

SIAC, Health Subcommittee meeting
Wednesday, August 14, 2013
2:30-4:30pm
33 W. Monroe – 24th floor, Exec. Room
Conference call in number: 888-494-4032
Pass code: 719 851 8485#

Meeting Agenda

I. Welcome and Introductions (10 minutes)

Janine L

Meeting Participants:

Madelyn James, Voices
Sally Stovall, IAFC
Tom Browning, IAFC
Donna Dreiske, PBA
Dionne Haney, ISDS
Amy Zimmerman, HDA
Dan Hausman, HDA
Pam Borchardt
Christy Serrano, Ounce

Abby Rose, CPS
Katelyn Kanwischer, CLOCC
Adam Becker, CLOCC
Janine Lewis, IMCHC
Elissa Bassler, IPHI, IAPO
Lula Munson-Smith, Ounce
Rachel Sacks, ICAAP
Karen Berman, Ounce

II. Review Health Subcommittee meeting minutes from 7.10.13 (5 minutes)

Janine L

Health Subcommittee approves minutes from 7.10.13

III. Health Subcommittee Work Group Updates (25 minutes)

Janine L

- Obesity Prevention Work Group
 - The Work Group reviewed CLOCC's draft comments for Rule 407. Work to develop obesity prevention recommendations for Rule 406 will begin at the next obesity prevention meeting. The group will also reach out to DHS and DCFS to inquire about their plans for conducting trainings on the obesity prevention standards for providers.
- Oral Health Work Group
 - The Work Group gave updates about the following three funding initiatives that are happening concurrently:
 - CCOHF recently held a stakeholders meeting to get input on what the content of their oral health message should include or capture
 - IAFC has conducted a parent survey to look into what parents know about oral health and what their practices are. Survey responses have not been analyzed yet

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| <p>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.</p> |
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- ICAAP recently had a design team meeting with stakeholder to discuss initial steps for a process on how to develop an oral health literacy plan for early childhood and pregnant women
 - Next Work Group meeting will be in September
- Medical Home Work Group
 - Medical Home Work Group has not convened since the last health subcommittee meeting and will be setting another meeting date. The Work Group will present a work plan to the Health Subcommittee at a future date.
- IL Children’s Mental Health Partnership
 - The mental health consultation landscape was sent out to the Health Subcommittee after the last meeting. There are no new updates to report.

IV. Work Plan: Objective 1, Action Step 4 (60 minutes)

Adam B

Research and recommend best practice models for early childhood systems to advocate for the health needs of children they serve.

Brainstorm questions:

- Do we know of any innovative models that other states and/or communities are implementing that aim to meet the health needs of children? Either in specific area of expertise or general health:
 - “Help Me Grow” - CT
 - DE “1st years in the 1st state” (resource, toolkit, modeled a training procedure, health and wellness trainings for cohorts).
 - Let’s Move Childcare is using the “1st years in 1st state” model for collaborative trainings and piloting them in different communities
 - NIH developed “Safe Sleep Champions,” which are a set of operating guidelines and sample policies for states (it is being implemented in IL)
 - “Healthy Child Care America” – website with tools and resources from AAP including CFOC and Bright Futures resource and training materials. States have gotten grants to implement pieces of “Healthy Child Care America” (e.g. “Medication and Administration” is being rolled out in IL; “Managing Infectious Diseases” has not been rolled out in IL)
 - WI Department Health Services has guidance and training on breastfeeding in childcare centers. See <http://www.dhs.wisconsin.gov/publications/P0/P00022.pdf>
 - National Center for Children’s Vision and Eye Health’s IL pilot (i.e. the Illinois Children’s Vision Coalition) has developed a six-strand strategic plan focused on preschool-aged children to address preschool vision screenings, pediatric/medical home practices, parent communication, data tracking/sharing, and referral/follow-up care.
 - “Eat Well Play Hard” - NY (multiagency collaboration across WIC and other assistance programs)

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- HRSA announced a 4 year pilot program for oral health services towards pregnant women and infants (July 25th) – Dr. David Miller/Dr. Jones are interested in applying on behalf of IL
- Chicago Ounce Head Start programs experienced an increase in oral health follow up of at least 25% in HS programs due to trainings and helping parents identify resources
- Zero To Three Institute awarded a TA grant to IL for developing a state plan for 0-3
- Ohio and Michigan have adopted health equity language within Medicaid managed care contracts
- Michigan Children’s Healthcare Access Project (MI-CHAP) model is focused on the amelioration of underlying health inequity among children who are beneficiaries of Medicaid.
- Michigan’s Wayne County Children’s Health Access Project (CHAP) is beginning to work on a model to improve care coordination and continuity of care between OB/GYN and pediatricians
- “The Follow Along Program” – Minnesota’s developmental screening program located within public health and 0-5 education (this program is linked to the state’s “Help Me Grow” model)
- One of the grant projects in Minnesota’s RTTT ELC grant involved employing a state level Child Care Health Consultant. This consultant is working to develop a network of child care health consultants within the grant transformation zones and eventually throughout the state.
 - AAP has made a recommendation to provide health consultants to child care. See Healthy Childcare America for resources: <http://www.healthychildcare.org/WorkWithHP.html>. See AAP’s sample health consultant job description here: <http://www.healthychildcare.org/WorkWithHP.html>
 - Members also discussed the need for reinstating a nurse consultant at each CCRR (the funding for this work has greatly diminished in IL)
 - IAFC nurse consultant has been replaced by a hotline and they have stopped funding for the once available Spanish speaking hotline in cook county
 - Head Start programs are supposed to each have a health consultant
- Minnesota Department of Public Health has created a plan for improving the health and well-being of children during their first three years of life, including prenatal care.
- Colorado’s Early Childhood Councils (ECCs) serve as the local coordination structure for early childhood services. Currently over 98% of the state’s youngest children live in an area that is served by one of the 31 ECCs.
 - Early Childhood Health Integration Grants support ECCs to better integrate child health into local early childhood systems work.
- The Colorado Department of Human Services Office of early Childhood is requesting that all eleven ACE survey questions be added to the Colorado Behavioral Risk Factor Surveillance System

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- The Office of Behavioral Health is in the beginning stage of a project to develop a training of trainers curriculum based on the ACE’s study that can be further developed for specific populations and delivery systems.
 - Colorado’s “Expanding Quality In Infant Toddler Care (EQ) Initiative” is working statewide since 1999 to increase responsive, relationship-based group care for infants, toddlers and their families through training, coaching and TA
- How does an early childhood provider know when children’s health needs are being met?
 - When children have an individual action plan (IAP): a provider could ask parents/caregiver if their child has an IAP and if not, can watch the child to see if the child needs one
 - One mechanism is that early care and education providers can have an intake form that includes a question of whether the child has an IAP or, if not, ask if the child has a chronic health condition that needs monitoring. There could also be a question about whether the child has an IEP or IFSP (what will the protocol be if “yes” to any of these?) or if he/she has a medical home
 - For example, a child may need a vision action plan because parents may leave their child’s glasses at home because they fear the glasses will break at the center
 - CPS has a student health information form designed to collect information on the medical needs of child. Pre-k classes are also supposed to complete the form but member is not sure what the compliance of this looks like for pre-k. Members agree that compliance is an issue all around for filling out (and utilizing) health information forms.
 - Educare has a health history form that they have to fill out with the family. They also use separate forms for separate health issues to describe the issue and write out the plan.
 - We are not sure that other Head Start programs conduct this kind of reporting
 - Two points of caution/consideration: If using forms, we need to assess/address health literacy of early childhood professionals and need to propose a mechanism to ensure that forms are actively used and that they not get stashed somewhere.
- Develop a tool for “detecting” emerging issues – Educare has a “health issues” form that teachers use to record health concerns and to share it with the care giver at the end of the day.
 - The Health Subcommittee could develop a robust checklist (maybe with pre-selected areas) and “warning signs” for identifying emerging issues. This would need to be coupled with training and care coordination protocols for the provider to help family link to medical services.

Members agree that a health information form should be used collaboratively by doctors and early care and education providers

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Members also discuss potential ways for assessing how “healthy” a program is

- NapSACC helps programs conduct self-assessments on how well they are doing on the program components to prevent obesity

Members also propose some systems level ideas for looking at whether children’s health needs are being met:

- Are there areas that we want health surveillance on for all programs to track? Ex) BMI, physical activity levels
- What data do you want to collect across programs? What metrics would you use? The early care and education sector could advocate for specific population health indicators for the state to collect
- How do we know that the early childhood system is meeting its greatest potential for serving as an advocate for children’s health?
 - Members discuss that the early care and education system needs to understand the health system in order to help families advocate for themselves and understand their rights.
 - A parent survey may be able to tell us whether parents feel that their early care and education provider is an effective advocate and is helping them be effective advocates themselves
 - Develop a report card for programs
 - Develop a recognition program for programs; the measure of success would be increasing percentage of programs that get the award to demonstrate an “upward ticking” of key indicators
 - In developing indicators, we would want to find the intersection between what we want the programs to do and what parents value

V. **Next Steps (20 minutes)**

Adam B/Janine L

- Next Health Subcommittee Meeting: **Monday, September 23, 2013, 2:30-4:30pm**
 - Review last 12 months and future steps for the Health Subcommittee
 - Presentations: Chronic Health Conditions and Lead Poisoning
- Set meeting dates for 2014
 - Proposed schedule is second Wednesday of the month from 2:30pm-4:30p
- Work to be completed and who is responsible
 - Review and confirm new proposed schedule for health topics presentations
 - ACTION STEP (unassigned): need to develop criteria for prioritizing the issues we want to put forward in our future recommendations
 - Ex) Feasibility (capacity of provider in terms of health literacy of ec professional and mechanism to ensure that forms don’t get stashed, fiscal feasibility, political, etc)
 - Ex) Evidence-based
 - Ex) Affects a large number of kids

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- ACTION STEP: Christy will follow up with ICAAP regarding language around health consultant recommendations (COMPLETED: see links above)
- ACTION STEP: Pam will send breastfeeding guidance to Christy (COMPLETED: see link above)
- ACTION STEP: Christy will follow up with Lula at Educare regarding example health forms.

ACTION STEP: Christy will follow up with INCCRRA regarding the child care survey and trainings for providers in QRIS (from minutes 7.10.13) and follow up with Jason regarding SHIP (see minutes from 7.10.13) (COMPLETED: INCCRRA survey analysis is ready to share with Subcommittee and Beth will send out invitations to stakeholders regarding developing trainings to advance through QRIS (invitations to be sent out last week of August))

Handouts: Meeting Agenda (8.14.13), DRAFT Meeting Minutes (7.10.13); New Proposed Schedule for Health Topic Presentations

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