

Starting a Healthy and Safe School Year

Nydia Ntouda: On today's webinar, we have no strangers to the CCHC platform, Kimberly Clear-Sandor and Mercedes Gutierrez. You can take it away.

Kimberly Clear-Sandor: Thank you, Nydia. We are able to have these wonderful webinars on this quarterly schedule because of our team. We really just want to do a big shout-out to Nydia, Olivia, and Kate for all their help and support in putting on these great events. Welcome, everybody. It's the beginning of the school year. Some of you might have been back for a couple of weeks. Some of you might just be coming back, but we're happy you are taking some time out to join Mercedes and I to have a chat today about starting a healthy and safe school year.

My name is Kimberly Clear-Sandor. I'm a senior training and technical assistant associate with the National Center on Health, Behavioral Health, and Safety, and I bring to the webinar lots of years as a child care health consultant and my background as a nurse, but really just thinking about ways we can truly support early childhood programs to create healthy and safe spaces and support children and families. I'm lucky enough to be joined by my fellow colleague at the National Center and my fellow colleague as a health consultant Dr. Mercedes Gutierrez.

Mercedes Gutierrez: Hi, everyone. I'm really excited to be here. My name is Mercedes Gutierrez. I am also a senior training and technical assistance associate with the National Center. I've been working with early childhood programs for over 10 years, and as a child care health consultant and as a health manager for Head Start programs. I'm really excited to talk to you all today about how we can contribute to a healthy start for the new school year.

Kimberly: Thank you, Mercedes. You all are saying some of these things to this audience always feels a little funny because you're living it in this moment, about the business of this time of year. What we're really thinking about today is how this wonderful new start to a school year can be used and thought about in a way to identify opportunities that allow us to work collaboratively with the program and be able to support our staff, the children, and the families, to really elevate those health and safety principles and get everyone started on a good healthy plate.

The work of health consultants, when we talk about a child care health consultant, we know that, oftentimes, it's very much driven by needs that are identified by the program, or they could be identified by situations that arise at different times. Keeping that in mind, we hope that, today, we will describe what does a collaborative process for consultation look like. When we work with programs, we want the greatest chance for success. We want the greatest chance to be able to work together and be able to execute some ideas.

Always thinking about how we implement our work is so important, so we really like to start with that piece. We also are going to set our different approaches to assessing health and safety. What are the pieces you're going to look at? What are the different ways you can go about it? We're going to think about some resources to support policies and procedures. That's another big thing that happens at this time of the year, and then we hope to talk about connecting programs to resources that will be meaningful to your families in meeting their health needs. I'm sure you all came with some ideas or questions or thoughts of your own about things you want to cover today.

Mercedes and I really invite you to use the chat in this time together. Sometimes, our work can feel very lonely, so this is a great time to be together and share the wisdom of the group. There are many new folks out there in this space, and there are folks that have a lot of experience. But we all are really working towards the same goal, and that's to support children and families to be healthy in the early childhood program context. Please use that chat. We will be on there all day and try, and be answering questions or incorporate some of the things you hope to talk about as we go along.

We always like to start off thinking about what is a child care health consultant, and we know that this can look different across the United States as every state has their own child care licensing regulations. We drew the definition of a child care health consultant from the national standards set out by caring for our children. They describe a child care health consultant as a health professional with education and experience in child and community health, and who also has specific training in early care and education programs.

In some states, it's very well defined that it must be a health care provider. In other states, it's not, we're really coming from this broad level of this big definition and thinking about the things that are potentially areas that a health consultant can help a program with. Please realize, in your state and your program, things might be a little bit different, and you can adjust and adapt to that. But also think about what are you being asked to do and what more can I do? What are other ways I can think about helping program. This is a nice little handout. We just like to put it up there so that you guys can access it.

Oftentimes, program directors or teachers or managers may not be familiar with working with a health consultant, and they might not know what can you do for me. This is a nice handout, and it captures science-informed evidence and research about how a health consultant can support an early childhood program. It's a nice handout to talk to your program director with, talk about what you can bring, what you can do, and find out how they think you can be helpful to them. Find out what's on their mind and how you can work together to help them. It's a nice little tool. Wanted you guys to have access to that.

The other thing we like folks to know about is the child care health consultant competencies. If you look at any of our past webinar series, you'll see that we always highlight what competencies are getting addressed as we go through the different topics. We develop these child care health consultant competencies as a very global general competency list, again, recognizing the variability across the state. But what we hope they do is to foster quality care

everywhere being done by health consultants, and they're broken up into general areas of expertise and topical areas of expertise.

We hope that you'll take a look at those. There's a link to them. There's some different modules and things to grow your own skills and thinking in this area, but it really, again, captures not just what we know, but how we can work with programs to do it. The links that are on the slide, you'll be getting them as well, and I know that our support team will be putting links in the chat as we go along as well. At the beginning of the year, it's a busy time. We all know it, and our new and returning families and staff come to the program with different needs and different expectations.

Mercedes: Kim, you can if we think about how child care health consultants can really help during this time, it's really a great time to reach out and start some conversations with program leadership and talk about their needs. You think about everyone is experiencing something new at this time, children are learning new routines. They might be transitioning to new classrooms and meeting new teachers, meeting new friends.

Staff could be new during this time, or just needing to relearn a few things, how to implement some specific program policies and procedures. They might have new students in their class and need to learn how to manage some new relationships with children and colleagues and even new families. Additionally, the families could be new to the program or just need to become familiar or re-familiarize themselves with the handbook.

They might need to understand the enrollment paperwork, all of the requirements of physicals and immunizations that need to be handed in, and maybe they need some guidance on medication administration or reminders for sick days and understanding illness policies and when to stay home. There's a lot of new transitions happening in the beginning of that school year, where child care health consultants could support with.

Kimberly: Lots of opportunity. This is a chat to hear from you guys about what type of health and safety planning do you do at this time of year for children, for staff, for families? What are some of the things that you're engaged in?

Mercedes: As you're typing, think about the different areas that we talked about, the program, the staff, the families, and the children. What are you doing during the beginning of the year?

Kimberly: I see a lot of training staff, those emergency plans, updating first aid and CPR. The wellness program, I love that. Special precautions. Meal benefit forms, lots of forms, lots of training. Allergies, med admin.

Mercedes: Great. As you can see, child care health consultants can play various roles when they're supporting the early childhood programs, but the ultimate goal is really to provide comprehensive services. The best way of doing that is to sit down with the program director and the staff and see how you can best support them. If you're thinking about the program, maybe you're looking to review and update policies and procedures at the beginning of the

year, or maybe even after this first month. Think about – we said, Kim said some of you have been back already for a couple of weeks now, and it might be time to say, oh, this is working, this isn't working, this needs to be adjusted.

You're building that ongoing relationship that you are communicating with the program and trying to understand what they need that support with. If you think about staff, like we said, you could be providing that professional development at the beginning of the year. It could have happened over the summer, or it could be happening now. Again, thinking about what happened during this first month of school. Does anybody need some individual training? Does anybody need to be supported in a different way?

Thinking about families, there are many opportunities that child care health consultants can really support families through providing health education, whether it be in that group setting or whether it be individual one on-one and working with children to identify the needs and safety the needs of health and safety for the children. Child care health consultants can do that through having observations, whether it be in the classroom or out on the playground, and just seeing how things are working, or where they can support in those areas. If we go to the next slide, this kind of covers a lot of the things that you all have written in the chat. Thinking about the beginning of the school year, you could be updating policies. You could be supporting in family meetings. I saw, in the chat, a lot of people are planning those individualized health care plans or thinking about those safe environments.

Creating a community resource list and updating that to make sure you have the right contacts, the right people to refer to. Sitting down with the leadership of programs and thinking about the ultimate goal of the program and what thinking about what the community assessment might have pointed out as a need for your community and where you can support with trainings or maybe thinking about events that will help the family as a whole. All of these things, you could be doing in the beginning of the year and throughout the year, but child care health consultants can really provide a lot of support to programs. Today, we're going to talk mostly about the top row of items on this list as we move throughout the training.

A lot of you mentioned in the chat that you're helping with updating policies and procedures. Policies and procedures kind of go hand in hand. You'll hear them always stated together. People will say, update your policies and procedures, but what's the difference? When we think about a policy, we're thinking about what is the program's belief or intention about a certain service area?

Then when you think about the procedure, you say, how could this policy be implemented? For example, if you're thinking about a policy that's on safe outdoor play, you might define very broadly safety inclusive of the playground of the equipment and the weather. But then when you talk about the procedure, you're talking about the usage of that equipment. You're talking about how you prepare to go outside and apply sunscreen on young children.

Kimberly: I mean, policies are such a good tool. As you're reviewing them, and you're thinking about all of this, they are such a concrete way to say, this is how our program is going to

operate, and these are the things that we are going to do. They be kind of a great communication tool to clearly share the expectations of the program to your staff, to consultants, to visitors, and to your families.

The policies that talk about Mercedes mentioned a lot of the policies people might benefit from hearing about at the beginning of the year, about forms needed for medication administration, or when to stay home. All that stuff can be included in a policy, and then everyone's on the same page, and they know, before it happens, this is what we're going to do, and this is why we're going to do it. Really thinking about that at the beginning of the year, reviewing them, looking for updates and changes that might need to happen just to stay current with the best practices is really a best practice to do that on an annual basis.

Mercedes: When you're looking at the policies and procedures, whether you're supporting a program in the development of a policy and procedure, or if you're supporting them in the review of a policy and procedure, it's so important to keep in mind the intention and the approach. You could be reviewing policies and procedures for compliance with regulations or compliance with national quality standards like NACI or CFOC. Or you could just be reflecting and moving towards best practices. Again, like we said, it could be that. Last year, a policy worked really well, but now or a procedure worked really well. But now, with this new set of students, it's not working so well. How do we adapt? How do we update and review this policy to make it work for the program and for the children?

Kimberly: It's that kind of updating. Sometimes it's fun to think of work as in, here's my work, it's done. Check the box, it's done. But with policies and procedures, thinking about them in that context, Mercedes, I think is really nice because they are, in a way, a living document. You have situations that might require you to change them and update them, so having that open mind and flexible approach when you're looking at your policies and procedures, I think, is important.

Let's look at this little scenario together. If a program asks you to do an annual review of the program's health and safety policies, how do you go about it? How do you approach this and tackle that ask? You can just type those in the chat there. Thank you for liking our Zoom background.

Mercedes: That made us both smile. We're like, thanks.

Kimberly: I feel like I need to transition to a fall, but it's still a happy background.

Mercedes: Flowers make you happy. Document and cross reference state licensing and CFOC, that's great.

Kimberly: Perfect, that's just perfect, and it truly is that complicated. You do need to be aware of and think of all those different standards. We work through the Health Advisory and Policy Council, which is also such a great opportunity to educate and learn and think through what's going to work best. Research [Inaudible] – it must be a Delaware-specific program there.

People have a template. Policy Council collaborate with the team. Checking the incidents we had during the last school year, suggest modifications.

Mercedes: That's great.

Kimberly: Yep, use that data and that living document thing. Things are going OK. Look, we got to course correct here a little bit. Thank you all. I think this is just great, great ideas, and I really, really love what's coming through is that whole collaborative conversation. Together with. I think that it is spot on. They can't be done alone.

You really need to think about the many different perspectives and who's going to who it's going to impact. Making sure those program best practices are followed, making sure we know what do we have to do, and what can we do to, again, move towards that best practice and help achieve those goals. Thank you all for chatting with us today.

Mercedes: We do love hearing all the good work you're doing out there.

Kimberly: Programs have many policies and procedures and caring for our children is a national online standards database. It is voluntary. They're not mandatory standards, but they represent a collection of best practices that are evidence based. What's truly unique about them is they are for the Early Childhood program. They are for your age groups. They are for group settings. You don't have to go and extrapolate tons. It's pretty speaking to you and your children in your program and thinking about early childhood programs.

We use that as a resource a lot because it is so global, and they have this standard, which again, you'll get that link as you move along. When you read the standard, it gives you a whole host of health policies that we really think, from a health lens, we think about the health policies, like health records, immunizations, nutrition, things like that.

Safety, we think about the materials and equipment, the indoor environment, the outdoor environment, the playground, sidewalks, walkways, and even the things that we're using like your stroller or your the swings or whatever it might be there. And that we always I know it's infectious disease, coughs and sniffles and colds and whatever else is running around in your communities, it all comes into an early childhood program.

Really, making sure that our staff are trained on good handwashing, good cleaning, sanitizing, and when necessary, disinfecting practices. Reminding ourselves about those important policies on the daily health check, when do kids need to go home, and when they can come back. These policies, and many more, are outlined in that Caring for Our Children database. Right now, you might just have a top five or top 10 that you're reviewing, but you might think about other policies. Maybe you have policies. Maybe you don't have policies, and that standard will help you a little bit think about other ways you can improve the practices in your program with some different standards.

Many of you mentioned that your policies and procedures are — you must consider your regulations in doing them. We have put out these resources for you, the help in that work, for regulations, your child care licensing, if you're licensed by your state child care licensing department, whatever that might be, Department of Health or early childhood, there's a link to the licensing child care regulations.

We're just giving these as key resources that you can hang on to. If you're a Head Start program, you know you must follow your program performance standards, and then again, we talked about the best practices. I mentioned the Caring for Our Children online database, so we're just trying to make sure you have all this good stuff in one spot.

We didn't mention the Model Child Care Health Policies book, but this is I think it's an amazing resource because it has a whole bunch of different policies in there with a fill-in-the-blank type of format. While it may not work to just pick it up and use it, but it gets you thinking. It has you, hey, what's in my policy? What else could I add? Wow, these are things I never thought about before. It's so nice to kind of have the opportunity to look at a model or what someone else has put together in a policy and think how that might be individualized for your program and the needs of the children, families, and staff in your program.

I also put up there the link for the National Association for the Education of Young Children. Many programs are NAEYC accredited, or N-A-E-Y-C accredited. I know everyone says it a little different. But they have really high-quality best practice standards in their program. I put a link in there because, if you are accredited and maintaining that accreditation, you do want to crosswalk and align all of these standards together that you can have policies that are really helping you not only achieve your standards, but again, move towards that high-quality best practice.

We got policies and procedures in the bag, we're going to switch a little bit and think about that healthy and safe environment. Another beginning of the year activity that folks may be involved in is doing observation, doing walkthroughs, taking a look at that indoor and outdoor environment and trying to get ahead of any concerns for health or for safety. We know that a health consultant is most impactful when she has a really good working relationship with the program leadership. When you can work together with your program, that's when you can really have that wonderful relationship that shares a lot of information going back and forth, and you should have a discussion. What would you like me to do?

This is how I'm going to do it. How am I going to share the findings with you? How can we work together to resolve any issues or concerns? We talk about thinking about the concrete steps about what's coming next as being really important, but remember, when you're doing an observation, sometimes you come across something that you can't walk you can't leave it there.

Somebody might be in immediate danger, and thinking about, how do I have that conversation, how do I bring that up, how do I address that at that moment, having a plan for that, but also letting your director know, listen, if there's something that needs to be addressed in a way, I'll

address it. But I'm going to let you know, and then let's come up with a plan to see how it's going to go from there. Sometimes you might notice something that you're going to dig a little deeper. You're going to be like, let me figure out why is this like this. It might not come right to mind why something is like that. I'll stop there.

Mercedes: I think you actually covered everything, Kim, and after you dig deeper, you might want to explore some solutions with the director, and then as a child care health consultant, you're going to continue to support that solution. Whether it's connecting them to resources or checking back within a couple of months to see if that solution is actually working, there's many ways for you to support them through creating healthy and safe environments when you're doing these observations.

We're actually going to go to the next slide, please, and let's look at this scenario together. As we go through the scenario, feel free to write in the chat, what do you think your next step would be? Mary is a child care health consultant, and she's reviewing a health and safety checklist with a caregiver when she notices a crib next to the window. The cord from the window blind dangles down and could be within reach of a child standing in the crib, so what would your next step be?

Are you going to step back and observe and see what happens next? Are you going to address the crisis? Are you going to dig a little deeper, see what they're doing wrong? Are you going to step out and talk to the director and problem-solve with the director, or are you going to support the solution? What do you think? Check with the chat. I see a lot of address the crisis, address the crisis. I'm glad we couldn't trick you on this one. Address the crisis, then work on education and problem-solving. I love that.

You're right. This is definitely an immediate risk, an immediate emergent situation where you need to say something right away because the situation poses a strangulation risk, and the child care health consultant should intervene before moving on to another task. She can continue her observation afterwards and dig deeper into why the situation occurred. Maybe did the crib get moved, or did they set up the room wrong, or they need some support in that area?

All of that should happen, really, after that immediate risk is addressed. Remember, observation is great. It's part of your role as a child care health consultant, not only are you looking at policies and procedures, but you're observing how they're implemented. You're observing how things are happening.

But a lot of times during those observations, as Kim said, you might have to say to yourself, what do I do next? I just observing, or am I addressing something right here and now? Remembering how important it is to build that relationship not only with leadership, but with staff as well, front line staff. You're remembering remember how to communicate some of these messages with care. Digging a little deeper could also just mean to ask more questions. How did the crib get pushed to this window, or was it always this way? Or what do they think is the problem or the situation here? But you're all right. We did not trick you. Definitely very important to address the crisis first.

Kimberly: Mercedes, I always think about and I know I've shared it before, my water table observation. When I first started in early childhood, I was doing an observation, and they were using a water table. Well, because I look at things from a health lens, I have never been an early childhood educator.

That's never been my role. Being open and having that humble inquiry and curiosity to learn about why are things set up the way they are is so important because I saw that water table, and I was like, that is why would you have a bunch of little kids putting their dirty hands it's like playing in a sink, in my mind. Why would you have such a group doing that?

I noticed it. I wasn't going to do anything about it at the moment. Nobody was in danger. But I wanted to understand, what is this water table? The teachers told me all the great things that can happen. It's sensory. It's science. We're talking about hot and cold, and whatever. I was like, how do we create this in a way so that we're not sharing a lot of germs? We can wash our hands before we start. We can use fresh water between groups of children. We can make sure that the thing that's holding the water is appropriately cleaned and sanitized. You do those things, you're minimizing the germs. You're minimizing the risk.

But it takes that pause and a, what's going on here, to understand, and even with this situation with the cord, with the crib, how many times have we walked into a program that had a cleaning crew, and the cleaning crew came in and moved things around so that they could do the carpet? Or perhaps you share a space with another program. People come and use your space, and then you come in, and all the outlet covers are out of the outlets. It's not that the program didn't have a plan for it, but we know that, when the spaces are used, different things happen. How do we continue to stay on top of it as those go. This is a fun little module. Mercedes?

Mercedes: Yes, this is. This scenario actually comes directly from the Child Care Health Consultant Skill Building module. Those of you who aren't familiar with the modules, you can navigate to them through ECLKC or E-C-L-K-C, and you get to them under the Health Services Management tab. There, you'll find several modules that really help build the skills of child care health consultants or health managers, health coordinators, all of the above.

Everybody can really benefit from taking some of these courses, and this one, scenario that was on the previous slide, comes from Identifying and Resolving Concerns, that skill-building module. It goes through a lot of scenarios similar to that one where it kind of asks you, what do you think should happen next? It tests your knowledge a little bit, but also helps you develop some really good skills in identifying what to do next and how to address it.

I loved, in the chat, someone said, make sure you're approaching it in a non-judgmental way. Just like Kim said, it could really have not been that person's fault, and things could have been moved around without them knowing. They could have been sharing spaces, like she said. Making sure that we're using the right skills, such as asking questions and addressing things with the appropriate non non-judgmental way. Those are really some skills that you have to

develop, one, because we're always fighting our own internal biases, and a lot of these modules here help you with identifying those things and building on your skills to address them.

Another module that I'm just going to shout out that I love is using cultural competence to solve problems. Really, really, really important that we understand our own biases and acknowledge some of the cultural differences that our families have from ourselves when we're working with children and families and programs. When you get a chance, go on ECLKC. Take a look at some of these skill-building modules under the Health Services Management tab. Anything else about these modules, Kim?

Kimberly: Nope, we just think they're fun.

Mercedes: We think they're great.

Kimberly: They're not heavy. They're really interactive.

Mercedes: On the next slide, we also want to give you some more resources for supporting your knowledge on healthy and safe environments. These are two webinars that are currently on ECLKC or E-C-L-K-C. One is creating healthy and safe environments, and that was part of the Child Care Health Consultant quarterly webinars that we do. The other is promoting health and safety through child care health consultation, also part of the quarterly webinar series, preventing injuries and strategies to maximize learning and keep children safe.

Review these webinars at your leisure. They really provide you with evidence based instruments to objectively assess the quality of health and safety and wellness practices, and they drive quality improvement plans. They will help you build that skill. They will help provide you with some great resources like we're doing today. The webinar also reviews strategies to involve program leadership and develop ongoing plans to address areas of concern, so when you get a chance, take a look at those resources.

The next slide are some additional resources that we want to give you as well. When you're thinking about creating healthy and safe environments, it is a great resource to have in your back pocket to have a health and safety checklist, and this is from our partners at UCSF. The first link will take you to a health and safety checklist. It's 101 questions that can help you really assess different areas of a classroom, and also it has the outdoor areas as well. Playground safety as well is on this checklist, and just gives you some things to think about. You can do this at the beginning of the school year, but you should also do this at different periods throughout the school year as well so that you see if things are working.

Remember, we're thinking back to improving those policies and procedures throughout the year. Also, for those of you who are supporting home visiting programs, this home safety checklist could be for home visitors to take out to families, but could also just be a resource that you give to new families. Don't assume that people know how to create safe environments within their home. It's important to be able to provide health education throughout the year, if you give this guide to safety conversations, this link that's down at the bottom, this is a great

resource for both home visitors and just families or anybody that's working one on one with families or going into houses.

Kimberly: One of the activities I love to do with checklists is to have different teachers go into each other's rooms. Again, this can only be done in a program where it's a learning culture, and people feel comfortable having other people come in their room. Sometimes, you get used to just seeing your room, you might not identify something that are of a concern. Think about different strategies and how you can even use some of these health and safety checklists to check in on maybe, at the beginning of the year, there were a lot of different issues.

But now, I'm checking it every other month, and look at how things are improving. It's a great tool that can be used in many different ways, and the first one that's listed there is linked to the Caring for Our Children standards. I'm not sure if did you say that? I'm sorry.

Mercedes: No, I didn't. I didn't.

Kimberly: We missed it if you did. One of the reasons why I bring that up is because you might look at that and be like, why is that on there? But you can click the standard, and then it further explains why that might be something important. Hope that's helpful to use. Now that we've done that part, another thing that we think about at the beginning of the school year, updating and getting ready, is preparing for all the things that your families might need beyond what's in the program. Maybe you have children with special health care needs, and you need to engage different community partners.

But thinking about those community resources at the beginning of the year, and who can you develop partnerships with, and how can you foster those partnerships is a good place to start. A program may connect with community resources to support families in meeting some of their social needs, such as health care, transportation, or housing. Programs might also connect with partners to help them meet the needs of staff. It's important to think about some of those pieces and who could be helpful in your work.

Mercedes: In the chat, someone mentioned using data, and you're getting a lot of data at the beginning of the school year. You're getting the enrollment paperwork. You're getting updated physicals. You have your community assessment. Really taking a look at all of this data that you have and try to see what resources might meet the needs of your families that are in your program.

You might be able to identify some new resources or think about where you need multiple community resources, but take advantage of all of that data that you're getting. It's the beginning of the school year, and really take a look and see how you can improve your community resource list.

Kimberly: Even if it's not something you have done before, it's a good thing to think about. Maybe it's not something that your program has really thought about. These are all places where you can begin to get those pieces of information.

I love this slide because it's really getting us to think about how can we begin to identify what resources might support positive health outcomes for our children and families, and it's really thinking about the communities where they live. As a health consultant, you can work with everybody to identify the social determinants of health, and you see that on the screen on the left-hand side in the circle, but understanding which social determinants of health are impacting your families and how you can support them.

You might be like, what are these social determinants of health? The social determinants of health, there's five different areas of them. You have health care access and quality, neighborhood and built environment, the social and community context, economic stability, education access and quality. We have another determinant, which is that outside blue circle, which is structural and systemic racism and other forms of oppression.

All of these components impact health. Sometimes, or the research has shown that it can impact 80% of your health. We're focused on getting health forms and caring for children with special needs and all these other things, as a health consultant, it's important to know that health is impacted by so much more than just those pieces of paper.

This diagram captures how it all comes together, and Mercedes and I did a webinar last year. I guess it was last year at this time, about how can health consultants advance equity by thinking about the social determinants of health? And what are things that programs can do to address social issues to ultimately improve health and improve health equity?

The community data that you can look at, you can think about families and their health care access. They're impacted by ability to get a health care appointment, ability to get a job, ability to access transportation. What does their neighborhood look like? Is it safe to walk around? Isn't it safe to walk around? These things are called social determinants of health, and the health care community has begun to use assessments to determine their patients' social determinants of health because they know how responsible it is for actually helping people be healthy.

You might think about that. How do I learn about our families? How do I learn about our community, and to be able to get this data and pull it in and be able to connect with some different resources? The webinars, I know Olivia and Nydia keep putting in the chat for you guys. The slide deck and the resources, they're linked in the chat, and so are these different webinars. You will be able to access that.

We just want to take a second to think about, how does that social determinants of health kind intersect with our work? We're going to look at the neighborhood and built environment and the access to nutrition, and also the social and community engagement determinant. Social and community engagement refers to people's relationships and interactions with families and friends, co-workers, and people in the community.

It's really well understood that this can have a major impact on health and well-being, and I think we all saw that during the pandemic, that when we were isolated from people, it was

something that people felt was missing in their wellness. Thinking of that, hold that in your mind, and then think about perhaps the neighborhood and built environment that your families might be living in. Is it a neighborhood where there's easy access to good nutrition and food and safe sidewalks and very low violence? Is it a neighborhood where families don't feel safe going around after hours, or there's no healthy food that's available to them?

If you find these two things out about your program, and we know that those two things will impact the health of the people in your program, what can you do? What are some of the things we can achieve, helping people feel connected, and helping them have some access to good, healthy food? It's like building the protective factors. That's what you can do.

Mercedes: Yeah, and you always want to keep in mind that you should be developing culturally relevant programming, this is a great example on this slide. If you're trying to build community engagement and social context, you can host community events, plant community gardens, or organize health and wellness fairs or link families to nutrition and cooking classes.

But keeping in mind that they should be culturally relevant as well, you're connecting to local food sources that don't just provide food, but maybe they provide traditional foods, or that are relevant to the community that you're serving. When you're thinking about hosting those community events, make sure that you're thinking about ways that they could maybe plant foods, like a planting day or a garden or a harvesting day, that they can plant foods that they will actually eat, not just giving away foods that people aren't actually used to or want to eat.

Then there's other events that you could do, like the cooking classes, and preparing traditional foods together really helps express to the children and families that you serve that you care, that you care about their culture, that you care about community, and you want to make sure that they feel welcome.

Kimberly: We know that programs are very creative and thoughtful and do a lot of amazing work out there. We're wondering if you would share with us what are some other community connections that oh, sorry. Oh, look, I was doing so good. Almost made it to the end.

What are some of those things that you're doing out there that you can share with each other, things that are working, things that you've tried that, really, you feel have been impactful for families? Share those in the chat. It's so fun to learn from all the work that you're doing.

While you're thinking of writing that, I just also put a note in the chat about, if you're having some questions, if we haven't answered them, we do have an info line. I saw some questions fly by about specific infectious diseases. You can always write us at our health@ecetta.info email. I did put it in the chat, but just wanted to shout it out to folks.

Mercedes: I love

Kimberly: Health fairs. All right, go ahead.

Mercedes: I was going to say, I love the health fairs and the gardens. It's a great example of getting healthy foods out there, but as well as making those really strong community connections. I love the family engagement nights, too, have just playing games together. Or it gives people an opportunity an opportunity to meet other families that have children similar ages, make those connections. And that's really important.

Kimberly: Folks have brought the health services to the program, flu clinics or dental programs, bringing those services that might be difficult to access into the program. I also love the Backpack Buddies program with shelf stable food and sharing those, connecting to WIC.

Read that chat. There's lots of good things in there and really good ideas that really might be special. Someone put in the Hispanic Heritage Nutrition Day, excellent. Mobile Bus Vision and Hearing, so bringing some of those health services in, I think, is really great, too. I'm going to keep going.

Mercedes: Another way that child care health consultants can connect to community resources is to address concerns in the program. As we read this scenario, think about some community resources that this child care health consultant might be able to access.

The director at a program Ann supports is concerned about the safety of her playground after two children were injured on a wobbly bridge. Ann and the director walk through the playground together to find areas of immediate concern, like the bridge, and discuss how teachers can address them right away.

Kimberly: What collaborative approaches do you notice in this scenario that the CCHC took? If you're thinking of type it in the chat. What do you think that the health consultant did that will foster a collaborative relationship? It's interesting, as a consultant, to think about not only your work, but how you're doing your work. How are you approaching it, and what are some of the things you do and say? How does that impact those relationships?

We have, she assessed the situation. She took the time to look at it, and Deborah's saying, they did it together. Do it together if you can. That's important, you're both putting on those same glasses and seeing the same thing and being able to talk about it together. She worked with the director to identify the problem area. The open communication, the teamwork, yeah, working as a team. You got it.

Mercedes: You guys are great. In this scenario, they walked out there together. They assessed, and Ann was probably thinking, I should assess this playground to the level of safety certification. She might not be, herself, a certified playground inspector, this is another opportunity where Ann could say, I myself cannot inspect your playground to this level of certified safety, but I can provide you with a community resource that can do this for you.

Thinking about having those resources in your back pocket. Maybe it's not something that you have right away, but as you go, and these scenarios come up, you can continue to build upon your resource list and be prepared to have resources ready to meet the needs of the program.

Kimberly: Somebody popped in the chat, Mercedes, to use that safety checklist and the playground checklist together.

Mercedes: Yeah, exactly.

Kimberly: That's great. Heidi mentioned, by walking the playground together, the concern was addressed as a team. Another resource they share is the National Program for Playground Safety, folks, check that out in the chat. It's another great resource for you guys to look at.

Mercedes: That's great.

Kimberly: Oh, wow, this is great. I can't believe our time together is already coming to an end. When Mercedes and I first started talking about, where do we go and what do we include in this, because we know that the beginning of the year requires so much attention to so many different areas.

We hope that today, you had an opportunity to reflect on a collaborative process of health consultation, to work with your programs, got some different tips and ideas, and found those skill-building modules that you can work on some of those consultation strategies, too. We've got some best practices, resources for you for policies, procedures, those checklists are in there, and then those links to all your regulations and stuff like that.

We hope that you consider approaches to manage health and safety concerns. Health and safety, the big health and safety, as well as getting really in the weeds and nitty gritty with your program. Lastly, we hope that you walk away thinking about some different things, maybe some new ideas about using community resources or a new way to use them and think about them as they align to those social determinants of health, realizing that as we address social determinants of health, we're addressing health, and that's an important role for all of us.

I don't know if we have any last questions. I can pull up the question chat there. I know that there was a question about the PIR that came up, so if you're Head Start program, please remember that you do send your PIR questions Nydia, can you put that email in the chat for everybody, so if there's a Head Start program, they can direct those to HSES?

Also, a reminder with the do you see it?

Mercedes: Yep, I had put it in the Q&A.

Kimberly: Oh, you did? Thank you. Also remember, work with your local health departments. Work with your state health departments on managing those infectious diseases.

We know that it's flu, COVID, RSV. It's the fall. There's also a lot of colds and things running around, so stay tuned to all of that and continue to work with those community partners to help inform what you're doing. Well, thank you for all the thank yous. It was great being with you. It's always nice to see you, and think I will turn it back over to Mercedes I mean Nydia.

Nydia: Thank you again so much to our speakers, Kim Clear-Sandor, and Mercedes Gutierrez. Thank you for all your participation. The CCHC webinars always have such great engagement. The chat is almost as good as the content being delivered itself, so it was wonderful. As was mentioned earlier, if you have more questions, go to MyPeers or you can write to health@ecetta.info.

Questions about the evaluation? The evaluation URL will be placed in the chat. It will also appear when you leave the Zoom platform. Remember that, after submitting the evaluation, you will see a new URL. This link will allow you to access, download, save, and print your certificates, and you can subscribe to our monthly list of resources using this URL. You can find our resources in the Help section of the ECLKC, or write us. One more time, that address is health@ecetta.info. Thank you all for your participation today, and, Kate, you can go ahead and close the Zoom platform.