

**SIAC, Health Subcommittee meeting**

**Monday, September 23, 2013**

**2:30-4:30pm**

33 W. Monroe – 24<sup>th</sup> floor, Board Room East

Conference call in number: 888-494-4032

Pass code: 719 851 8485#

**Meeting Minutes**

**I. Welcome and Introductions (10 minutes)**

**Adam B**

Eileen Lowrey, Respiratory Health Association

Deborah Evans, CPS

Deanna Durica, Cook County

Department of Public Health

Tom Browning, IAFC

Kim Bartolomucci, CCOHF

Liz Strain, Lutheran Social Services of Illinois

Donna Emmons, ISBE

Adam Becker, CLOCC

Holly Campbell, Health and Disability Advocates

Lula Mundsén Smith, Ounce

Janine Lewis, EverThrive IL

Dan Harris, DHS

Saleem Hue Penny, IAFC

Karen Freel, Ounce

Madelyn James, Voices

Amy Zimmerman, Health and Disability Advocates

Pam Borchardt

Jen Herd, CDPH

Christy Serrano, Ounce

Denise Dell Isola, Irving B Harris Foundation

Jessica Barreca, UIC

Abby Rose, CPS

Andrea Densham, Childcare Network of Evanston

Karen Berman, Ounce

**II. Review Health Subcommittee meeting minutes from 8.14.13 (5 minutes)**

**Janine L**

Minutes were approved by the Health Subcommittee

**III. Health Subcommittee Work Group Updates (25 minutes)**

**Adam B**

- Obesity Prevention Work Group – Has not met since last meeting
- Oral Health Work Group – Has not met since last meeting
- Medical Home Work Group – The Work Group met earlier in the month and will begin completing the matrix for medical homes. Once an initial draft is completed the Work Group will meet again to review. The Work Group also had brief discussion about the ACA and its relationship to children's healthcare.
- IL Children's Mental Health Partnership – Completed an issue brief on homeless families. ICMHP will share and Christy will distribute to the Health Subcommittee. ICMHP also had a roundtable to start a discussion of next steps on analyzing the mental health consultation landscape. ICMHP will seek input from the Health Subcommittee when appropriate.

**Health Subcommittee Charge:** The Health Subcommittee will develop strategies for 1) integrating health across early childhood systems and for 2) addressing gaps in health-related services that can be addressed by early childhood systems in order to support children's healthy development and school readiness. The Health Subcommittee will also define measurable outcomes for accomplishing these work priorities.

#### IV. Presentations: Chronic Health Conditions and Lead Poisoning (30 minutes)

Janine L

##### Chronic Health Conditions:

The group discussed the need for chronic illness action plans because many early childhood providers may not be aware of which children have a chronic illness. Chronic illness action plans help providers and families feel more comfortable in addressing children's needs. In addition to completing the matrix on chronic health and early childhood, the presenters provided sample medical action plans that can be adapted for chronic illness action plans. The matrix highlights the importance of the role of the medical provider in completing the chronic illness action plan with the family.

The following are comments from the presenters and the group on the chronic illness matrix:

- There should be a place on a child care intake form, or create a new intake form, for parents to include information about their child's health needs.
- There is a very small section on medical action plans within the training "Introduction to Inclusive Childcare". There could be an opportunity to make the training around medical action plans more robust for both day care centers and licensed day care homes.
- The presenters recommend that creating a more complete, standardized intake forms and action plans for the early childhood system. CPS sends out a standard "Student Medical Information" form once a year to families to capture student's medical needs. This form could be used as a template for early childhood providers too.
- ACTION STEP: The Medical Home Work Group can work on recommending a standardized intake template for early childhood providers to use. The Medical Home Work Group could also develop a checklist for what early childhood providers need to be asking parents regarding their children's health.
- 40-45% of children participating in the child care assistance program are in licensed exempt homes. There are not a lot of rules you can impose on licensed exempt homes but we need to look towards increasing and improving educational opportunities for these providers on how to deal with children's chronic issues while they are in their care.

##### Lead Poisoning:

The presenter for the lead matrix shares with the group that lead poisoning does not automatically qualify a child for EI services in IL. To help children who suffered from lead poisoning overcome the fact that they were lead poisoned, it is important to provide EI services to them even if they are not showing signs from the lead poisoning yet. Often lead screening tool or blood test do not happen in the medical home even though all of Chicago is a high risk zip code (Medicaid requires testing for lead in children at 12 and 24 months)

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The following are comments from the presenters and the group on the lead matrix:

- The state should approach lead poisoning testing the same way we approach immunizations for children in child care. Currently the lead Poisoning Prevention Act – excerpt – Public Act 94 879 – requires children living in the high risk zip codes designated by the Illinois Department of Public Health must have a lead blood test before entering child care, and that providers participating in the Child Care Assistance Program (parent subsidies) must provide a pamphlet annually to parents. We need to take a public health approach to prevent and address the effects of lead poisoning – what we’re talking about here is “permanent brain damage for kids”. One of the recommendations of the Health Subcommittee could be that children need to have a lead poisoning screen or lead blood test in order to be enrolled in child care.
- Group asks if lowering the level definition for blood level poisoning in IL will help children but the presenters say that this won’t help give children the developmental opportunities they need through EI once they’ve been poisoned. However, lowering the lead levels may increase public remediation of spaces to reduce the exposure for lead. Both may need to happen in order to help protect children and the CDC is already moving in the direction of level 5 on the federal level. The ELC should make a recommendation at some point about lowering the level of lead poisoning in IL.

**V. Health highlights from the INCCRRA Survey (20 minutes)**

**Janine L**

The group reviews the findings from the responses from providers on the Subcommittee’s health questions. The group would like to ask INCCRRA if we could get a breakdown of responses by zip code. The group also agrees that the responses don’t tell how a provider knows when to respond to or how to recognize a health issue.

The provider’s responses highlight health issues that we can infer homes and centers are concerned about and know (or maybe not know) about. For example, most providers listed the following as issues they were most concerned about:

- Social emotional learning
- Speech Language
- Obesity Prevention

**VI. Review of last 12 months of the Health Subcommittee (20 minutes)**

**Adam B**

The group ran out of time on this agenda item but will have this discussion at the next meeting

**VII. Next Steps (10 minutes)**

**Adam B/Janine L**

- Next Health Subcommittee Meeting: **Wednesday, October 9, 2013, 2:30-4:30pm**
- Presentations at next meeting:  
Asthma/Second Hand Smoke (Eileen Lowry)  
Domestic Violence (Karen Freel, Madelyn James, Natalie Ramos Castillo)

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**Handouts:** Meeting Agenda (9.23.13), DRAFT Meeting Minutes (8.14.13), Health Subcommittee Work Plan, templates: Chronic Health Conditions and Lead Poisoning, EI state comparisons chart, INCCRRA analysis of health questions

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