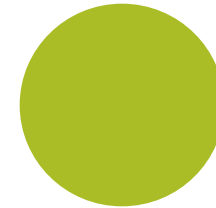


Healthy Foundations Summary



- Our strategy is to demonstrate that ECE is worthy of investments that are focused on better health
- Let's Grow Kids has a health care strategy because HQ ECE leads to better health outcomes for children and families and serves as a protective factor against adult disease and disability
- Healthy Foundations provides evidence to make this case :
 - High quality early education already supports Vermont's health care community and its goals:
 - As a result of their training, their daily contact with kids, trusting relationships with families and community connections, early educators represent a valuable resource uniquely positioned to support improved health outcomes for kids
- This evidence will help develop advocates for high-quality, affordable access to child care in VT's health care community

Healthy Foundations

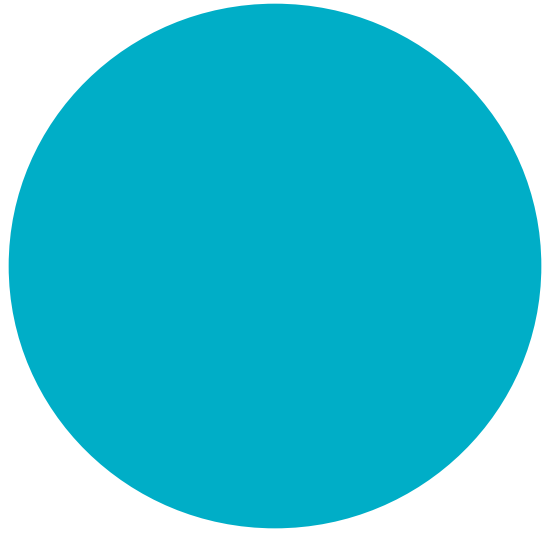


Healthy
Foundations
project is:

18 child care programs from all over Vermont

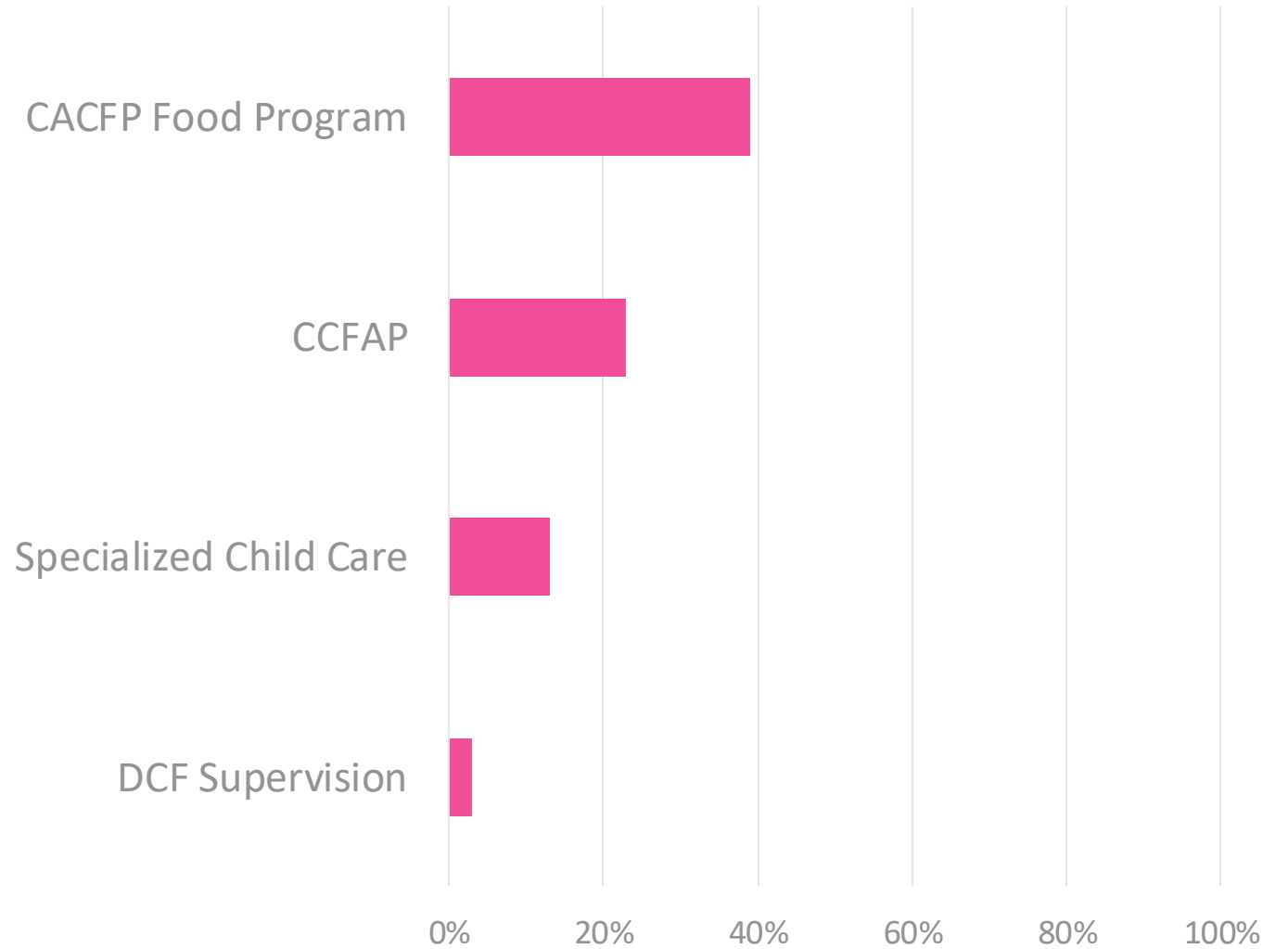
- 11 5 STARS, 6 4 STARS, 1 3 STARS
- 11 Center-based programs, 6 Registered Family child cares
- 15 communities, statewide

524 children on average each week, or about 30 per program



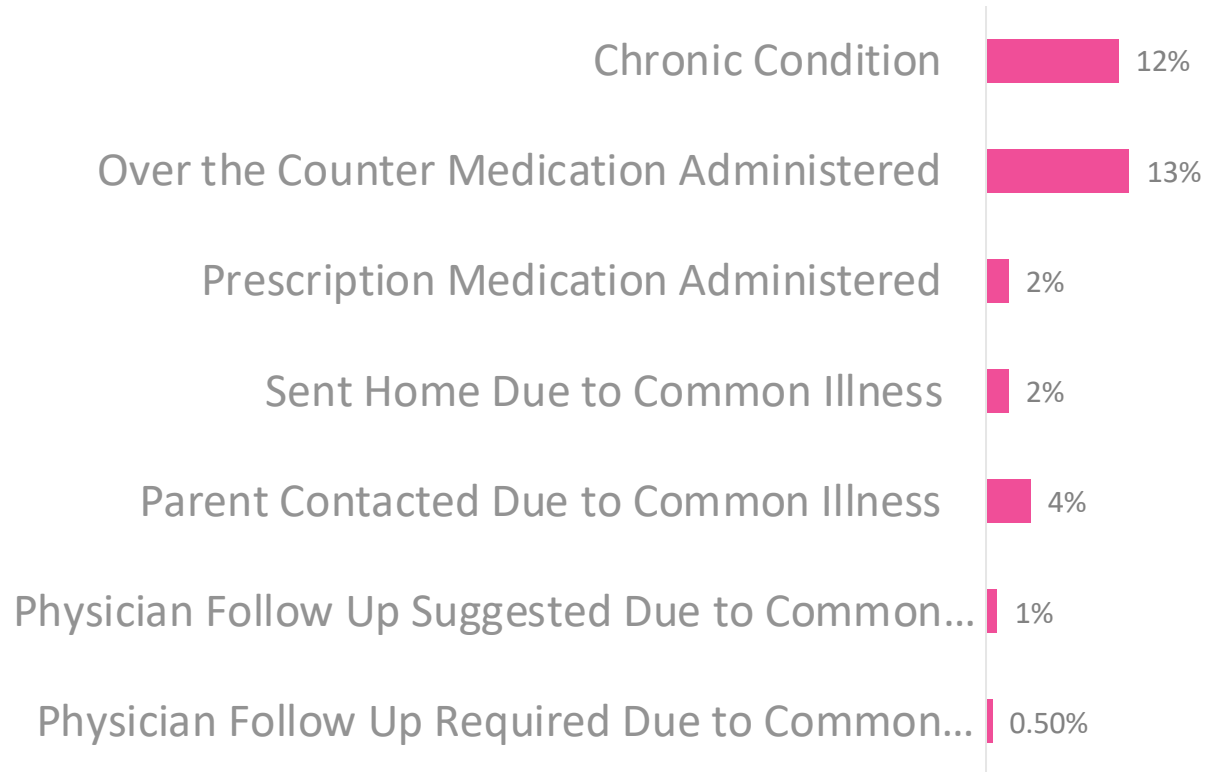
What we found

Children and families at these high-quality programs have diverse family circumstances



Every week
providers
manage
common
conditions,
administer
medications
and make
decisions about
follow up

Percent of Children each week, on average



Your stories:



I worked with a visiting nurse to help make sure that a child whose siblings were diagnosed with Strep was seen by a doctor to make sure that she didn't have it as well.

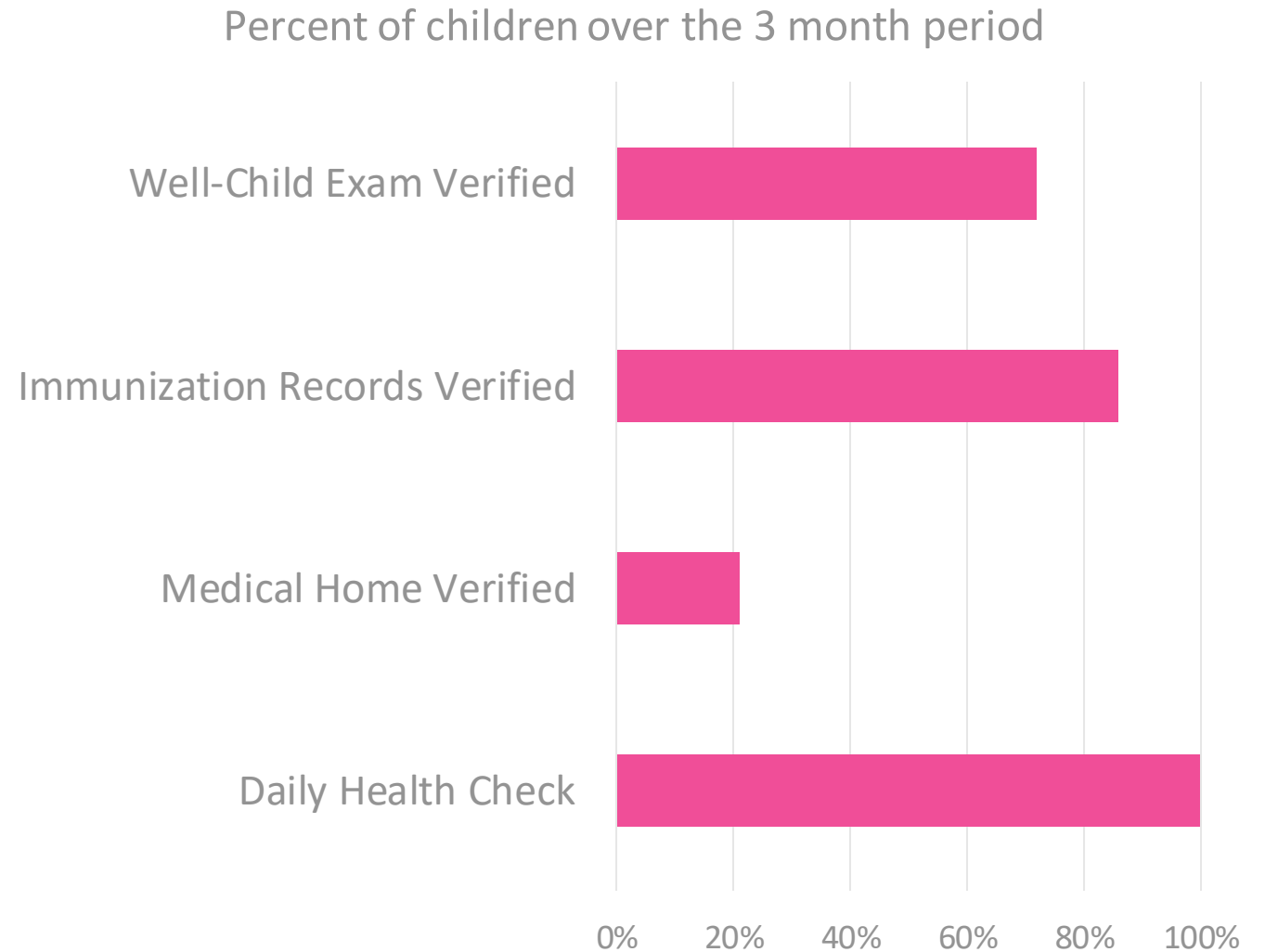


I had a couple families with [young children] experiencing digestive issues, some hives, diaper rash, etc...I was able to assist both families [get] to a specialist that was able to correctly evaluate the symptoms and diagnose them.



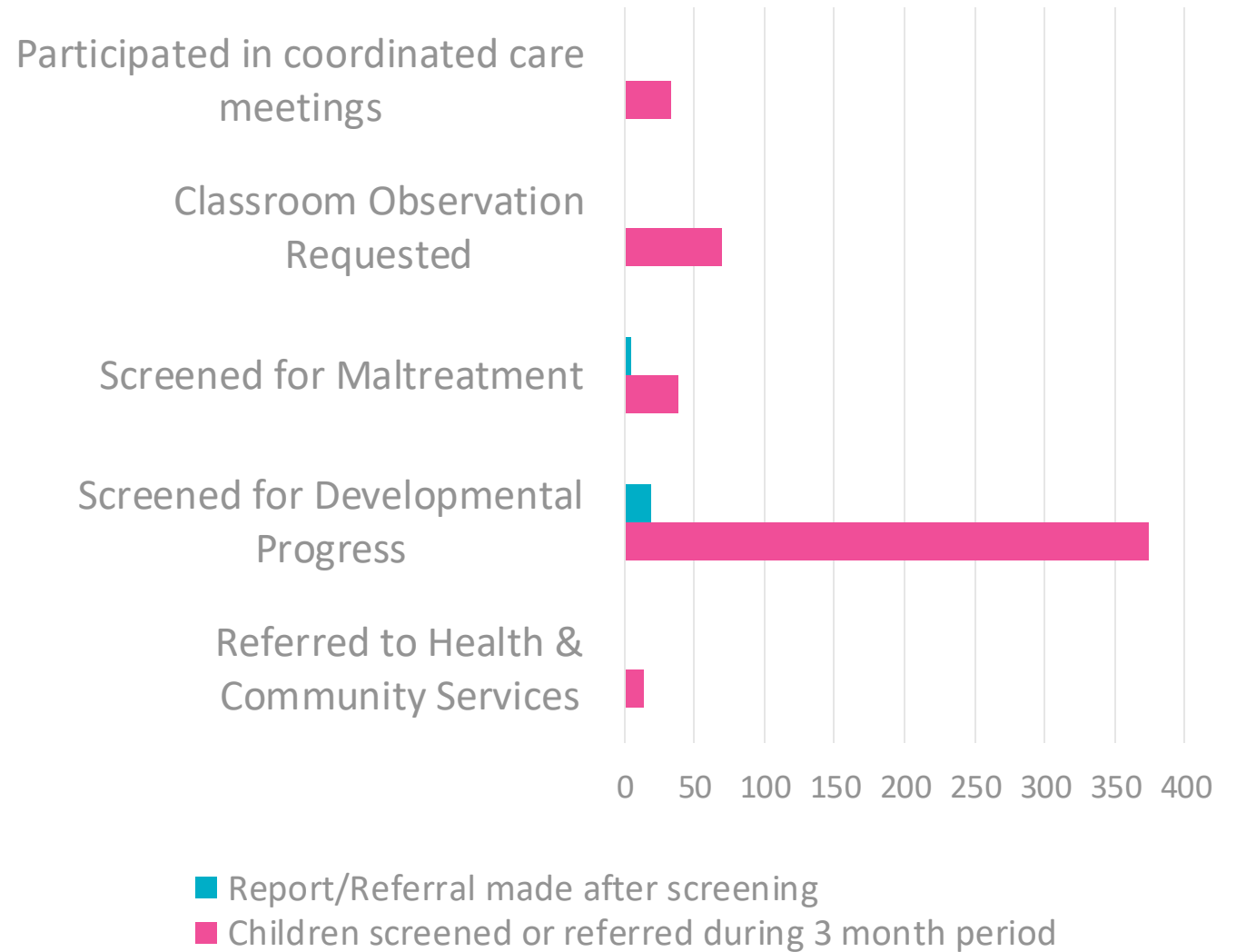
I ... introduced family style dining. I prepared the food in small, cut portions and placed the food in the center of the table. The children ...make choices based on what they know they like and maybe even try something new because it was being offered...There is less upset about being served food they don't like, as they get to choose based on their own tastes. There is also less food waste, because they can gauge how hungry they are. The social aspect is also enriched because they ask peers to "pass the peas", the older children are also eager to help the younger children.

Providers
verify
records and
require
follow up
when
necessary



*Most common chronic conditions are asthma, food allergies and these are experienced in 15 of the 18 participating programs. Other less common conditions include seizures, hemangioma, autism, psoriasis, hearing loss and speech delays

High-quality child
care providers
request
specialists,
conduct
screenings, make
reports/referrals



Your stories:

When a child's developmental screening has an area that shows a deficit of some sort, we make time to talk to the parent about it, develop strategies to use in the classroom and re-screen again in a couple months.

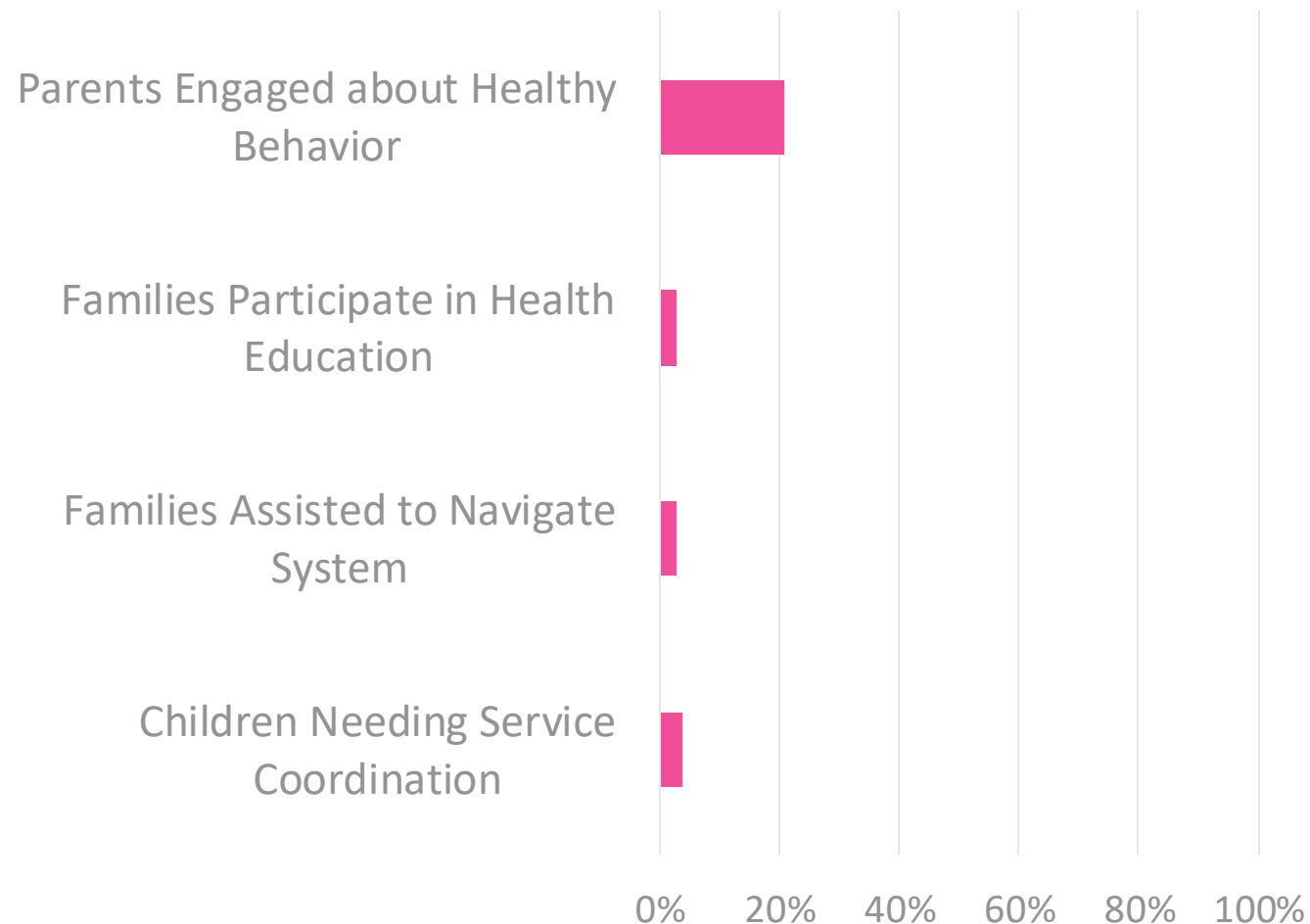
We were able to discuss [concerns] and remedies, referrals for services that could be utilized. Although neither parent wanted a referral at this point, one spoke with physician and currently awaiting ear surgery for her son who has been found to only have partial hearing. The other parent is working on specific supports in her home to compliment the supports we have in place here and has agreed to revisit this in 3 months.

When we do the ASQ screening I also update immunization records.... as I was doing this I realized that one child has missed shots and well child exam. I spoke to Mom and found that she didn't like her current physician. I was able to help her find a new medical home for her child. Once she was able to obtain an appointment I followed up to make sure she was happy with the care and her immunization schedule was current or planned for additional appointments.

We work closely with families to help them understand the nature of referrals and how they are in the best interest of the child's development and future success. Health can be medical, physical or mental and we help families understand that there is no stigma or problem in pursuing wellness of every kind.

Each week
providers
connect
with
families, not
just young
children

Percent of families engaged with each week



Your stories:

One of our infants had a terrible diaper rash. She required more frequent changing and two kinds of cream. We discussed these protocols [with the parent] and suggested that we would rinse the wipes to remove the soap which the parent thought was a great suggestion and started doing it at home.

We had a family struggle with toilet training. We talked to the mother about what is the range of normal..., strategies we use at school and made suggestions about underwear... We supported the parent in understanding that it is a normal process.

Discussed behavior issues both at school and home for a child who has experienced some upheaval at home and is exhibiting anxiety about entering Kindergarten in the fall. Met with the family and brainstormed strategies to help the child and suggested an outside therapist be considered.

We do quite a bit of parent engagement regarding sleep and safe sleep. I had one mom that had a child just over 1 year that was struggling to put her son down for nap or bedtime without a bottle. She came in...and we had a detailed discussion about the techniques we use at the center to successfully put him down for a nap..she was able to use these techniques...and came in the next week, very excited that she had success at home.

We make referrals for children with apparent delays, behavior concerns, and support for medical questions around vision and hearing when needed. Helping parents through the process, understanding that early intervention is the best solution and that we don't employ labeling, is the best support we offer. We also participate in the meetings so the parents see us as members of the team and working on their side.

High-quality
providers help
children move
their bodies
safely



Each week more than
one in five children
(on average) received
a therapeutic
intervention for
physically unsafe
behavior



Each child got 90-120
minutes/day (on average)
of physical activity (indoor
and outdoor), with a
minimum of at least 60
minutes/day)

Your stories:

A child who had been using his body to manipulate other children was taught specific skills for making requests (before / after unsafe behavior), and then he helped devise a safe and comfortable space for himself for when he was feeling frustrated.

We have a toddler that will attempt to bite or scratch when she feels crowded or anxious about something. We carefully structure our group time to avoid crowding and are also working to give her words that she can use instead of physically acting out. Over the last few weeks she has started saying "hi" to friends instead of screaming at them. She has also started using "help" when she wants a teacher to help her in a social situation. We are also working with her family to make sure that we are all using consistent techniques.

A child who had been using his body to manipulate other children was taught specific skills for making requests (before / after unsafe behavior), and then he helped devise a safe and comfortable space for himself for when he was feeling frustrated.

Your stories:

I believe that I am able to see something before it becomes a major health issue. Families are always asking "should my child see the doctor?" when it may not be a serious issue, such as teething.

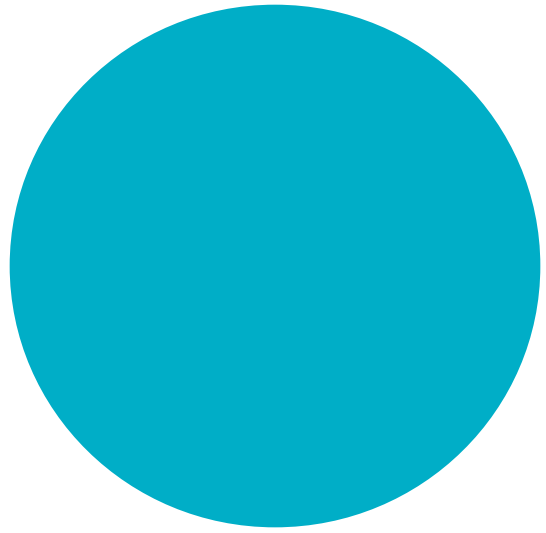
We have the same goals for children, optimal health and development. We have the same goals for families, support for at risk, strengthening families through education, moving towards healthy, safe environments and lifestyles.

We are trained and experienced in observation and assessment, can spot potential health issues relatively quickly and offer support and guidance to parents as they try to navigate potential health issues, and behavior challenges.

We work together as a triad [parents, pediatricians, early childhood educators] to provide the best care for these families in all aspects. It's not all about children being ill, it's about helping them achieve goals developmentally. We have seen many families confide in us regarding their child developmentally due to the relationship we have with them. We all need to work together!

What surprised you about
these results?
What did you learn?

Any other stories that
you want to share?



Our vision for health care
builds on these results

Create pathways for funding

- Needs to be consistently and reliably delivered, and measured
- Aligned with health care system priorities and systems

Potential concepts to connect health care in early care

- Developmental screening in Early Care can demonstrate the pathway
- Screening for food insecurity
- Telehealth
- Healthy Behavior Promotion

Link ECE and Health Care

- Thoughts on doing food insecurity screenings for the AECM project
- Thoughts on telehealth as a tool (EI, follow up med visits, behavioral health consults, etc.)
- Interest in continuing to meet as a Healthy Foundations group to help advise LGK on issues related to the intersection of health care and early care (thinking quarterly meetings)
 - Offer opportunity to participate in shaping health care strategy via pilot tests
 - Quarterly meetings?
- 2 program ideas are
 - Good match for ECE
 - Of interest to HC Community
- Purpose of engaging with you:
Vision
 - Test ideas for health programs to support ECE
 - Opportunities for you to speak to local providers
 - Quarterly meetings to engage with ECE and healthcare

Food and nutrition

- Food insecurity screener
- An interdisciplinary team came together recently in Vermont to learn how we might work collectively to better align care and supports for young children and families across health care and early childhood settings. This team is seeking your input to design a pilot initiative to learn about providing food insecurity screening in early care and education (ECE) programs.
- ***When is the best time to administer the food insecurity screening process?*** Would it best fit with the enrollment process, with follow up information post-enrollment, as part of the parent teacher conferences, or another time?
- ***Who would the best person to introduce this to families? Who should administer this screening process?*** Would it be the lead teacher, the administrator, a family support specialist, or another staff person?
- ***How would you share with families, and collect families' responses to the two questions in this too?*** Evidence shows that providing the form in paper format garners the best response rate. Physicians ask parents/caregivers to complete it on-site prior to the well-child exam. How can you imagine sharing the tool and collecting responses working in your setting?
- ***What is the best way to provide further information for families whose responses indicate that they struggle with food security?*** Might you want handouts with state and local resources such as your WIC office, SNAP eligibility and enrollment process, and food shelf? Would you refer families to the Help Me Grow 211 helpline? Would you help families to make these connections and complete enrollment forms? Do you feel confident in knowing about these resources or would you need further information to do this? What other ideas do you have?
- ***What is the best way to collect and share the information so that we can best understand families' needs and inform policy makers?*** We would want to collect aggregate data that did not include a family's name or other identifiable information. Would you be comfortable sharing this de-identified data electronically, via a form we would develop?
- ***What other questions or suggestions do you have?***

Telehealth

- Description of telehealth
- How do you think this program would impact the children and families in your program?
- How would this program support you in providing the best care for young children?

Health promotion for nutrition/phys activity

- **Brain Development/Science Frame:**
 - science tells us about brain development and the importance of the first three years, of a child's life in setting a strong foundation for lifelong health and well-being.
 - We are now focused on how to work collaboratively across sectors to put this science into action,
 - we want to reach families where they already are and for up to 70% of families with young children, they may be with a child care provider
 - These early care providers spend up to 50 hours a week with many of the children in their care and form strong relationships not only with the children but also with their parents /caregivers. By education and experience,
- **LGK helping to ensure a healthy start by working with early educators, parents, businesses, health care providers, policy makers and others to (LGK slide? Slide showing need for more child care?):**
 - Strengthen our child care system by building capacity, supporting quality and program viability
 - Advocating for public policy that will ensure access to affordable high quality child care for all Vermont children who need it
- **Science shows us what we need to do, as you have heard from this panel, we know how to reach and support children and families, and with our health care system in Vermont that is a national leader in designing health care delivery and payment models that recognize the importance of prevention and community-based solutions, we are making great strides in ensuring a healthy foundation for Vermont children, but we are not done yet. There is much more to do, but we have shown that we know how to do it and are willing to work collectively to make Vermont the best place to raise a family.**