

**Introducing the Well Visit Planner:
A Tool for Family Engagement in Head Start & Early Head Start Centers**

Heather Fitzpatrick: Hello and welcome. Thank you for joining us for today's webinar, Introducing the Well Visit Planner: A Tool for Family Engagement in Head Start & Early Head Start Centers. The content we'll address today represents the value that the Office of Head Start and the Head Start National Center on Health places on increasing collaboration between Head Start and Early Head Start programs in the healthcare community with the family at the center of that partnership. My name is Heather Fitzpatrick and I am on staff at the American Academy of Pediatrics which functions as the administrative lead for the Cooperative Agreement for the National Center on Health. Before we begin today's webinar, I just want to highlight a few housekeeping items. First, regarding the presentations, if you are using Wi-Fi and are not hard-wired, you may experience greater lag time during the presentation. The slides will advance automatically throughout the presentation.

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During today's webinar, our speakers will be providing some background on the development of the Well Visit Planner tool including how it relates to improving family engagement and children's health and how Head Start and Early Head Start programs can begin utilizing this tool. At this point, I'd like to go ahead and introduce both of our speakers.

Christina Bethell is a Professor in the Bloomberg School of Public Health at Johns Hopkins University where she serves as the Founding Director of the Child and Adolescent Health Measurement Initiative within the Department of Population Family and Reproductive Health. The CAMHI was established in 1996 as a national collaborative to advance a family-centered population-based framework and common measurement in family engagement methods to promote the early and lifelong health of children, youth, and families. This work has led to the development, validation, and national state and local implementation and reporting of measures with a focus on early childhood development, children with special healthcare needs, adolescent preventive services, medical home, and a variety of family-

centered care topics. Dr. Bethell leads the National Data Resource Center for Child and Adolescent Health, supported through the HRSA's Maternal and Child Health Bureau as well as efforts to develop, test, and disseminate family-driven quality measurements and improvement tools such as the Well Visit Planner. She is passionate about enabling data-driven partnerships and leveraging the new brain sciences, mindfulness, and other mind/body methods to transform health and related services with a focus on addressing childhood trauma, promoting positive health, and advancing high reliability organizations. Dr. Bethell earned a Master's in Business Administration and a Master's in Public Health from the University of California Berkeley and a Ph.D. in Public Policy from the University of Chicago.

Our second speaker is Michele Solloway, and she has worked in the child health policy arena since 1991. Dr. Solloway participated in the original Bright Futures panel under the guidance of Dr. Morris Green, and she participated in the foundational work that established the CAMHI. Subsequently she continued to conduct research in maternal and child health, Medicaid, health workforce issues, and most recently, complementary and integrative medicine. In 2014, she returned to the CAMHI to advance the fields of pediatric complementary and alternative medicine, adverse childhood experiences, and patient-centered quality improvement initiatives including implementation of the Well Visit Planner. At this point, I'll go ahead and turn it over to Dr. Bethell. Thank you and enjoy the webinar.

Dr. Christina Bethell: Thank you so much, Heather, and good morning and good afternoon, depending on what time zone you're in. Just want to take a minute before we launch into describing the Well Visit Planner specifically to give you a little bit of history. As Heather said, the mission of the CAMHI is to promote early and lifelong health, and we've been working since 1996 to develop tools and data like the Well Visit Planner, and it's been a long journey to get where we are. We're humbled even by where we are, but we're hoping that your interest in use of these tools will really help push the agenda and family-centered approaches to improving the health of children, youth, and families.

So since 2008 we've been developing the Well Visit Planner in partnership with the Health Resources and Services Administration, MCHD, which funded the original study and in very close collaboration with the American Academy of Pediatrics and their Bright Futures team as well as a range of pediatric clinics, family organizations, and a large advisory group. Since the summer of 2013, we have partnered very closely also with AAP and the Administration on Children and Families and the Office of Head Start to adapt the content up to age six and to test and implement this tool in Head Start/Early Head Start centers. So that's why we're able to come to you today with an implementation strategy that we hope you'll be interested in for the Well Visit Planner to meet your needs and the family's needs that you serve. So that's just a little background and acknowledgement.

So I click next. Our learning objectives today are going to be a series of three webinars. This is the first which is really just to make sure that you understand what the tool is, the Well Visit Planner tool is, demonstrate it to you so that you can begin to understand how it works for parents, and come away with at least a clear sense of what may help your families be better prepared for well visits and help you achieve your own program goals. So let's take a second to just talk about why well child care matters. I'm sure many of you already know, but just to debrief a little bit, the development of well-being and health for children requires a focus on the various issues outlined in prevention and health promotion

guidelines as set forth by Bright Futures including screening and immunizations and health screening, physical screenings and immunization to promote early identification of potential issues as well as to promote positive health and to educate parents about their child's development and their role in the development and parenting education across a range of topics. And then also to begin to engage families in a long-term process in relationship for ongoing screening and parental support and so on so that they understand that it's an ongoing process.

Often it's just not clear to parents what's actually required to really help them help the health of their children. So here we have Mahe, age six months old, at the time we took the picture anyway. And I'm going to go through just a few more reasons that provide rationale context and why it is we have gone through the work to develop the Well Visit Planner. We're just going to call the boxes up and then go through them briefly. So first of all, before school, parents are often engaging with healthcare systems and community agencies such as Head Start/Early Head Start, and it's essential that they help promote the development of children and help them be ready for school, and that's where they go. So it's really an important tool for a Head Start center, for pediatric practices where young children go before they're in school. Once they're in school, there's other things and opportunities that can come up to interact with parents and children, but it's a very important setting.

Critical periods and milestones that affect lifelong health occur during that time, which most of you, I'm sure, know. And the family and community context is so critical, requiring interactions with parents and families about what's occurring in the family, their perceptions of the child, and the community. So it's not information that we can get in another way than engaging families directly. The other thing is guidelines exist and they're very extensive, the future guidelines that she'll talk about a little bit more in a minute. Despite the existence of guidelines, there are persistent gaps in the quality of well child care and many missed opportunities to promote health. So we have a need to really come up with some tools that can improve performance and therefore improve child development, healthy development. One way is to make sure parents are aware about well visit guidelines and what they can expect, and often that is not the case. There needs to be a customization process to take the wide range of content that could be discussed and really narrow it and focus it in a short visit time to what the needs of the family and child are, and visit times by virtue of how we've constructed healthcare and organize healthcare are often short, and so there's a need to really customize the care. And there's also the compelling need to be accountable.

Head Start/Early Head Start actually has a series of accountability on performance measures that speak to the need to get children into a medical home and well child care as well as pediatric providers have the same accountability measure. So there's a real opportunity to both partner with parents and pediatric providers and that this tool can help bridge and create those partnerships. So the last two sort of framing slides are – we're very fortunate that Head Start/Early Head Start has been a leader in embracing the concept of family engagement. And so while this is a tool that we originally developed the – implemented through pediatric provider practices, the directionality of this implementation coming from Head Start/Early Head Start is also really compelling and makes a lot of sense.

And also, since you're already really embracing the engagement, empowering the families, and this slide isn't meant to be read in detail, but just there's a lot of literature that shows that when we engage and show ownership in collaboration with families and systems of care and providers, so many of the things that are essential to make up good care and promote health occur. And there's lots of different studies out there that speak to the good things that happen when we do that. And you're already on board with that. And the research, just to conclude here, suggests that active partnerships that use assessment tools like the Well Visit Planner both help the staff and providers improve their delivery of services but also outcome. And the Well Visit Planner tools are based in the best scientific evidence on engagement and communication with parents.

And parents, Head Start, and providers agree on the testing that was done with clinicians as well as parents and Head Start leaders, that it does engage them in that partnership, improving process, efficiency, and effectiveness of well child visits. And we'll continue to, obviously, research that and understand the best way to make that happen. So with that, I'm going to just do a brief overview of what the Well Visit Planner is. So the Well Visit Planner is a parent/family-driven tool for families to complete online prior to their child's well visit. And the URL is wellvisitplanner.org. It's anchored to Bright Futures guidelines for visits up to age six, and it's customized for each age-specific well child care visit. So the tool actually is eight different tools once you get into it.

For those of you who might not be aware of Bright Futures, Bright Futures is a flagship activity of the American Academy of Pediatrics for national involvement to establish national guidelines for health supervision, which is the term used for preventive care, visits, and guidance for parents, both for children and adolescents. And it sets forth not only a set of principles to guide well visits, strategies and specific tools that are theory-based, evidence-driven, and oriented toward really creating a comprehensive way to promote the healthy development of children. And if you're interested, this is the reference for the most recent guidelines. And they're continuously updated, including right now being updated for another round, and the Well Visit Planner is very dedicated to reflecting the guidelines and updating the tool according to guidelines, as they also change.

And just to give you a little bit of a visual that you're also not supposed to be able to read of why we need to do the work of translating the guidelines into a tool that parents can use, they're very complex. They're again age-specific, different things happening at each visit, four months, six months, nine months, to track with the development of the child and to reflect different periods to be scheduled for things like screening and so on and so forth. But we've done that work so you don't have to and be able to bring a tool that is also been tested for understandability and application for families. So what else is the Well Visit Planner? It's available in English and Spanish. These are some important things that people ask right out. Takes an average of 10 minutes for parents to complete, although when we show them the tool, we try to say it takes a little longer, but the average number of minutes based on our database is about 10 minutes.

And parents at the end of completing the tool receive a tailored visit guide based on their questions and their priorities to both help them prepare and to share with their child's provider. So there's three easy steps. And this construction is something that was developed in partnership with parents through an

expensive input process and testing process. And the first step is to answer a series of questions about their child and family, beginning with the strengths in the family, what they're appreciating about their child and what they're enjoying about parenting, and then moving into some concerns they may have. Michele's going to go into more depth about what comprises the series of questions, but they're all baseline questions that can be asked before a visit and then can provide the context for optimizing the value of that visit.

The second outlines the key priorities in Bright Futures guidelines for each well visit. And often this serves even as a very important educational device for parents to see what it is they can talk about to get some informational sheets on those topics that may then prevent them from needing to talk about it at the visit, and then teaching specifically what they want to make sure they bring up with the doctor and giving them an example of what kinds of questions they can actually ask about this topic, because that's often also a barrier. And then the third step is getting the visit guide which can be reviewed with the parents in a Head Start setting, for example, and coaching them on how to come into the office more prepared, and parents have the option to send this to their doctor. They control it as a PDF. They can print it out.

And there are other mechanisms as well that we can talk about later about how to transfer information between the parent, Head Start centers, and pediatric practices. Very simply, the intervention process, which there are many details around each of these steps that are in the implementation materials that we've developed for Head Start/Early Head Start centers, but just simply there's communication to the parent about wanting to engage them further in partnering around their child's well visit, and then making sure that they have opportunities to use the website and either be supportive in completing it as required or completing it on their own, printing and saving the results in some matter, getting some coaching around how to understand and use the results in their well visits, and bringing it to the visit, or some other way, getting it to the provider as well. And then during the well visit, anchoring that as a tool to make sure that they get their needs met and core activities are addressed. But the enhanced encounter that it facilitates. I'm going to turn it over now to my colleague Michele Solloway who's going to give you a brief demonstration of each of these steps in a little more detail.

Dr. Michele Solloway: Thank you, Christy. And thank you all. And we're really pleased to be here to show this to you today. So when the parent wants on to the Well Visit Planner, this is really the first screen that they will see. They must accept the terms and conditions that are indicated in the two boxes. There's a little pop-up that comes up. And then the parents can click on "Get Started." Please note that we do not store any personal health information on this tool, and as Christy said, the parents have the option to do this in either English or Spanish in two places. One is right below the "Get Started" button, and the other is up at the top of the screen in the right-hand corner where it says "English or Spanish." So at every screen, they can choose whether they want English or Spanish. I'd also like to point out, in the lower right-hand corner, there are two buttons there. One is "Resources for Head Start staff" and the other is for providers, and we're going to come back and talk about this a little bit later. So the first step after they accept the terms and conditions is to enter the child's age.

There's a little bit of other family information. And once the age of the child has been entered, the questionnaire will auto-populate with the appropriate questions and guidelines and developmental components for that age visit. So this is a very important – the Well Visit Planner takes the parent through a series of questions that identifies from the parent's perspective the strengths and needs of the child. And this is important because it creates foundations for the well child visit. Also, these are questions that can be addressed ahead of time so that the time in the visit can really be spent talking about the most critical issues. So next, the questions are about child health and functioning and assessment of developmental screening. So the Well Visit Planner tool has surveillance items for each age that are anchored to the Bright Futures guidelines for health supervision and represents the things that are supposed to be addressed in the well child visit.

There are national standards on formal developmental screening, for example, at 9, 18, and 24 months, based on Academy of Pediatric standards. However, all of these recommended tools for formal developmental screening are proprietary and they are not free. This is a free public access tool. However, this Well Visit Planner tool does not meet the needs for formal developmental screening. However, we could do this, but it would require the purchase of those tools, a feedback loop to electronic medical records. The provider would get feedback. And these are opportunities that Head Start could pursue, but it's more complicated, although it would be good for the providers on their end. The specific questions will be determined by the age of the child.

For example, if the visit is for a two-year-old, questions may ask if the child's eyes cross, if the child can name something in a picture or stack blocks. If the visit is for a five-year-old, however, the questions will focus more on school readiness, reading, the ability to tell a story, playing with other children, being able to dress by him or herself, and so forth. That is why we needed to develop so many different versions of this tool, which is all kind of behind the scenes. So also, some common questions for all ages. For example, about problems with hearing, the use of vitamins or supplements, having a pediatric dentist, if both parents live at home. And then there are the specific questions related to the child's age. There are also questions that flag for special health or educational needs, the need for therapy – am I on the right one now? Sorry. Or other emotional or developmental needs.

And finally, the questionnaire will also ask about the parent's needs, family health history – for example, if there is an immediate family member with a history of stroke or high cholesterol – if the child was exposed to smoke, and the presence of other issues that will be flagged for assistance. For example, family depression, the use of drugs, or exposure to violence in the home. Now, one of the things that we've also included in this tool is that there are substantial educational resources for each age group, which you can access independently on the CAMHI website, or you can access the physical educational topics by clicking on these little blue icons. Can't really see them so well in this slide, but I will go through and show you a little bit more. So you can see these blue icons. If you click on those when you're in the site, you get a popup box that has educational materials related to that specific issue. Now, the second step of the process, as Christy mentioned, is to get the priorities and outline what they want to discuss in the well child visit.

And again, these are age-specific, so the priorities that come up in this screen will be different based on the age of the child. So, for example, for the two-year-old, the topics will relate to establishing routines for the child's dental health and eating habits, while for the five-year-old the priority topics may relate more to school entry, TV and computer time, and gun safety in the home. And here's another way to access the educational materials on the Well Visit Planner. And it's a little hard to see what these are on the screen, but we really encourage you to go on the site and click around and really check it out because there's a lot of resources that could be very valuable for you and your families. The third step of the process is to print the guide out.

So when the questions have been answered and the parent chooses their priorities, the Well Visit Planner tool will generate a visit guide. So this third step is to print that guide, and then the parent has something in their hand to take to the visit. In the best of all possible worlds, this guide can be integrated into the provider's medical records system and be sent directly to the provider so that they are prepared and informed when the parent shows up for the visit. And the intention is that this tool can help focus the visit to address parents' needs and what they want from the visit, and it can also help the provider get information ahead of time and approve the efficiency of the visit. Families should be encouraged to email the visit guide via secure email or uploaded to MyChart if they have that ability, but the CAMHI can't do this directly because of liability issues. However, Head Start staff could help with this process.

And you may also want to follow up with the parent, if possible or desired by the parent, to have a copy of that guide and then learn how the well visit went, to inquire if the guide helped them at all. So I want to show you this. This is the shared encounter form, and we know that, from case studies we did and from talking with parents, that not all parents have access to a computer or a printer. So we created the shared encounter form. It's a reduced questionnaire in paper format, and so it doesn't have all the functionality of education materials; however, it's good for parents who don't have access to a computer. So the difference with this version is that it's shorter and more concise.

So let's also show you some additional tools and resources that are available for you. So remember when they first went down to the screen, there is this button called "Resources for Head Start." And if you click on this, it will take you to a portal, an implementation portal that has a lot of resources specifically designed for you. And this is what we did when we modified the material to make it appropriate for Head Start, Head Start staff. So this is the home page for that and there's a navigation panel on the left which provides more information and background on the CAMHI vision and the work that we've conducted to create the Well Visit Planner. So it's really hard to see what's actually in this, so I just want to outline for you some of the items that are on that website. There's an implementation toolkit and a pre-implementation guide which provides a step-by-step guide to implementing the Well Visit Planner in your center, and this will be the topic of our second webinar for you to go through how to actually implement it in your center.

Then there are all sorts of other resources for you, a sample visit guide, question and answer for staff, role-playing scripts for engaging parents on the Well Visit Planner tool, and a guide to using the Well Visit Planner. There are also resources for your parents including fact sheets, posters, postcards, and

stickers for the children. And there are several PowerPoint presentations that describe different aspects of the Well Visit Planner as well as case studies that we conducted at Head Start centers as part of creating these implementation resources.

This shows the implementation toolkit which also includes the pre-implementation guide. And it's provided separately on the website for your convenience, and if you see these four little boxes right above the pictures, you can click on them and it will tell you what's actually in the toolkit and what's in the guide, and it gives you a way to download those boxes. And then finally I'd like to just show you what we think might be a sample workflow to implement the Well Visit Planner with parents. So first, there's really three kinds of steps. One is to assess the parent's readiness to use the Well Visit Planner, to make sure that the parent has scheduled a well child visit if one is necessary, determine their access to computers and printers, and if they don't, maybe invite them to use one at the local library or, if possible, at your office, and then decide whether it's best to use the online or shared encounter form version of the Well Visit Planner. And then introducing the Well Visit Planner, you may want to actually show them how to access the site because many parents, of course, are not comfortable with using a computer. And then how to use the tool, and some parents actually may be better – do better if you help them fill it out.

And then the third thing is really to support their experience and to coach the parents to take the Well Visit Planner guide to their visit and follow up with what happened when they tried it out. So this could be a little scary for parents who may not be used to being proactive with medical professionals. And, you know, it could also be scary or a little disconcerting for providers who may not be used to parents being proactive. So this is really a learning process for everyone. And to that end, it might also be useful to contact your local pediatric providers to let them know that you're doing this and implementing this tool so they know to be on alert, to expect the parents may be coming in with the guide. And if they have questions, you could direct them either to the well visit home page, because there is a button for them below, just as there's a button for you, with a similar set of resources. Or, of course, you can always direct them to us and we can field their questions and concerns. So now I would like to turn this back to Christy to review Learning Objective #2, how this tool will help parents be more prepared for their well child visit. Christy, are you ready?

Dr. Bethell: Yeah, no, I am here. I was just finishing writing out an answer to one of the questions. We're getting a lot of really great questions. I just wanted to finish typing it. Okay, so perhaps many of you are already thinking about the answer to this question. I'm assuming that we're just going to point out some things that might be obvious or might be new for you to think about, about how this actually can help parents. First of all, clearly educate parents. And one of the biggest values of the tool is that they learn about what they can and should expect in a well visit and what's appropriate to talk about. One example is, in the pediatric practices we work with, there is reluctance sometimes to ask about different psychosocial issues in the family, and also parents often don't bring it up also thinking is that something I can talk about. And the tool actually just collapsed that barrier almost completely because the parents were indicating a desire to talk about and raising those issues and immediately engaged in a conversation that needed to happen.

So that's a concrete example. And then it also helps them understand their role in the child's development and the different developmental milestones to be looking for, so what to even look for, and that there is something to be looking for seems like something that would be standard knowledge, but it really isn't, and we need to kind of meet parents where they are right now so the tool helps with that. It also clarifies what the screenings are that they might encounter when they come in and that they're part of guidelines and that it's not a random thing that doctors are doing because they think their child needs it versus other children not needing it, which can actually be a barrier sometimes to screening is this sense of, "Why are you asking me these questions? Do you think I have a problem?"

But it's just understanding these guidelines and those things that are supposed to be happening and they will be happening. The parent and family well-being again. Being attentive to their child's development is a big response we get from testing with parents, and I didn't realize that I could talk about these things that had to more do with me or my family or my marriage or something that really is pertinent to the well-being of their child. And then just make sure parents at least know what their top priorities are so there's really a focus.

If for some reason there's a very small delay or something, there's an assurance that at least their top questions are both identified intentionally ahead of time and that they are able to get those needs met, which is one of the main goals of Bright Futures. Or maybe the main goal of Bright Futures is meeting the needs of the parent. So there's a tangible product with just a visit guide that many parents have enjoyed saying they want to keep over time as kind of a record of how their other child's development, so that's a bonus in the survey that we did. Parents like having the guide because they want to keep it also over time to understand where they were at that age of their child. But it reinforces the importance of the well child visit, just being something physical that you put in your bag and take to the doctor, focuses the visit even if you don't go through it in every line or every detail, it prompts this intentionality for having a visit around guidelines and around priorities. And it has improve the efficiency and effectiveness of the visit. You can imagine when they're testing there was some concern about is it going to blow up my visit time, is it going to be too many things to talk about. And actually, it didn't.

The average number of priorities parents picked was three. And because of knowing things ahead of time, the medical assistant or physician assistant were able to go directly to – the nurses – to the issues and start addressing them rather than spending the time to identify them. So that's a big bonus to improve the efficiency and effectiveness. And alert parents to think longitude, and like we said before, thinking ahead. It puts well visits in a context of development. They know that there's a different tool each time. The fact that there is one performance 6 months, 9 months, 12 months, and so on alerts parents to the need to keep really coming back, and that's very critical. And even among all range of parents that's often not obvious. And it's something in the testing we found is, "Why do I need to do this again? I did it last time." And then it's like, oh, well, there's different topics being discussed at each visit, and it's according to your child's developmental needs. So that was really a big bonus of the visit guide as well, driving that home. And then improve communication and the relationship and that sense of trust, that this is about me and my child, and that builds a sense of trust that can then lead to maybe more openness about key issues that would really help address the health of the family and child.

So just a few more words about this. It ensures priorities are identified and improving compliance with guidelines, which is very important to pediatric practices that are held accountable as well as potentially for Head Start/Early Head Start Centers. Again, trust and open communication. Care coordination was a very important finding because issues are identified, the focus then can often be on actually linking parents up to services and supports that can address their concerns, which is often a difficult thing to do, but it really raises the bar on needing to coordinate in the community to make sure that services are available for parents.

So from a Head Start center, referring people out, or from the pediatric practice. Once you identify needs, then you are compelled to link people to them and so it facilitates collaboration in the community. Also, fewer no-shows and improving adherence. What I said last time, that when parents understand that there's a series of visit that evolve with their child's development, they're more likely to come in again and adhere to the visit schedule. So I'm going to – I think that's sort of the main things we want to say about the bigger picture. I'm going to just share with you a few concrete results from a survey that we did with parents.

We have actually – this has been used with many more than 3,000 parents, but for 3,000 parents we actually did a concrete follow-up survey about their experience with the tool, and 92 percent said they were comfortable with the amount of time that it took and would recommend it to other parents, wanted to, many of them. In the study we had to ask them not to, so we had our data set secured. And it improved the value of the visit, which we asked many more detailed questions on. 75 percent said the tool was very or extremely useful in focusing their time. All said it was useful, but 75 percent it was very or extremely useful in focusing their time on what was most important to their family. And then ambition on terms of the details of the ways it was helpful, 86 percent of these parents said it helped them prioritize topics to discuss, discuss their child's learning development or behavior and concerns where they might not have otherwise done so. 82 percent said it helped them understand what they can talk to their child's healthcare provider about maybe not known before the range of topics that are acceptable or possible or required even. And around 80 percent said it helped them identify new issues that they hadn't thought about perhaps about what their child might need. And 71 percent said it helped them to ask questions and formulate specific questions for the provider, for the well visit on how to keep their child healthy and safe. And that feature of making sure we give an example of the types of questions you could ask your doctor, which Bright Futures says from the provider point of view, here's the type of things you can ask the parent, really and they're anchored to that to be synergistic, creates a sound grounded dialog rather than a conversation that's more based on generality.

So these are some of the things parents said. And then finally, gave them information that's helpful to take care of their family, which is the family context for health being so important. And there's resources in the informational materials that Michele has discussed so that they can actually learn about some topics that might be more factually-based learning and don't require as much of a dialog so they can then focus the visit time on things that they really do want to bring up for dialog. So those are just some of the examples of input from parents, and there's more where that came from. We also have quite a bit of input from providers, and over time really would love to make sure that we hear from Head Start/Early Head Start centers about their experience and keep the work evolving to best meet your

needs as well. So I'm going to keep going here with a few more slides on the role of well visit planner in programs with families. Actually, Michele, can you do this? I think you were going to start here again.

Dr. Solloway: Yes. So the next thing we want to talk about – thank you, Christy. So the next thing we want to talk about is how implementing the Well Visit Planner might be for you in your office. Why am I not – okay. So there's a number of things that might affect your decision to implement this and then how to do it. So you've really done the hard work. You've embraced parent engagement and established a value system and expectations for parent engagement to be the norm, and you've trained staff on parent engagement, so you're way ahead of the game on this. So the pre-implementation guide, which is part of the toolkit, is really a resource to help you implement the tool. This is a how-to guide to walk you through the steps of securing staff buy-in, assessing staff readiness, identifying the best model from the planner to use and what the resource needs might be, how to inform and educate staff and answer their questions.

There's some tools in there for role-playing so that you can try it out before you actually roll out the implementation, and how to provide ongoing support for engaging parents in using the Well Visit Planner. So some of the things that may affect your decisions about this include the characteristics and the needs of your families that will play an important role in determining the best approach for implementing the Well Visit Planner, and I'll talk about that in a minute. It's a simple tool, and you need to figure out how it works best for you. There are different ways and models, different ways in which Head Start is organized. So, for example, a program that's collocated with a healthcare system may be doing something quite different than a center that is primarily home-visiting based, because that will affect your opportunities for and decisions about how to use the tool itself. You will want to talk about how to collaborate with your local pediatric providers, and then you'll want to think about the timing of the implementation.

One of the things that we learned in our discussions and our case studies with Head Start staff is that there are certain times during which new enrollment might be difficult because you have a lot of parents coming in, say, at the beginning of school or the fiscal year end when you're very busy finalizing everything for the year so that September/October, the first quarter, may not be such a good time to implement it, and around holidays. So those are some of the things that you might want to be thinking about as you move forward or as you're moving forward to implement this tool, but mostly want you just to experiment and really enjoy it. It's a fun tool, it helps parents, they like it, and we think you'll like it to. Now, in terms of assisting parents, there are a number of things that you might want to take into consideration. In particular, the literacy issue – I know somebody asks a question about that, is English their first language, we currently only have this written in English and Spanish, but there are many other common languages that people speak that this could be translated to. And we want to know whether your families have access to the Internet or a computer or printer, and to that end, we have had discussions about developing a mobile app, because we know that parents, even if they don't have a computer, are likely to have cell phones, and we may be addressing that more in the question and answer period. Also, whether the medical home has been established and whether there is a well child visit already scheduled. And also just to understand what are the trials in the family, help their needs, their strengths their resiliencies. Are there children with special healthcare needs that require certain

kinds of services? That's also embedded in the Well Visit Planner, but it's also helpful to know if that's a large part of your population that you're dealing with. And then what are the family circumstances and parental stressors, divorce, unemployment, homelessness, moving to a new school, anxiety about entering school, violence in the home neighborhood, and whether there's a family friend or community support system available for the parents.

So these are all things that can really affect how you work with the parents and use this tool. And then finally, there's issues around interfacing with providers because some providers will be very happy to have parents come in; other providers may be taken aback. So it's really helpful to contact your providers to let them know this is going to be happening and also to understand what kind of relationship the parent has with the provider. Is it a longstanding relationship, is it a new relationship. And then finally, just to reaffirm the lines of communication that you have with the providers to make sure that you're aware of the issues that come up in the well visit that happens between a parent and a provider, and also to know if this tool actually helps them. And we would like to connect with you through these next few months to really understand what your experience is with the Well Visit Planner and what's working for you, what isn't working for you, how the tool is working, how the resources are working. So we're hoping to really get some great information from you as you move forward with this. And so now, Christy, I think this is back to you, and we are almost concluded with our presentation.

Thank you.

Dr. Bethell: Absolutely, and I hope we can get into some questions. So just some final comments to what you know about what's available again. So going to www.cahmi.org under "Well Visit Planner," there's a series of tools which we will evolve over time, implementation tools, questions and answers. There's also a short YouTube video that you can look at. And definitely contact me or Michele. I would assume, Heather, you'd be happy to receive questions as well. And info@camhi.org is a good place to ask questions if you want assistance. We do want to be partnering with those who are interested in moving forward with implementation, perhaps come up with a way to identify what your questions are and integrate them further into our frequently asked questions materials as well as in future webinars and to potentially bring some groups together in a learning effort so that we can learn from each other about these various issues, not only implementation, but also how to create coordination with pediatric practices. And there were questions about a lot of these issues that have come online, some of which would be great to restate in the verbal exchange that we can have here. So I do encourage those who have asked questions online to not feel reluctant to repeat those questions because I think a number of them are very relevant for a lot of people. And I think we've been busy answering as many questions as we can, but we're not all the way through them, so I guess we're going to be opening the lines up and be taking questions at this point. And there will be another webinar later that goes into more detail on implementation.

Heather: Thanks so much, Christy and Michele. So, yes, so all lines are actually still muted, but thank you. We have so many questions coming in, so many fantastic questions and very excited about that. So just wanted to address a couple of things and one suggestion, to just keep in mind your Health Services Advisory Committee. That's definitely kind of answering a couple of different questions that folks had

about: How do we get physicians on board in our community? There were some questions about physicians struggling with the fact that their visits are so short, and I think one of the things that the Well Visit Planner is great at doing is helping parents maybe prioritize some of that time to make it a little bit more efficient, and I think Christy mentioned that. But to use the HSACs, the Health Services Advisory Committee to help advocate for your program. To engage those discussions with local providers can really be helpful. There was also a question about whether or not this is just for certain children or certain families, and I think, as Christy addressed throughout, this is available, actually, to the general public, and encouraged with all families, all of us with our young children can use extra support to help make those visits go smoother, and we think that it equally is true for families who are participating in Head Start and Early Head Start. It's not a requirement, certainly, but just a tool that can help your families feel a little bit more empowered and engage with their providers and be able to kind of speak for their children and get their needs addressed. And we have a number of other questions. One of them was around, Christy or Michele, who would be the best person to implement this in the Head Start setting? Would that be the health manager or someone else in the program? And if you could speak to maybe the conversations you've had so far with some of the programs around that.

Dr. Bethell: I was just going to say that this work started with Head Start/Early Head Start centers recognizing the various places at which parents may be engaged and how that varies across centers as well as the center-based model and a home-visiting based model. So our work really looked at what made best sense to each site in terms of who they would encounter and be invited into using the tool, and at range, it can range. But the person who is in charge of making sure parents got connected to well visits in the medical home was the person, for example, on one site that did that, and health managers. And then also going into home visiting, it would be the home visitors, that they would need to be prepared on how to use it. And so it really, I think, lends itself to a wide range of people to facilitate the completion. In the federally qualified health centers that we've worked with to use the tool, it's even peer parents who have used it already were able to support other families, but certainly those who are in the front office can help with that as well. So it depends on your audience, and that would be an important consideration for you to make. But this is a good discussion, and I'd love to know who asked it, and maybe to get a little more specific to address your question because there might be underneath it that I didn't respond to.

Heather: Sure, we'll send you the questions, Christy. Another question that folks had asked was: Why is this tool only available to age six years of age?

Dr. Bethell: Well, this is Christy again. Originally, it was up to age three, and that's really a scope of funding and work involved. And in working with Office of Early Head Start and AAP, we were able to increase it up to age six using the same methodology that we used to design it for up to age three, and really there's no reason why it wouldn't exist for all age children as well as for adolescent completion. The guidelines exist and the same issues are there, so it's really just a matter of funding and repurposing.

Heather: Great, thank you. One question about: Does the Well Visit Planner remind parents when it's time for their next well visit? Do they have to do the questionnaire's priority steps before every well visit?

Dr. Bethell: Okay, this is Christy again. I'll answer that. First of all, those are the kinds of things that are in our wish list. It absolutely can be integrated with a reminder system. In the original setting in which we tested it, the initial invitations went out with a reminder, although you can't call it a reminder because parents won't open that up. But how to integrate them has been a question that has come up over and over, and that is absolutely possible to do. It's just building it into the software and into the capacity that we have. So it doesn't now, but you can send it with reminders. There's tips on how to do that. Again, if you want parents to open up a reminder, don't call it a reminder because the tagline itself is often all they read. So there's some specific guidelines in the provider toolkit around how to integrate this with the reminder system. And the last part of that question, can you remind me again, Heather?

Heather: Sure. Sorry, I was looking at the questions.

Dr. Bethell: That's okay. There were two questions in there, I think.

Heather: Yes. So –

Dr. Bethell: Oh, why at every visit. Okay, yeah.

Heather: Questionnaire and priority steps before every well visit.

Dr. Bethell: Yes, well, for every – yes, they do, because every well visit is different. And so the questions on surveillance, for example, are going to vary. The questions on what topics or priorities they select from are going to be different based on guidelines. So the topics and content and focus of each visit varies either dramatically or somewhat, and so they need to do it for each time. Some of the questions are the same. If they were doing – we have a certain application in EMR that it's possible that they don't repeat, having to answer questions that they don't need to have repeated, but in this case it's each time, yeah.

Heather: Great, thank you. So just a quick question someone asked about: What is the cost of the Well Visit Planner, to use the Well Visit Planner?

Dr. Bethell: Well, it doesn't cost anything.

Heather: Isn't that beautiful? I love saying that. That's great. So just one other question, kind of about engaging the medical home: Does the doctor have to be on board with this? How do we engage the medical providers in using this tool?

Dr. Bethell: I'm going to speak to that, and Michele may want to add. This tool was developed closely in partnership with pediatric providers with the intention that they would embrace it and initiate using it with parents and then also engaging with community-based services such as Head Start/Early Head Start to potentially implement it, and so on and so forth. And so there's actually a whole set of

implementation materials just for pediatric providers. Having said there, if we're going to integrate the data that comes out from the parents into an electronic medical record system, the engagement is required, obviously, because they have to collaborate in bringing the data in, and there's methods for that. However, in lieu of providers really getting on board either because they're too busy or they're not culturally in a place to do it yet or what have you, that it can absolutely be used outside of that. But there's a great care that needs to be taken in making sure providers know this is happening, using some of the materials we provide you with on how to make sure they know what it is, and offer for them to be the ones who tell the parents to do it and come to you for support in doing that would be ideal. So with that materials got to go both ways. But the public use website is available for anyone to use, and ideally the provider would know what it is, encouraging parents to do it and be looking for the visit guide. But if not, then it can be proactively done the other way. And, of course, we'll learn about how that goes, but it needs to be done as well as possible.

Heather: Great, thank you. Yeah, this gets to another question as well about having an elevator speech. Do we have an elevator speech handout? So maybe you could just highlight that Head Start/Early Head Start resources tab again for what's available to them to help engage both their staff as well as the community.

Dr. Bethell: Yeah. Michele?

Dr. Solloway: Yeah, let me. I'm looking for the slides for that.

Dr. Bethell: I'm going to try to go back and find them. So we actually provided pediatric providers even with scripts for how to invite parents. Email, some reminders, and things like that. So we'll do the same with you.

Dr. Solloway: Yes, so there are a lot of resources on there. One of them, under "Resources for Staff." There's the family engagement script that Christy just mentioned. There are questions about using the Well Visit Planner. So we went through and really anticipated questions that staff might have and tried to answer them. And then there's the guide to topics and questions. But, you know, a little more in-depth. So sort of background material to what you actually see on the Well Visit Planner tool on the site.

Dr. Bethell: Embedded in those questions is how – the importance of communicating with pediatric practices but not down to a script level. And some of the sites were moving further in that, and I think it's at the point now where we could articulate a script, if you'd like. I mean, I guess that means that that wasn't as clear, because it'll vary in each site how you want to do that, but that's a useful document that we could create with not only a family engagement but a pediatric practice or provider engagement which the AAP should be able to help us with. So I think that's a must-develop but there are materials to point you in that direction in the implementation materials.

Heather: Yeah, there's definitely, I think, some great materials for families to bring to that provider as well as for the HSAC to potentially utilize as well to engage in the community. Final question here, I think. Maybe we'll have time for one or two more. But there's questions about the survey that you did with the 3,000 parents and wondering if Head Start and Early Head Start parents were engaged at all in

that survey or what feedback have you received so far from families who maybe have access to the tool, families whose children are enrolled in Head Start or Early Head Start.

Dr. Bethell: Very good question. Well, first of all, at the end of the tool, we do ask on the website about a couple of questions. You can't ask too many questions, so we can summarize those for you, but we don't ask a lot of personal questions about parents that can help identify them. And so we weren't able to say Head Start/Early Head Start. So the best we can do is stratify the data for those who would be qualifying for Head Start/Early Head Start both by age and income levels and things like that. And we certainly have a substantial cohort who answered the question who are in the lower income group and who would be eligible for Head Start. Having said that, our goal would be to do an evaluation for those who would be able to collaborate to get that information specifically for Head Start, and that wouldn't be a problem to do at all. It's just that in a study we did, we didn't do program participation sets of questions. But we can stratify in ways that sort of triangulate to that answer and pull that data out for you. That'd be great. We can do that.

Heather: Great, thank you. Another question: Is there a way that health managers can get access to the information parents enter into the Well Visit Planner?

Dr. Bethell: Yeah, this is Christy. So this is a functionality that's available. We haven't used it yet, but we're collecting the data on the back end. And to the extent that we can support giving each Head Start center or Early Head Start center a unique URL, you could even put your brand on the front of it or your logo on the front of it, so it looks like it's yours. This is sort of our branded light version. It looks just like the public use website, but it has your name on it, and then you have a URL, and since you have a unique URL on the back-end database, we can tag responses to your site and provide you with population-based reports for your site so that you understand the population, that how they responded. So over time it becomes a population-based tool, using that functionality, which is built in but not implemented yet, but it is at the ready.

Heather: And that's something that we'd contract with you for individually, right? That's not through the public –

Dr. Bethell: Well, I mean, we don't have – I mean ideally it would be built into a technical assistance capacity that we would just provide. That's the ideal.

Heather: Thank you. Well, there are so many more questions, and unfortunately we are at the end of our time and not going to be able to get to all of those. I just want to thank Dr. Bethell and Dr. Solloway again for all of your great assistance in this. Again, just as a reminder, to fill out that survey prior to finally logging off. That should pop up automatically. And, again, if you're in a group, you will receive an email, so if you could distribute that to your group members, then they can complete it and receive their certificate of participation as well. Thank you again for joining us on this webinar. Thank you again, Christy and Michele. Thank you, everyone, for your great questions.

[End video]