

Making the Link Between Health and School Readiness

Kelly Towey: Hello and welcome. Thank you for joining us today for the Making the Link Between Health and School Readiness webinar. This webinar is being presented by the Head Start National Center on Health. My name is Kelly Towey, and I'm a consultant for the National Center on Health.

Before we begin today's webinar, I'd like to highlight a few housekeeping items. First, a few webinar details. If you are using Wi-Fi and are not hard-wired, you may experience a greater lag time during the presentation. The slides will advance automatically throughout the presentation, and attendees will not have control over the slides.

All attendee lines are muted. If you have a question, we encourage you to type a question in the "Ask a question" box on your screen. If time permits, we're also going to have a short question and answer session at the end of the webinar. If we don't have time to answer your questions, we will send you an answer directly via email over the next several weeks. If you're listening to the webinar by phone, you must click on the "Listen by phone" button that is just above the "Ask a question" box.

To view the presentation in full screen, please click on the black button at the upper right-hand corner of the presentation slide. During the webinar, we'll be having a number of polls that you will be able to participate in. Please note that depending on your connection, there might be a slight lag before the poll appears. When you have completed the poll, select "Submit." After you have seen the graph results, please click on the "Return to presentation" button to bring yourself back to the presentation slide.

After the webinar, you'll be redirected to an online evaluation. Please take a few moments to share your feedback on today's events. Only participants who have completed this evaluation will receive a certificate of participation. If you're watching today's presentation as a group, the person who logged in for the webinar will receive an email with a link to the survey. Please share that link with the rest of your group so that they can complete the evaluation to receive their certificate, too. If you need technical assistance during the webinar, please type a question in the question box on the screen.

During today's webinar, speakers will be sharing information on the following: National Center on Health readiness activities, including the new NCH resource, Making the Link Between Health and School Readiness; how health services can support school readiness by improving attendance; and opportunities for you and your program to receive more intensive support through the NCH Vital Action Initiative.

At this point, I'd like to introduce our speakers for today's webinar. Our first speaker will be Ann Schlesinger. She is currently a training and technical assistance provider and resource development specialist for the National Center on Health and the National Center on Cultural and Linguistic Responsiveness. She has also worked in early care and education for over 35 years as a teacher in state administration, training and technical assistance, and materials development at the local, state, and national levels.

Our second speaker today will be Amanda Schwartz. She is the senior training and technical assistance specialist for the National Center on Health. She develops resources and training on safety and injury prevention, school readiness materials, and health management. She has worked as an educator and federal contractor for the last 19 years. She was a technical assistance provider in Regions II and XI, and

she was also the disability specialist for the ECLKC when it launched in 2005, and supported start-up planners during the latest early Head Start expansion in 2009. At this point, I'd like to turn the webinar over to Ann.

Ann Schlesinger: Thank you, Kelly. Amanda and I are really pleased to be joining you all today to talk to you about the National Center on Health's work on school readiness. Before we get started, we'd like to use a poll to get a sense of whether you're joining us as individuals or as a team. Please let us know. Are you sitting with one or more other members of your school readiness team?

And can we see the survey? Okay; I'm not seeing the survey. So I'm going to hope that all of you are, whether you're by yourself or with a team, that you'll get some very useful information from us today. Later in the webinar, we'll consider what your program and others are doing and how our tools can support your work as a team to link health services to your program's school readiness activities.

So today, our objectives will include reviewing existing NCH school readiness activities. We are going to introduce an exciting new NCH resource, Making the Link Between Health and School Readiness, to support program school readiness planning and activities. We'll consider how health services staff and school readiness teams can partner on strategies to improve attendance as we talk about another new resource under development, Health Services to Promote Attendance, an NCH tip sheet. And finally, we'll reflect on opportunities for you and your program to receive more intensive support through the NCH Vital Action Initiative.

But first, we'd like to share with you our Center's vision for school readiness, a vision that complements all of the other National Centers' work. NCH staff believe that school readiness begins with health. This is because research demonstrates that a child's – a child first needs to be healthy and safe in order to make progress in the five essential domains of school readiness found in the Child Development and Early Learning Framework. When the founders of Head Start first conceptualized Head Start services, they considered the basic needs of families in poverty; for example, access to medical and dental care, food, shelter, and safety, as well as the relationships families would need to help their children be ready for school.

As you know, Head Start programs place children at the heart of their work, and to best do so, they provide an array of services to strengthen families and the communities in which they live so that children are able to be healthy, safe, and ready to learn. Head Start's founders understood the importance of comprehensive services to meet children's most basic needs and support their healthy development. Health services were part of Head Start's original design way back in 1965, and they remain a critical component of Head Start, where early identification, treatment, and health promotion are strategies that staff can use to help all children engage in learning.

To help others understand the role of health and Head Start school readiness activities, NCH has developed several resources and presentations. Healthy Children Are Ready to Learn and When Health Affects Assessment were developed during our first year as a center, and they're currently available on ECLKC. Your program can use Healthy Children Are Ready to Learn to begin the conversation about how each component of health impacts child development. And we developed When Health Affects Assessment to help teachers, infant/toddler caregivers, and home visitors begin to consider the ways that a child's health can impact his or her performance on learning activities.

Both of these resources are available on the ECLKC, and you can find the link on the list of resources we've shared with you. We hope that if you're not already using them, you'll take a look at them and find them helpful to you and your program. Together these two resources have served as the foundation of our work, and we've shared them with programs at conference presentations throughout the country. They're also featured in a presentation that we developed with the Early Head Start National Resource Center and the National Center on Quality Teaching and Learning called Healthy Beginnings for Very Young Children, which was presented at the 2nd National Leadership Conference last spring.

As we've continued to develop our work on school readiness, we've created a new resource we think will be really useful to you and your program. Today we're pleased to offer you a demonstration of this resource, called Making the Link Between School and – Health and School Readiness. Prior to this webinar, we sent you a PDF with samples from Making the Link Between Health and School Readiness organized by two scenarios that we'll be sharing a little later, so please keep the handout nearby so that you can refer to it and use it during the webinar.

The tool is designed as an interactive resource on the ECLKC. In a few moments, we'll give you a demonstration of how it works, but first we want to tell you a little more about it. As a center, we've had discussions with many individuals throughout the Head Start community about school readiness. While everyone understands that children need to be healthy and safe to learn, we began to see the need for a resource to help health managers and school readiness teams make deeper connections between health services and school readiness.

Program management teams were asking for ways to link what they were doing in health to their program's overall school readiness plan. We thought it would be helpful to build on the work of the Office of Head Start and the other National Centers to clearly define how health services fit into existing school readiness work, planning, and goals. So we developed Making the Link to make that clear connection between health and school readiness, which we hope will complement existing school readiness resources available to programs.

Part of the purpose of creating Making the Link is to demonstrate how programs can incorporate health services that they're already providing into their school readiness plans as research-based strategies that help support children's positive outcomes in all five domains. And Amanda will now tell you more about Making the Link. Amanda?

Amanda Schwartz: Thanks so much, Ann. I'm sorry. As Ann mentioned, we designed this tool to help your program make the link between health and school readiness and suggest concrete strategies that you can use. But we know that programs are already doing this work.

So we want to take a poll, once again, and ask you: What are your programs doing to link health to school readiness? Are you responding to medical and dental well child visits and screening results by referring children for needed services when appropriate? Are you using the daily health check to understand when children are tired, hungry, unwell, or having a rough day? Are you creating safe and healthy environments where children can explore and learn safely?

Are you helping families access nutritious food and integrate physical activity into their daily lives? Are you guiding children's social and emotional development and supporting families' mental health? Are you promoting staff wellness by planning strategies to support physical and mental wellness? And if

you're an Early Head Start program, are you providing prenatal services to promote healthy beginnings for children? Please select all that apply.

Oh, I see we have a lot of responses. Ann, are you seeing those responses with me? I see that many of you are using the well child visit, and I see many of you are guiding social and emotional development. And what else? Are you seeing some of this, Ann?

Ann: I am. I'm sorry, I was needed. Yes, I see that we do have a lot of responses around responding to well child visits and to creating safe and healthy environments. Let's look a – take a look at the final poll; let's let everyone see. I think everyone has submitted their answers.

Amanda: So it looks to me like safe and healthy environments and well child visits and social and emotional development. Very interesting; very interesting. Thank you so much, Ann, for helping us out.

So, often when we talk with program management and staff, we find that they are doing so many things to support school readiness. They just haven't made the link that these activities are part of your program's school readiness work. We know that all children need to be healthy and safe in order to learn, so your work to support children's health and safety sets the stage for learning.

So the objectives for our tool, which are on the first page, are that education leaders and school readiness teams, health managers and health staff, and all program leaders will make the links between health and school readiness, develop school readiness plans that include health strategies, and demonstrate how health service plans are linked to school readiness activities. You'll see when you look at the tool online that there are distinct versions of each of these objectives for each audience.

The tool includes three major sections in addition to an introduction and instructions pages. These sections are: the Links Between Health and the Five Essential Domains of the Child Development and Early Learning Framework; the Guide to Other School Readiness Goals; and Health Services That Impact School Readiness. The first section, Links Between Health and the Five Essential Domains of the Child Development and Early Learning Framework, includes a brief introduction providing health context to the five domains of school readiness.

It also includes a pop-up feature that offers background information about how the domains are defined and their significance to child development. The introduction also deals – details that each domain includes a short statement about the link between children's health and the specific domain; research connections with science-informed evidence related to the domain; and a printable table including examples of school readiness goals for infants and toddlers related to that domain and developed by the Early Head Start National Resource Center, examples of school readiness goals for preschool children related to that domain and developed by the National Center on Quality Teaching and Learning, and suggested health strategies that support the goal with links for further information.

From our conversations with program management and staff, we know that programs have developed an array of school readiness goals in addition to the exemplar goals developed by NCQTL and EHS NRC. We used the Head Start Enterprise System to scan 2012 school readiness goals and found common topics not already covered. The Guide to Other School Readiness Goals offers health services links for the most frequently cited examples. Some of these topics include abstract or symbolic thinking, creative expression, managing transitions, and spatial relationships.

We hope that this alternative guide will support your program if your school readiness team has selected different goals. If you find the topics addressed in your goals do not match these topics or are having trouble deciding what health services may be appropriate to delve into, ask your early childhood education TA specialist or contact us at the National Center on Health for assistance. Someone will be able to help you.

Finally, the last section of the resource is Health Services that Impact School Readiness. This section offers a brief description of the role of health services in Head Start. Did you know that there are more than 100 Head Start Program Performance Standards related to health? This section tries to summarize how these services can support school readiness for children using nine categories to organize the depth and breadth of health services.

These services include children with special healthcare needs or disabilities, family health literacy, mental health, nutrition and physical activity, oral health, physical health, safety and injury prevention, sanitation and hygiene, and services to pregnant women and expectant families. For each health service, the tool includes a brief description of the health service, research connections with science-informed evidence related to the health service area, and suggested health strategies to promote school readiness, which programs can include in their school readiness and health services plans.

Now that you know how it's constructed, let's talk about how we think you can use it. As you will see in a moment, the tool can be used in a variety of ways; but we suggest the following. Step 1: Start with – select a starting point. We suggest that – starting with a specific domain because we think that it will help you stay focused, providing you a target for something that interests you or presents itself as a challenge. Perhaps you have data from child assessments that indicates a large portion of children are not reaching program language and literacy goals. You can use this domain as a jumping off point, looking at how health services might impact language and literacy development and using this information to think about some strategies you have not tried.

Step 2: Review the content of the domain. We developed this section to serve as talking points during discussions of child progress in each domain. Staff can share research that provides context for how health supports development, which will lead to the next step, finding health strategies that can positively impact child progress. The principal table can help you find strategies that will support child development in each domain. It will also offer you a specific context for why the strategies work.

Step 3: Review the suggested health strategies. When reviewing the health services pages, we acknowledge that you may already include some of the recommended strategies in your planning. But we want to help you make sure that these strategies are in both the health services plan and the school readiness plan. We hope that seeing the connection between each health service and the five essential domains will help you make new links between school readiness and health, understand the connections between your health plans and your school readiness plans, and consider integrating a variety of new strategies into your school readiness plans. In addition, this tool includes research connections to validate the science-informed strategies that we have suggested.

Step 4: Continue with the other domains. You may determine you would like to create connections between all of your school – program school readiness schools, or you may find that they are already well connected. The tool is designed to be flexible so it can meet your varied needs. It is not designed to be a document that you read from front to back, but rather, a tool you can navigate easily to find what is most useful for you and revisit as many times as you need.

Finally, Step 5: Discuss ideas with the school readiness and health teams. Ultimately, programs function as teams to support school readiness. Using this tool as a team will ensure that all of the people involved in planning, implementing, and evaluating program services hear the same messages and work from the same information. Therefore, we highly recommend that teams use this tool as they are planning, setting goals, and monitoring progress throughout the year.

So let's take a peek at the online tool. It just came on to the ECLKC today, and you will be receiving a link to it as part of your post-webinar email. This is the front page of the Making the Link Between Health and School Readiness tool. As you can see, there are specific objectives for different individuals on your school readiness team. To continue on in this tool, you can select "How Program Leaders Can Use This Tool." This next page takes you through the directions we just mentioned.

There are hyperlinks throughout the directions so you can go directly to the domains or strategies that interest you. But for this demo, we'll select links between health and the five essential domains of the Child Development and Early Learning Framework. On the page introducing the five domains, you will see a brief introduction demonstrating how health relates to all of the domains. You will also be able to select the background information button. This pop-up offers more about the domains and how they were developed. To select it, you click on it or hover over it. And to close it, you click on it again.

As you scroll down the page, you will be able to select the domain you want to learn more about. We selected Approaches to Learning. This includes more information about the connections between health and Approaches to Learning, including research connections. The pop-up offers citations on these connections so that you can have research-based information. There is also a link to a printable version of the table. You can bring this to meetings, post it on the bulletin board, or customize it to indicate what you want to focus on.

Finally, you can follow the links to the health service areas that related to the goals to find strategies that may work for your program. As we mentioned, if your program has goals that are different from these examples, we do offer you a guide that you can use to find strategies. You can get to it by selecting "here." Each topic has links to health services to allow you to strategize and plan. You can also go directly to the health services section and select the health service area that most interests you.

For each service area, you will find a description of the health service area and its connection to school readiness. You will also find research connections that you can use to demonstrate the scientifically-based links between that service – health service area and child development. You will also find strategies that you can integrate into your plans. These strategies may also include links to resources that help you implement and improve services for children and families. Just to make sure that you don't lose where you are in the Making the Link resource, these are external links and they will open in a new window. All of these resources are vetted or were developed by the National Center on Health and will support you in enhancing children's school readiness.

Now that you've seen it on the ECLKC, use the sections we have sent as handouts to consider a few situations that may arise in your program and how the tool can help you plan. You will want to go to an Area 1 in your handout for this first scenario. So this Scenario 1, Linking Hearing Screening and Follow Up to School Readiness. The health manager at Healthy Kids Head Start, Miss Evelyn Doris, is conducting her regular check to determine whether all of the children who were referred for hearing issues received further examination and treatment.

In comparison to previous years, there were a larger number of children who did not pass the hearing screenings during the first 45 days of enrollment. Miss Doris knows that hearing has an impact on children's language and literacy development, and she's concerned that if the children identified with hearing needs do not get treatment in a timely manner, they will fall behind.

To determine how these children are progressing, she meets with the program's education manager, Mr. Robert Ramirez. He notes that the program's child assessment data do show an overall lack of growth in language and literacy. Together they begin to look at the data and realize that many of the children who did not pass the hearing screening have been struggling in language and literacy.

Looking at this section from Making the Link Between Health and School Readiness, labeled Scenario 1, think about what you would do next if you were this health manager or education manager. Make a few notes or highlight some strategies that you can use to answer our next poll: What health strategies would you choose to improve children's school readiness? You will have a minute to scan the document, and then we will pull up the poll. Remember, you can conduct a full review of these sections after the webinar is over, and you can also link to the full tool to get more information.

So I'll give you about a minute starting now. So you have about 30 seconds more. Don't worry, you'll have time to review later. Just a few more seconds. Okay, let's pull up the poll. So what health strategies would you choose to improve school readiness? Would you work with the Health Service Advisory Committee and other partners to identify health care professionals for children? Would you guide staff as they develop respectful culturally and linguistically responsive ways to talk about health concerns with families? Would you support families in understanding the importance of treatment and follow-up? Would you develop individualized plans to accommodate children with special health care needs and/or disabilities? Or would you plan formal assessments when children feel most comfortable and can engage? What would you do? I see some answers coming in.

Ann: I do, too. I see – wow! – a lot of people are supporting families in understanding the importance of treatment and follow-up. And we have pretty good representation in all of the answers. So, let's – let's look at the final results. Okay, so I see – again, it looks like it's still 96 – over 96 percent of our respondents are supporting families in understanding the importance of treatment and follow-up, and we have a lot of people developing individualized plans to accommodate children with special health care needs, and those are the most prominent. We also have a lot of people guiding staff as they develop respectful and culturally and linguistically responsive ways to talk about health concerns with families. That's great.

Amanda: Thank you so much. What great responses. Thanks, Ann. Ultimately, there are no right answers to these questions. Each program will choose the best strategies for each child. You may have to look a little deeper into your data to find the answer that will best match your child and family's needs. But choosing one or more of these strategies to include in your plans may serve as a great beginning.

So let's do another scenario. Oh, sorry. As you may know – I apologize. As you may know, children with hearing issues do not get to experience language in the same way other children do. Whether they experience chronic ear infections or more serious hearing impairments, they may miss sounds, tones, and inflection that are so critical to language development. To help you learn more about how your program can support children with hearing concerns, Early Childhood Hearing Outreach, or ECHO Project, has developed a webpage using screening results to promote school readiness.

Follow the link cited here on your school – sorry, on your resources page to find out more about the various hearing issues children have, how they impact learning, and how you can promote their development as you include them in your program activities. This information may also help you choose the best strategies to include in your plans and help you dig deeper. I got so excited about the next scenario that I got to it too quickly.

So let's try this next scenario. This time, Mr. Ramirez, the education manager, is analyzing child assessment data for the period from November through February and finding that overall the scores show a large percentage of children haven't progressed in the cognition and general knowledge domain. He looks at CLASS data and cannot find anything that can explain the scores. Thinking about the positive impact of the hearing screening work, he contacts Miss Doris, the health manager, to discuss possible reasons for children's lack of progress.

They brainstorm together and decide to pull attendance data. They discover that many children were absent during the past few months. Looking more closely at the attendance data and the health tracking data, they see that many children were sick with minor illnesses like colds, the flu, and respiratory illnesses. Together they decide to determine some strategies they can use to reduce the spread of illness and increase in attendance to improve children's growth and cognition and general knowledge.

What would you recommend? Please take the next minute to scan the sections of Making the Link – the Making the Link resource you will find under Scenario 2 in your handout, and highlight or underline strategies you would include in plans. Once again, remember, you will have an opportunity to conduct a full review of this resource after the webinar is over. For this activity, just take some time to scan and find strategies you would recommend. Once again, I'll give you another minute. About 30 more seconds, so just pick out some good strategies. Just a couple more seconds.

Okay, let's look at the next poll, if we can pull it up. Would you establish new policies and procedures to support children's physical health and consistent attendance? Would you work with the Health Service Advisory Committee and other partners to identify health care professionals for children? Would you help families learn about identifying and treating illness, including when and where to go for help? Would you share information with families about healthy hygiene habits, including hand washing and covering when you cough? Or would you ensure that all staff are using science-informed hygiene and sanitation practices? What would you do?

Ann: And we've got results coming in. It's looking like a lot of people are helping families learn about identifying and treating illness. And also – oh gosh, even more people doing that. And also a lot of people are sharing information with families about healthy hygiene habits. We have some great results here. Can we share the final – the final results? Okay. So yeah.

Amanda: Great.

Ann: Yeah. This is wonderful. I'm really – I see that C and D are really being used a lot. And also, there's – a lot of people are ensuring that all staff are using science-informed hygiene and sanitation practices, which we know is so important.

Amanda: So great. So thank you so much, Ann, for those results. This last scenario relates to a new body of work that the National Center on Health has begun to explore. We know that attendance is a critical

component of school readiness for every child, and wanted to offer your programs a tool to help understand and problem-solve some of the attendance issues that you may face. There is a growing body of evidence that shows that attendance in the early years has a significant impact on children's participation and ability to succeed in school.

As you see in the graphic here, children who are chronically absent when they are younger are more likely to be chronically absent or leave the system as they get older. Using data from the Chicago public schools, this graphic shows that 41.5 percent of 4-year-olds were chronically absent. Then at age 5, 33.5 percent of them continued to be chronically absent while 13.9 percent of them left the system. As significant as those statistics are on their own, two years later 31.8 percent are still chronically absent and 14.2 percent have left the system.

Ultimately, when children are not present, they cannot learn. Here, an example from the Attendance Works Peer Learning Network webinar illustrates how important attendance is to learning. Preschoolers in a Tulsa, Oklahoma, Head Start program who regularly attended showed more growth in literacy skills than those who were frequently absent. Also from Attendance Works, a study conducted by the Baltimore city schools, pre-kindergarten and kindergarten, found that a quarter of the students who were chronically absent in preschool and kindergarten were retained in later grades compared to 9 percent of those who attended regularly. Both of these studies demonstrate how attendance affects language and cognitive development.

There is a growing body of research which demonstrates how development in all domains is affected by absenteeism. But children get sick. The data presented here demonstrate that young children are sick often as they build their capacity to fight disease. These brief, mild illnesses can lead to absences, particularly for children from low-income families. Research shows children living in poverty are four times more likely to be chronically absent. Yet Head Start provides services that can help increase attendance. Access to medical and dental homes, family health literacy, and health promotion all support child attendance.

Now let's talk about other – our other new NCH resource, one that's designed to help your program focus on ways to support children's attendance. To support programs who operate center-based and family child care options in reducing absenteeism related to health issues, we have developed an attendance tip sheet. This tool will help you to understand the connection between health, attendance, and school readiness; identify health strategies to minimize absenteeism; and use ongoing monitoring and self-assessment systems to evaluate the success of health strategies.

This tool will be available to you by the fall of 2014. A basic premise of our new attendance resource is that it's not enough to collect attendance numbers. Programs can improve attendance rates when managers work together to understand what attendance looks like and why children are absent.

So let's take another poll. Children may be absent for many reasons. Using this poll, please answer the question: Why are children absent in your program? Is it illness or chronic health issues? Is it medical, dental, or mental health appointments? Are there family considerations, cultural events, family illness, homelessness, unemployment, divorce, or other family transitions? Are there individuals with special needs or mental health concerns, or English language learners? Is there a lack of transportation to program activities and/or mental – medical appointments? Check all that apply.

Ah, the answers are coming. I see them. So, a lot of folks saying illness or chronic health issues.

Ann: Not so surprisingly, I suppose. We also have quite a few – quite a few family considerations, as well.

Amanda: That's not surprising either.

Ann: Should we look at the final results?

Amanda: That sounds great, Ann. Let's look. So it looks like – oh, it looks like illness or chronic health issues and family considerations. Very good; thank you so much, Ann, for your help. While there are many reasons that children are absent, we have found that illness is one of the most obvious reasons, just as you had cited in the polls. A point well taken when thinking about how often the youngest children are sick due to their growing ability to fight immunities. Sorry, the growing immune system.

As we all know, there are many things that a program can do to keep children healthy so that they can attend program activities. In our tip sheet, we suggest that your program may want to revisit specific policies and procedures that support attendance. This tip sheet indicates that it is important that children – that classroom staff know and can recognize the early signs of illness so that they can effectively use the program's daily health check procedures.

Staff and families fully understand and embrace the program's short-term exclusion policies so that children are included when they are healthy enough to attend. Staff implement hand washing, diapering, and other hygiene and sanitation policies and procedures to reduce the spread of illness. They are also providing training to families on ways to reduce the spread of illness at home. Staff promote child safety and – in reducing injuries by implementing effective policies and procedures for identifying and removing hazards.

We also suggest that staff build families' health literacy so they can understand the connection between – I apologize – between absenteeism and school readiness. You and your program support families by helping families review and understand program policies and procedures and their impact on attendance; accessing a medical and dental home to ensure ongoing care, early identification of illness, and effective treatment as needed; and including solutions for attendance issues on individualized plans for children with special health care needs or disabilities. As you know, the school readiness action steps help programs meet the requirements in 1307.

In Step 3, staff are constantly determining where children are developmentally and planning activities to promote learning. Staff can use attendance and health data in the same way, looking at how a child's attendance impacts his or her learning and addressing reasons for absenteeism to provide children with more opportunities to learn.

In Step 4, programs are looking at patterns over time; adding both health and attendance data to this picture may help staff understand why specific patterns emerged. This may mean considering outcomes at different intervals. For example, after one year during the self-assessment process, at three years during the comprehensive community needs assessment, and at four or five years as programs seek to show progress in their outcomes during the first – the five-year project period.

Take a moment to think back to Scenario 2 about children's lack of growth in the cognition and general knowledge domain. What data would help you decide which strategies to choose? There are a lot of

data sources related to health. We suggest narrowing your focus to six specific sets of data. The first is attendance data for children who are absent or dismissed from program activities. When your program has information about why children are absent or were sent home, you'll have a better sense of the health reasons associated with absenteeism and can improve the related policies, procedures, training, and family health literacy activities.

When you look at child health status data in conjunction with attendance data, you can determine whether child treatment and follow-up are affecting attendance. You also may identify children with special health care needs or disabilities who need additional support to attend program activities. Daily health checks and parent and family observations help programs support families as they begin to recognize patterns and early warning signs of illness that impact child health.

Nutrition assessment data includes information about access to food; related health concerns, for example anemia; and family preferences, traditions, and requirements that may impact health. Injury and incident reports account for children who experience serious injury and may – who may need to be absent while they recover, requiring short-term and long-term exclusion policies to offer additional supports and learning opportunities. Staff anecdotal notes or case notes may include informal data regarding family health development or behavioral concerns that may impact attendance. Each of these data sources helps programs dig deeper to understand how health services impact attendance.

Ultimately, judging the success of the strategy means looking at the data to determine whether your program has used successful health strategies. Some of the data that your program might consider looking at include: the percentage of children in all age groups absent across classrooms and settings, including family child care, to determine whether the program has addressed all attendance concerns regardless of the child's age or setting; the percentage of absences related to infectious disease after training on cleaning, sanitizing, disinfecting, hand washing, and other hygiene activities; the reason for absences in order to identify any consistent pattern; and training needed by all staff, including family service workers or family health literacy opportunities for families, as identified in individual staff professional development plans and family partnership agreements.

Aggregating and analyzing this data can help staff begin to determine: Did we choose the right strategy? Did we implement it well? Did other factors impact our work? Answers to those questions can help programs use their data to improve services. Ultimately, the data will help them determine how well they have addressed attendance issues in their programs and how well they have supported children in reaching both individual and program-level school readiness goals.

We hope that you will find both of these resources we shared today useful in your work with programs – in your work with children and families. To offer more intensive support, we will also be offering a cohort of programs an additional opportunity. Cohort members will get direct support in using these tools from us. Ann will tell you more about that now. Ann?

Ann: Thanks, Amanda. Public health and other human services organizations have developed an approach referred to as Vital Actions. These actions focus on helping programs change their practice in specific areas, and the NCH is using the Vital Action approach to focus our training efforts for programs. We're scaffolding the training that we offer programs and helping to improve outcomes for children in targeted areas. Through this process, we want to find out which approaches are most likely to lead to change, not only in knowledge, attitudes, and policy, but most importantly in practice.

Our approach is to offer extended learning opportunities to a small group, a cohort, of grantees interested in specific topics we've identified that we can follow over time. Our work on Vital Actions parallels efforts across all National Centers to provide trainings with built-in follow-up activities. To do this, we're conducting several pilots this year. Some of this cohort work has already begun, and other cohorts are being planned and recruited. Our goal is to see whether coordinated training opportunities on a particular topic will lead to meaningful practice changes that in turn may improve health and school readiness outcomes for the children and families participants serve.

One of our Vital Actions specific to school readiness is to help programs consider how supporting attendance is an important strategy to promote children's school readiness. While there are many reasons that contribute to absenteeism, as Amanda showed you in the data on annual illness incidents by age, we know that for young children a leading cause of missed learning opportunities is the many frequent illnesses that they experience during their first five years.

We chose this Vital Action because research offers clear connections between children's attendance and school readiness. We want to find out what kinds of support programs need in order to improve attendance patterns when their program data shows that absenteeism is an issue. We believe that supporting programs to plan health strategies which decrease absenteeism will lead to more consistent patterns of attendance. And as Amanda discussed earlier, this gives children a better chance of reaching school readiness goals in each domain.

Our next steps to this Vital Action will be to, first, select the remaining cohorts who will focus on strategies to support attendance. Then once cohort members are selected, they'll participate in a conference call to debrief about the content of this webinar. This will occur in the fall and will explore in depth the four steps to school readiness using National Center on Health resources, including Healthy Children Are Ready to Learn, Making the Link Between Health and School Readiness, and the Attendance Tip Sheet.

Cohort participants will then join a follow-up conference call next winter to discuss their successes and challenges in looking at attendance data to improve school readiness activities. They'll provide us with information about how the resources and support have been helpful as they reflect on attendance and health data. They'll also share how the tools help them implement new strategies to promote attendance and school readiness.

We're looking for 15 programs to participate in our cohort activities. If you would like to nominate your program to participate, send an email to the email address on the screen, natcenteronhealth@edc.org, with "Attendance Cohort" in the subject line. We hope that we can help programs connect their health services and school readiness activities to improve attendance patterns so that all of the children they serve can take advantage of Head Start and Early Head Start program activities.

Now, we have one final poll for you. We'd love to get an idea of how you'll share the information you heard today with your school readiness teams. Please take a look at the options and select all that apply. Okay, are we seeing some results? Let's see. All right. I see...

Amanda: I see some results here.

Ann: I'm seeing them now, too. You want to go ahead, Amanda?

Amanda: Well, sure. I see that folks are going to use this to review their school readiness and health services plans. That's great.

Ann: Okay, and let's share the final results with everybody so they can see. And this is great. We're really happy to see that you'll – many of you plan to use these materials; and we hope that once you've had a chance to see the tool on ECLKC, when you get the link in the email following this webinar, you'll find it even more useful. Thank you all so much. And I'm now going to hand this back to Kelly, who has some final words and to wrap things up for us. Kelly?

Kelly: Thank you, Ann and Amanda, for the wealth of information you've provided us on health and school readiness and NCH resources. We do have time for a couple of questions, and our first one is one that says: "I'm a new health manager and there seems to be a lot of data sources that I can use to get information. What's the best place for someone new on the job to start?"

Amanda: So, Kelly, that's a great question, and I think the answer is really to start where you are. So if you are focusing on child health status during the first 90 days or you're focused on getting the screenings completed within the first 45 days, you're going to want to focus on that data. So you're going to look at your child health status data, often referred to as health tracking data, and you can use this as an ongoing way to ensure that children are up-to-date in getting treatment for identified issues.

You may find that you're in a different place. Maybe you've noticed that there's a rise injuries or illness and you want to look through all of your injury and incident data, attendance data, maintenance reports, or facilities data. You can determine trends in illness, in injuries, and find strategies that work to improve children's health. The most important piece is to really start where you are and to start where you feel comfortable and expand out from there.

Kelly: Great. And we have another question. This one is – someone is asking if you could give some ideas about what to do when a parent states that their child is ill but in reality is just – in reality they're just not sending the program?

Ann: Well, that's – that's another good question. It's also – it's a challenging one. I think – you know, I think it's really all about relationships, and I think it might be useful to talk with the family services worker as well as, of course, with the family. It sounds like, you know, there may be issues other than health going on there, and – I mean, you never know what some of those reasons might be, whether it's, you know, illness in the family or some other, you know, family crises going on, or some – some other reason that the parent or the family member is uncomfortable about their child coming for whatever reason. So I think it's really about building that trust and relationship, and talking about it and trying to sort of tease out what the underlying reasons might be.

Kelly: Thank you for that answer, Ann. It looks like we're about running out of time, but if we have not gotten to your question right now, we will be sending you an answer via email. And if you have any further questions about this topic, you can contact us on the information available on the screen right now. You can contact us at our phone number, which is 888-227-5125, or via email at nchinfo@aap.org.

And just as a reminder, when the webinar ends, there's going to be a post-webinar evaluation survey that can be taken immediately. There will also be a follow-up email sent to everyone who watched live with instructions on how to share the Survey Monkey link to everyone in their group who watched today's webinar, and you should receive this follow-up email with the survey link within 15 minutes after

this webinar ends. The ones who take the survey immediately after the webinar will get their certificate immediately, and those who use the Survey Monkey link will receive their certificate within two to four weeks. Remember that if you would like to receive a certificate of participation, you must fill out an individual evaluation. So if you're watching the webinar as a group, each person in the group must complete the evaluation in order to receive a certificate.

Thanks again for joining us for this great webinar. It will be archived and available on the Head Start Early Childhood Learning and Knowledge Center website within three months and will be available shortly after the webinar using the same link you used today to take part in the webinar. We look forward to your participation in further events, and thanks again for taking the time to take part in this webinar today.