

Abstract

Project Title: Central Nebraska Healthy Child Care Initiative
Project Number: 1H25MC0017401
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PROBLEM: Of 5,938 children ages zero to twelve residing in a nine-county area of Central Nebraska, only 968 of them are able to receive out-of-home care from a licensed child care provider. Nebraska leads the nation with 83% of children living with parents who work full-time year-round, yet earnings fall \$5,654 below the national average pay. Project target counties have only newly emerging health departments, no pediatricians, and all are federally designated Medically Underserved Areas. No system exists to determine priority health issues for effective and efficient use of limited resources for women, infants, and children.

GOALS AND OBJECTIVES: Project goals will 1) Integrate health and early childhood fields of expertise to reduce the incidence of disease and injury among children in child care settings and their caregivers; 2) Institutionalize an integrated healthy child care service system capable of evolution and replicable in other rural settings. Objectives to achieve goals are: 1. Create the Central Nebraska Healthy Child Care Stakeholders Group; 2. Complete an Early Childhood Health Improvement Plan, (ECHIP), and implement strategies; 3. Measure change in health status indicators; and 4. Sustain the project with applicant and other secured resources.

METHODOLOGY: A Child Care Health Consultant (CCHC) Coordinator will be hired and trained under the MCHB/University of North Carolina-Chapel Hill CCHC curriculum. The Coordinator will carry out directives of the stakeholders group who is responsible for assessment, prioritization of needs, developing local healthy child care standards, and policy advisement. The Blueprint for Action and National Health and Safety Standards: Guidelines for Out-of-Home Child Care Programs will be used as project guides. This will be the first local Healthy Child Care project in Nebraska.

COORDINATION: Our project will unite Central Nebraska with Healthy Child Care Nebraska and America Campaigns. Stakeholders committed to the project include: Nebraska HHS Family Health and Medicaid Divisions, Early Childhood Training Center, a pediatric dentist, family practice physicians, an out-of-area pediatrician, child care providers, parents, Early Head Start and Head Start, a school nurse, a family mental health therapist, and others.

EVALUATION: Katherine Kaiser, PhD, APRN, BC, Associate Professor at the University of Nebraska Medical Center College of Nursing will coordinate the project's evaluation and assist stakeholders establish an evaluation plan, select/develop tools to measure outcomes, and analyze, interpret, and report health system and status evaluation findings.

Keywords: Community Integrated Service System; Child Care; Illnesses in Child Care; Injury Prevention; Health Promotion; Training; Parent Support Services; Public Private Partnership

Annotation: The Central Nebraska Healthy Child Care Initiative will create an integrated system of health and child care stakeholders with the purpose of reducing the incidence

of disease and injury in child care settings. An ECHIP will be created, identifying priority issues and strategies to address them. A Child Care Health Consultant Coordinator will engage stakeholders and respond to their directives toward goal accomplishment.

EXPERIENCE TO DATE: The Central Nebraska Healthy Child Care Initiative experienced a time delay in meeting objectives for the first project year; however, the following objectives were met in Project Year Two: 1) Established monthly Central Nebraska Healthy Child Care Initiative Stakeholder Meetings; 2) Increased from 0 to 21 the numbers of diverse stakeholders participating in meetings; 3) Stakeholder group identified seven Health Status Indicators to measure for change; 4) The Healthy Child Care Coordinator completed the Child Care Health Consultant training provided by a trainer from the Early Childhood Training Center in Omaha, Nebraska; and 5) Contracted with Katherine Kaiser, a University of Nebraska Medical Center Professor, to consult with stakeholders and assist with evaluation of the project. In Project Year Three, the following objectives were met: 1) An ECHIP was created using a system level indicator and seven Health Status Indicators; 2) Katherine Kaiser and her associates began developing a database to assist in tracking health system and health status information; 3) The Healthy Child Care Coordinator contracted with three child care providers to provide child care health consultant services based on the ECHIP and specific to each child care provider's needs; 4) CNCS applied for Maternal and Child Health Grant funding to replicate the Central Nebraska Healthy Child Care Initiative into 10 additional counties; and 5) A no cost grant extension was approved on 1/7/2003 to extend the end of grant period from 1/31/2003 to 1/31/2004. In the final project year, the following objectives

were met: 1) MCH Grant funding was approved to expand the project into 10 counties in the CNCS service area, including the Healthy Child Care Coordinator position as of 2/1/2004; 2) The stakeholders group will serve as an advisory board to stakeholders in the newly expanded areas; 3) A database tool for tracking health system and health status information was developed, and training is scheduled for April 29, 2004, to train the two child care health consultants in the expanded area; 4) Katherine Kaiser and her associates developed the database tool to measure ECHIP outcomes to assist with analyzing, interpreting, and reporting health system and status evaluation findings for the project; and 5) The Healthy Child Care Coordinator continues to develop the Central Nebraska Healthy Child Care Initiative, provides child care health consultation, and provides coordination over the child care health consultant services in the expanded areas.