


Improving School Readiness: Your Role as a Health Care Provider

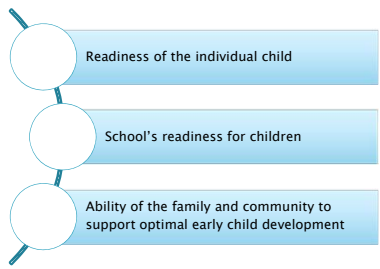
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Objectives

- ▶ Describe important elements of care to support school readiness during the 4 and 5 year old well visits in local health departments
- ▶ Identify two strategies to help prepare children, families and schools for new students with and without special needs

School Readiness



Readiness of the individual child

School's readiness for children

Ability of the family and community to support optimal early child development

Source: High PC, and the AAP Committee on Early Childhood, Adoption and Dependent Care and Council on School Health, *Pediatrics*, 2008.

School Readiness Goals

- Begins at birth and includes early brain development and early experiences
- Develops in a healthy and safe family and community environment in which the child grows
- Requires identification of and attention to child and family needs
- Focuses on supporting developmental outcomes and the ability of the child to develop to his or her full potential

Source: High PC, and the AAP Committee on Early Childhood, Adoption and Dependent Care and Council on School Health, *Pediatrics*, 2008.

School Readiness: Five Domains

- ▶ Physical well-being and (gross and fine) motor development, including health status, growth and disability
- ▶ Social and emotional development, including turn-taking, cooperation, empathy, and the ability to express one's emotions
- ▶ Approaches to learning, including enthusiasm, curiosity, temperament, culture and values
- ▶ Language and literacy development, including listening speaking, vocabulary, as well as reading and comprehension skills
- ▶ General knowledge and cognition

Sources: Bright Futures and AAP Committee on Early Childhood, Adoption and Dependent Care and Council on School Health, *Pediatrics*, 2008.

Families Support School Readiness Through Providing for Basic Needs

- ▶ Proper nutrition
- ▶ Economic security
- ▶ Adequate clothing and housing
- ▶ Primary and preventive physical and mental health services

Source: High PC, and the AAP Committee on Early Childhood, Adoption and Dependent Care and Council on School Health, *Pediatrics*, 2008.

But Additional Supports Are Needed To Maximize Potential

- ▶ Strong nurturing relationships and supports within families, communities and peer groups
- ▶ Opportunities to develop talents and skills and to contribute to their communities
- ▶ Early monitoring, assessment and intervention to prevent problems when there are concerns (i.e., delays, disabilities)
- ▶ Protection from injury, abuse and neglect
- ▶ Protection from exposure to violence and discrimination

Source: High PC, and the AAP Committee on Early Childhood, Adoption and Dependent Care and Council on School Health, *Pediatrics*, 2008.

Screenings and Assessments To Support School Readiness

- ▶ Well child visits in the clinic using Bright Futures Recommendations for Preventive Pediatric Health Care which include
 - Preschool and Head Start Assessments
 - Kindergarten Health Assessments
- ▶ Kindergarten Entry Assessment at the school (new NC General Statute requirement in 2015)
 - Snapshot of a child's development
 - Used to assess the five domains of school readiness

Source: https://pediatriccare.solutions.aap.org/DocumentLibrary/Periodicity%20Schedule_FINAL.pdf

NC Health Check Billing Guide: Recommended Periodicity Schedule

Periodic Schedule for Screening Assessments	
Within 1 st month	9 or 15 months
2 months	12 months
4 months	18 months
6 months	For children ages 2 through 20, annual visits are recommended

Source: 2013, NC Health Check Billing Guide
http://www2.ncdhhs.gov/dma/healthcheck/HC-Billing_Guide_2013.pdf

Bright Futures Core Elements

- ▶ History
- ▶ Measurements: weight, height, vitals as needed, BP and BP percentile, BMI, BMI percentile
- ▶ Sensory Screening: formal vision and hearing screenings using an evidence-based tool
- ▶ Developmental/Behavioral Assessment: formal screening at each visit

Bright Futures Core Elements (cont.)

- ▶ Physical Examination/Assessment
- ▶ Procedures: immunizations; Hgb, lead or TB screening if risks present
- ▶ Oral Health: risk assessment, exam, dental home
- ▶ Anticipatory Guidance: based on parent priorities and Bright Futures recommended priorities when possible, based on risks and special needs

Bright Futures and Kindergarten Health Assessment Documentation: Looking for History Red Flags

- ▶ Review the pre-visit questionnaire to assess current concerns, questions or problems
- ▶ Review the initial child health history or for any interval changes in the initial child health history
- ▶ Assess if the child has any past medical history with surgeries, illnesses, risks (i.e., sickle cell disease or trait, or risks for anemia, lead, TB, dyslipidemia, or oral health) or developmental problems
- ▶ Review medications and allergies
- ▶ Review history of hospitalizations or recent ER visits
- ▶ Follow up on any previous concerns or interval history

Social/Family History

- ▶ Review and ask about any changes in the family history from the Child Health Initial History since the last visit
- ▶ Review the pre-visit questionnaire and ask about any changes in the social history since the last visit (i.e., job, move, separation, death, food insecurity)
- ▶ Review top area on the pre-visit questionnaire to ask about Bright Futures priority areas such as getting ready for school and child and family involvement, and family involvement in the community

Looking for Family and Social History Red Flags

- ▶ Family history of asthma, sickle cell disease or trait, diabetes, mental health conditions, learning problems or disabilities
- ▶ History of any adverse childhood experiences: abuse, mental health or substance use in a member of the household, incarcerated family member, or domestic violence

Looking for Review of Systems Red Flags

- ▶ Review for changes since the last visit
- ▶ Assess nutrition, sleep, physical activity, and screen time
- ▶ Assess exposure to second hand smoke (from the pre-visit questionnaire)
- ▶ Assess structured learning experiences and school plans
- ▶ Use formal developmental screening tool and ask about any concerns about the child's development, behavior or learning
 - ASQ:3 or PEDS

Review of Systems (cont.)

- ▶ Informally ask about parent-child interactions, peer interactions, choices, cooperation, and discipline used
- ▶ Review and discuss pre-visit questionnaire and developmental screening tool results to address motor, language and learning skills, social-emotional development and interactions and any concerning behaviors and development with parents (including toileting and other self-care skills and separation from parent)

Developmental Red Flags and the KHA

- ▶ Indicate the screening tool that is used
- ▶ Indicate for each of the five developmental domains assessed by the tool (social-emotional, problem solving, language/communication, fine motor and gross motor) one of the following:
 - Within normal,
 - If CONCERNS are identified
 - If a referral is made to a specialist to address a concern
- ▶ Make any comments about concerns or referrals in this section

Physical Examination: Measurements

- ▶ Measure, plot, and determine percentiles for weight and length
- ▶ Calculate BMI and determine BMI percentile
- ▶ Measure vitals as needed but always measure BP and determine BP percentile
- ▶ Enter information on the KHA

Measurements and Growth Charts

CDC recommends that health care providers:

- ▶ Use the [CDC growth charts](#) to monitor growth (weight and height) for children age 2 years and older in the U.S. and use BMI growth charts

CDC growth charts are a growth reference and provide a descriptive approach to recounting growth in children two years and older

Source: http://www.cdc.gov/growthcharts/who_charts.htm

Screening Measurement: Vision

- ▶ Formal vision screening
 - Right, left and both eyes (indicate screening tool used)
 - Stereopsis
 - Indicate if test was performed with corrective lenses
 - Indicate if pass acuity, stereopsis and symptoms
 - Indicate if need referral to eye doctor
 - Refer if worse than 20/40 in either or both eyes, a two line difference between eyes, unable to test, failed stereopsis or signs of disease

Source: KHA

Screening Measurement: Hearing

- ▶ Formal hearing screening
 - Right and left using screening tool at 1000 Hz, 2000 Hz, and 4000 Hz (OAE or audiometry should be indicated)
 - Indicate pass or refer in each frequency
 - Refer means any failure at any frequency in either ear at > 20dB
 - Indicate pass, or that the child is scheduled for an appointment for re-screen due to middle ear fluid OR the child has previously been diagnosed with hearing loss and so screening is not necessary

Source: KHA

Physical Examination: Normal or Abnormal Findings and Comments

- ▶ General appearance, activity and observations which include how child interacts with the parent
- ▶ Head
- ▶ Eyes (red reflex, pupil position)
- ▶ Ears
- ▶ Nose (mucous, flaring)
- ▶ Mouth (hydration, lesions, caries)
- ▶ Neck (supple, thyroid, nodes)

Source: Bright Futures

Physical Examination (cont.)

- ▶ Lungs
- ▶ Heart (murmurs, rhythm, pulses)
- ▶ Abdomen
- ▶ Genital (circumcised, location of urethra, testes down, external inspection of rectal area)
- ▶ Back (straight)

Source: Bright Futures

PE (cont.)

- ▶ Musculoskeletal/extremities (full range of motion, anomalies)
- ▶ Neurologic (tone, strength, symmetry)
- ▶ Skin (congenital lesions, color)

Source: Bright Futures

Assessment

- ▶ Healthy, developing child (list condition for child with special health care need after consult with supervising provider)
- ▶ Weight assessed (i.e., healthy weight, underweight, overweight or obese)
- ▶ Other risks or concerns that need to be addressed that are not diagnoses but observable or measured (i.e., dental caries, second hand smoke exposure, risk for anemia)

Anticipatory Guidance Areas

- ▶ Address concerns of parent
- ▶ School Readiness
- ▶ Mental health
- ▶ Nutrition, physical activity, screen time
- ▶ Personal habits including oral health
- ▶ Safety
- ▶ Child and family involvement

Source: Bright Futures

Anticipatory Guidance Around School Readiness Before Start School

- Engage in daily reading and talking with child
- Point out letters during day especially in child's name
- Enhance child's experiences through trips and visits to parks and other places of interest
- Take child to the library often and get a library card and books
- Assess ability of child to separate from parent
- Assess understanding by child if he/she has a special health care need
- Assess child's ability to communicate information to others

Source: Bright Futures

Additional Strategies Related to School Readiness

- ▶ Consider preschool or other structured learning experiences
- ▶ Encourage opportunities to play and socialize with other children and friends
- ▶ Establish routines
- ▶ Be sensitive to child's feelings and mental health

Source: Bright Futures

Additional Anticipatory Guidance

- ▶ Address fears about school
- ▶ Model how to manage disappointment
- ▶ Monitor for bullying
- ▶ Address after-school care and activities
- ▶ Promote parent-teacher communication

Source: Bright Futures

Anticipatory Guidance for Students With Special Health Care Needs

- ▶ Help parents with child with special needs transition from early childhood special education services to the classroom setting
- ▶ Determine need for IEP or 504 plan
- ▶ Meet or share information with school nurse to help develop individualized health care plans or recommendations for diet, meds, accommodations
- ▶ Engage child in some basic aspect of communicating about his/her care
- ▶ Make direct referrals to the school nurse for chronic issues and conditions

Plan

- ▶ Immunizations
- ▶ Laboratory and screening results and follow up
- ▶ Referrals
- ▶ Next well visit in one year
- ▶ Monitoring and follow-up of special health care needs or risks sooner as appropriate
- ▶ Recommendations to school personnel
- ▶ Complete the KHA for the parent to bring to the school
- ▶ Print out the NC Immunization Registry record and remind the parent to bring this to the school

9/16/14 Rev. 1/15
NORTH CAROLINA
KINDERGARTEN HEALTH ASSESSMENT REPORT
(Approved with consent of the Department of Health and Human Services)

Parental Data *Please bring your child's shot records with you to this visit.*

Please Print Clearly - See other side for more requested information. Please present completed form to your child's school.

Child's Name: _____
 Birth Date: ___/___/20___ (month/year) (Sex) _____ (Males) _____ (Females)
 Address: _____ City: _____ State: _____ Zip: _____
 Parent/Teacher Name: _____ Phone: _____

Parental Consent: I agree to allow my child's health care provider and school personnel to discuss information on this form and allow the Department of Health and Human Services to collect and analyze information from this form to better understand health care needs.

Comments: _____
 Are you concerned about your child's health, weight, development or behavior?
 Does anyone in your family have a condition that has affected their health, weight, development or behavior? (Please explain in the Comments section)
 Has your child been seen by a provider for any health, weight, development or behavior problem?
 Has your child had a doctor exam for a check-up in the last 12 months?
 Has your child had a well-child visit or check-up in the last 12 months?

Recommendations to School Personnel Based on Health Assessment

No Recommendations, Concerns or Needs. (Responsible School Employee) _____

Medication: Child takes medicine for specific health conditions.
 List medication(s): 1. _____ 2. _____ 3. _____
 Medication must be given and/or available at school.

Allergy: None Insect Medicine Other _____
 Type of allergic reaction: Anaphylaxis Local reaction
 Response required: Epinephrine Auto-injector Other _____ None
 Developmental Concerns Identified (See comments section)
 Child needs referral to school support team for further evaluation.

Special Diet: _____
 Comments: _____

Health Related Recommendations to Enhance School Performance
 For example: ability near the front of classroom, special seating needs.
 Please specify: _____

Relevant Health Forms Attached:
 School Medication Authorization Form Diabetes Care Plan Asthma Action Plan
 Health Care Plans/Life Condition _____
 Comments: _____

Was this assessment completed in the child's regular health care provider's office? yes no
 (If no, please provide a copy to the child's parent to give to the child's regular health care provider.)

Health Care Professional's Certification: Attach a copy of the immunization record.
 I certify that the information on this form is accurate and complete to the best of my knowledge.
 Provider's Name: _____ Signature: _____
 Provider's Title: _____ Date: _____
 Provider's Clinic Address: _____
 Provider's Clinic City, State & Zip: _____
 Provider's Phone: _____ Fax: _____

Source: http://www2.ncdhs.gov/dph/wch/doc/aboutus/KHA_1-11.pdf

Summary of Provider Roles in Assessment, Support, and Coordination

- ▶ Provide and document how the comprehensive care you deliver meets Bright Futures and Health Check Billing Guide requirements as allowed by CHERRN scope of practice (refer to May memo)
- ▶ Consult appropriately with supervising providers (real time access is needed)

Summary of Provider Roles (cont.)

- ▶ Assess for priorities and needs of child and family to prepare for school and create plan to direct how to meet those needs in consultation with your supervising provider appropriately
 - Anticipatory guidance
 - Completion of school health plan(s) for child which may include asthma action plans (work with your supervising provider)
 - Completion of school medication authorization forms (work with your supervising provider)
 - Referrals for child to mental health, head start, early intervention
 - Referrals for parents or caregivers to NC Quit Line for parents, mental health or other services

Summary of Provider Roles (cont.)

- ▶ Assure that all needed school health forms for special needs are completed and made available for the student's care at school in consultation with your supervising health care provider
- ▶ Coordinate with school staff (i.e., teachers, nurses, coaches) about issues that impact academic success, participation and safety initially and as needed on an ongoing basis

Summary (cont.)

- ▶ Make sure the processes are in place for ongoing communication and sharing of information with families, schools, medical homes and other professionals
- ▶ Allow for open appointment slots after the start of school to get in last minute students who need well visits and immunizations

Questions?

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