Influenza Vaccine for 2015-2016

Influenza vaccine helps to prevent thousands of deaths, hospitalizations, and millions of serious illnesses from influenza every year. The vaccine is safe. Many people have mistaken ideas about flu vaccine. Some think they will get the flu from the vaccine. Others think that since they’ve never had the disease, they won’t get it. Some think they have the “flu” when they have an uncomfortable short respiratory illness. Seasonal viruses other than influenza cause these short, mild illnesses. Usually, influenza is a severe and long-lasting illness. Healthy adults and children who don’t get vaccine can get very sick with flu. It can make them sick for months or kill them.

The American Academy of Pediatrics lists child care workers as a priority group to get flu vaccine. Everyone who is involved with child care and who is medically able to receive flu vaccine should get it. While some medications may reduce the length of the illness from influenza if given right away, they do not cure the disease.

More people get flu vaccine when peers or experts they trust urge them to do it. The Centers for Disease Control and Prevention (CDC) recommends that everyone older than 6 months of age should get flu vaccine annually. When more people get the vaccine, flu spreads less easily in groups, in families and in the community.

Having health insurance helps people get the vaccine. The 2012 National Health Interview Survey found three times as many adults with health insurance got influenza vaccine compared with those without insurance. Most health insurance plans cover the full cost of the vaccine.

Every community has places to get the vaccine. Many adult and child health care professionals give flu vaccine in their offices. Community health clinics, pharmacies (adults only) and grocery stores give flu vaccine. Some grocery stores offer a discount on groceries to people who get the vaccine at the store. If you must pay for the vaccine, the charge is usually $30 to $35. That’s a lot less costly than missing many days at work due to influenza illness.

Flu vaccine is either a killed virus given as an injection or a weakened live virus given as a nasal spray. Neither of these influenza vaccines cause influenza disease. They may cause mild symptoms, such as tenderness at the site of the injection, muscle aches or low-grade fever for a few days. These symptoms are a small inconvenience to have the vaccine that prevents severe illness.

Identify an advocate for your program’s flu vaccine campaign. Ask someone to check to see who has received vaccine this year and who needs more reminders. Use the posters, information sheets and other tools on the CDC website at http://www.cdc.gov/flu/index.htm to help motivate full participation in this year’s immunization effort. Select Free Resources > Print Materials > Family and Children > posters or handouts. Consider using lesson plans in the tool kit on this website called “Teaching Children About the Flu.”

If you or anyone around you has not yet had flu vaccine, ask a trusted health professional about your concerns. This conversation may change any misperceptions. It’s best to get the vaccine in the fall for protection during the peak of the season. Anytime after that is not too late to get some benefit.
Screen Time, Child Development and Nutrition

Adults know that electronic gadgets with screens entertain young children. Handing a cell phone to a child in a grocery store can make shopping easier. However, adults should focus learning with language rich, socially interactive opportunities for the child to learn about what is in the store.

Screen experiences from TV, smartphones, computers and tablets do not promote personality development. Real world social interactions are necessary. Screen devices substitute viewing images for exploration of the environment. While children can learn something from what they see and hear on screen devices, they learn more easily from interactions with people and objects they can see, touch and manipulate. The bottom line is that screen time for young children should be limited to provide more opportunity for play and learning in the real world. The American Academy of Pediatrics says that children less than 2 years of age should have NO screen time.*

Zero-to-Three published guidelines for use of screen devices in 2014.** The guidelines reviewed the research findings, the implications and limits to place on use of screen devices. For example, Zero-to-Three reported that, on average, children less than 3 years old are exposed to more than 5 hours of background TV. This exposure has a negative effect on the children’s development of language and other brain functions. It reduces the quality and quantity of play that is vital to learning. If a young child has any screen time, the guidelines say choose programs with interactive components, choose age-appropriate content, and avoid fast-paced programs. Because screen use has negative effects on children’s sleep, screen devices should not be in children’s bedrooms, should not be used in the two hours before bedtime, and should not have violent content. These recommendations apply to all types of screens: TVs, videos, computers, tablets and cell phones.

Snacking while using screen devices contributes to unhealthy weight. Snack time should involve mindful food choices and eating. The PA Nutrition Education Network has launched an “Eat Together Campaign” emphasizing the value of families routinely gathering at mealtime as often as possible.** This campaign recommends that screens should not be allowed during mealtimes because they interfere with meaningful social interactions and good nutrition. (See related article on page 6.)


** Screen Sense: Setting the Record Straight. Research-Based Guidelines for Screen Use for Children Under 3 Years Old. Claire Lerner, LCSW, ZERO TO THREE and Rachel Barr, PhD, Department of Psychology and Director of Georgetown Early Learning Project at Georgetown University
Organic Food – Is It Healthier?

The United States Department of Agriculture (USDA) has a food label to tell consumers that the producer of the food meets certain standards. Some multi-ingredient products with USDA Organic labels specify which ingredients have been certified organic according to the USDA standards. The standard for use of the USDA Organic label requires that the producer not use synthetic fertilizers, sewage sludge, irradiation, or genetic engineering. To enforce the standards, the USDA inspects the production of foods that use the label.

Food labeled USDA Organic may or may not be healthful. There is no evidence that foods are necessarily less healthful if grown with synthetic fertilizers or properly aged sewage sludge. Irradiation of food kills germs. No radiation remains in the foods. Foods produced by genetic engineering may grow better and produce quality product sooner than if the producer waited to select plants from natural mutations. How a food is grown and packaged is not the only way to decide whether the food is healthful. The time between picking and selling foods can affect the quality of any food. Contamination or improper storage of any food may occur on the way from harvest to the seller.

The USDA Organic label gives the consumer an honest opportunity to choose foods grown as specified in the standard. Some foods are labeled and sold as “Organic” without the USDA Organic label. The purchaser has no way to know what requirements such foods have met. The label may just be a marketing strategy to sell the food at a higher price. Avoid foods that claim to be “organic” but don’t have the USDA Organic label.

Background Music and Noise Interferes with Language Learning

Observers of early education programs often hear background music played by an electronic device. Some of these devices have screens; some do not. Unless the music plays a role in the activity, turn it off.

Recently, ECELS Pediatric Advisor Dr. Susan Aronson asked nationally recognized Developmental-Behavioral Pediatrician, Dr. Heidi Feldman, MD, PhD to share what she knew about the impact of background music or noise in general on language learning. Dr. Feldman noted that environmental audiologists have measured the ratio of signal (what we want children to hear) to noise in classrooms. She noted: “It is shockingly small, 3 to 5 decibels.” For children with weak language or attention, she said that this minimal difference in sound level makes listening and understanding language challenging.

Dr. Feldman said that publications written by experts about how children learn to read emphasize the importance of hearing the fine distinctions within words as a requirement for pairing those sounds to letters. She suggested that the children who are poor readers benefit from special reading help because then they are learning in small groups or in 1:1 settings. Reducing environmental distractions and noise helps children be more aware of the subtle distinctions of language that they must hear to learn to read.

Minimize background noise from any source. Don’t add to it. If you want children to listen to music, make the music part of the activity. Teach language or other lessons that depend on hearing language without music and minimize other noise in the background.
Oral Health Screening Added to Routine Well-Child Visit Schedule

In 2015, the American Academy of Pediatrics (AAP) updated the schedule of services children should receive during well-child visits.* The new schedule includes oral health screening and that all children between 6 months and 5 years of age have their teeth painted with fluoride varnish** 2-4 times a year to prevent tooth decay.

Learn more about how to make the most of well child visits. Go to the 8/2015 article* on the AAP’s www.HealthyChildren.org website. This website is for parents and other caregivers. Articles are available in English or Spanish, in both written and oral format.

*https://www.healthychildren.org/English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx

**https://www.healthychildren.org/English/healthy-living/oral-health/Pages/Fluoride-Varnish-What-Parents-Need-to-Know.aspx

Take a look at the National Center’s Health Tips (Fact Sheets) for Families* (and teachers):

- Download an individual one page fact sheets when you need a handout on one of the topics or download the complete series in English [PDF, 1.2MB] and Spanish (español) [PDF, 309KB]*
- The following topic are available as handouts:
  - Active Play includes tips to help infants, toddlers and preschoolers develop positive active play behaviors.
  - Health Literacy provides information about how to understand and use health information that doctors and other health professionals give.
  - Healthy Breathing provides information about eliminating first-hand, second-hand and third-hand exposure to tobacco smoke.
  - Healthy Eating offers easy tips to help infants, toddlers and preschool-age children learn healthy eating.
  - Mental Health provides information about how to help infants, toddlers and preschoolers develop positive mental health behaviors.
  - Oral Health offers tips to promote oral health in infancy through preschool age.
  - Safety and Injury Prevention: Tips for Families (2 pages) provides easy tips families can use to ensure their children’s health and safety at home, outside, in the water, and in a car or truck.
  - Dealing with Stress is a 4 page guide with simply stated, clear tips to help cope with stress in a healthy way.


National Head Start Center on Health—Materials All Early Educators Can Use

The National Center on Health offers visually attractive, simply stated resources for infant, toddler and preschool care. Anyone can download the electronic copies from the Internet. Head Start programs can order hard copy from the National Center at nchinfo@aap.org. These materials have excellent content for teachers/caregivers to use in their programs and to share with families:

Increasing Physical Activity in Afterschool Programs

National experts recommend that school-aged children should have at least 60 minutes of vigorous physical activity daily. (See Model Child Care Health Policies, a fill-in-the-blank document, free online at www.ecels-healthylivecarepa.org) Vigorous physical activity leaves children breathing hard and able to speak only in short phrases. Physical activity can be child-led or adult-led (structured) movement.

A study reported in the June 2015 issue of the American Journal of Preventive Medicine found a large gap exists between the time national experts recommend for physical activity and the usual practice for afterschool programs. The study involved 20 afterschool programs. Together, these programs served more than 1,700 children aged 6–12 years. Half the programs received technical assistance and professional development to increase physical activity levels of enrolled children. The other half didn’t receive these interventions. During the study period, the children in both groups wore accelerometers to measure their physical activity.

A higher percentage of children in the afterschool programs that received the technical assistance and professional development increased their physical activity than in the programs that didn’t get this help. The increases were statistically significant. However, the results showed lots of room for further improvement. The percentage of girls in the intervention programs who met a minimum 30 minute guideline increased from 16.7% to 21.4%. For boys the increase was from 34.2% to 41.6%.

Encourage children to accumulate vigorous physical activity by being active 10 minutes or more at a time. Having fun is key. Dancing to fast-pace music can be fun. Counting and recording or plotting on a graph the number of times individual children can climb stairs in the facility over a period of time can be an ongoing individual challenge and math lesson. If some children are tired, frustrated or unable to do a particular activity, offer them a different activity.

How many minutes of vigorous physical activity do the children in your afterschool program routinely do? Do they meet the minimum 30 minutes or the best practice 60 minutes guideline daily? You can ask for technical assistance and professional development to work toward providing the recommended amount of vigorous physical activity. Contact ECELS for advice about next steps you can take to meet this goal.
Three Newly Revised and a List of All ECELS Self-Learning Modules

Early educators have a vital role in the lives of children. What teachers/caregivers do can directly impact each child’s health and wellbeing. Teachers need the knowledge, skills and tools to meet this awesome responsibility! ECELS recently revised three self-learning modules so they are now updated and easy-to-use in online or print formats:

- Behavior: Managing Challenging Behaviors in Young Children
- Food Allergy
- Second-hand Smoke

Each module meets STAR Level 2 Performance Standards for Health and Safety and provides 2 hours of professional development credit. See the brief overview of each module below, click on the active link above or go to the ECELS website at [www.ecels-healthychildcarepa.org](http://www.ecels-healthychildcarepa.org) Select the Professional Development/Training tab at the top of the page, then Self-Learning Modules. Find the one you want to use in the alphabetical listing of the more than 30 Self-Learning Modules that ECELS offers.

**Behavior: Managing Challenging Behaviors in Young Children Self-learning Module**

Each day, early educators work to keep children physically healthy. Promoting good mental health is especially important! Teachers/caregivers need appropriate and effective methods to respond to all-too-common challenging behaviors. ECELS has a new self-learning module that describes biological and environmental risk factors for challenging behaviors. It suggests tools for behaviors that are related to childhood development. The module helps users identify policies to help prevent suspension and expulsion of children. Learn strategies to promote good mental health.

**Food Allergy Self Learning Module**

Food allergies and the medications used to treat them can seem overwhelming. The best practice information provided in this module will clarify the early educator’s role in the safe enrollment and care of children with allergies. Learn the basics of food allergy. Identify risks in the early care and education program and how to plan to reduce risk. Practice label reading to avoid allergens. Use a care plan to effectively manage the allergies of children. Correctly manage the lifesaving medications needed by some children. Learn how to prevent a food allergy response through strategies and simple modifications.

(Continued on page 7)
Second-hand Smoke Self Learning Module

Many children are exposed to toxins such as cigarette smoke when they are not in the early care and education program. Teachers can play an important role in educating children and their families about the hazards of cigarette smoke. Learn about second and third-hand smoke and why exposure causes children to be sick more often. Learn how to protect children from disease caused by smoke exposure. Understand why electronic cigarettes and liquid nicotine are hazardous. Teach children about the risks of exposure to tobacco products and how to avoid these hazards. Provide tools for parents and staff who smoke to help them quit.

All ECELS Self-Learning Modules on the ECELS website as of October 2015:

- Active Play (2 hours)
- Asthma (2 hours)
- Behavior: Managing Challenging Behaviors in School-Age Children (1 hour)
- Behavior: Managing Challenging Behaviors in Young Children (2 hours)
- Bloodborne Pathogens: Keeping Safe While Touching Blood (2 hours)
- Breastfeeding Friendly Child Care Center (2 hours)
- Child Abuse and Neglect (Child Abuse Mandated Reporter) [state approval pending]
- Children with Medical and Developmental Special Needs, Inclusive Practices (2 hours)
- Choose and Use a Child Care Health Consultant (2 hours)
- Common Illnesses in Child Care (2 hours)
- ECELS Health and Safety for Neighbor–Relative Providers
- Emergency Planning (2 hours)
- Environmental Health (2 hours)
- Family Child Care Health and Safety (2 hours)
- Fire Safety (3 hours)
- Fitness and Nutrition: Moving and Munching, Supporting Wellness in Early Learning Programs (3 hours)
- Food Allergy (2 hours)
- Head Bumps Matter, Protecting Young Brains (2 hours)
- Health Consultation in Child Care (3 hours)
- Health Records: Easing the Burden of Managing Child Health Records (2 hours)
- Immunization (2 hours)
- Indoor Air Quality (2 Hours)
- Infants and Toddlers: Tips for Providing Quality Care (2 hours)
- Injury Prevention: Practice and Teach Injury Prevention (2 hours)
- Medication Administration in Early Education and Child Care (2 hours + 1 hour extra credit)
- Model Child Care Health Policies (2 hours)
- Oral Health - Self Learning Module (2 hours)
- Pest Management: Integrated Pest Management (3 Hours)
- Preventing and Managing Infectious Diseases in Early Education and Child Care (3 hours)
- Safe Sleep & Reduce the Risk of SIDS (1 hour)
- Second-hand Smoke (2 hours)
- Sun Safety (2 hours)
- Transporting Children: Are We There Yet? (2 hours)
- Using the Professional Development Registry
Eating Together - Mealtime Matters

Many families find it hard to schedule mealtimes when family members eat together. It may seem that getting everyone to choose and eat healthful food is enough. Lessons children learn by eating with family members are important too.

“Eat Together PA” is a campaign of The Pennsylvania Nutrition Education Network (PA NEN). The nearly 1500 member organization receives USDA funds through the PA Department of Human Services. PA NEN offers nutrition resources, fact sheets, budgeting information, recipes, cooking tips and more. PA NEN members include dietitians, public health professionals, educators, chefs, food service directors, child care providers, WIC counselors, and many others.

The PA NEN website includes information about why eating together matters. Look there for practical tips about how to start having better family breakfasts and dinners together. The PA NEN website offers these tips:

**Children learn from watching you:** Smile when you eat your fruits and vegetables. You may not know it, but your child is looking at the foods you eat and how much you like to eat them. Choose healthy, and they will eat like you!

**Make time to talk:** Dinner is time for everyone to talk—a chance to chat positively, yet honestly—even if you don’t have all the answers!

**Have technology-free time:** Silence all the cell phones. Turn off the computer, tablets and TV. Many people spend a big part of their day watching screen devices. Schedule some of this time to share a meal and a pleasant conversation.

**Make mealtime a family experience:** Cook family favorites, share a meal, shop with a family member for food, and share the work of cleaning up after a meal. Everyone can help!

**Give children a chance to choose:** Let them decide which vegetable to include with some meals. They will want to eat the foods they picked.

Make the healthy choice, the easy choice: Have fruits and vegetables washed, cut and handy for snacks.

Enjoy each other while enjoying meals: Eating meals together helps to strengthen relationships with one another.

**How to Start**

**Ease into it:** Try setting a goal of eating together once or twice a week.

**Start simple:** You can always prepare an easy breakfast recipe like oatmeal. Even prepare the meal ahead of time. Just store it in the refrigerator until it’s time to reheat and eat it.

**Create calm:** Phones, TV, computer, video games and even the radio can interrupt your meal. Turn all or them off to help everyone relax.

**Get everyone involved:** Make a list of tasks and let family members choose which they will do. Ideas include: shopping, choosing a healthful food for breakfast or dinner, setting or clearing the table and/or making the meal.

**Relax and connect:** Agree to talk about problems at a time other than mealtime.

Adapted from [www.EatTogetherPA.org](http://www.EatTogetherPA.org) website, part of USDA’s Supplemental Nutrition Assistance Program (SNAP)