Preventative Health Program

• Next training: Breastfeeding Panel August 9\textsuperscript{th} at 12pm
• New resources available!
• \url{https://ohioaap.org/education-cme-moc-ii/preventive-health-program/}

Program supported by the Ohio Department of Health
Webinar of the Month

PREVENTIVE HEALTH PROGRAM

EMERGENT TOPICS IN CHILD HEALTH!

The Ohio Chapter, American Academy of Pediatrics (Ohio AAP) is accredited by the Ohio State Medical Association to provide continuing medical education for physicians. The Ohio AAP Designation for Accreditation of CME Programs and the Ohio State Medical Association's Office of Continuing Medical Education are jointly responsible for the content of these CME programs. Ohio AAP credits are approved to be accepted in all 50 states.Completion of this Webinar of the Month will increase your knowledge and proficiency in Preventive Health. The Ohio AAP is a provider of Category 2 Maintenance of Certification (MOC) program in the U.S. activity providing 1 activity hour. Evidence will be sent into the CME data portal for credit and will be shared electronically with the AAP Section of Pediatrics for MOC purposes.

WEBINAR OF THE MONTH!

- Immunizations to Teens & Families
  February 9th @ 12:00 pm
- Developmental Screening
  March 30th @ 12:00 pm
- Trauma Informed Care & AICE
  April 26th @ 12:00 pm
- Adolescent Behavioral Health: Anxiety & Depression During an Ever-Changing Time for Teens (Spring Meeting)
  May 3rd @ 12:00 pm
- Child & Adolescent Well Care & Bright Futures
  June 7th @ 12:00 pm

Register: ohioap.org/education-cme-moc-it/preventive-health-program/

Please contact Alex Miller at amiller@ohioaap.org for questions.
Quality Improvement Project

• Kicks off in December 2022
• 9-month QI project
• Free resources!
• Action period calls with content experts
• Choose which screening tools (2) you will measure!
  – Developmental screening
  – Social determinants/injury prevention
  – Immunization rates
  – Teen depression
  – Maternal depression
  – Oral health
Post-Survey Evaluation

• Post-survey will be sent out this week
• Please complete and include constructive feedback
• Complete 90 day action plan
  – Take what you have learned and implement it into your practice.
  – There will be a follow up survey in 90 days.
  – Please complete surveys for trainings that you attend
CME Disclaimer

I have no personal financial relationships in any commercial interest related to this CME.

I do not plan to reference off label/unapproved uses of drugs or devices.

James Duffee, MD, MPH, FAAP
Medical Consultant, Bureau of Maternal, Child and Family Health, ODH
AAP Council on Community Pediatrics, chair-emeritus
Brush, Book, Bed: How to Structure Your Child’s Nighttime Routine

Brush, Book, Bed, a program of the American Academy of Pediatrics (AAP), has a simple and clear message for parents:

1. Each night, help your children to brush their teeth.
2. Read a favorite book (or two)!
3. Get to bed at a regular time each night.

Having a predictable nighttime routine will help them understand and learn to expect what comes next. Additionally, routines may ease the stress that some families experience at nighttime.
BBB Agenda

Part 1
• Relational Health and 2Gen
• Normal dentition and oral flora
• Prevalence and Pathophysiology of Caries
• Roles of Primary Care Professional
• Fluoride Varnish Application
• Early referral to a Dental Home

Part 2
• Early childhood literacy promotion in primary care
• Models, incl. ROR and IL and evidence of effectiveness
• Basics of sleep
• Power of Routines
• Sleep problems
• Putting it all together
Learning Objectives: Books and Bed

• Discuss early literacy with families during pediatric well visits and other encounters
• Know proven models of early literacy promotion
• Explain the ABC’s of safe sleep for infants
• Be able to advise parents about good sleep hygiene and help with sleep related concerns
• Recognize the opportunity to integrate and promote relational health during routine pediatric visits and anticipatory guidance
BOOKS:
EARLY CHILDHOOD LITERACY PROMOTION
Early childhood literacy promotion in primary care

- Literacy Promotion: An Essential Component of Primary Care Pediatric Practice
- Reading together
  - enriches relationships
  - enhances social-emotional development while building brain circuits to prepare children to learn language and early literacy skills

Five R’s of Early Education

• **Reading** together as a daily fun family activity;
• **Rhyming**, playing, talking, singing, and cuddling together throughout the day;
• **Routines and regular times** for meals, play, and sleeping, which help children know what they can expect and what is expected from them;
• **Rewards for everyday successes**, particularly for effort toward worthwhile goals such as helping, realizing that praise from those closest to a child is a very potent reward; and
• **Relationships that are reciprocal**, nurturing, purposeful, and enduring, which are the foundation of a healthy early brain and child development.
Reach Out and Read Model

• At every well-child checkup, doctors and nurse practitioners encourage parents to read aloud to their young children and offer age-appropriate tips and encouragement.
• Pediatricians, family physicians, and nurse practitioners give every child 6 months through 5 years of age a new, developmentally-appropriate children’s book to keep.
• Clinics create literacy-rich waiting room environments, sometimes with volunteer readers, where parents and children learn about the pleasures and techniques of looking at books together.
• Parents who may have difficulty reading are encouraged to invent their own stories to go with picture books and spend time naming objects with their children, rhyming, etc.
ROR Implementation

• Implement the Reach Out and Read model
• Ensure all pediatric primary care providers are trained in the Reach Out and Read model
• Ensure ongoing Quality Assurance efforts
• Assure that books are in adequate supply, organized appropriately, and delivered at the start of the visit
• Establish and maintain literacy-rich environment

• Assign a Medical Consultant and a Program Coordinator
• Provide or raise funds for books, as needed to fulfill Annual Book Commitment
• Complete and submit bi-annual Reach Out and Read Progress Reports
• Maintain regular contact with Coalition/Region (where applicable) and National Center, as appropriate
• Assist with federal, state, and local advocacy efforts by hosting Legislative Site Visits and contacting elected
ROR Competencies and General Guidance

• Choosing an appropriate book
• Giving the book at the start of the visit
• Providing anticipatory guidance to parents/guardians
• Using the book as part of developmental surveillance

• Babies love your voice – sing, talk, and read aloud as often as possible.
• Babies enjoy sturdy picture books and books with rhymes.
• Name and point to pictures your baby is looking at touching or talking to.
• Act out the story or pictures using your face, hands and voice.
• Talk about how your baby is enjoying the book.
Guidance: Nine to twelve months

• 9 to 12-months may point with one finger to indicate interest in a picture; parents should see this as developmental progress
• Babies this age can copy some of the sounds you make, the looks on your face, and the gestures you make.
• You’re teaching your baby that sitting on your lap and being read to feels good and that books are enjoyable.
• It’s okay if your child mouths the book! This is how babies explore and learn about their world.
Guidance: Twelve to eighteen months

• 12 to 18 months may turn board book pages, and may insist on turning back again and again to a favorite picture.
• Babies this age can copy your reactions to the book you are enjoying together.
• Ask your child questions she can answer by pointing. You can say: “Where’s the doggie?” “Where’s the happy baby?” or “Who says meow?” This helps your baby learn the names of things.
• Once babies start to walk, holding them on your lap can be a struggle. Some children will want to move around during a story. That’s OK.
• Read stories every day but let your child help decide how long you read.
• When your child grabs the book, she is showing a healthy drive for independence. This is OK!
Reach Out and Read: some outcomes

- Parents up to four times as likely to read to their children
- Parents more likely to spend time with their children
- Children improve both receptive and expressive language resulting in a six-month developmental advance over peers
- Children scored higher on school readiness assessments

![Bar chart showing advance in language (months) in 2-5 yr-olds]

- Receptive: 6 months
- Expressive: 3 months
Parental Health Literacy

• About 1/3 parents have below basic health literacy and at least 1/10 unable to use OTC dosage chart, half have difficulty reading patient information material
• Low parental literacy associated with poor health behaviors outcomes, esp. young children.
• Cross-cutting priority to address disparities
• Link to community partners
• “Teach-back”, plain language, non-written materials

http://www.teachbacktraining.com/home
The first book order in 1995 totaled just over 1,700. Today, Dolly Parton’s Imagination Library sends more than one million books per month to children around the world inspiring them to Dream More, Learn More, Care More and Be More.

https://imaginationlibrary.com/usa/
How It Works

In the United States

Local Affiliate

- Enrolls local children ages 0-5 years in selected coverage area
- Pays $2.10 per child per month towards wholesale books and mailing costs
- Promotes program locally to drive enrollment and/or funding

501(c)3 Partner

- Monthly Invoice Payment

Primary Roles

Book Order System

- Data Child Registrations

Data Book Order File

BOS Database

Primary Roles

- Covers all overhead and admin expenses at no cost to Local Affiliates/Partners
- Provides BOS database and support
- Coordinates Blue Ribbon Book Selection Committee
- Coordinates monthly book order and fulfillment

Local Affiliate may be a business, school district, solo, etc.

Need 501(c)3 non-profit partner to get non-profit mailing rates

Books arrive at child’s home with name on the mailing label

At no cost to the family, books are delivered monthly to children from birth to age 5 in a designated coverage area

Ohio Chapter

INCORPORATED IN OHIO

American Academy

of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®
## DPIL Logic Model and Outcomes

### Logic Model

*Based on Imagination Library Research Findings and Literature Review.*

<table>
<thead>
<tr>
<th>INPUTS</th>
<th>STRATEGIES</th>
<th>SHORT-TERM</th>
<th>INTERMEDIATE</th>
<th>LONG-TERM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Books mailed to home in child's name</td>
<td>Target families with children ages birth to five</td>
<td>Enhanced home literacy environment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Book sharing guides included with books</td>
<td>Caregivers read daily with children</td>
<td>- Earlier onset of caregiver/child book reading</td>
<td></td>
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<tr>
<td></td>
<td>Caregivers read books multiple times</td>
<td>- Increased frequency of caregiver/child book reading</td>
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<td></td>
<td></td>
<td>- Increased duration of caregiver/child book reading sessions</td>
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<td>- Increased number of picture books in the home</td>
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<td>Positive attitudes about reading and motivation to read among caregivers and children</td>
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<td></td>
<td></td>
<td>- Increased frequency of child requests for reading</td>
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<td></td>
<td>- Increased frequency of child book play</td>
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<td></td>
<td></td>
<td>Increased interactions between caregivers and children during book reading</td>
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<td></td>
<td></td>
<td>- Increased child responses/contributions during book reading</td>
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<td></td>
<td></td>
<td>- Increased reading skill practice</td>
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<td></td>
<td>Increased Emerging Literacy Skills:</td>
<td></td>
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<td></td>
<td></td>
<td>- Concepts about print</td>
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<td></td>
<td></td>
<td>- Receptive and expressive vocabulary</td>
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<td></td>
<td></td>
<td>- Phonological awareness</td>
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<tr>
<td></td>
<td></td>
<td>- Phonological memory</td>
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<tr>
<td></td>
<td></td>
<td>Kindergarten literacy readiness</td>
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Cuyahoga County Kindergarten Readiness

A Combined Reach Out and Read and Imagination Library Program on Kindergarten Readiness

With these results, we suggest that a program combining literacy anticipatory guidance at clinic visits and more books in the home can potentially improve kindergarten readiness... Health care providers can play an important role in promoting kindergarten readiness through literacy promotion.

Percentage of ROR/DPIL participants on-track in KRA literacy versus CPS district comparison. District results do not exclude ROR/DPIL participants. District samples sizes for years 2016–2017, 2017–2018, and 2018–2019 were 2690, 2659, and 2718, respectively.
Check out other local partners
BEDTIME
(BOOKS AND RELATIONAL HEALTH)
No book can be appreciated until it has been slept with and dreamed over.

- Eugene Field
What happens when we sleep?

- We rest and repair
- We integrate information into long-term memory
- We dream
- We strengthen our immunity and balance hormones (important to healthy weight)
How much sleep do we need?

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Recommended Hours of Sleep</th>
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<tbody>
<tr>
<td>Newborn</td>
<td>14–17 hours</td>
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<tr>
<td>Infant</td>
<td>12–15 hours</td>
</tr>
<tr>
<td>Toddler</td>
<td>11–14 hours</td>
</tr>
<tr>
<td>Preschool</td>
<td>10–13 hours</td>
</tr>
<tr>
<td>School-age</td>
<td>9–11 hours</td>
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</tbody>
</table>

Importance of Sleep to K Readiness

• Regularity of nighttime sleep in which children slept 10 or more hours per night, especially at pre-K, consistently predicted more favorable K outcomes in both socioemotional, learning engagement, and academic domains.

• Establishing healthy nighttime sleep habits before K start was especially promotive of better K adjustment across the full K year.

• Findings were controlled for income-to-poverty threshold ratios, child health status, and number of missed school days.

Douglas M. Teti, Corey J. Whitesell, Jacqueline A. Mogle, Brian Crosby, Orfeu M. Buxton, Karen L. Bierman, David M. Almeida; Sleep Duration and Kindergarten Adjustment. Pediatrics 2022; e2021054362. 10.1542/peds.2021-054362
Sleep and Relationships

• Early object permanence built on basic trust
• First experience of separation or loss
• Opportunity to establish independence
• Important for individuation
The Power of Routine

• The power of a bedtime routine is not in what you do, but **how you do it**.  
  – Start following a set pattern every night (e.g. bath, tooth brushing, quiet activity - story/song) for about 30 minutes starting at the same time.  
  – Start early enough in the evening so you have time to get through the sequence before bedtime.  
  – You can start your ritual in the bathroom or the living room; it should end in your baby's bedroom.

• Routines help children feel safe  
• Repetition for mastery
Piglet sidled up to Pooh from behind. "Pooh!" he whispered.

"Yes, Piglet?"

"Nothing," said Piglet, taking Pooh’s paw. "I just wanted to be sure of you."

**CIRCLE OF SECURITY®**

**PARENT ATTENDING TO THE CHILD’S NEEDS**

- I need you to...
  - Watch over me
  - Delight in me
  - Help me
  - Enjoy with me

- Support My Exploration
- Welcome My Coming To You
- Secure Base
- Safe Haven

- Protect me
- Comfort me
- Delight in me
- Organize my feelings

*Always:* be BIGGER, STRONGER, WISER, and KIND.
*Whenever possible:* follow my child’s need.
*Whenever necessary:* take charge.

www.circleofsecuritynetwork.org
SIDS and SUID

- About 3,400 SUID in US/year
- Under 12 months and no obvious cause
- Three types
  - Sudden infant death syndrome (SIDS).
  - Unknown cause.
  - Accidental suffocation and strangulation in bed.

https://www.cdc.gov/sids/data.htm
Sleep Related Deaths: AAP Recommendations

• Triple Risk Model
  – Intrinsic vulnerability
  – Exogenous trigger (unsafe sleep environment)
  – Critical developmental phase

• Recommendations
  – Supine positioning
  – Firm, non-inclined sleep surface
  – Room-sharing but not bed sharing

• Other
  – Breast feeding
  – Routine immunizations
  – Use of pacifier
  – Avoid over-heating and loose bedding
Helping infants to sleep

• Put your baby to bed when drowsy but still awake. This will help your baby learn to fall asleep on her own in her own bed.
• Attend to the sleep environment and your child’s unique needs.
• Keep your baby calm and quiet when you feed or change her during the night. Try not to stimulate or wake her too much.
• May try white noise machines, music, recorded stories with caveat that infants will expect the same environment at night awakenings.

Infant Safe Sleep

Baby sleeps safest alone, on their back, in a crib.
BEDTIMES FOR TODDLERS
Sleep Guidance for Toddlers

Set up a quiet routine before bedtime and be consistent.
Allow your child to take a favorite thing (lovey, linking object) to bed each night.
Make sure your child is comfortable (and healthy).
Limit exposure to screens for at least an hour before bedtime
Do not let your child sleep in the same bed with you.
Remember to make daytime playtime. Talking and playing with your baby during the day will help lengthen her awake times. This will help her sleep for longer periods during the night.

https://www.healthychildren.org/English/healthy-living/sleep/Pages/default.aspx
For Parents

• Put yourself in your child’s shoes
  – Keep child in mind
  – Attend to unique needs
  – Try to remember what child is working on

• Take good care of yourself
  – Your need for sleep (and privacy) is important
  – Reflect on your personality style and how it matches with your child
  – Without meaning to, you share your emotions (stress, sadness, reactivity) with your child

https://www.zerotothree.org/resources/1690-sleep-struggles-we-ve-got-resources
Resistance and night awakenings

• Context is working together to master developmental task of sleeping alone.

• Leaving bedroom
  – Progressive withdrawal
  – Return child to bedroom, connect, reassure and leave
  – Extend time between each visit

• Staying awake too late
  – Graduated “crying it out”
  – Bedtime fading
Nighttime Separation Anxiety

- Anxiety from separation is normal state in development
  - Derived from object permanence
  - Evolutionarily protective
- May manifest as refusing to sleep alone
- May be provoked by changes in environments or events (regression)
- Most establish nighttime sense of security by 3 years

- Management based on helping child feel secure, not punishment or harsh strategies
- Bedtime basics: clear, gentle limits
- Connect and re-direct to morning reunion
- Soothe with linking object
- Practice separation during day
- Consider a night-light
- Don’t sneak away or lock the bedroom door
Nightmares

- Nightmares are common after about 9 or 10 months
- Talking it through—child may need help determining fantasy from reality, reassure safety
- Restructure; model calm, confidence
- Just like adults, children sometimes work out confusing or difficult feelings and experiences through their dreams.

Differentiating night terrors

- Nightmares
  - followed by full awakening
  - usually remembered by older children
- Night terrors are parasomnias
  - Similar to sleep talking or (in an older child) sleep walking
  - Child not fully awake, no recollection
  - Usually rare and transient

Fear of the Dark

- Fears are normal part of socio-emotional development
- Fear is adaptive (distinguish from anxiety)
- Do Not
  - Minimize
  - Ridicule
  - Humiliate

- Help child make worries concrete
  - Words
  - Drawings
- Offer management tools
  - Nightlight
  - Linking object
- Visits for reassurance
- Be patient, encourage, reward successes

https://www.zerotothree.org/resources/2952-nothing-to-fear-but-fear-itself-responding-to-toddlers-fears
Bibliotherapy
I love my mommy because
Quiero a mi mamá porque
she is not afraid of the dark.
no tiene miedo a la oscuridad.
Reducing Nighttime Fears: 2Gen Approach

- Four week parent-administered intervention using *Uncle Lightfoot*
- Small study, mostly qualitative
- Children experienced less separation anxiety and more adaptive nighttime behavior (sleeping in their own bed)
- Parents reported improved understanding of fears and ability (self-efficacy) to help their children with nighttime anxiety


- Hungarian translation of *Uncle Lightfoot*
- Two cohorts, intervention vs. waitlist
- 5 week exposure, 20 week follow-up
- Improved adaptive behaviors and reduced anxiety compared to waitlist
- Possible dose effect: relaxation and exposure games
- Good adherence and persistence of benefits

PUTTING IT ALL TOGETHER
Medical Assistant brings family and child to examining room and obtains vital signs and screening instruments.

---

Eligible for BBB?

- 6 months to 6 years, health supervision visit

---

MA gives BBB bag containing developmentally appropriate book, toothbrush, toothpaste and dental home brochure.

---

MA places encounter label on log to document number of bags given, also documents book taken from book supply to track books given and need for new order.
Introduce program, begin discussion using open ended questions, engage with child using book, begin literacy evaluation, provide guidance

Discuss bedtime routine, emotional safety, discuss potential barriers

Oral Health Assessment

Oral health risk assessment, counselling, referral to dental home

Eligible for fluoride varnish?

Fluoride varnish application

Document FV in medical record with CPT 99188
Clinical Flow: Nurse

Make sure that supplies are available for FV application

Prints after-visit summary, reviews program and answers questions,

Documents counseling and referral Dental Home in EHR

Tag 6 month follow-up for FV

Documents referral in log for follow-up
Summary

• Apply 2Gen approach
• Utilize opportunity to improve attachment, promote resilience
• Provide guidance, mentoring to improve self-efficacy
• Promote early childhood literacy in primary care
• Understand literacy promotion models, incl. ROR and IL
• Recognize the Power of Routines
• Be able to counsel parents about common sleep problems
• Put it all together
New Bedtime Routine Resources
Alex Miller
Ohio AAP Senior Program Manager
amiller@ohioaap.org