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SPEAKER:

Welcome everyone, this is Daniela Weber from AUCD we are just letting everyone in from the waiting room. So, we will give it a minute here. But, for the folks who are already here, welcome to our quarterly after network webinar for the summer. The topic today is Learn the Signs. Act Early. And help Centre settings. So, we have over 100 folks registered to participate this afternoon from across the country. We really do encourage you to say hello.

Introduce yourself in the chat box, that is, and let us know where you are joining from today. Please know that the webinar is being recorded. It will be archived in ACDs webinar library. Today, we will be highlighting the work of pediatricians to integrate, learn the signs, act early resources tools and into their surveillance and screening practices. Within Health Center settings. For those of you who do not know health centres are community-based help providers who receive funds from resources and services Administration, or (unknown name) help Centre program to help provide primary care services in underserved areas.

We are delighted to have Doctor (unknown name) with us this afternoon. To moderate the session. Doctor Whitaker is a professor of pediatrics and develop mental pediatrician. At the University of Tennessee's health science Centre, Centre on develop mental disabilities. She is also Tennessee's learn the science after the investor. Toni?

TONI WILLIAMS:

Thank you so much, Danielle. I will be the first to model how to turn your mute off. After you start speaking. So, I have taken that for the group. It is such a pleasure to be with this group, today! I am indeed be act early ambassador to Tennessee. I have had the pleasure of working with the American... On several projects related to promotion of developmental surveillance and screening. And, have had the opportunity to work with healthcare providers.

Early childhood educators and families. All of which are very important. But, it is a real pleasure to get to hear some stories from the front lines in healthcare provision. From our expert panel, today. We have a wonderful panel of pediatricians working in the health centres. That we will hear from, today. Doctor Emily Sherer in Indiana. Doctor (unknown name) and Kentucky. And Doctor Joyce have year in California.

We encourage you to submit your questions through the chat box as you think of them. We will field the questions for the panelists during the dedicated Q&A session at the end of the presentations. With no further ado, I guess Doctor Shearer, please feel free to share your screen now. I will ask you to keep us off, please.

EMILY SHERER:

OK, I'm just going to get my... Presentation up and going here. Good afternoon! My name is Emily Sherer. I am a pediatrician in Indianapolis, Indiana. So... I am a general pediatrician. I have a 10-year-old daughter. It was in fifth grade. At a seven-year-old daughter who is in second grade. And, as they were younger, I had an interest in how I - both personally and professionally, could engage more with things related to early childhood.

Over the past several years, I have had opportunities to serve as that early childhood champion, for our Indiana Chapter of the American Academy of pediatrics at HealthNet. As the (indiscernible) that I work for. At my clinic, I coordinate the reach out and read program. And, I have served on the health services advisory committee for two local Headstart.

And, I am a physician champion for Help Me Grow Indiana. It is through these activities that I have had a growing interest in using the learn the signs act early materials. As I mentioned, I work at people's health and dental Centre. It is located in Indianapolis, Indiana. It is a part of HealthNet, HealthNet is the largest FQHC in Indiana. We have nine health centres.

In addition to that, we have an (indiscernible) program, with initiatives program, and several other types of services. As my location, we offer primary care, both through family practice and pediatrics. We do (indiscernible) care, dental, behavioural health, amongst other types of services. This is a little snapshot of the local map, for where we are located.

Right next-door, we have the Bonnard community centre. Inside of that is the direct office. Across the street is an early head start program. Our neighbourhood also has two libraries. Another healthcare Centre. And, another community Centre. I see this just to get a sense of things that are active in my area. And, ways that we can connect with healthcare providers and healthcare providers can connect with other service providers.

My interest in utilizing learn the signs act early was also fuelled by the work of our Indiana's child comprehensive system improvement and innovation network. Which, was funding that the state of Indiana received from (unknown name), to focus on improved develop mental outcomes by the third birthday. Specifically, focused in my community Health Center. As you can see, from the slide, there were many childhood serving providers that were part of that.

That included our ambassador for learn the signs act early. As we look into ways that we can all engage with us, we were able to come together around the learn the signs act early materials, that really motivated me to begin utilizing regular practice. At my Health Center. One of the things that I particularly liked was the milestone tracker app. I like that it encourages parents to monitor the milestones. I found it to be appealing to parents.

Because they are already in the habit of using apps for so many things in life. Including some have used apps during pregnancy, so this is natural that they would use this app then for their child. I would like to be able to highlight some of the features of the app. For the family. I like to highlight that it is free to download. Wherever they download apps. It is available in English and Spanish.

And that there are videos. So that, sometimes, when we are asking them surveillance questions in the clinic, they might not totally understand the concept that we are trying to ask about. But, in the app, there are videos where they can see examples of what we are meaning by those types of questions.

I also like to point out that if they are completing these between visits, they can make notes with me to share at visits. And that they can share information with other people who are providing care for their child.

To help share the information about the app, I utilize the posters, and you can see in the picture that my exam room doors have the posters that advertise the milestone tracker app. I have strategically placed them on the doors, one so that they can easily view them while they are waiting... But then, also, if I've already not got this Abbott serves as a reminder to me, as I am exiting the room, that I can quickly share information about the app and its various features.

With the families before they leave. I like the posters are available in English and Spanish. At my Health Center, about 40% of our patients identify as Hispanic or Latino. I speak Spanish. I am often promoting this to Spanish-speaking families. So, you can see that we have posters in both English and Spanish.

Posted in all of our pediatric exam rooms. I also like the flyers. So, when I was first using the posters, I would often encourage families to take a picture of the poster and that way they could look at that when they got home and download it. Families usually do not get very good signal in our exam rooms to download it while they are in our facility.

So, I would encourage them to take a picture. Then I started using the flyers and I found that they really seem to like getting that physical paper. The flyer is similar to the poster - advertise the app and give some descriptions about the app. I have gotten in the routine of distributed in this 22 month old child visits. So, that is the age that the app starts with. So, I can encourage families from the beginning to go ahead and start utilizing the app.

I also give the flyers as reminders at later visits. Or, if the family chose new interest in the app, I would have a visit. Or, if there was a time that I really want to try to engage the families more with these materials. We have incorporated the books into our reach out and read program. At our clinic. Our states Help Me Grow program has been able to provide the books for us. For the two-year-old book and a three-year-old book. The books are available in both English and Spanish.

Families have had a good response to these books. The children like the animals in the colours. Enter the parents appreciate the developmental tickets that are at the bottom of the pages. For them. In addition to the advice that I am typically able to incorporate when I am giving a book to a child. For those of you who are not aware, reach out and read is a program that provides a developmentally appropriate book - that involves child visits until the child is through the age of five years old.

So, this is something that we were already doing. But, we were able to utilize the learn the signs act early books at these ages. The checklist are materials that are used less frequently than some of the

other materials. But, I do use them if a family prefers paper. So, if they are not really interested in the app. Or, if they speak a language other than English or Spanish as the checklists are available in a wider range of languages.

I also use it if there is then kind of a mild finding on developmental screening or surveillance. So, maybe we talked about something, we talked about it a little bit more, and it did not seem like something that - at this point, I needed to make a referral to, or an intervention. Or, to another type of service provider. But, I wanted to make sure that the parents were keeping this in the forefront of their mind.

And also giving them tonight additional ideas at different ways they can help their child's development until the next time I would see them. And, I would give the checklist in those scenarios. So, while I shared these ideas of the ways that I have utilized the materials in my practice, I know that there is a variety of participants on today's webinar.

Many of you may be trying to engage more. Healthcare providers with these materials. So, I did want to share some of my thoughts about other things you might be able to do to engage them. What would be to identify a (unknown name) champion. So, add my healthcare Centre, I started using these materials and then was able to get the other pediatricians at my location to start using them as well. So, if you can identify even just one provider at a location, it could even be a support staff member.

To be the way that you can get other providers onboard through that provider. Also, if you can provide the materials - so, giving the posters. Preferably, already eliminated. So, they are ready to go. In the exam rooms aren't on the wall. Or, providing the books that could be used. Or, providing the posters. That way, it takes away that extra step of ordering the materials through the website.

You can point out that these materials can be easily incorporated into the screening lens that the healthcare provider is already doing. So, it seems like it is not a big extra or more. It actually enhances the work that they are doing.

I would also point out to them that, or share with you, the idea of raising awareness about learn the signs act early materials. Through the local AP chapter. How it grows, how your state has it, or other local childhood initiatives. As I share at the beginning through our ECS coin, I was able to see the value - based on how other service providers were using these materials.

And that relationship that I had with them helped encourage me to use these in my practice. I would also reiterate that I like that this helps provide a consistent message to empower families to take action. So, the family - if we are using it in healthcare, in addition to other settings, we do not have to worry the family is getting mixed messages or confusing messages.

We can all be speaking the same messages to the families by using these materials. So, I will stop sharing my screen so that we can have the next presenter.

TONI WILLIAMS:

We will hear next from Doctor Julia Richerson. I think she is starting to share. So, take it away.

JULIA RICHERSON:

OK, I am off mutes now. So, good afternoon everyone. I am a general pediatrician at a health centre. In local Kentucky. And, a little bit about our health Centre. The system is called family health centres. In the Iroquois office. We are urban but not intercity. We have eight offices. Right around the north and the central, South part of our Metro area.

At our location, we have three pediatric, three adults, three women's health, into behavioural health providers, as well as our ancillary services. We are at about 90%, we transition from about 60 to 90% pretty quickly. Over the last, probably, year, year and 1/2. And a wide variety of immigrant refugee families from across the world. So, I wanted to start with why I use these tools.

It is one more thing, right? We are busy practice, we are doing a million things, so it is really hard to take on that one more thing. So, this is what was my motivation. Sort of, like Emily said, I became really interested in early childhood work when my daughter was in early childhood. She is now 12. So, I am a little bit more focused on teenager and tween health issues. But, still committed to early childhood.

There is a group called CSST and they developed the strength of these families during work. Which, I am sure that most people on the call have heard about and learned about full stop when I first learned about this, it's really transformed a lot of the work that I did. It mainly focus on some of the work to tie into these protective factors. So, therefore big ideas between the strengthening families framework. So, it is a focus on prevention, it is an approach not a model. It is not a program. Or that you are granted to do. It is something that you integrate into all of your work.

It looks at the relationship with parents and families in transforming that relationship to something super positive! It is also in line with what we know about brain development and science. So, five protective factors that research has shown that if you can incorporate these factors into your work, whether you are in early childhood, or in the pediatric practice, you are going to have better outcomes, according to the research they have done.

The five protective factors are parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and the social and emotional competence of children. I think to learn the signs act early tools can really tie into all five these protective factors. It really hooked me with his knowledge of parenting and child development. I think, sometimes we take for granted that even we understand child development. What our child is capable of. It is so vital to understand that when we parents, when we teach, when we discipline, all of those things really are based in our expectations.

Of what the children are capable of. And the knowledge of child develop into central to that. So, I took this all off of the SSP website, so, this is the slides that they have already developed. I just wanted to share this. A little bit more deeply. So, this is one of the five strengthening families principles. So, knowledge of parenting and child development. So, it is understanding child of element and parenting

strategies that support physical, cognitive, language, social, and emotional involvement. So, what does it look like when this is action?

So, a parenting behaviour that is very nurturing. Appropriate expectations of the child. The ability to create a developmentally supportive environment. Positive techniques. Ability to effectively manage child's behaviour. And recognizing and responding to your child specific needs. Right? This all sounds like very simple. But, it is so complicated, as we know.

These are skills that we develop as parents. And, as pediatricians, we really want to help families develop the skills. So that they are parenting approaches to these ideal abilities. The everyday actions that, you know, the work can support is modelling developmentally appropriate interactions with children.

Providing information and resources on parenting and child element. Which, is what these tools did. That we are speaking up. Encouraging parents to observe, ask questions, explore parenting issues, trying out new strategies. And, addressing parenting issues from a space perspective. I think, that is another thing that these tools do. We are not approaching child development from an Ed deficit base. If your child is doing this, if your child is doing this, there is something wrong with them. But really looking at it from a strength perspective from the child and the parenting relationship.

I really like how they drill down this content to, you know, what does it file? What does it look like? These are very straightforward. But, things that as pediatricians comment this is our training to be able to do. With families. So, that is sort of why I have been really interested in learning more about the tools and using the tools. Because, I feel like there is such great tools for families to learn about their children.

And, learn how to play, learn how to listen, learn how to communicate, and I really think that they are excellent tools to promote a positive parenting. I use this tool all the time when my daughter was little. The milestone booklets, probably my favourite educational tool that I've used in 25 years. So, I leave them out in the exam room. They are the most taken resource for stubby approaches all the time, they may come and go, and upon the floor. But these, they leave my room. I do not even have to point them out. They picked them up, they point them out, they left them. And in English and Spanish.

I like it because it is multiple ages all in one booklet. So, it starts at two months and go to age 5. So, sometimes they can keep in their diaper bag. Or, if they have a couple kids, it applies to both children for subsequent I think it is one of the reasons that families like it a lot. I give it multiple visits. Depending on what I feel like the needs of the family are at that time. So, sometimes I give it out of the two month visit. Sometimes I grab it and point out things - if a family especially nervous about something, or concerned, you know, I use it based on what the needs of the families are at that time.

It also could be given at a certain age, every time. What I do is I focus on the play section. So, for example, I have the book in front of me. So, if you go to the one-year-old page. There is a whole section, sometimes up to two, 2 1/2 pages on how you can help your child's development. What I say to patients is, "do you know when you have mommy brain? You have to cook, you have to play, one

lifetime to interact with my child?"

(Reads)... So, it gives you quick shortcuts that you do not have to remember all of this wonderful child develop man. It is so practical. And very detailed. So, that is in the milestones moments booklets available in English and Spanish. We spoke about the two books of the 'Where is Bear?' is the two-year-old book. She also mentioned the three-year-old book, I think it is (unknown name), in English and Spanish.

We get this in addition to our Ricoh books. But, I like the idea of the substitute. If we can get a steady supply... Their fantastic books! It really promotes reading together, better than any but that I have ever seen. Reading together is an easy thing to tell someone to do. But, to effectively read together, there is like - you could get your PhD on biological reading. Ineffective routing together. And all of the stop. So, I think it is - it is complicated to be really, really well. This book really promotes that.

It gives tricks and tips throughout the book, so the parents and child can read together. The books are great. They are free to order from the website. Now, there is going to be a website, it is going to crash, and the books are not going to be available forever. Everyone is going to order those books, so.

So, the other thing that I really like about this learn defines act early work is how it brings into a lot of the other work that we do as pediatricians. Emily will talk about this, as well. Of course, you know, it connects really well with our reach out me program. As we get books out at the world the child visits. Which, we know as evidence child base. Very effective to promote early literacy and positive family development.

The other thing that it works really well with, in our work, is that we do develop mentally focused playgroups, they are all virtually focus right now. That was something that we developed out of a patch grant program... We will get a little plug for cash grants. It is a one year cycle to do towards the end of the year, just AP catch grants.

It is focusing on play with child development. With our playgroups, focusing on play with child development. Using the Learn the Signs. Act Early. tools. It goes nicely together. In addition, we also have the same thing with the words.

The LENA parenting program... And early literacy. So, we can refer and connect families to those groups, as well. As we are talking about how the moment. Using these tools. Also, it connects really well with our help me grow work where we use the ages and stages questionnaire. During our interval screenings and refer families to Help Me Grow doing that process.

We also have Bright by Text. I think it is international. Different people sponsored within the state. There may be an international opportunity for families can type - for text in their child's birthday and get develop mental information sent pushed to their phone. On radio basis. It is very high quality content.

Postpartum depression screening. It ties into all of this work that we are doing, really nicely. There is such nice tools. One thing that I did not put on my side, that I wanted to mention, is a Dolly Parton

national Library, if people are not connected with that, it is wonderful program! It is funded for certain areas. Certain ZIP Code. That families can get a book delivered to their home, once a month. So, if you had not checked out Dolly Parton's imagination Library, that is another great tool that this all really ties in well with.

So, I just went to mention this work in the context of develop mental disorders in my practice. So, just as a reminder, in 20, the CDC reported approximately one and 54 children in the US are diagnosed with autism spectrum disorder. According to the 2016 data, which is one and 24 boys, and one in 44 girls. I do not know if I have Emily or any of you in the call, but that is my practice, one and 34 boys, if not more, and one in 44 girls.

Very complex work for the families. And, for the medical and develop mental community to try to meet the needs of these families. And I really believe strongly that develop mental monitoring and screening, we do the MCAT, is clearly important. But connecting families to diagnosis and intervention in our community is prolonged and complicated, can honestly take 6 to 8 months for services. In over a year for diagnosis.

So, whenever we talk about screening and looking at how to help families identified no mental issues with their families, we have to talk about how do we serve the children most effectively and how do we get the families the support they need. So, that is the biggest struggle in our community. It is really heart wrenching. The delays. And care for children with no resources. I tell people, if you have cash, you can get anything you want. This is one of the last areas, I think in child health where there is a significant economic disparity. Huge economic disparity! On top of all the other disparities. Access to services. I tell my students, if you have leukemia, you have the exactly same care. If you have autism, your access to services is night and day.

So, just one final comment, I wanted to let all of the pediatricians know that the American Academy of pediatrics has developed new groups called - I cannot remember the name of the group now... We are trying to convene for professional support and we have a listener that is growing. We have community conversations. Kind of like this, once a month.

Please email Dana or me, if you would like to get more information. One more - this quote from Doctor Hannah teacher, I feel very connected to, and it applies to so much of the work that we can with children. So, rather than helping a child... (Reads).

TONI WILLIAMS:

That was a perfect end, Doctor Richardson, thank you! As were transitioning, I will remind us that Doctor Joyce Javier is next. Doctor Javier, are you having any luck sharing your slides?

SPEAKER:

Are you able to see my slides?

TONI WILLIAMS:

Yes. It is still in presenter mode. You're doing great!



SPEAKER:

Is this good?

TONI WILLIAMS:

It is great!

SPEAKER:

Alright, wonderful, I am so happy to be here! I really going to build off of our previous speakers. My name is Doctor Joyce Javier and I am excited to... At my role at Children's Hospital, Los Angeles. I have several hats. First of all, I am a general academic pediatrician. Where, I practice an alternate. Which, is a federally qualified health standard.

I see my own patients and I also teach our medical students and our pediatric residents. Secondly, I am a faculty member at UFC. Where I am a physician scientist. I conduct research on implementing evidence-based parenting interventions and immigrant and low income communities. And, we really - building on what Doctor Richardson just that, we use community-based participatory research and really built the strength of families. And treat them as experts in their children.

I also teach a course on health equity. At our mph school. So, over the next 10 minutes, I will go over the background on our ultimate clinic. As well as share what we do in terms of universal develop mental screening and how we use Learn the Signs. Act Early. I am going to share some of our resources and programs in our clinic. As well as see some examples of impact on our families.

So, ultimate health services is actually the nation's largest independent federally qualified Health Center. It serves patients in Los Angeles, and Orange counties. Over 15 years ago, see HLA and ultimate formalized their partnership. They were able to open and ultimate clinic within the hospital. This provided greater ease to subspecialty care for our families, and in addition we placed the pediatricians out in the community. Throughout Los Angeles and satellite clinics.

Two of the programs that I will discuss later are related to early development. In screening. Are our regional Centre parent navigator team... Similarly to our previous speakers, we use Learn the Signs. Act Early. during our child visits. In terms of... Offering it to families, and also, (audio issues).

We also have flyers from the programs in our exam rooms. Doctor (unknown name)... She put these fires up in Spanish and English. And added a QR code so that it would be easier for families to download the app for the milestone tracker. We also have the booklets in English and Spanish. Available to physically head out to our families.

In terms of universal screening in our clinic, we use the MCAT at 18 and 24 months during the wild child visit. As well as the ages and stages questionnaire. At nine months, 18 months, and then 24 or 30 months. When we do these screenings, we offer these resources that I just discussed. We also have reached out and read in our clinic. We also passed out the age dependent ASQ learning activities. At these visits.

Alright. So, in addition to these programs, we are fortunate to have something called the regional Centre parent navigator in California. The regional Centre is where families can access early intervention. Up until age through adulthood. These navigators are actually parents themselves. Of children, actually now adults, with develop mental disabilities. Such as autism. So, they really are experts in navigating that process. That Doctor Richardson just spoke about. I can take up to six months a year.

So, these navigators have been such a blessing. Especially during this pandemic. Because, they were available via telehealth where we would have a three day call with me, the family, in the navigator. All of our navigators are very lingual. So, even better to help us with our patients with limited English proficiency.

We also have a family advocacy and support team called the fasting where we have integrated behavioural and mental health services. This is a team of psychologists. Develop mental behavioural pediatricians. Social workers. And case managers. That really help us, you know, address several mental health needs. As well as their social determinants of health.

In addition, we have a program that is a prevention program. That offers parent and baby groups for babies 0 to 1 year of age. We use the program called the incredible years, this is based on 30 years of research. We offer this online. Which, is pretty much just like an eight week support group to really promote infant development in attachment between these mothers and infants.

This is an example of the fire for this program. We offer these workshops to accommodate working moms. On Saturdays. And, it is part of a research study. So, we do have focus groups. In order to evaluate it.

I just wanted to end these last few minutes by sharing some examples of impact on families. Using developmental screening and Learn the Signs. Act Early. A few weeks ago, I was able to see a two-year-old toddler, a little boy, for his well-child visit. We gave mom the ASQ for that age. In Spanish. And mom was able to complete it. He was on the borderline cut off for speech delay.

And, I encouraged mom to come and you know, read to him. As well as pointed to her to the QR code on the wall that can help her get her Learn the Signs. Act Early. tractor. We decided that we would also go over these learning activities from the ASQ. So, that is a very brief example of how we can detect speech delay, early. And try to address it before it becomes an issue.

So of course, we will follow-up in a couple months to see how that patient is doing. He also, interestingly, have a great program called (unknown name). Or, we are partnering with speech therapist and offering online speech therapy. While children are waiting for early intervention to start. A second example is that we recently graduated a group of moms for our parents and babies group. Where, a lot of these moms, you know, we shared with each other how to promote their infants development.

As Doctor Richardson just that, through play, for example. The parents also share resources with each other. Like the milestone tracker. And, they are also able to connect to a subset of these moms who have symptoms of depression. There are fast team to mental health services. And counselling. Some of these parents actually have older children, that is how they were able to learn that we also have incredible years for toddlers and school-age kids. Which also happened to be funded by catch programs.

The final story is, we have several children who are already children who have autism, or trisomy 21, or develop mental disabilities, and when the pandemic hit, it was especially difficult for these families.

So, what if my teenage patients with trisomy 21, when the pandemic hit, it was very hard for this mother to, you know, help with online school but at the same time... We connected them with (unknown name). They were able to let me know that there was something called pandemic respite care where they could find someone to come into the home.

Either family member or someone through the regional Centre to help the patient one on one. Gratefully, we were able to get that service. So, that's on could sit with him while he was on zoom. He also happened to have obesity. So, this person helped them take walks during breaks.

So, I am going to end there. I really, really have to thank our entire team, this entire team helps these children thrive. This is just a list of everyone, but I also wanted to give a special thanks to Doctor Jerry Mattison. Who leads our FQHC workgroup as part of the AP Council. On community pediatrics. I encourage any pediatricians out there who are interested in joining, please join us!

Thank you.

TONI WILLIAMS:

PICU, Doctor Javier. We actually have some questions for you, already. So, if you will leave your microphone open, please post up the first question is about how to families in Southern California access the family advocacy and support team. I was thinking that maybe that is unique to your practice. Is it your own team? Or, is it something that others can access directly?

SPEAKER:

That is a great question! I apologize for not being so clear. The fasting is a part of our clinic. So, it is only our clinic patients that are able to access the fasting.

TONI WILLIAMS:

I am going to accept us a little bit, is that true also for the regional centres? Are they associated with the early intervention program? Or, is it a separate system?

SPEAKER:

So, the regional Centre is separate system. That, provides early intervention, I believe at least eight wide, or in California. It is based on the patient ZIP Code, which regional Centre they will be assigned

to. Our parent navigator team is specific to our clinic that helps bridge that gap. Between our clinic and also the regional Centre.

TONI WILLIAMS:

Perfect. The other question for you, about the regional centres, I think that I get the answers now. How do local families access online speech therapy while they wait for the regional Centre services? It would appear that the families would still need to access early intervention as they typically would. Is that fair to say?

SPEAKER:

Yes, that is correct. They would need to first go through the regional Centre to get online speech therapy. But, in the interim, what if our pediatrician Doctor (unknown name), has spearheaded the effort program, so we have this program (unknown name), which is in English and Spanish. Or it is online. Six weeks, I believe, is speech therapy. That is available to our families.

TONI WILLIAMS:

That is really great, thank you! As we wait on more questions to come into the chat, please do put your questions in. I do want to thank all of our presenters. Those were really amazing stories! About how you have not only implemented the Learn the Signs. Act Early. into your practices. But, integrated it with all of those other programs. It is really great work, thank you for sharing.

I believe, it was Doctor (unknown name) who mentioned early on that identifying a practice champion of a physician or other clinical physician within practice could be very helpful to the ambassadors who want to make that connection. Identifying someone as great as these three practitioners a be a little bit tough. Because, they have to and wonderful jobs. But an ambassador and champion together could do really a lot. In a really focused way, I think. It seems to me.

I want to thank you guys, first, for being that champion in your practices. I did wonder if one of you might be willing to take a little bit of a shot at telling us a little bit more about federally qualified health centres as a whole. We have a bit of a mixed audience with folks from different professional backgrounds.

And, some may be physicians or clinicians who have worked in such. But, not everyone is. That is a little bit of a big question though (Laughs). Any of you willing to take a long shot? I think I would say, briefly from what I know, it is a big process! It is not a small appear to have an FHC. Is that fair to say? (Laughs)

JULIA RICHERSON:

I think if you have seen when community Health Center, you have one scene one committee Health Center. We are also different. I tell people that we all have a few things in common. So, we all receive some type of dollar... We must provide care regardless of people's abilities to pay. We are all guarded by Board of Directors, 51% of which are our patients. Those are the three of the key foundational principles. It is a competitive grant process.

It takes a lot of work and a lot of time. But, it is well worth the benefits to the community. And, there is lots of supports. National Association. National Association of committee health centres. Can help. Every state has a primary care Association is also funded to support health centres and can provide TA, so, if you want to start a new one, that would be really good places to start. It is to Google primary care Association, from whatever state you are. Or, look up the National Association of community health centres.

TONI WILLIAMS:

That is perfect, thank you Doctor Richardson! Doctor (unknown name), Doctor Javier? Additional...? We have another question from... Yes, as we approach primary care clinic, what key information or messages would you emphasize to interest providers? In providing these - in using the tools. We know how to talk about the tools. But, do you have tips on what it may mean to a medical provider.

To receive them and to know what to do with them. I think, we have given them already. But, if other things have come to your mind, please let us know!

JULIA RICHERSON:

The biggest thing to me was the strengthening between the families framework. You know, we know that it is good to educate families with different things about the child, but to show their evidence - it really does make a difference. There is evidence to show that if you talk to families about their child's development, and there develop mental milestones, expectations, that is the key to promoting healthy discipline!

And healthy teaching. And healthy parents. So, I think that we know it is a good thing. I think as providers, we need to know what were doing. You doing 73 think about 15 minutes. So, proved to me that I need to move number 26 up to number one. So, choice of that evidence, I think for me, was really important. To make sure that I am doing it consistently every time.

SPEAKER:

I think our clinics, it is automatic that everyone is going to the ASQ in the same chat for the specific time points. It makes sense to start putting the booklets into the patient charts, so that when the ASQ is there, the booklet is there. I was thinking of that as I was listening to all of you, to overcome that barrier, and also to encourage them to just download the milestone tracker and asked to go over with how to do it, sometimes with the families.

Could be helpful, as well.

EMILY SHERER:

I think also, just pointing out that this is not going to take a lot more time. That, these are things that pediatricians are already trying to accomplish. So, hopefully, this is given their goals that they already have. But, by providing these materials and showing - making them aware of these materials, it is making the pediatrician's job easier. Because, we need to be doing business surveillance and this is something that you can quickly share with the family. Because, otherwise, it did take a long time to talk about parenting and develop it.

To every family. But, this is an evidence-based way that we can share with families pretty quickly. When we do not have very long to cover a lot of different topics.

TONI WILLIAMS:

That is perfect. I will echo that same sentiment as a specialist, I am not in the primary care where I am setting folks home. But, I have so many opportunities to talk about various aspects of development with families. And, there is not enough time to cover every single thing that could ever possibly happen. This is a great resource. I agree wholeheartedly, also Doctor Richardson, so glad to see you open up and show us how to use it. Not only is accurate for the families to see, that we are not just only had to get a piece of paper or a booklet, we really do find that there are great things outside. So, I think it helps families. As teachers, I know that you guys also talked about teaching.

Residence or other mental health professional students. In models for them, as well, to show families what to do. Please do not just hand booklet and sentiment out the door. If you can possibly help it. It is a nice way to demonstrate our own excitement about providing that information, as well, so thank you for that! What do you guys think about -- here about the materials from families? Here Doctor Richardson say that the materials disappear.

Hopefully I got very attendance for that. They go away. Which is great. The families give you lots of feedback on how they have enjoyed or been using the materials themselves? Perhaps, not. (Laughs).

JULIA RICHESON:

I do not use the mouse on tracker a lot. I think because so many of my families do not read or speak in - even in their primary language, you know, I hesitate to use one thing for the family been something else from another family full of opposites on the guy struggle with. I sometimes cannot use it with anyone. So, sometimes they do not use it with anyone. That is something I struggle with. English speaking families and offended in other places, two people come to me and said that they really like the tracker.

So, that feedback. And then people will bring the book back and point out things. So, I do get the feedback that people are using it appreciate having been booklet.

TONI WILLIAMS:

Yeah. I agree with you that for different families it does seem to make a difference. I'd like to have that option of what to share. Are there adaptations and reserves that you use that you feel would help you and what you do? We could allow others to ask the chat, also. If you have things you wish for. But, a lot of our experts can have a first crack at it.

Let me move on to some of the questions. Do the national group supporting the FQHC, the federally qualified health centres, help support the adoption of the...? Is that anything the vice of discussing those groups? Each of you have a leeway to add that if you want, but it is not promoted widely. I might add to that, just thinking myself.

I wonder if that could be semi that you could talk about. Could we help you, maybe? That is another way to think about that. Is a milestone truck are available in Spanish and is it culturally appropriate for Latino families? I would say yes, it is available, I know that part. I would love to hear from our experts as to appropriateness and how you have founded in different cultures.

JULIA RICHERSON:

It is tough. Because even in mixed families, there is like 100 different cultures. So, you know, I found it well-received. And, linguistically appropriate. So, - I say that because it is so family centred. So, I think from that perspective, families are going to find that it is culturally... It feels culturally good to them. So, that is all that I can say. I do not know if it has been research.

Beyond linguistically.

TONI WILLIAMS:

I think the act early program can provide information, as we go. Also, I am aware of some work with focus groups to look into that. But, I will not try to speak to anything broader than that. Do either of you have comments to that? It does feel will received, though. I do see that, thank you for those. Is there any particular training or professional development, someone asked, that you had recommended providers to engage with families, or share these resources? Maybe let me rephrase that question. Do you and your staff members talk about how you use these resources? Or, are you personally using them more, do you think?

EMILY SHERER:

I use them more personally, I would say. But, when we did start having the posters and all of these rooms, I didn't formally share with all the pediatricians -- pediatricians that I worked with... When I had the opportunity to press another community type events with other practices, several of those have been through our local ADP chapter.

I have given an overview of the factory materials and the website. And, I have given examples of the trials that I use in how others can access them. So, I am not true that it is totally - would qualify for pediatric professional develop and in the sense that it is not necessarily getting continuing medical education credits for it, but, have incorporated it into some professional presentations.

TONI WILLIAMS:

Others? Yes!

SPEAKER:

I have a similar experience, where it is more personally. But, I do try to model to the residence, as he would say, to use these things. Also, it is a regional centre parent navigator too often reminds me, after we have tried to connect the family to early intervention, as we are leaving. Or like, "mom, I am going to touch base with you to help you download the app for the milestone trackers, so that you can follow your child's development and see the progress."

TONI WILLIAMS:

Perfect, thanks. I know that we discussed at the characteristics of the FQHC's, we talked about it being a grant program. You collect data on any of these sorts of act early activities?

I am sure that you have reports to give a your centre, overall, are any of you trying to track what you are doing with the Learn the Signs. Act Early. program materials? That is OK.

Here is a note from Katie Green, we have just a few minutes. So, if others have questions before we end, please enter them, I will share a note, Katie Green has mentioned here that the American Academy of pediatrics has a spark training. That is free and available it's a great way to get providers up to speed. She will pop the link in. She says. Indeed, it sounds similar to what Doctor Shearer mentioned, something brief that you could get the whole staff together.

And talk about how it could be incorporated. We have a comment, someone has an opportunity to visit with almost all pediatric residents, at the US decent Dandridge School of medicine, they received most outputted materials and were overwhelmingly positive and enthusiastic about adoption resources. I agree. I work with students and residents. And they really love them. The students really soak it in and it is really nice to be able to share with them how to use it in an effective way.

Katie Green also mentioned that we have a free PDF link that she will share, so I think those are becoming in the chat box. We have just a few more minutes available. But, if we have... Answered all of your questions.

How about our presenters? Do you have final thoughts? I will send us into Danielle to wrap this up, but if you guys have any final thoughts, I certainly want to thank you. Those are really great presentations. I made a few notes of some things that I will add in my own practice. So, I appreciate that!

JULIA RICHERSON:

I think my only question is, consistently been able to get the materials, sometimes, on the website they are out. And you have to wait. And if we worked through our state ambassador, is that a better way to have a better supply of materials?

TONI WILLIAMS:

It can be. And, at this particular time, if your state ambassador is participating in a particular additional program, they may have some additional availability. But, please do not say that I guarantee that. But, indeed, it is always a good idea to touch base with your ambassador. To see what partnerships are available. They may have. I think, that would be my own opinion.

I got another question. What schedule does your state see PST program used for the wealth is it? I am not sure, we may have to get clarification on that.

JULIA RICHERSON:

The AP period schedule. And contact them.

TONI WILLIAMS:



We are getting out for everyone, and Tennessee does, as well.

JULIA RICHERSON:

It is federally mandated for Medicaid. For your Medicaid patients, they have to pay for those visits.

TONI WILLIAMS:

Editing is to be on the schedule, that is why it is. Katie Green has indeed posted some links. And, I am just scanning for the rest because we have like zero minutes. One more, I am looking at the reviews for the tracker, there was evidently an update. That I raised longitudinal tracking data, does it happen often? I do not think you guys will be the ones to answer that. I may take to Katie Green to answer that in the chat.

In which case, I believe that I have gotten all of these questions. I think, I'm going to let Danielle wrap us up right on time.

SPEAKER:

Think you so much, Tony. I was just dropping at chat link into one of my own about the additional practices we were talking about. Some of our early investors are precipitating the activity response to COVID, for which they have received quite a bit of additional funding. So, if you are curious in hearing more about what states are involved in a project, and the types of activities that they are engaged in, you can take a look at that link.

ANSI play more information there. And, just wrap us up, I think everyone portraying us today. Of course, special thanks to Doctor Tony Witt taker and elder panelist, as a reminder, this webinar was recorded. It will be archived in the (unknown name) library. In addition to that, if you would like to receive announcements about our upcoming act webinar, as well as the quarterly act network newsletter, we certainly encourage you to sign up for that actually network listserv. Thanks, everyone. And we are going to sign off for now. But, I hope you all have a good afternoon. We will see you on the next webinar.

SPEAKER:

Thank you!

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