratively in interprofessional settings.

**For more information about the GGEAR Program or our offerings, please contact Diane Martin, Ph.D., Director, at [diane.martin@umaryland.edu](mailto:diane.martin@umaryland.edu) or 410-706-4327.**



### Spring 2024 “Navigating Dementia” Education Series Dates

[Participant Registration Form](#)

**FOR WEBINARS, THE ZOOM LINK OPENS 30 MINUTES BEFORE THE START OF THE WEBINAR.**

For example, webinar 1 opens at 12:30pm and begins promptly at 1:00pm.

**Webinar 1:** Friday, March 1, 2024 (12:30pm-3:00pm): Understanding Cognitive Aging: Differentiating Between Usual and Unusual Changes in Memory

**Webinar 2:** Friday, March 8, 2024 (12:30pm-3:00pm): Understanding Dementia: Differentiating Reversible and Irreversible Causes

**In-Person Conference 1:** Friday, March 22, 2024 (8:30am-4:00pm)The Meeting House, Columbia, MD: Health Literacy and Plain Language Communication in Alzheimer's and Related Dementia

**Webinar 3:** Friday, April 19, 2024 (12:30-3:00pm): Exploring Medical and Non-medical Interventions to Slow Cognitive Decline Associated with ADRD

**Webinar 4:** Wednesday, April 24, 2024 (tbd): Spectrum of Services & Supports in Maryland for Persons Living with Dementia (note: this webinar will be one of several offered during the annual caregiver's conference webinar hosted by Eastern Shore MAC, Inc. More information will be provided to individuals registering for this webinar held April 24 from 8:30am-3:00pm)

**In-person Conference 2:** Friday, May 10, 2024 (8:30am-4:00pm)The Meeting House, Columbia, MD: Assessment Tools Workshop: Tools & Referrals for Non-Clinicians

**Webinar 5:** Friday, May 24 (12:30pm-3:00pm): Empowering Caregivers: Essential Resources and Supports in Maryland



CEUs available at no-cost for Certified Dementia Practitioners, Certified Senior Advisors, Maryland Social Workers, and Maryland Psychologists and Mental Health Professionals. Certificate of Attendance will be provided to all participants.

Plus, you can earn your Age-Friendly Specialist Certificate by attending our series.

Visit <https://www.umaryland.edu/media/umb/geriatric-programs/GGEAR-AFU-Brochure.pdf> for more details.