



## Early Childhood Iowa Monday Musings October 26, 2015 2015 Vol. 2, No. 39

Welcome to the ECI **Monday Musings**. It is a compilation of information, practical advice, training announcements, and/or success stories. **Monday Musings** is intended to disseminate information to Early Childhood Iowa Stakeholders in a timely fashion. (We may on occasion send out a separate email with information if it needs immediate attention or if for a specific audience.)

Please let us know if you have something you would like to contribute or have suggestions or comments at [jeffrey.anderson@iowa.gov](mailto:jeffrey.anderson@iowa.gov)

Back Issues of Monday Musing are available [here](#).

***No man will make a great leader who wants to do it all himself or to get all the credit for doing it.  
-Andrew Carengie***

### State Information:

#### New Health Coverage Options for You!

If you are a Medicaid member or you assist others who are supported by Medicaid:

##### What is new?

The Department of Human Services is seeking federal approval from the Centers for Medicare and Medicaid Services (CMS) to join most Iowa Medicaid programs together into one managed care program called IA Health Link. This new program will give you the same health coverage you know and use, but will be covered by a Managed Care Organization (MCO) that you get to choose.

In order to receive federal approval, Iowa will need to demonstrate that the Department, the MCOs, and your health care providers are ready to meet your needs through the new program. If the Department demonstrates that the new program is ready, it will begin on January 1, 2016.

What is a managed care organization?

A managed care organization (MCO) is a health plan. The coverage offered by the providers in the MCO will be just right for you.

Will my benefits change?

**Your benefits will not change and you do not need to do anything right now.** Your benefits will be covered by an MCO. The MCO that you choose will have a network of providers across Iowa for you to pick from. If you receive covered dental services, they will be the same. More information will be sent to you about your health plan options in the near future.

Can I keep my provider?

You may be able to keep your current medical health providers and mental health providers until at least June 30, 2016, as long as your provider(s) choose to participate with the MCOs. Each managed care organization will have a network of providers across the state of Iowa. If you would like to change your provider, you can choose from the managed care organization's network of providers.

How can I learn more?

To learn more, please visit [Member Services | Iowa Department of Human Services](#) or call 1-800-338-8366, Monday through Friday, from 8 a.m. until 5 p.m.

You are being sent this letter because you are eligible for health coverage today. If you are no longer eligible for Medicaid on or before January 1, 2016, this letter will not apply to you.

Questions?

If you have any questions or comments about this change or your health coverage, please call the Iowa Medicaid Member Services Unit at **1-800-338-8366**, or in the Des Moines area at 515-256-4606. Help is available Monday through Friday, from 8 a.m. until 5 p.m. You may also email Member Services at [IMEMemberServices@dhs.state.ia.us](mailto:IMEMemberServices@dhs.state.ia.us).

*Para solicitar este documento en español, comuníquese con Servicios para Miembros al teléfono 1-800-338-8366 de 8:00 a.m. a 5:00 p.m., de lunes a viernes.*

## **Federal Information:**

### **Federal Early Learning Interagency Policy Board (IPB) to meeting**

The next [Early Learning Interagency Policy Board \(IPB\)](#) meeting is scheduled for November 5, 2015 from **9:30am – 11:00am ET**, and will include a public input session for a new HHS/ED policy statement on health promotion in early learning. Previously, ED and HHS have released policy statements on [Expulsion and Suspension Policies in Early Childhood Settings](#) and [Inclusion of Children with Disabilities in Early Childhood Programs](#) based on public comments received.

Maximizing the health and developmental potential of our Nation's children is a priority for HHS and ED. Research shows that children in poor health do not do as well in school as their healthier peers. They are more likely to drop out of school, more likely to earn lower wages, and more likely to be in poor health as adults. Effective health promotion and disease prevention is best achieved starting early in life.

As a result, HHS and ED plan to release a joint federal policy statement on *Health and Wellness Promotion in Early Childhood Settings*. As we develop the policy statement, we would value your input on the following questions:

1. What are the key messages that we should communicate in a federal policy statement on children's health and wellness promotion? How are these messages similar or different when addressing the health, early childhood, and education communities?
2. What are barriers to implementing effective health and wellness promotion and disease prevention strategies in early childhood programs?
3. What are the most effective child health and wellness promotion and disease prevention strategies that you have implemented at the local or state levels?
4. How can the federal government uniquely support effective health and wellness promotion for expectant families and children, birth through school entry, at the state and local levels?
5. How can we ensure school principals, early childhood program directors, LEA administrators, and other leaders promote and systematically embed health and wellness promotion at the local level? How can we ensure that public health systems and primary health care providers connect to and support early childhood programs at the local level?
6. How can a federal statement on children's health and wellness be most helpful in supporting the work that you do?

The input session will be led by:

- Libby Doggett, Deputy Assistant Secretary for Policy and Early Learning for the Office of Elementary and Secondary Education at ED
- Linda Smith, Deputy Assistant Secretary and Inter-Departmental Liaison for Early Childhood Development for the Administration for Children and Families at HHS and
- Michael Lu, Associate Administrator, Maternal and Child Health Bureau, Health Resources and Services Administration

**When:** Thursday, November 5, 2015 from **9:30a.m. – 11:00 a.m. ET**

**Where:** U.S. Department of Education  
LBJ Building Barnard Auditorium  
400 Maryland Ave., SW  
Washington, D.C. 20202

**Note:** *This event will air on the EDstream network for those who are outside of the ED Network. To request reasonable accommodations (prior notification of at least three business days is required), please contact [Jacquelyn.Borman@ed.gov](mailto:Jacquelyn.Borman@ed.gov).*

To access the event, go to:

<http://edstream.ed.gov/webcast/Play/06c6b28b912a4ca0bda7eb64147e34431d>

All speakers and attendees

- Please send RSVP by October 29, 2015 by sending an email to: [Jacquelyn.Borman@ed.gov](mailto:Jacquelyn.Borman@ed.gov)
- Include name, title and organization, e-mail and phone contact.
- Indicate if you are requesting to speak at the meeting *or* only attending.
- Speakers will be ranked in order of RSVP received, as time permits, and will be notified ahead of time if they will be speaking.
- For security purposes, all speakers and attendees are reminded to bring a photo ID and a business card. *Please allow ample time to go through security.*

The format for the Public Meeting will be as follows:

- Speakers will be given 3 minutes to address the group. Time will be strictly enforced.
- Speakers are to limit their comments to what they would recommend go into a joint health and wellness policy statement, starting with addressing any of the questions listed above.
- In addition, all individuals and organizations are strongly encouraged to submit input in electronic form (including from those speaking) by Friday, November 6, 2015, at 5:00 pm ET to: [Jacquelyn.Borman@ed.gov](mailto:Jacquelyn.Borman@ed.gov)

### **October is Sudden Infant Death Syndrome (SIDS) Awareness Month!**

By Katherine A. Beckmann, Ph.D, M.P.H., Senior Policy Advisor for Early Childhood Health and Development Office of the Deputy Assistant Secretary and Interdepartmental Liaison for Early Childhood

About 3,500 babies die suddenly and unexpectedly each year in the United States.<sup>[1]</sup> These deaths are the result of unknown causes, Accidental Suffocation and Strangulation in Bed (ASSB), and Sudden Infant Death Syndrome (SIDS). SIDS is defined as an unidentified cause of death in a baby younger than one year, even after the performance of an autopsy, examination of the death scene, and review of the infant's and family's clinical histories. Most SIDS deaths occur when babies are between one and four months of age and the majority (90%) of SIDS deaths occur before six months. However, SIDS deaths can occur anytime during a baby's first year.<sup>[2]</sup> Approximately, 20 percent of SIDS-related deaths occur in child care settings.<sup>[3]</sup>

The Safe to Sleep® campaign (formerly known as Back to Sleep®) aims to educate parents, caregivers,



and health care providers about ways to reduce to the risk of SIDS and other sleep-related causes of infant death. Over the past two decades, we've made great progress in helping to reduce the risk of SIDS by more than 50 percent across the country, as a whole. However, disparities still exist. For example, African American infants are twice as likely as white infants to die of SIDS. Similarly, American Indian/Alaska Native infants are three times as likely as white infants to die of SIDS.

### ***How can you make a safe sleep environment?***

- Always place baby on his or her back to sleep for all sleep times, including naps.
- Have the baby **share your room, not your bed**. Your baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else. Try room sharing—keeping baby's sleep area in the *same* room next to where you sleep
- Use a **firm sleep surface**, such as a mattress in a [safety-approved crib](#), covered by a fitted sheet
- Keep soft objects, toys, pillows, crib bumpers, and loose bedding **out of your baby's sleep area**
- Dress your baby in **no more than one layer of clothing more than an adult would wear** to be comfortable, and leave the blanket out of the crib. A one-piece sleeper or wearable blanket can be used for sleep clothing. Keep the room at a temperature that is comfortable for an adult.

### ***What can you do to spread the word?***

Now is a great time to start planning October events to get the word out about safe infant sleep! Here are ideas and **free** resources to help you plan **SIDS Awareness Month** activities:

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<sup>[1]</sup> CDC, NCHS, Compressed Mortality File, cause of death is determined using the following ICD-9 Codes: SIDS (798.0), unknown cause (799.9) and ASSB (E913.0). For 2000-2013, cause of death is determined using the following ICD-10 codes: SIDS (R95), unknown cause (R99) and ASSB (W75).

<sup>[2]</sup> Trachtenberg, F., Haas, E., Kinney, H., Stanley, C., & Krous, H. (2012). Risk factor changes for sudden infant death syndrome after initiation of Back-to-Sleep campaign. *Pediatrics*, 129(4), 630-638.

<sup>[3]</sup> [Moon, R.](#), [Patel, K.](#), & [Shaefer, S.](#) (2000). Sudden infant death syndrome in child care settings, [Pediatrics](#), 106, 295-300.

- ✓ **Community events:** Set up a booth at community events, such as health fairs, state fairs, or downtown markets.
- ✓ **Educational seminars:** Organize an educational seminar or [presentation](#) with specific populations, such as African American congregations, early childhood education students, first responders, or older community members.
- ✓ **Fundraising events:** If you're hosting a fundraising event, include [Safe to Sleep® materials](#) in the registration packet.
- ✓ **Public Service Announcements:** Ask your local radio or TV station to share [information about SIDS](#). If you have local stories to include, broadcasts with testimony from parents affected by infant death can be particularly powerful.
- ✓ **Display Resources:** Create a display with information or brochures for use in children's hospitals, barber shops and hair salons, obstetrician offices, and pediatrician offices.

#### **For Families**

- [Parents' Guide to Safe Sleep](#)
- A grandparents brochure on safe infant sleep ([English](#) and [en español](#))
- A safe sleep environment one-pager ([English](#) and [en español](#))

#### **For Early Care and Education Providers**

- Participate in the free American Academy of Pediatrics [online training](#), *Reducing the Risk of SIDS in Child Care*, and receive a certificate of completion for 1.0 contact hour (per your specific state SIDS in-service requirements)
- [Child Care Providers Guide to Safe Sleep](#)
- [Door hangers](#) for general outreach, African American, and Hispanic communities
- [Brochures](#) for general outreach as well as African American, American Indian/Alaska Native, and Hispanic communities
- Use the *Reducing the Risk of SIDS in Child Care Speaker's Kit* to educate your community about SIDS in child care. It is available [in English](#) and [en español](#).

#### **For General Education Training:**

- A Safe Infant Sleep video [in English](#) and [en español](#).
- Healthy Native Babies Project [materials](#) for American Indian/Alaska Native communities
- [Brochures](#) for general outreach as well as African American, American Indian/Alaska Native, and Hispanic communities

For more information, please visit <http://safetosleep.nichd.nih.gov>, <http://www.cdc.gov/sids/index.htm>, and <http://www.healthychildcare.org/SIDS.html>.

## **Other Information:**

### **Planned Language Approach**

*From the Iowa Head Start Collaboration Office:*

At the registration link below is a flier about all the training opportunities that are available for different parts of the Planned Language Approach. They are scheduled as part of the **Iowa Culture and Language Conference**. Of course the conference also includes many other workshops and keynotes of interest.

This is a convenient way to get new staff oriented to PLA or give existing staff a refresher on PLA basics. [Please consider registering today.](#)

From CHILD TRENDS:

## FIVE THINGS | to Know about Mental Wellness in Early Childhood

The foundations laid in early childhood are critical for later emotional and mental wellness. These [foundations for healthy development](#) include sufficient nutrition, a safe environment, and warm, supportive interactions with caregivers. Since infants and toddlers form around [700 neural connections per second](#), stressful--or "adverse"--[experiences](#) during these years have the potential to influence brain development, especially if the experiences are ongoing or cumulative. Ongoing adverse experiences can contribute to developmental delays, including [emotional difficulties](#). It is estimated that between [10 and 14 percent](#) of children through age 5 suffer from an emotional or behavioral disturbance. This Child Trends 5 focuses on mental wellness for infants and toddlers birth through 3 years old.

All adults who spend significant time with young children have a responsibility to help them develop to their full potential. That's why we focus here on *caregivers*, a term that includes all adults who have regular contact with infants and toddlers--such as parents, grandparents, foster parents, child care providers, etc.

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### ***Infants experience and perceive a range of emotions.***

Caregivers may underestimate the degree to which infants' social-emotional development is affected by early experiences. Although infants as young as 6 months can "[begin to sense and be affected by their parents' moods](#)," fewer than 35 percent of caregivers believe that infants are capable of experiencing emotions in this way. Furthermore, nearly [70 percent of parents](#) do not realize that infants as young as 6 months are able to experience a range of emotions, including sadness and fear, as well as [express very basic intentional behaviors](#).

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### ***Early positive interactions promote emotional wellness throughout the lifespan.***

[Interactions between caregivers and infants](#) are critically important, as "[neural connections are formed through the interaction of genes and a baby's environment and experiences](#)," especially through communication with caregivers. Infants [understand](#) themselves and their surroundings through their [interactions with caregivers](#). A [caregiver who consistently engages with an infant](#) (or re-engages after a break) in a responsive, comforting, and supportive way [provides a base](#) from which that infant can develop a sense of predictability about the external world, giving them confidence to explore surroundings and develop independence. Without consistent positive interaction, the infant may learn that [a caregiver is not a source of support and dependability](#), and may have a less stable or delayed foundation for future emotional development. The early years are also critical for a child's development of a positive self-image, which [begins to develop in infancy](#).





***Having appropriate expectations of young children's development is important.***

Emotional development is a critical component of brain development that is [not always emphasized](#) as much as cognitive, physical, or verbal development. Each person's development is unique, but caregivers should understand general [social-emotional milestones](#)--such as copying caregivers' actions--in order to keep expectations appropriate and monitor potential red flags. Luckily, there are research-based resources available that [provide tips](#) and [guidance](#) for what to expect and how to encourage healthy emotional development--such as by paying attention to what an infant is trying to communicate through body language, and by establishing and sticking to routines.

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***Parents and caregivers should be mindful of their own emotional well-being, seeking support if they need it.***

It's important for caregivers to consider their own mental health needs as well as the needs of the young children in their care. Infants and children whose caregivers suffer from mental illness are generally at a [higher risk of developing mental illness](#) or social-emotional problems, because of [inherited genetics](#) and [interactions with the caregiver](#). But, the potential outcomes of having a parent with a mental illness largely depend on the [severity of the illness](#), as well as the degree to which the parent has sought treatment and been able to manage symptoms. Caregivers who effectively treat their mental illness may [lower the effects of the illness](#) on their children. Although parenting can be particularly challenging for caregivers with mental illness, all caregivers at times likely experience stress from parenting or other life events. In these challenging moments, it is helpful to know that caregivers have many resources available to them, varying from online handouts, to specialized clinical services. *(Please see the list of resources below for further guidance.)*

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***Young children are resilient and, if properly supported, can overcome potentially traumatic events.***

Although [stressful or traumatic events](#) in early childhood can contribute to developmental delays, there are a number of factors that promote adaptability, or [resilience](#). Neural [connections that are used more often become stronger](#), meaning that [repeated, regular, positive communication](#) between a caregiver and infant will likely lead to more [secure attachment](#), even if the infant experiences occasional adverse experiences, or has previously experienced such events. This is one reason why [consistency](#) is important during infancy and early childhood. While there are some innate personality traits that [promote positive coping](#) in children, such as being "active, affectionate (and) cuddly," there are also resources for caregivers to use in promoting these traits. Caregivers of children who have experienced traumatic or ongoing adverse experiences can seek guidance from an early childhood clinician or other professional, and use early interventions to [address trauma](#) and promote the development of resilience. Young children may be able to overcome the effects of adverse events through [consistent, predictable, supportive interactions](#).

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**Some helpful resources:**

- [Center for Early Childhood Mental Health Consultation at the Georgetown University Center for Child and Human Development](#)

- [Social Emotional Tips for Families with Infants](#)
  - [Center on the Developing Child, Harvard University](#)
  - The Center on the Social and Emotional Foundations for Early Learning
    - [Attachment: What Works?](#)
  - Child Welfare Information Gateway
    - [Resources on nurturing and attachment](#)
  - Foundation for Child Development
    - [Implementing Policies to Reduce the Likelihood of Preschool Expulsion](#)
  - National Alliance on Mental Illness
    - [Resources for Supporting Families Dealing with Parental Mental Illness](#)
  - The National Association for the Education of Young Children
    - [I Am Safe and Secure: Promoting Resilience in Young Children](#)
    - [Creating Healthy Attachments to the Babies in Your Care](#)
  - Office of Planning, Research and Evaluation (HHS)
    - [Services for Families and Infants Experiencing Trauma](#)
  - Substance Abuse and Mental Health Services Administration (HHS)
    - [Promotion of Mental Health and Prevention of Mental and Behavioral Disorders](#)
  - UPenn Collaborative on Community Integration
    - [Parenting with a Mental Illness: Positive Parenting & Child Resilience](#)
  - [World Association of Infant Mental Health](#)
  - ZERO TO THREE
    - [Social-emotional development information](#)
    - [Age-based handouts](#)
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## The Merits of Early Investment

A new report from the [National Research Center on Hispanic Children & Families](#) shows positive results for Latino children in Miami-Dade County, Florida, who attended public school pre-K or subsidized center-based child care. Children in these programs entered kindergarten scoring above national averages in pre-academic and social behavioral skills. These students performed well through third grade (when the study ended), measured by their GPA and score on a standardized reading comprehension test.

The Center is led by Child Trends and Abt Associates, with university partners.

[READ MORE](#)

## Reactions to Tennessee Pre-K Study

NAECS-SDE (National Association of Early Childhood Specialists in State Departments of Education) is a national organization for state education agency staff members with major responsibilities in the field of early childhood education. The Association promotes high-quality services to young children and their families through improvement of instruction, curriculum, and administration of programs. Members of the Association have an opportunity to share ideas and to work together toward the solution of common problems.



NAECS-SDE has, with the support of CEELo, created a page embedded in the NAECS-SDE website that provides links to the study and a variety of reactions to the findings of the Tennessee Pre-K Study:  
<http://www.naecs-sde.org/talking-points-prek-study>

**For more information about Early Childhood Iowa, visit our website:**

<http://www.earlychildhoodiowa.org/>

**To join the ECI Stakeholders, please complete the commitment survey at:**

<https://www.surveymonkey.com/s/FSXR5F2>

**2015 ECI Meeting Calendar:**

**ECI State Board**

10:00 – 1:00  
November 6 (Des Moines)

**ECI State Dept. Directors**

8:30 – 10:30 AM  
October 2

**ECI Stakeholders Alliance**

3 – 4 Hour meetings  
December 8 (PM)

**ECI Steering Committee**

October 1 (9:00 AM – Noon)  
November 5 (9:00 AM – Noon)

**ECI Area Directors**

December 9

**2016 ECI Meeting Calendar:**

**ECI State Board**

10:00 – 1:00  
January 8  
April 1  
June 3  
September 9  
November 4

**ECI Area Directors**

April 6 All day  
(June will be regional meetings)  
September 13 (afternoon)  
December 7 All day

**ECI Stakeholders Alliance**

3 – 4 Hour meetings  
February 23 (TBD)  
May 10 (PM)  
September 13 (AM)  
December 13 (PM)

**ECI State Dept. Directors**

8:30 – 10:30  
May 6  
October 7

**ECI Steering Committee**

Time Varies

January 7 (9:00 AM – Noon)  
March 3 (9:00 – 4:00 PM)  
April 7 (9:00 AM – Noon)  
June 2 (9:00 AM – Noon)  
August 4 (9:00 AM – 4:00 PM)  
October 6 (9:00 AM – Noon)  
November 3 (9:00 AM – Noon)

**Early Childhood Iowa Day on the Hill**

February 23, 2016