

Child Care Health Consultant



Goals

The goal of the child care health consultation is to provide information, training, and technical assistance on health and safety aspects in child care facilities.

Program Features

A Child Care Health Consultant (CCHC) is a health professional who works in partnership with staff from a child care facility to promote healthy and safe environments for children in child care. The Child Care Health Consultant can provide a variety of services including, but not limited to, the following: observing and assessing health and safety practices, reviewing policies and procedures and health records, training child care providers in appropriate health and safety practices, providing consultation regarding communicable diseases and medication administration among other topics, as well as resource and referral information to parents or providers.

In North Carolina, a health professional becomes a qualified CCHC upon successful completion of the NC Child Care Health Consultant Training Course through the NC Child Care Health and Safety Resource Center. To be eligible for the course, the health professional should have a degree in nursing and licensure as a Registered Nurse (RN) or a minimum bachelor's degree in health education or a similar related health field. The 6-month training course includes web-based distance learning as well as two on-site training sessions and a final project.

For more information about this model, use this weblink:

<http://www.healthychildcarenc.org/index.php>

Target Audience

Early care and education directors, staff, and teachers

Child Care Health Consultant Snapshot

- **EC Profile Indicator:** PLA 40 - Average Star Rating for Children in 1-5 star care, and Percent of Children in 4 and 5 star care
- **Clearinghouse Rating:** None
- **Research supports** use with early care and education directors, staff, and teachers
- **Related Smart Start outcomes:**
 - Increase in the provider practice of healthy behaviors
- **Purveyor or approach training required:** Yes
- **Staff qualifications:** Registered Nurse or Bachelor's degree in Health Education
- **Suggested Assessments:**
 - North Carolina Health and Safety Assessment
- **Implementation Guidance:**
<http://www.healthychildcarenc.org/?page=nccchc>

Documented Outcomes

	Type of Study	Center Outcomes			Child Outcomes			
		Improved health and safety policies and standards	Improved health and safety practices*	Increase in developmental screening/assessment completed or data on screening appearing in center files**	Higher immunization rates	Increase in child medical homes and health insurance	Reduced upper respiratory illness symptoms	Reduced accidental injuries
Alkon et.al. (2009) ⁱ	Experimental with random assignment	✓	✓					
Child Care Health Linkages Project ⁱⁱ (2001-04)	Non-experimental with comparison groups	✓	✓		✓			
Hanna et. al. (2012)	Non-experimental			✓				
Isbell et.al. (2012) ⁱⁱⁱ	Non-experimental, gains within treatment group	✓	✓	✓	✓	✓		
Ulione (1997) ^{iv}	Non-experimental, convenience sample; gains within treatment time-series design						✓	✓

This table contains outcomes found to be associated with the program or approach. Individual studies may contain additional outcomes that were tested and not found to be associated with the program or approach.

*Aligned with Smart Start outcome *Increase in the provider practice of healthy behaviors*

**Aligned with Smart Start outcome *Increase in developmental screenings or assessments performed*

Research Evidence for Child Health Care Consultant

- Increase in the number and quality of written health and safety policies and standards in child care centers.
- Improved staff competencies and compliance related to health and safety standards
- Improved child health (e.g., increased immunizations, health coverage, decrease in upper respiratory illness and accidental injury rates).

Review of Experimental and Quasi-Experimental Studies

Citation	Alkon, A., Bernzweig, J., To, K., Wolff, M., Mackie, J.F. (2009). Child Care Health Consultation improves health and safety policies and practices. Academic Pediatrics, 9(5), pp. 366-370.
Population and Sample	The study included 111 child care centers in five California counties. Counties were selected from strata that included geography (urban, rural, mixed), population density, and poverty rate. There was random assignment to treatment and comparison groups. Seventy-three centers in the treatment group and 38 centers in the comparison group were included in analyses.
Methodology	Experimental with random assignment
Purpose	Child Care Health Consultant services, administered by county level agencies including the Department of Public Health, Child Care Resource and Referral, Education, and community-based organizations addressed topics such as written policies, infection control, hygiene, sanitation, working with children with special needs, and working with ill children. The study's goal was to assess center improvements in health and safety policies and practices, after receiving Child Care Health Consultant services.
Measures & Assessments	<ul style="list-style-type: none"> • California Childcare Health Program Health and Safety Policies Checklist • California Childcare Health Program Health and Safety Checklist
Study Implementation	<ul style="list-style-type: none"> • The programs were operated by a variety of agencies, including the Department of Public Health, Child Care Resource and Referral Agency, County Office of Education and a community-based organization. • Health consultants visited an average of 34 centers and averaged 20 contacts per center each year. • Some counties also worked with health advocates; in three counties these health advocates also were child care providers. • Topics included were written policies, infection control, sanitation and hygiene, children with special needs, and inclusion/ exclusion of ill children. • California Childcare Health Program Health and Safety Policies Checklist was completed at baseline and post-intervention by recording whether the program had written health and safety policies and the quality of each policy. • California Childcare Health Program Health and Safety Checklist was completed by observing health and safety practices in one classroom per center for 2 to 4 hours. • A trained research assistant completed observations at centers to collect objective data on health and safety policies and practices.
Staff Qualifications	<ul style="list-style-type: none"> • The article did not address staff qualifications. However, there is a note that one county could not hire a nurse and instead used a health advocate.
Key Findings	<ul style="list-style-type: none"> • Policies Checklist: <ul style="list-style-type: none"> ○ Treatment centers made significant improvements (over comparison centers) on the number and quality of written health and safety policies, met more national health and safety (NHS) standards, medication administration, care of mildly ill children, exclusion of ill children, cleaning and sanitizing, handwashing, daily health checks, inclusion of children with special needs, emergency preparedness, and staff health. • Health and Safety Checklist: <ul style="list-style-type: none"> ○ When consultation model (county or center-based), time in study, and director turnover were controlled for, treatment centers significantly improved health and safety practices for emergency preparedness and handwashing compared with comparison centers ○ Treatment and comparison centers improved indoor and outdoor facilities and overall Health and Safety Checklist means.

Citation	Child Care Health Linkages Project. California Childcare Health Program UCSF School of Nursing September 2001–June 2004.
Population and Sample	The study included 64 California Child Care Health Consultants, who primarily were nurses, in five California counties. This cohort of CCHC's provided services to more than 4,561 child care centers and 1,398 family child care homes. Study sites were assigned to treatment and comparison groups for the outcomes evaluation.
Methodology	Non-experimental with comparison groups
Purpose	The Child Care Health Linkages project provided several services to participating sites, including (a) a standard training curricula for health and early care and education professionals; (b) 20 Child Care Health Consultation programs (provided services such as health promotion and protection, staffing and health consultation, and activities for healthy development); (c) technical assistance to 20 county-wide CCHC programs; and (d) program evaluation. The study's goal was to assess the outcomes of the Linkages Project in three domains: training outcomes, formative outcomes, and summative outcomes.
Measures & Assessments	<ul style="list-style-type: none"> • Child Health Record Review • Advocate Daily Encounter Form • CCHP Health and Safety Checklist-Revised • CCHP Health and Safety Policies Checklist • The Child Care Evaluation Worksheet
Study Implementation	<ul style="list-style-type: none"> • Observations and record reviews were conducted to assess program adherence to key National Health and Safety Performance Standards (NHS standards) and to assess child health status using the CCHP Health and Safety Checklist and the Child Care Evaluation Worksheet • The CCHC program was facilitated by (a) linkages between community agencies and ECE programs, (b) community characteristics unique to each county (e.g., a wealth of resources in urban settings and personal relationships in rural settings), and (c) the lead agency of the consultation program must invest and commit to the consultation program. • Barriers to implementation included (a) a lack of health and safety resources and outreach in the community, (b) ECE providers may not be informed about consultation programs or be able or willing to participate, and (c) geographically expansive and isolated counties make provision of service difficult and access to consultation programs and health and safety resources difficult.
Staff Qualifications	<ul style="list-style-type: none"> • Health professionals, primarily nurses. • ECE professionals were also trained to become Child Care Health Advocates (CCHAs).
Key Findings	<ul style="list-style-type: none"> • There were statistically significant changes in CCHC knowledge, after trainings. • Treatment sites had more complete and up-to-date policies and met more NHS health and safety standards • There were significant improvements in mean Health and Safety Checklist scores for the treatment group in practices such as safe storage of staff and children's personal belongings and handwashing, among treatment group sites • There were statistically significant improvements in the percent of infants and toddlers with up-to-date immunizations, among treatment group sites

Review of Meta-Analyses

None

Review of Descriptive and Non-Experimental Studies

Citation	Isbell, P., Kotch, J., Savage, E., Gunn, E., Lu, L., Weber, D. (2012). Improvement of child care program's policies, health practices, and children's access to health care linked to child care health consultation. <i>NHSA Dialog</i>, 16(2), pp. 34-52.
Population and Sample	The study included data from a final sample of 77 North Carolina child care sites (34 centers, 41 homes, and 2 faith-based programs) representing 1,871 children.
Methodology	Non-experimental
Purpose	Child Care Health Consultation services, provided through the Quality Enhancement Project for Infants and Toddlers, operated through 15 Child Care Health and Consultation programs; services provided in 23 North Carolina counties. The study's goal was to determine if Child Care Health Consultation services were associated with (a) improvements in policies and practices and (b) child-level outcomes such as improved access to health care and a reduction in illness and injury.

Measures & Assessments	<ul style="list-style-type: none"> • Advocate Daily Encounter Form • Evaluation Summary • The Child Care Evaluation Worksheet
Study Implementation	<ul style="list-style-type: none"> • The Daily Encounter Form was used to track the activities and length of services (i.e., amount of time spent in consultation) provided by CCHCs. This allowed the study team to track the nature, type, and length of services provided across CCHCs, to determine the amount of consultation support provided.
Staff Qualifications	<ul style="list-style-type: none"> • The CCHC is defined as “a licensed health professional with education and experience in child and community health and early care and education, preferably with specialized training in child care health consultation.”
Key Findings	<ul style="list-style-type: none"> • There was a positive and significant impact on centers’ nine written health and safety policies scores • There was significant improvement on centers’ four health and safety practice scores • The proportion of children enrolled at centers with screening information in their files increased, including significant increases in (a) developmental, (b) hearing, (c) oral, and (d) vision screenings. • The percentage of children with medical homes, health insurance, and immunizations increased significantly • There were non-significant changes in the percentage of children with well-child physicals and emergency contact information on file.

Citation	Ulione, M. S. (1997). Health promotion and injury prevention in a child development center. Journal of Pediatric Nursing, 12(3), pp. 148-154.
Population and Sample	The study incorporated a convenience sample of 29 children enrolled in a university child care center in a major metropolitan location
Methodology	Non-experimental
Purpose	The health program contained three components: (1) signs and symptoms of illness and infection control; (2) prevention of child and staff injuries; and (3) basic first aid for child care. Resources and referrals also were covered. The study’s goal was to determine if a nurse-led, health-focused program, targeting child care centers, was associated with improved child health and decreased child injuries.
Measures & Assessments	<ul style="list-style-type: none"> • Child Health Assessment Inventory
Study Implementation	<ul style="list-style-type: none"> • The center participants received continuing education credit through the St. Louis Health Department for successful completion of the program. • Anecdotal notes were also taken on any changes that were made in policies, procedures, or the physical layout of the center as a direct result of the consultant’s comments.
Staff Qualifications	<ul style="list-style-type: none"> • The nurse-directed health promotion program was designed specifically for this study by the author and by a pediatric community health nurse who specializes in child care health issues. • A registered nurse evaluated the health of study subjects • The authors suggest that this type of program is a way to integrate nursing care into child care. The authors suggest nurse practitioners, community health nurses, and nurse educators provide consultation to child care providers on health care issues and problems.
Key Findings	<ul style="list-style-type: none"> • There was a significant reduction in upper respiratory illness symptom rates • There was no difference in diarrhea rates • There was a significant decrease in the number of accidental injuries • Examples of specific changes include: <ul style="list-style-type: none"> ○ There were two changes made by the child care staff as a result of the program. The first was an environmental change made after the Health Promotion Program. Before the program wooden blocks were available in the free space area of the 3-year and 4-year-old rooms. After the program, the lead teachers formed semicircle areas with soft padded walls for block play in the 3- and 4-year-old rooms. The blocks had to stay in that enclosed area and were not allowed out in the free play area. ○ The second change was a policy change that occurred after the results of the intervention were discussed with the child development center director. A policy was implemented recommending that all new staff attend a communicable disease prevention class as part of their orientation to working at the center. The center staff felt the information they received in the health promotion class was very valuable to them in caring for young children.

Citation	Hanna, H., Mathews, R., Southward, L. H., Cross, G. W., Kotch, J., Blanchard, T., Cosby, A. G. (2012). Use of paid child care health care consultants in early care and education settings: Results of a national study comparing provision of health screening services among Head Start and non-Head Start centers. <i>Journal Pediatric Health Care</i> , 26, pp. 427-435.
Population and Sample	1,822 child care center directors selected for participation in the study through the use of a stratified random sample of U.S. Licensed child care samples.
Methodology	Non-experimental
Purpose	The study's goal was to determine a potential association between Child Care Health Consultant services and child care center director reports of health and safety practices (maintenance of health records, emergency procedures, and developmental screenings and assessments). The study did not deliver a treatment but followed-up on treatment provided through Child Care Health Consultants in different states and communities
Measures & Assessments	<ul style="list-style-type: none"> • Telephone survey
Study Implementation	<ul style="list-style-type: none"> • Child care center directors participated in a telephone-survey conducted between March 20 and April 6, 2006.
Staff Qualifications	The survey asked whether there was a paid health consultant (such as a physician, nurse, nurse practitioner, public health nurse, dentist, or mental health professional) working with the site. The authors noted that Head Start sites can seek volunteer services and other community resources in receiving child care health consultation.
Key Findings	<ul style="list-style-type: none"> • 73% of respondents reported that they did not employ a CCHC. • Directors (Head Start and non-Head Start) who reported working with a CCHC were more likely to report the use of health-promoting screenings and assessments.

End Notes

ⁱ Alkon, A., Bernzweig, J., To, K., Wolff, M., Mackie, J.F. (2009). Child Care Health Consultation improves health and safety policies and practices. *Academic Pediatrics*, 9(5), pp. 366-370.

ⁱⁱ Child Care Health Linkages Project. California Childcare Health Program UCSF School of Nursing September 2001–June 2004.

ⁱⁱⁱ Isbell, P., Kotch, J., Savage, E., Gunn, E., Lu, L., Weber, D. (2012). Improvement of child care program's policies, health practices, and children's access to health care linked to child care health consultation. *NHSA Dialog*, 16(2), pp. 34-52.

^{iv} Ulione, M. S. (1997). Health promotion and injury prevention in a child development center. *Journal of Pediatric Nursing*, 12(3), pp. 148-154.

Note: Research summaries could include verbiage directly reproduced from the research literature. Quotes and italics may be used to show a direct quote but not always.

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