

COMPONENT VIII: HEALTH RELATED SERVICES

DEFINITION:

Children and families will have access to health screenings and services to ensure physical health and emotional well-being.

BACKGROUND:

Maryland families encounter complex health issues. There are numerous reasons why health care becomes a particular dilemma for low-income families, including life style, access to quality care, limited English proficiency and the ability to understand and communicate with health care providers. Every county in Maryland has a complex and specific system of services available to families in that region. Often, the limited resources in the least wealthy counties, lead to unavailability of needed services and supports. A prime strategy for the Judy Center Partnership is to work collaboratively to ensure that all young children and their families are receiving the health care they need to ensure that children will enter early care and educational programs in good health and ready to learn.

Judy Center Partnerships are responsible for tracking and reporting the following:

Insurance

- Health Care Insurance: Determine if children are insured by a private insurer.
- Maryland Child Health Program: MCHP, a medical Health Care program, provides free and low cost health care to children, up to age 19 years, and pregnant women in families with low-to-average incomes.(MCHP determines eligibility based on gross income). Covered services include: in patient hospital care, medical doctor visits, lab tests, dental care, eye care, medicines, and immunizations.

If the family is not eligible for free health care services through MCHP, the children may be eligible for MCHP Premium. MCHP Premium is a program in which parents pay a low monthly premium to purchase health coverage for their children.

Applications for these insurance programs are available from employers, through the local health departments, and from Judy Center staff.

Primary Care Health Care Service

- **Child Health Status:** Parents, as the primary caregivers of their children, play an important role in child health and developmental services. They provide important information, and their concerns about their children’s health and development are carefully addressed. Parents are encouraged to participate in health promotion activities, well child care, treatment for health problems, and follow-up health care, and to receive training in and information on child health and development. The Judy Center staff also serves an important role in coordinating health services with families. Through the Service Coordination component, through meetings with the parents, and through the reviewing of health documents, Judy Center staff can assist in determining whether a child has accessible and coordinated health care and a “medical home.” If a family does not have a “medical home” staff and parents can work together to plan strategies to ensure that it acquires one. The Judy Center Partnership will assist families in:
 - a) Seeking assistance from the local Department of Health, Department of Social Services, and other local health advisory agencies to identify long-term providers, sources of funding for health services, and ways to inform community health providers about the family’s health needs;
 - b) Working with local Medicaid agencies to determine a child’s eligibility for medical assistance;
 - c) Assuring that Early and Periodic Screening Diagnosis and Treatment (EPSDT) are completed. This includes well-baby checkups and required on-schedule immunizations (http://edcp.org/pdf/immsched_2005.pdf), and encouragement of parents to serve as advocates for their children’s health needs;

d) The screening for developmental, sensory, and behavioral concerns. This process identifies children who need to be referred for more formal assessments (See Component VI). A coordinated review of pre-existing information (e.g. results from a recent vision screening performed by the child’s primary health care provider) is combined with or supplemented by information gathered through the Judy Center Partnership following enrollment.

e) Screening recommendations and follow-up for:

- Vision and Hearing Assessment and Referrals**
- Blood Lead Screening and Testing** (as required by jurisdiction)
- Developmental Screening and Referral**
- Dental Assessments and Referral**
- Physical Growth and Nutritional Assessment and Referral**
- Mental Health and Behavioral Assessments and Referrals for Children**
- Drug and Alcohol and Mental Health Referrals for Parents**

<i>Challenges/Strategies/Solutions:</i>	
Challenges	Strategies/Solutions
Inadequate number of dentists who serve children.	<ul style="list-style-type: none"> • Helping parents understand the need for dental services. • Regular cleanings and screenings • Fluoride treatments • X-rays, etc. • Recruitment of dentists to work with Judy Centers
Getting the information about MCHIP out to families, asking for this information on a questionnaire.	<ul style="list-style-type: none"> • Use colored paper, phone messaging, and meetings to get the word out.
Transportation to appointments is a problem because of lack of public transportation to out-lying communities.	<ul style="list-style-type: none"> • Working with partners to find possible solutions – paying cab fees.
Families not keeping appointments.	<ul style="list-style-type: none"> • Parent meetings – impress upon the families the need to keep appointments, go to the first appointment with the family to help alleviate possible apprehension on the parent’s part.
Getting information to the parents regarding age/stages of development, mental health services, and behavior modification techniques.	<ul style="list-style-type: none"> • Sending home information • Inviting speakers to parent meetings involving family night activity and distribution of information.

Helping families to understand procedures for, and importance of, immunizations, and regular physicals.	<ul style="list-style-type: none"> • Sending information to families. • Holding informational meetings for families. • Phone calls from health professionals. (school nurse); • Role play different programs and stress importance of health maintenance.
Translators needed to assist with information sharing.	<ul style="list-style-type: none"> • Provide translator – work with local school system or immigrant groups.
Motivating families to understand the importance of obtaining adequate health services for their children.	<ul style="list-style-type: none"> • Using incentives for children to motivate parents.

STRATEGIES/MODELS:

Model:

- Head Start Policies and Procedures Manual for Health Services

Strategies:

- Provide free dental screenings for Judy Center children
- Send information home to parents – MCHIP, immunizations, and ages and stages of development
- Use the Ages and Stages Questionnaire for entry into four year old programs
- Coordinate meetings with professionals to speak on health related issues at parent meetings.
- Meet as needed with parents to discuss child’s well being, development, progress, etc.
- Establish set office hours at Judy Centers Partnership sites for health nurse or nurse practitioner (contact University of Maryland – School of Nursing)

BIBLIOGRAPHY:

Additional Resources:

Maryland State Department of Mental Health and Hygiene. Alcohol and Drug Abuse Administration - <http://www.dhmh.state.md.us/adaa>

Background/Best Practices

“Childhood Disorders/Problems” American Academy of Child & Adolescent Psychiatry (AAACP) <http://www.human-nature.com>

Children and Families

Healthy Childcare: Health & Safety Ideas for the Young Child

The Maryland Healthy Kids Program – 1-800-456-8900

Screening Young Children for Lead Poisoning; Guidance for State and Local Public Health officials, available through Centers for disease Control 1-888-232-6789, <http://www.cdc.gov/nceh/lead/lead.htm>

Vision and Hearing Assessment

- Children’s vision should be tested before they start school, at about 3 or 4 years of age. The child will also need vision tests as part of routine health check-ups.
- Some authorities also recommend hearing testing beginning at 3 to 4 years of age.
- If a child has any of the vision and hearing warning signs listed below, parents should talk to their health care provider about them

Vision Warning Signs

- Eye turning inward (crossing) or outward
- Squinting
- Headaches
- Blurred or double vision

Hearing Warning Signs

- Poor response to loud noise or to a voice
- Slow language and speech development
- Abnormal-sounding speech

Blood Lead Screening and Testing

- Blood lead levels as low as 10 micrograms/deciliter ($\mu\text{g/dL}$) are associated with harmful effects on children’s learning and behavior. Very high blood lead levels cause devastating health consequences including seizures, coma, and death.

- Major sources of lead exposure include:
 - In older homes, as lead-based paint deteriorates, the paint turns to dust and paint chips which are easily ingested by young children.
 - In homes, lead-based paint is disturbed during renovation or remodeling.
 - In homes, lead-based paint is exposed on a surface easily chewed by a young child (such as a window sill)

- Other potential sources of lead exposure in areas are:
 - Operating or abandoned industrial sites and shelters. Although lead pollution has been greatly reduced at such sites, some soil and dust contamination can still be present.
 - Occupations and hobbies of parents. Children can be exposed to lead contaminated dust on parent's clothes.
 - Use of lead-containing ceramics for cooking, eating and drinking.
 - Use of traditional home remedies or cosmetics that contain lead.

HB 1221-Lead Poisoning Test – Administering and Reporting, enacted during the 2000 General Assembly, requires that children residing in zip codes designated by the Maryland Targeting Plan for Areas at Risk for Childhood Lead Poisoning be tested for blood lead poisoning at 12 and 24 months of age. For additional information visit the following website: <http://www.mdpublichealth.org/och>

Developmental Screening and Referral

Dental Assessments and Referral

- Preventive dental services and treatment are designed to ensure that a child's teeth and gums are healthy and that dental health problems do not affect a child's overall health.
- Prevention strategies include:
 - Daily brushing and flossing
 - Preventative exams and services from the dentist

NOTE: The American Academy of Pediatrics (AAP) recommends that the child should visit the dentist at age three. Prior to this first visit, children's teeth should be examined by their health care providers.
- A resource list and educational information may be obtained by accessing <http://mdpublichealth.org/oralhealth/html/resource.html>

Physical Growth and Nutritional Assessment and Referral

- Referrals should be made to the Women, Infants and Children Program (WIC) as appropriate.
- In assessing children's nutritional status, it is important to recognize that there are differences in patterns of growth among healthy children
- Staff and parents need to create opportunities to discuss each child's nutritional needs.

- For infants and toddlers, it is especially important for parents to provide and regularly update certain key nutritional information about their children's needs, and about their feeding and elimination patterns. It is also important that parents share with appropriate personnel special nutritional and feeding requirements for children with disabilities (See Component VI and VII)

- It is important to involve a health professional or a nutrition specialist in the review of nutritional data, as well as in the development of treatment and follow-up plans. Other local resources, such as the Supplemental Nutritional Program for Women, Infants and Children (WIC), are helpful in providing assistance.

Mental Health and Behavioral Assessments for Children and Referral

- The objective of this component is to build collaborative relationships between children, families, staff, mental health and behavioral specialists and the larger community in order to enhance awareness and understanding of mental wellness and the contribution that mental health information and services can make to the wellness of all children and families.
- Staff communication with parents draws upon parents' knowledge strengths, values, culture, and childrearing approaches. Communication about a child's mental health can occur through formal and informal opportunities, such as home visits, staff-parent conferences, or parent meetings.
- Discussions between parents and staff focus on a variety of topics, including
 - Developmental and cognitive phases, and typical behaviors or concerns associated with each phase.
 - The child's special interest, needs and strengths
 - Any changes in the child's behavior, mood, or physical appearance which may reflect recent experiences
 - Any information on health conditions that may influence the child's behavior
- When appropriate a mental health professional is consulted to discuss a particular concern with parents and staff
- Staff and parents share the positive approaches that they employ to respond to a child's behavior. Staff responses to parent inquires provide an opportunity to explore and to model alternative approaches and techniques
- Programs must assist in providing special help for children with atypical behavior or development
- Preventative mental health services (e.g. Second Step Violence Prevention Program) should be offered.