Child Care Health Consultation Quarterly Webinar Series: Check-in on Well-child Check-ups

Steve Shuman: Let me introduce my friends, my colleagues, and incredible coworkers in the National Center, Dr. Jill Sells and Kim Clear-Sandor.

Kim Clear-Sandor: Thank you Steve, and welcome everyone. It's very exciting to be here today. As Steve said, the presenters for the session today are going to be myself, Kim Clear-Sandor and our colleague Jill Sells. And we are super appreciative of the support we have on the back end. Steve and Olivia will be running the show and wandering the chat and the Q&A to make sure that all your needs are met. That's going to be our team. A little bit about myself. I am a nurse – a family nurse practitioner – and have been a member of the National Center on Health, Behavioral Health, and Safety for the past eight years – well, the National Center in one form or another – the past eight years on health.

And I love working with early childhood programs to talk about health and safety, how to support children and families, and really bring together my nursing background and my work that I've done as a child care health consultant and working with nurses on learning about early childhood programs to this forum. Excited to be here today to engage with all of you about this topic. And I would love to have you all meet Dr. Jill Sells. You may recognize her from our previous webinar. She is becoming a regular on these quarterly Child Care Health Consultants Webinar Series events. Jill, say hi.

Jill Sells: Hi, everyone. So excited to be here with you today. I am a general pediatrician by background, but I have had that great fortune of spending about the last 20 years focused on the most important years of life – the early childhood. And a lot of that has really been about partnering with folks like everyone on this phone call, from child care programs, to nurses, to consultants, to all of us who come together to try to help create environments that are safe and nurturing and learning for all our kids. I'm really excited to be here today to also help bridge those connections between health – including primary care – and these worlds. Just happy to be here and looking forward to our conversation.

Kim: Thank you Jill. And our session today, Check-in on – I'm not going to say it right – Check-in on Well-child Check-ups. We had a couple too many hyphens in there at one point. It's really an opportunity to kind of step back and think about the importance of well-child exams and the different things child care health consultants can do in collaboration with their programs to support children and families to get those important physical exams.

I just want to take a moment to introduce everyone to the National Center on Health, Behavioral Health, and Safety. As child care health consultants, folks may or may not be really tied into the bigger early childhood systems in their state. Regardless of whether you're in child care or Head Start, it's really nice to know that there are best practice evidence-based resources being created and prepared, and they're accessible to all of you.

And the National Center on Health, Behavioral Health, and Safety has a great consortium of experts that really come together to provide the most relevant, up-to-date information for all of you. And this slide really captures the breadth and depth and expertise of the National Center, which is part of the National Training and Technical Assistance Program that's there to build the capacity of Head Start and other early childhood programs.

Really just want to introduce you to the center and understand the work that we do to support your work. The National Center has things specifically for child care health consultants, and this work is all housed on the Early Childhood Learning and Knowledge Center website. That's going to be one of the links on the resource list so that you can find it easily. But we really want to just take a moment to announce our new child care health consultants page. We really hope this kind of becomes like a bookmark for you where you can access a lot of different materials specifically for child care health consultants, but also find other materials related to health and safety.

Really encourage you to jump on this site, kind of poke around a little bit and see what you can find. Our link to our group, which is a MyPeers online community. That's a national networking group for child care health consultants. if you're not part of that, go ahead and check it out. You can access all that from the page. Another new feature of this page is our – I'm just going to pop out for you, fancy animation. We have recently been able to collect all of the Child Care Health Consultant quarterly webinars and put them on this specific page. When you click that nice orange button, it will bring you to a page that has recordings of all the consultation webinars we've done in the past.

It may be a good thing to browse through and look at if you're looking for something specifically to help you in your work. OK. Now that you've gotten a little bit – to know a little bit about us, we'd just like to take a moment to see who's joining us today. Kate, please go ahead and launch that poll. We would like to hear from all of you about who you are, what role do you play in this early childhood world?

Are you a child care health consultant? Perhaps, we have many Head Start health managers joining us. Oftentimes, program/center directors join. Teachers and caregivers, and then we have that other. There you guys go. Typing in the chat. Click or type away. I see that other category is growing very quickly. I know you can't see it yet. We have some health – behavioral health, nutrition, facilities, a quality coach, CCR&R, excellent.

Family services. I was going too fast, Steve. Compliance officers are in, health consultants, family advocates. I love it. I love it. You know what makes me even more happy is that all of you chose to spend this time with us today to talk about this very important topic. I hope the topic resonates with all of you because I know Jill and I and the National Center team really believe that health is everyone's business. I love that the chat is blowing up with all of you that all play such an important role in supporting children and families. With that, let's get started, and I'm going to pass it over to Jill. Maybe. There we go.

Jill: I'll start by unmuting myself and also say that I neglected to say that I am really excited to be serving as a medical advisor for the National Center. Should have kind of included that in my introduction. We're here today, in a crazy time in our world with this pandemic. As we all know, it has impacted everything about our lives – everything in early childhood, everything in health.

Really within that context, this is an opportunity to share a lot of information with each other that we hope will be helpful to all of our work to support children and families. Our objectives today are to go over the impact of the pandemic on preventive health services and to review the CCHC competencies related to these, to see the connection between them. We want to talk about the importance of well-child visits, review the elements of what happens at those visits, and then discuss strategies to support children and families connecting to medical homes and to these services to help them catch up as needed and to stay up to date on those preventative care services that are so important for their health and well-being. Next slide?

The pandemic. We have a lot of resources related to the pandemic that we hope you will also seek out through the National Center if you would like more information and haven't participated in those. But to just kind of state the obvious, this has again, impacted everything that's happening in our efforts to promote health and safety and behavioral health for kids. We know that it's impacted what's happening at home and in early care and education settings and in schools and communities. Everything from "stay at home" orders, to masking, to physical distancing is impacting and presenting challenges to children and to staff. Next slide, please.

Just briefly, to bring up some of the things that we know are happening related to the pandemic and health and safety, we know that far too many kids are behind on their regular well-child examinations and immunizations. We know that there's been difficulty with oral health or dental care access. Challenges that we're always there have been exacerbated.

You just have to turn on the TV once during this pandemic to know how broad spread the issues are with hunger and food. Food security needs for children and families and communities across this country. There are safety issues specific to the pandemic related to poisonings and things that were happening early on related to hand sanitizer and things that were intended to keep us safe, which sometimes didn't keep children safe.

Of course, we worry about people being isolated and the chance that might increase risks of both injuries and violence and things in the home and in other settings. All of these are significant challenges to the health and well-being of children across the country. Next slide? Given that, we'd love to have you share in the chat from your perspective what are some of the biggest challenges that the families or the programs that you're working with are facing right now related to health and our topics today.

Should we just invite you to jump in?

Kim: Yeah. I see staffing, which is a big concern. Knowing kids, knowing policies, procedure, and how things are being done. Dental appointments, follow-up visits, illnesses, well-child, immunizations, shortage of medical supplies – that's a really big deal for children with special

health care needs as well, if we're going beyond masks and gloves – delayed in immunizations, folks have lost insurance, misinformation that can definitely be a big challenge. Transportation, feeling overworked, parents being fearful of sending children in because of the pandemic, difficulty with transportation getting to appointments and having food sources as you said, Jill. Great.

Jill: Next slide. Great in the sense that there's a lot of people who have a pulse on what's going on. Not great in the sense that we wish all these things weren't happening, obviously. This slide is just a summary that you may find helpful as you think about this and you think about how to support children and families and programs.

There's just been so many different ways of obstacles that are in folks' way. We just wanted to point out a few, because the only way we can overcome problems or try to strategize how to address them is to understand what the underlying issue is. I think truism right now is that we can't make any assumptions about what's happening. Just to know that there are challenges then to ask the questions that are needed to try to understand them so that we can provide support.

Within early childhood programs themselves, we know that there are programs that close to in-person services or change the way they delivered services, and that has – open and close and different things have happened over time. That results in fewer interactions sometimes with the families, in particular. Conversations that we might have had in years past between staff and families or consultants and programs have changed.

Health services been delayed; there's fewer in-person supports for families over time; some of those community partnerships that programs and families have really relied on over the past were disrupted in different ways. Within the health care setting, we know early on, we didn't know exactly how this virus was spread or how contagious it was, and we wanted to really protect everyone. That led to really abrupt changes in health care systems, where they went to telehealth and a variety of other things, some of which had been helpful. But it definitely changed things and created less face-to-face contact, which at times made it harder to establish those relationships and the services that are still needed for families.

Many people mentioned in the chat the availability of appointments has changed over time. Sometimes formats were changed. There are periods where maybe no well-child checks were happening or just some well-child checks, or just some parts of the day, or some structure. Oftentimes as you know, families that have more than one child can't come in if they can't bring in all the other kids because they don't have another option. Really, the ability to bring multiple people into the office has not been possible.

There has been change in many cases. Sometimes that meant families wouldn't come in at all. Likewise, the way that screenings or checkups were done often changed. As folks noted, staffing is a huge issue everywhere. It's true in child care. It's true in Head Start. It's true in health care for a variety of reasons. But it's definitely in the medical world when things went

abruptly to virtual. They didn't need in-person staff, and unfortunately, a lot of people lost their jobs.

The ability to then bring them back has been a challenge. For families, as we know, far too many families have suffered COVID-related and other illnesses during this time period. The mental health stresses are there for everyone. And certainly, more significant within families and communities that are dealing with more challenges. Economic stress, likewise, is hitting most people. Food insecurity, housing insecurity. Within communities, whole communities have had challenges with economic distress, and there have been closures of programs and schools and businesses, either intermittently or permanently. Many services and partners and organizations may have changed how they're operating or closed, or they may have different staff.

I realize this is a lot of information, but we wanted to sort of put it in these different buckets so you could think about where the challenges lie. Even though everything I said sounds fairly negative, at the same time, we also know that people are extremely resilient, and that communities and partners have come together in unique ways to identify challenges and have been able to address some of them in new ways that are actually helpful and effective for families. That's important to keep in mind too. That we don't know where all the challenges lie, but we know where they might be. At the same time, there may be some solutions that other folks have come up with that would be really helpful for us to understand in our efforts locally to support families. Next slide.

Kim: Thank you Jill. I think too when you look at – it is a lot of stuff – on the slide. But I think as we think about as health consultants and health leaders in our programs, it's so important for us to understand these big challenges because then we can try and support families from a place of understanding and let's solve some of these problems together. We really wanted to think about, as a health consultant, how does this tie into the Child Care Health Consultant Competencies? What is this – how does this relate to the role of the health consultant? I pulled out a couple of the competencies because I think it's such a nice place to start. The first one I pulled out is about quality health, safety, and wellness practices.

While health consultants can support any of the health and safety concerns, we're really thinking today about those health exams and immunizations. This one really talks about helping programs ensure children have a primary care provider, they're up to date on the routine, preventative services. Helps programs monitor children's health and development, and we're going to talk a little bit about what goes on in a well-child visit. What does it mean if those things haven't happened for some time for your children? How can a health consultant help in that space? Also too, a health consultant can ensure programs are able to support inclusion of children with special health care needs, disabilities, and chronic health conditions. Again, accessing those health services and making sure they have the supplies, and the staff and folks know how to care for them.

The other competencies I thought that aligned really nicely with this topic were around health education. Because as health consultants, oftentimes, we are sharing information. We can

design health information to reach whoever may need it. As you work together with your director and the staff to decide how you can actually support families in catching up on well-child, there might be some health education that you can do.

I love the resource and referral competency because I think it's kind of one of the magic powers of a health consultant that is firmly rooted in their community public health system and has knowledge about all the different resources out there. And as Jill alluded to, many services have been disrupted in the community, but also many new ones have emerged. It really is an opportunity for health consultants to really shine around some of these aspects of the role. That you may not always have an opportunity to do this kind of work with your programs, but it's a great opportunity to have that discussion with your director, talk about what you can bring to the table, and think together about how you can support children and families and staff in your program.

With that being said, we're going to really take a little bit of a deep dive into what goes on in a well-child visit? Let's all kind of hold that in our mind about all the good things that's happening there. We can really think about what does that mean if children are behind in some of those well-child visits and their immunizations? Jill is going to take that deep dive.

Jill: Thanks Kim. I'm excited as Kim has said, we've got such a large group and diverse folks listening in and participating today. Some of you may be really familiar with what well-child visits are and what they include and may have your own children and go in for these visits. Others may not be familiar at all. It's really important, if we're trying to encourage families and support them in going in, to be able to understand what should be happening there and to be able to share that with program staff and they with families in order to understand sort of what the value is. Because we're asking people to do something that's hard. To go do something when you're really busy and you have a lot of stuff pulling at you.

That's why we really wanted to go through this in some detail that we hope will be helpful to you. These well-child visits can also be called well-child care, well-child checkups, they're all kind of the same thing. They're really provide that foundation for connecting with the health care system and helping to provide a foundation for lifelong health. They follow something called a Periodicity Schedule, which I always think is kind of a funny term, but that's the one we have. It just means that there is a schedule at which these visits are supposed to occur. Those visits are much more frequent in the first months and years of life, which is actually fantastic because this is during the most vulnerable and the most exciting time of growth for children.

We know that what happens in those early years, as you all know, sets the foundation for everything that is to come. This health care system aspect of those regular checkups is really part of that foundation. It's an opportunity to assess the needs of the child and family and try to address them. When this is done in a medical home – in a place where families have this ongoing relationship, it really provides an opportunity to build the relationship between the health care provider and the families over time. We all listen more and seek advice from those that we know and those that we come to trust. That only happens through relationships over

time. That's another advantage to having sort of these frequent visits in these early years. Is there's an opportunity for that to develop. Next slide, please?

We also wanted to touch on EPSDT, which is a funny acronym that some of you may have heard and some of you may actually know what it means. But we thought it was important to explain. This is really within the Medicaid system. Our system for providing health care coverage for children living in low-income families and adults also, but here, we're talking about kids.

This is a really wonderful program that started – there was a time when health insurance did not cover any preventive care, which never made any sense, but of course, it was the way things were. But in Medicaid, EPSDT was created. It stands for Early and Periodic Screening, Diagnostic, and Treatment, and it's not just about checkups, which we are going to focus today, but it's about a whole system of comprehensive and preventive health care services for children under 21 who are enrolled in Medicaid.

It is intended to make sure that children and adolescents receive appropriate preventive care around what you would consider to be of physical health care, dental, mental health, developmental, and specialty services. It's very comprehensive. Next slide? Here's what the words mean. Early means that we want to assess and identify any problems as early as possible. I think this audience knows why we do that, but just really has had a focus on early. Periodic. Again, it's those regular check-ins at age-appropriate intervals. Screening. It includes a variety of screenings – all the types that I just mentioned. You know, you're looking at their physical health, mental, developmental, dental, hearing, vision, and other screening tests intended to make sure things are OK or to detect any potential problems.

If something is found by these screenings or by talking with the family or concern that the medical provider finds, then EPSDT goes into this next phase, of well then we need to do more diagnostic testing, whatever is needed to figure out if there really is a problem and what that looks like. Then if we discover that there is, then treatment. What are we going to do about it? To try to make it go away if it's something that can go away. Or is something that we can intervene on in order to reduce the problems that were found and really optimize the child's health and development and reduce any amount of disability they might have depending on what the issues are. Next slide.

Kim: Jill, I just was thinking as you were talking about this, that with all of the economic impact and job changes and job loss, we may have families that were never getting Medicaid for their children before that are on it now. And may not realize oftentimes, medical care, preventative care, feels like it could be an expense. A family that's stressed economically may be concerned about going to the health care provider.

It may be an opportunity if you're finding new families that are getting the Medicaid services in their state to have this conversation about how all this is so – it's covered and it's so important to receive. I think it's important for everyone to kind of have a sense of that EPSDT. I love that you said, oh, it's a funny little acronym. Because often Jill and I have talked about that if you walk into a doctor's office and you say, "I need to have an EPSDT," they won't know what you're

talking about. It's important to understand what are the Medicaid systems in your state. What are things called in your state so that you can communicate a little bit easier with the health care provider offices about what are the elements that you may be looking to have done at a well-child exam.

Jill: I'm going to do a friendly little edit to what Kim said. I think the doctor's office that takes Medicaid will know what EPSDT is. But that's not what we talk about. The point – and this slide will help us get there – the point is that all children should have regular visits like this. Should have regular well-child checkups in the way that I just described. EPSDT is the name for what covers that in Medicaid.

If you're in a place where everyone they see is on Medicaid – and there certainly are some medical practices, community health centers, and things like that where pretty much everyone they see is on Medicaid – they may well talk about EPSDT. But there's also many medical practices that see a mix of kids, right? They see some kids on Medicaid, some kids on various private insurance. The more common terminology and what we talked to parents about is coming in for your well-child checkup. Coming in for those visits. That's the point that we're really trying to make. But in case you're hearing about EPSDT, we wanted to make sure you kind of had that information so you could share it as appropriate.

This is a screenshot from something called Bright Futures, which many of you may have heard of. Those periodicity schedule things, the American Academy of Pediatrics in partnership with the federal Maternal Child Health Bureau over time has developed something called Bright Futures, which is a bigger initiative around preventive care. One aspect of that is, what is the recommended schedule for these checkups?

You can find this online, and you can't see because I know it's small. All the green stuff is before age 1 and all the yellow stuff is from age 12 months up through 6 years. This is kind of capturing the part of early childhood. On the left we're just highlighting, again, that frequency. In infancy, there's recommended visits in those first few days of life, then at 1, 2, 3, 6 and 9 months. Then in early childhood, they start to spread out a little bit more – 12, 15, 18, 24, 30 months. Then three – and then it becomes once a year from there. Now, I think some would put it in a question about when the visits are. We're not going to delve super deeply into it, but I do want to say that states are required to have a periodicity schedule for Medicaid in their state.

Some of them use this Bright Future Schedule as the schedule, and it has these exact visits. Some states use a different schedule for Medicaid. What is actually required in your state for Medicaid might vary slightly from this. If you're having questions about that, that would be something to understand and to work with the health providers in your community to understand how Medicaid is set up in your state. Next slide, please.

Well-child visits are important to get the things that we think about, like immunizations. But that is certainly not the only thing that happens there. This is just an outline of some of the things that do. History, you know, that conversation with the family. How are things going now? What's going on in your life? What's past medical history? All of that is part of the history

element of what providers get to know about families and about the particular child that is there for the visit.

Measurements certainly happen. It's really important to watch growth in little kids. When their growth is off, there is a problem, and we don't want to miss that. It's certainly height, weight. For the little ones, also their head circumference. Sensory screening – vision, hearing. Developmental and behavioral health screenings, that physical exam, procedures when they're needed, such as lead screening or checking for anemia, for example.

Oral health. Definitely we want kids to get into dental care with that visit by the time they're 1 and ongoing regular dental care. But in the medical setting, other oral health services are happening as well and are part of the whole picture of the whole body altogether. Then anticipatory guidance. Again, another kind of not plain language phrase. But it is the one that talks about how do we anticipate and share with the family what typical child health and development looks like as a child grows? Unless you're in this space where you work with small children, people don't know what the phases are of how a child learns to talk or even learns to walk, all these different pieces. What behavior is normal and to be expected over time?

A real part of these visits is understanding what the family's concerns are, what the family is excited about. Then helping them understand what's likely to come next, so that between now and then, they can also understand how they can best support that development. Doctors will talk about talking with their child, reading with their child. How all those loving interactions are so important to how the child's brain develops, and how their body develops, and how it's all interrelated. It's a lot of things that can happen. But that's why we have these multiple visits over time. I just wanted to share what those key components were with you. Next slide, please?

This is that same schedule we showed earlier just highlighting one section of it to show that that schedule from Bright Futures doesn't just talk about weighing and measuring or when you come in for the visit but highlights some specific recommendations and that's what those black dots are. There's a section on developmental and behavioral health, for example, which calls out when developmental screening, autism screening, and maternal depression screening are recommended to happen. It mentions those procedures about anemia and lead and talks about them. Under oral health, fluoride varnish is often applied to children's teeth. In the medical setting now, not something that we used to do, but it's a fantastic preventive measure that can happen in that setting.

As well as providing prescriptions for fluoride in areas that don't have fluoride in the water, that's a really important preventive measure as well. Next slide, please.

Kim: Yeah. When you look at this – I mean, we know it's little, but you went through the big list on the previous slide. You think about the anticipatory guidance. All the different screenings that are happening, like what is the impact if children are behind on that? That disruption that we're trying to figure out how to fill that gap.

Jill, there was a question about some of the programs that are joining us today have a little bit of trouble with what is called the 30-month visit. I just wanted to kind of pause for a minute and just – depending on what state you're in and depending on what kind of a program you are – if you're a licensed child care program or you are a Head Start program – it's important to know your rules and your regulations that guide your work.

We know in Head Start, your health forms – the health information that you're collecting is making sure all these visits that are in your own state's Periodicity Schedule, that you have record of them and that the children are receiving them. If you're in a state that has a Periodicity Schedule that outlines a 30-month visit, then that should be covered by the Medicaid – that visit should be covered by Medicaid in the state. It's a matter of working with those health care providers that are less familiar with it. In child care, your regulations may not be so specific that everything in a well-child check has to come in on the physical exam that you can accept at your program. It's really important to understand those regulations and what information you need.

But knowing that we have a large Head Start group joining us today, we do know EPSDT, and it's real important to find that state Medicaid schedule. Steve, I didn't know if you wanted to add anything to that.

Steve: Thanks Kim. I know how frustrating it can be as programs are trying to fulfill regulations and requirements and get the best care for children at the same time that physicians are trying to make sure that their expertise and clinical skills are being delivered to the children at highest need. There sometimes can be a discrepancy. But I always go back to the idea that what we need to do on the early care and education provider side is to make sure that we have solid communication – solid channels of communication with families and with health care providers and use the advocates that are part of our systems. In Head Start, your Health Services Advisory Committees, in other venues you may tap a particularly friendly pediatrician or other physician that is well aware of what we're looking for.

Tap into your state chapters of the American Academy of Pediatrics. They can be incredibly responsive, and many of them have early childhood champions that can speak to some of the issues that you may find frustrating. But there really needs to be that balance, and that balance is often achieved by good communication and relationships.

Kim: Thank you, Steve. [Laughs]

Jill: Yeah. It really is about to the extent that we can sort of understand the system around us. I mean, if there is a state, for example, and I'm not saying there is, where nobody does a 30-month visit. If you find that that's the case or it's not covered by Medicaid, then you don't want to have yourself or families getting really frustrated asking for something that no one is actually providing. But you may find that yes, actually, a bunch of settings are in one particular, one isn't, and then the conversation is a different one. About how to help support the family in that and come to common goals.

The other thing to just say is if kids are behind, they're not going to make up every visit that they missed. It's not like we're going to go back and go, "You were supposed to have six, so let's do six visits in the next six months." That's not going to happen. But they do need to get caught up on those immunizations, and they do need to get back in for a visit so that there can be a partnership with the provider to figure out what makes the most sense for that child moving forward. That's really our job. Have they been in recently enough?

Do they need to be seen now? Then how can they have a partnership of what does that look like moving forward? This immunization slide is here to show this graphic from the CDC about the recommended immunizations for children – birth through six years old. This can be a really helpful graphic to remind yourself, if you're familiar with this already, or to teach others about the immunization schedule.

There are a lot of shots that we give to kids, and the great news about that is that we have a lot of really bad diseases that we don't see much anymore because of these immunizations. We're worried now that kids are behind, and therefore, they are more at risk and putting others at risk for things that we can prevent. Not just COVID, but all the other things. As you know, I'm sure children in our age group cannot yet get vaccines for COVID, but they can get all of these other ones, including flu vaccines.

This schedule is just something to look at, familiarize yourself with, and share with others. Just really quickly ,across the top, it goes through the age groups from birth up through age 6 years. Then if you go down, each line is one particular type of immunization. I think this is probably helpful for people who haven't thought much about immunizations to look at this. If you look across and to start with hepatitis B, it's the first one that we give. It requires three shots. It's a three-shot series. The first one is given at birth. The next one can be given in a range, from 1 to 2 months. That's why there's that yellow bar. It doesn't say there's sort of one specific time, there's a range that's OK. If you go down further and say, look at influenza, which about 2/3 the way down, it talks about doing that yearly, starting at 6 months.

If you look in one column, you will see that there are multiple shots often that are recommended to be given. Say, at 4 months, there's five things on there. If you miss a whole bunch of those visits, there's a lot just on the immunization side to catch up on. This slide does not show what we call a catch-up schedule, but there are very specific ways in which you do catch up on shots, depending on a child's age. That is really individualized, again, with the provider. When you figure out that they're behind on their shots and behind on their visits, getting it in the door to figure out what the catch-up schedule will be for that child, how many shots do they really need to be up to date on each of these, and what is the interval at which they need to be given.

There is a national committee that advises the CDC called the Advisory Committee on Immunization Practices, ACIP. It has become quite famous recently because it is the group looking at COVID-related recommendations as well. But if you're interested in learning more about how that works, you can go to those links. But Head Start, in particular, uses this schedule as what's recommended and required for the kids in that program, and this is pretty

consistently used by everyone across the country. It's endorsed by the American Academy of Pediatrics and others. Next slide.

Kim: Jill, like a child may present with an immunization record that doesn't really reflect where they should be for that time, so like a health consultant working with the family and the health care provider to understand that they are on a catch-up schedule, that they do need to go back and have the other shots to catch up, maybe something important. Because when you receive the records, and you're doing your run through, and you're like “Oh, they only had one.” But just doing that follow up, that next conversation because I think is important we all realize that they might be behind, but that the important thing is that they're catching up.

Jill: That's right. Go ahead to the next slide. Just to quickly summarize, when kids are behind and not taking full advantage of these visits, they can be behind on getting the needed screenings that are recommended. We talked about the immunizations. If they miss a vision or hearing screenings, we can delay the diagnosis of finding out that they have a problem, and therefore, we're not sort of helping them see better or helping them hear better. That is detrimental to their health and learning and communication. If you have missed some problem with the teeth, and you get a cavity that goes on to decay more severe than it would have otherwise, that could be a problem that may lead to tooth pain. We know that decreasing access or difficult access to health care specialists in general, and now perhaps even worse, can further delay things. All of these things are motivation to try to get kids back in. Next slide?

This is just a simple example but really important. If a child is having hearing issues, and we delay figuring that out, it can impact their language development. It can impact their communication. As you can imagine, when we can't communicate with people, it's super frustrating. It's going to manifest in a frustrated child who may be acting out in behavioral ways that they wouldn't otherwise if they had a different way of communicating. It can really change that relationship with adults and peers because they're not able to connect in the same way. The child themselves can feel isolated because things are just different for them that we could make better.

Next slide? I'll turn this over to Kim. But if you want to put some ideas in the chat about things that you might do to help address some of these issues, we'd be happy to see that.

Kim: Yeah. Thank you. Thank you, Jill. I think there's so much going on there with the children and families during those visits. If we just kind of step back and think. If we know that children and families are behind, we know that there's so many different challenges. What are some of the strategies? What are some things that programs can plan for, can prepare to do to address getting kids caught up with those well-child visit? Go ahead and type that in the chat. This is our little chat box slide. We'd love to hear what some of your thoughts are on doing this. It's not easy work.

Someone shared, “build a rapport with providers.” Make sure … affordable care. There's options for getting different services. A home visitor is sharing that, reminding families, making a call with families, make goals about how they can get there when they can get there. I love

that. It's that partnership, doing it together. Sometimes doing it together, you learn so much about the family and what do they think about well-child exams and what are some of the obstacles that are getting in the way? Checking with parents on what the barriers are. Partner with health departments to see if their services that you can bring to the program; building relationships with providers; make sure that we find out about resources for different families.

Really the warm handoff, Catherine, I love that you talk about that warm handoff. There's nothing like feeling like you got an in because someone helped you talk to the right person, and you know exactly where to go and what to do. Communicate with families and keep the lines open. Excellent. All right. There are some resources are being shared in the chat as well. Thank you for your good thinking on all of this. I'm sure as you begin to do the work more and more, you'll come up with lots more ideas and then we're going to share today.

We continue to learn from you in the work that you do and what those challenges are. As we tried to do our best thinking around this, we're really thinking about – there's probably like – we put it into four categories just to kind of make it easy as a way that health consultants can discuss, offer, and plan to work with early childhood programs. If you know all these potential gaps are coming that children are behind, so anticipate it. Have a plan for how you're going to address it. Get your things together now for different strategies, different resources, and things that you can have. Work with your staff and director to think about what are the things that you can do to support getting caught up.

I start with a program. As a health consultant, what can you do in the context of the program to address this catch up? Health is everyone's business. This is really an all-hands-on deck. Just as health really took the spotlight with COVID, we all know that COVID has shown us in order to be in a learning environment and get the most out of it, you need to be healthy. You need to be able to be there. You need to feel well so that you can engage in those learning activities.

How do we make sure children have these well-child checks? How do we make sure they can fully engage? When teachers and families and anyone that comes in contact with families knows that these are important, it is important to have a well-child visit. It's important to catch up on immunizations. Everyone can play a role in those conversations. I know when I worked in some of my programs, I might have sent an email saying, “Oh, need these immunizations.” But it was the teacher who got to talk to the family member, that got to say, “Were you able to get an appointment? Is there anything we can do?” Or they were able to say back to me, “Oh, Johnny went for his shots yesterday. Mom should be bringing the record tomorrow.”

As a health consultant or a health manager, really working to make sure that everybody is on board. In the Head Start world, when family service staff, and disabilities, and nutrition, and anyone coming in contact the families keeps this top of mind, you can really work to help overcome some of those gaps. Talking about how to prioritize health, talking about who can staff turn to? Who can managers turn to if they need help in overcoming or addressing any issues?

Ensuring everyone's kind of got the same I say, elevator speech. The same understanding of why is well-child visits important? Why is it important to do this catch up, so that they can fully support the conversation. Just keep in mind, as health consultants in early childhood programs, thinking about staff wellness may not be top of mind. We know that in Head Start programs, folks talk about staff wellness a lot. But as health consultants, you can really support staff wellness and even think about what are their barriers to getting care? How can you support them during this time, where we know there's been so much disruption in health care services and getting them?

I'd love to share this handout. It's called, “Healthy Children are Ready to Learn.” I think it's a wonderful tool. I'm a nurse. I walk into an early childhood environment, and I just see health, safety, injury prevention all over the place. As health people working in an early childhood environment, things that may seem very obvious to us, may not be obvious to others because that's not the context of their work. This “Healthy Children Are Ready to Learn” is a really nice document that ties health and learning together. It might be something you can use with your staff, with your director to share why is health so important to early learning. Just as an opportunity and a resource to be able to use to leverage that understanding.

There's another way that health consultants can work with staff to think about catching up and families and staff partnering on all those things happening in the well-child visits. I think it was one of the most aha moments that I had working with a program, was when I learned about their early learning guidelines. That the teachers in the program were doing assessments on growth and development. They were planning activities to support growth and development.

It became a wonderful point of conversation that I knew when they were doing different assessments, and then they knew that we could have a conversation about what they were finding, and we could talk together about how to work with families on anything that we were concerned about. If you think about, this is the Head Start Early Learning Outcome Frameworks for ages birth to 5. It really reflects that close relationship between health and learning.

I'm just going to fly in my circles there. But if you look, it has the learning side, not the health side. But actually, there's tons of health things that the teachers are looking at all the time. Social emotional development, language and literacy, and perceptual motor and physical development. These are all things that are also addressed during those well-child visits.

If children are behind, teachers should really be aware that they should really be vigilant and on that lookout for anything that might give a little red flag or a sign that someone might be a little bit farther behind, because we know that they are missing these well-child exams. They're having less interactions. Children, we may not – things might not be identified yet.

It provides a nice conversation point. If health consultants work with their staff and say, “Do you do early learning guidelines? What kind of screening, developmental things do you look at? Are there things that I can support you with in talking about?” Even just letting staff remind them that children may have missed some of these visits and may not have had the opportunity to have these conversations with their health care provider.

Another little tool that's an amazing tool that folks can use, and it's one that you can share with parents as well. As Jill reviewed all those little things that are happening in a well-child exam, you could see that developmental screening, hitting milestones, was a big part of them. The Center for Disease Control – so CDC has these great resources, and it's called Learn the Signs; Act Early.

It even has little videos showing the developmental milestones. It's a great teaching tool to use with families and staff. They have great little handouts by months. Like two months, six months, nine months, 12 months, 15 months. Talk about the different milestones that children should be achieving. They're written in a very nice – with a health literacy lens, plain language kind of stuff.

It's really nice to be able to use, and really empower staff and families to use this so that they can truly partner with their health care provider. If they notice something, they can come and talk to you as the health consultant. Talk to their teachers in the classroom, and then they can figure out how to have conversations with their health care providers.

All these resources, just as a reminder, you do get a resource document that has all these links on them. Just as a reminder. Oh, wrong direction. OK. Sorry about that. I love this handout. It is from UCSF, The Child Care Health Program. It is a handout that supports communication between an early childhood program and the health care provider. Oftentimes, if folks notice something in an early childhood program, they have a conversation with the family and they ask the family to follow up with the health care provider.

The family is kind of in the middle trying to play operator and share the message you had. This little form really addresses that gap so that you can put on the form exactly what you want to share with the health care provider, what their concerns are. Then there's a space for them to write back. The back of the form, the page 2 which you can see here, is actually all the hip of waivers that will allow the provider – the parent can sign to give permission to the provider to talk to you about these issues.

It's a handy-dandy little form. It's one of the things I like to keep in my health consultation toolbox and wanted to share that with you as well. I see our time is starting to catch up with us here. Let's do another quick check-in. I'm just curious about how frequently you are checking the immunization records of children in your program. Kate, if you could launch that poll, that would be fantastic. Yep?

How frequently are those immunization records checked in your program? Weekly, monthly, only at the time of enrollment, or perhaps you don't look at them. Someone else looks at the immunization records. Any of those kind of work. If there's another that you want to pop in the chat, please go ahead and share that as well.

Steve: Kim, well, while folks are doing that, I just wanted to give you a heads up. You notice the time and we have quite a few questions. I don't think we're going to get to them all but, just a heads up.

Kim: Thank you Steve.

All right. Go ahead and share that. You can see that mostly folks do it monthly but followed closely by weekly and at time of enrollment. Again, so this might just be something else to think about and plan for that you're going to more frequently check and follow up with them, especially if children are on this catch-up schedules where the time between checks may look a little bit different than the schedule.

You might just need to plan and anticipate that you might need some more time to do some of this health record review and communication with families. The CDC has recognized that folks are behind, and they have this great resource, Catch Up on Checkups and Routine Visits. They're again, nice and colorful and easy to share with families and that link is there as well.

Especially as we are coming up on influenza season, I know Jill brought that up, but it's a great time to get into the provider's office so we can talk about that. We talked a lot about partnering with families and really taking the time to understand a lot of the way that the pandemic has impacted families and understand some of those barriers and challenges they may have even moving forward as a lot of places are seeing numbers spike again. That may continue to create some families.

Anticipate that they're going to have housing need changes, transportation changes, maybe changes in access to food and health care services, and try and have as many resources and things you can have available to be able to share with them. How about health care providers, Jill?

Jill: Hi, so I think we've talked about this. I think the main point to make with us running out of time is that it's really about partnerships. That people are on the same page right now in the medical world and the early childhood world of understanding the critical importance of getting kids in for the care that they need and the challenges that are being faced.

The most important thing is to reach out. Reach out to medical providers, health departments, those in your community to really understand and try to build partnerships that will then help the programs and the families.

Kim: All right. Click, click. There you go.

Jill: This is just a quick reminder that before the pandemic, there were a lot of challenges and many of these we've already addressed. But just remember to help have families – excuse me, to support programs and their ability to really understand what families are facing and to try to help solve those problems or refer them to others who can help address where they can.

I think one of the – ones I want to highlight is that there are families who don't know what preventive care is. There are other cultures in other countries where well-child visits don't exist, and you would never go to the doctor unless you were ill or super ill, right? That might be the

first barrier of just understanding why on Earth this would make any sense and understanding if that's the primary challenge. Go ahead to the next slide, Kim?

Again, this is just reiterating what we've been saying about really trying to find ways to understand what's happening in the community and build those partnerships with the health community and others in order to help support families.

Kim: We're going to skip that one.

Jill: The takeaway is – well, we think all know but hope a little bit more about now – is that health is really critical for learning. That health, learning, and development are all intertwined. The pandemic has really disrupted things in health services and well-child visits. These early childhood programs are really trusted by families and can be critical partners to understand the challenges that families are facing and to help the families monitor their child's growth and development. Then to help try to get them into the services that they need.

Kim: We really appreciate everyone's questions that they've been sharing. Because we are really out of time, we're not going to have time to address all of them. We do encourage everyone to get on to MyPeers and look at the health, safety, and wellness community, look at the Child Care Health Consultants community. Please, check that out. Put some of your questions there. There is also the National Center on Health, Behavioral Health, and Safety info line that you can use. Steve's going to tell you a little more about that.

Steve: Thank you, Kim and Jill. Incredible. We were packed. I wasn't sure we were going to – I thought we would have a lot more time, but people were just chatting away and really engaged with all the incredible information you have. Here's the link to the evaluation. It's been put in the chat a number of times. Olivia, would you put the valuation link back into the chat again?

It's also on the handout. This evaluation link will take – once you submit it, will take you to another link that you'll be able to download your certificate with. If you have any questions that you don't feel you want to put on MyPeers, and you didn't get answered today – and there were a lot of questions – please send them to health@ecetta.info. That address has been popped into the chat a number of times as well and Olivia will put that back in again, and it's also on the next slide, please.

Well, it's almost on the next slide. Kim, thank you. We do have a mailing list. I want to thank Jill and Kim especially, but also Olivia and Kate for running things back at the house and everyone who was such an active and attentive participant. It was clearly – this was a very, very hot issue and one that everyone cares about. Final slide.

This is it. This is how you can reach us. We have a phone number. We have an email address. So much of what Kim and Jill referenced is on the ECLKC in the health dropdown menus. Go there. Thank you all, and when you have a question, reach out to your peers and colleagues on MyPeers or send it along to the National Center. Thank you, everyone.

Kim: Thank you.

Jill: Thank you, everyone.