

Housekeeping Items

- Welcome to L.A. Care Provider Continuing Education (PCE) Program's Live Webinar!
- Webinar participants are muted upon entry and exit of webinar.
- Webinar is being recorded.
- **Webinar attendance will be noted via log in and call in. There are 2 Requirements: Please log in through a computer (instead of cell phone) to Join Webinar / Join Event and also call in via telephone by choosing the Call In Option with the event call in number, event access code and assigned unique attendee ID number. If your name does not appear on the WebEx Final Attendance and Activity Report (only as Caller User #) and no submission of online survey, no CME or CE certificate will be provided.**
- Questions will be managed through the Chat feature and will be answered at the end of the presentation. **Please keep your questions brief and send to All Panelists.** One of the Learning and Development Team members / Panelist and webinar co-host, will read the questions submitted via Chat when it's time for Q & A session (last 30 minutes of live webinar).
- Please send a message to the Host via Chat if you cannot hear the presenter or see the presentation slides.



L.A. Care PCE Program Friendly Reminders

- ***Partial credits are not allowed at L.A. Care's CME/CE activities for those who log in late (more than 15 minutes late) and/or log off early.***
- PowerPoint Presentation is allotted 60 minutes and last 30 minutes for Q&A session, total of 90-minute live webinar, 1.50 CME credits for Providers / Physicians, 1.50 CE credits for NPs, RNs, LCSWs, LMFTs, LPCCs, LEPs, and other healthcare professionals. A Certificate of Attendance will be provided to webinar attendees without credentials.
- **Friendly Reminder**, a survey will pop up on your web browser after the webinar ends (please do not close your web browser and wait a few seconds) and please complete the survey. **Please note: the online survey may appear in another window or tab after the webinar ends.**
- Within two (2) weeks after webinar and upon completion of the online survey, you will receive the pdf CME or CE certificate based on your credential and after verification of your name and attendance duration time of at least 75 minutes for this 90-minute webinar.
- **The PDF webinar presentation will be available within 4 weeks after webinar date on lacare.org website located at**
<https://www.lacare.org/providers/provider-central/provider-programs/classes-seminars>
- Any questions about L.A. Care Health Plan's Provider Continuing Education (PCE) Program and our CME/CE activities, please email Leilanie Mercurio at lmercurio@lacare.org



Presenter's Bio

Dr. Ilan Shapiro is the Chief Health Correspondent and Medical Affairs Officer, a pediatrician and medical leader, currently working in AltaMed Health Services in Los Angeles, California. He has been actively involved in public health, focused on improving the wellbeing of immigrant/Hispanic communities. He is passionate about breaking communication barriers in healthcare, translating "Medicalish" to a more understandable language for patients of all ages.

Dr. Shapiro has served in the White House Hispanic Policy Group and is currently part of the National Hispanic Medical Association leadership. In addition, he is routinely featured in major national and international Hispanic TV outlets, such as Univision and Telemundo.

More recently, Dr. Shapiro published a book called "Doctores con Alas", translated as "Doctors with Wings", which delivers life stories from doctors across the world, who have emigrated from their home countries and continue serving their patients and communities. It's a beautiful reflection on the amazing and emotional stories that foreign medical graduates experience. For this book, he was recently highlighted in a special edition of Newsweek "en espanol".

Well Child Visits in the First 30 Months of Life

Ilan Shapiro, MD, MBA, FAAP, FACHE

Chief Health Correspondent and Medical Affairs Officer
AltaMed Health Services

February 23, 2023 Live Webinar, 12:00 pm – 1:30 pm PST
Directly Provided CME/CE Activity by L.A. Care Health Plan
1.50 CME/CE Credits



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DISCLOSURES

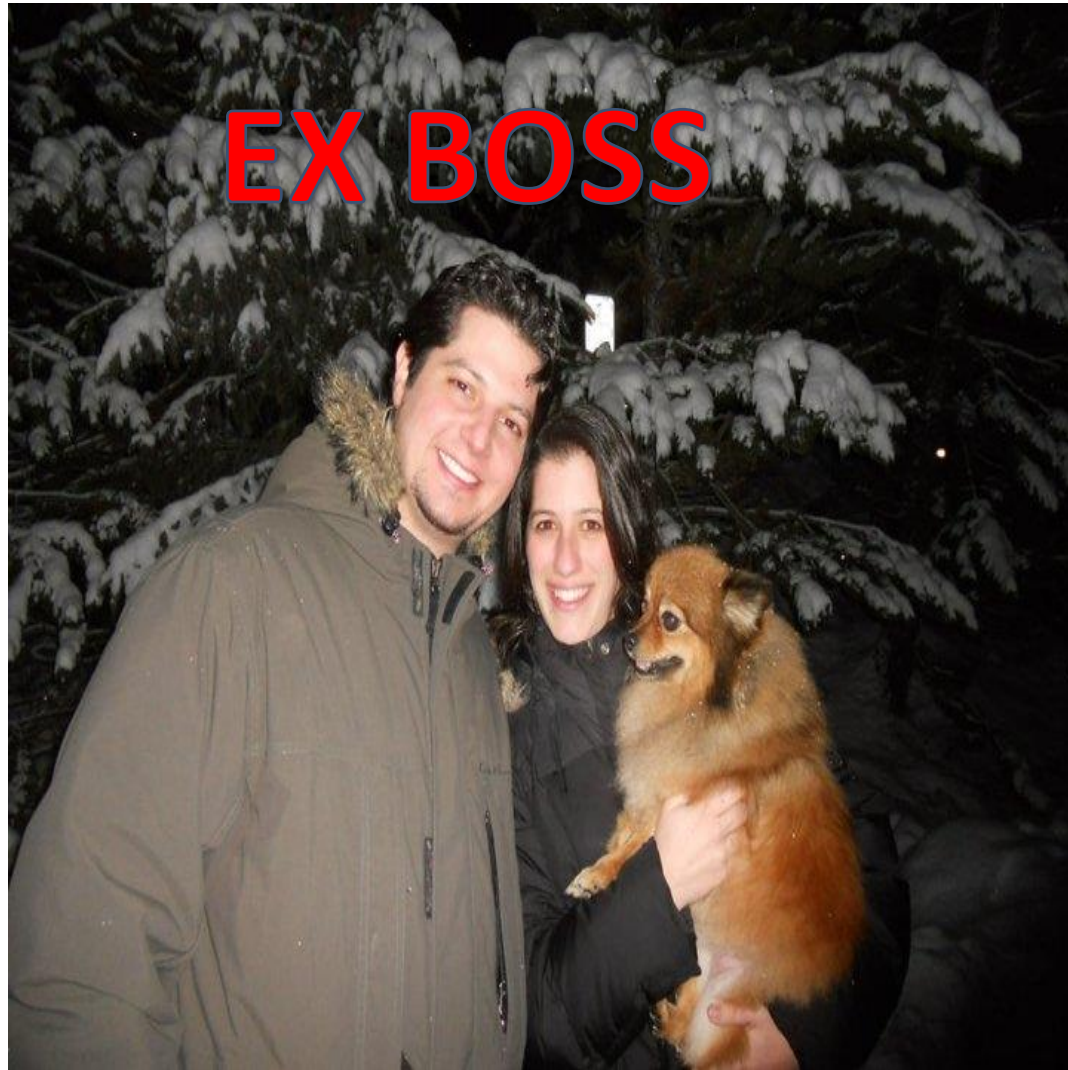
The following CME planners and faculty do not have any financial relationships with ineligible companies in the past 24 months:

- Leilanie Mercurio, L.A. Care PCE Program Manager, CME Planner
- Alex Li, MD, L.A. Care Deputy CMO, CME Planner
- Ilan Shapiro, MD, MBA, FAAP, FACHE, Chief Health Correspondent and Medical Affairs Officer, AltaMed Health Services, CME Faculty

An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Commercial support was not received for this CME activity.

EX BOSS





Boss Team

Learning Objectives



Learning Objectives

- Indicate where to find the resources from Bright Futures and current American Academy of Pediatrics (AAP) Guidelines.
- Identify structure for the well child visits in the first 30 months of life.
- Summarize changes in the past years and why we are moving to new practice guidelines.
- Identify at least two (2) strategies to reconnect with the community after a couple of difficult years.
- State two (2) communication techniques to improve conversations regarding screening procedures and vaccine recommendations in time of disinformation.

TOPICS FOR TODAY

- MAIN TOPICS
 - Telehealth
 - Well Child Recommendations
 - 0-12 months
 - ACEs
 - 15-30 months
 - What is next?
- Telehealth best practices
- Children Well Care
- Dental
- Nutrition
- Group Visits
 - Developmental Screenings
 - Telehealth modality
 - Challenges to medication adherence
 - ACEs

RULES



Players use their own devices to join the game via **kahoot.it** or the **Kahoot! app** by entering the **PIN** and their nickname

Kahoot.it → Game
PIN: **04391692**



<http://bit.ly/LACWCC2023>

Kahoot!

Do you like to eat?



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What Has changed?



Dinner?



Dinner?



And then...



And then...



- Dietary restrictions
- Allergies
- Food preference
- I already had dinner
- I will have dinner

What is new?



Bright Futures Guidelines

- **Building Effective Partnerships**
 - Model and encourage open, supporting communication with child and family
 - Identify health issues through active listening and “fact finding.”
 - Affirm strengths of child and family
 - Develop joint plan of action based on stated goals.
- **Fostering Family-Centered Communication**
- **Promoting Health and Preventing Illness**
- **Managing Time for Health Promotion**
 - Identify needs, then rank them in order of importance. Clarify visit priorities.

If you can...

Previsit Questionnaires:

Help determine what the family would like to discuss during the health supervision visit (in conjunction with the Bright Futures visit priorities), initiate recommended medical screening with integrated risk assessment questions, obtain developmental surveillance information, and identify topics for anticipatory guidance discussion. Each questionnaire is written in plain language to ensure the information is clear, concise, relevant, and easy to understand.

Visit Documentation Forms: Provide a convenient resource to document activities during a typical health supervision visit, simplify proper coding, and help secure appropriate payment for each visit's activities.

Parent/Patient Educational Handouts: Help guide anticipatory guidance and reinforce key messages (organized around the 5 priorities in each visit) for the family. Each educational handout is written in plain language to ensure the information is clear, concise, relevant, and easy to understand.

2023 Recommended Immunizations for Children from Birth Through 6 Years Old

VACCINE	Birth	1 MONTH	2 MONTHS	4 MONTHS	6 MONTHS	12 MONTHS	15 MONTHS	18 MONTHS	19-23 MONTHS	2-3 YEARS	4-6 YEARS
HepB Hepatitis B	HepB	HepB			HepB						
RV* Rotavirus			RV	RV	RV*						
DTaP Diphtheria, Pertussis, & Tetanus			DTaP	DTaP	DTaP		DTaP				DTaP
Hib* Haemophilus influenzae type b			Hib	Hib	Hib*	Hib					
PCV13, PCV15 Pneumococcal disease			PCV	PCV	PCV	PCV					
IPV Polio			IPV	IPV	IPV						IPV
COVID-19** Coronavirus disease 2019					COVID-19**						
Flu* Influenza					Flu (One or Two Doses Yearly)*						
MMR Measles, Mumps, & Rubella						MMR					MMR
Varicella Chickenpox						Varicella					Varicella
HepA* Hepatitis A						HepA*		HepA*			

FOOTNOTES

RV* **Hib***
Administering a third dose at age 6 months depends on your child's age and type of rotavirus vaccine used for previous dose.

COVID-19** Number of doses recommended depends on your child's age and type of COVID-19 vaccine used.

Flu* Two doses given at least 4 weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.

HepA* Two doses of Hep A vaccine are needed for lasting protection. The 2 doses should be given between age 12 and 23 months. Both doses should be separated by at least 6 months. Children 2 years and older who have not received 2 doses of Hep A should complete the series.

ADDITIONAL INFORMATION

1. If your child misses a shot recommended for their age, talk to your child's doctor as soon as possible to see when the missed shot can be given.

2. If your child has any medical conditions that put them at risk for infection (e.g., sickle cell, HIV infection, cochlear implants) or is traveling outside the United States, talk to your child's doctor about additional vaccines that they may need.

Talk with your child's doctor if you have questions about any shot recommended for your child.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

FOR MORE INFORMATION

Call toll-free: 1-800-CDC-INFO (1-800-232-4636)
Or visit: [cdc.gov/vaccines/parents](https://www.cdc.gov/vaccines/parents)



American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™



The Start...



3-5-3 Method for COVID-19 Vaccine Conversations

Starting the Conversation

1. Ask questions and listen carefully
2. Create an alignment of safety
3. Find common goals

Key Messages

1. The vaccine will keep you safe
2. Side effects are common
3. Vaccines are very effective
4. The vaccine is built on 20 years of research
5. Have questions? Please Ask.

Ending the Conversation

1. Acknowledge agency and personal choice
2. Keep communication open
3. Offer to help find a vaccine



TIPS: communication techniques to improve conversations

3 STEPS TO STARTING THE CONVERSATION

01

**Ask questions &
*Listen to the answer***

“What do you think about the vaccine?”

“Why do you feel that way?”

“What concerns do you have about the vaccine?”

02

**Create an alignment
of safety**

“I would be scared too. Let’s do what’s safe here.”

“We both want what’s safest for you”.

03

**Find common
goals**

“We all want our kids back in schools safely.”

“We all want to safely be with our loved ones again.”

“What reasons would motivated you to get vaccinated?”

**Find their personally
motivating reason.**



TIPS: communication techniques to improve conversations



COVID-19 VACCINE CONVERSATIONS

TOP 5 MESSAGES



SAFETY

The vaccine will protect you from getting very sick from COVID. Over 150 million Americans have been safely vaccinated and are now protected.



SIDE EFFECTS

Side effects are common. They are a sign your body is building up its defenses to protect you. Many people temporarily feel:

1. Sore arm (*near site of vaccination*)
2. Fatigue
3. Headache
4. Muscle pain
5. Joint pain



EFFECTIVENESS AND VARIANTS

Each vaccine is nearly 100% effective at preventing hospitalization and death from COVID and its variants! It will allow us to do the things we love and miss most. Vaccinated individuals can get a mild COVID infection.



SPEED

It's good to be careful when new things come along. Health experts took all the necessary steps to produce a safe vaccine, and it was built on 20 years of research and science.



QUESTIONS?

I'm glad you want to know more. Ultimately, the choice is yours. If you have questions, talk with your doctor or healthcare provider soon. Text your zip code to [GETVAX \(438829\)](text:438829) to get your free vaccine today.

TIPS: communication techniques to improve conversations

3 STEPS TO ENDING THE CONVERSATION

01

Acknowledge their agency and personal choice

"You can choose to vaccinate now, later, or not at all."

"I'm here as a resource to help you."

02

Keep lines of communication open

Trust is a journey. Give folks a way to reach you that you are comfortable with as they consider their decision.

03

Offer to find a vaccine

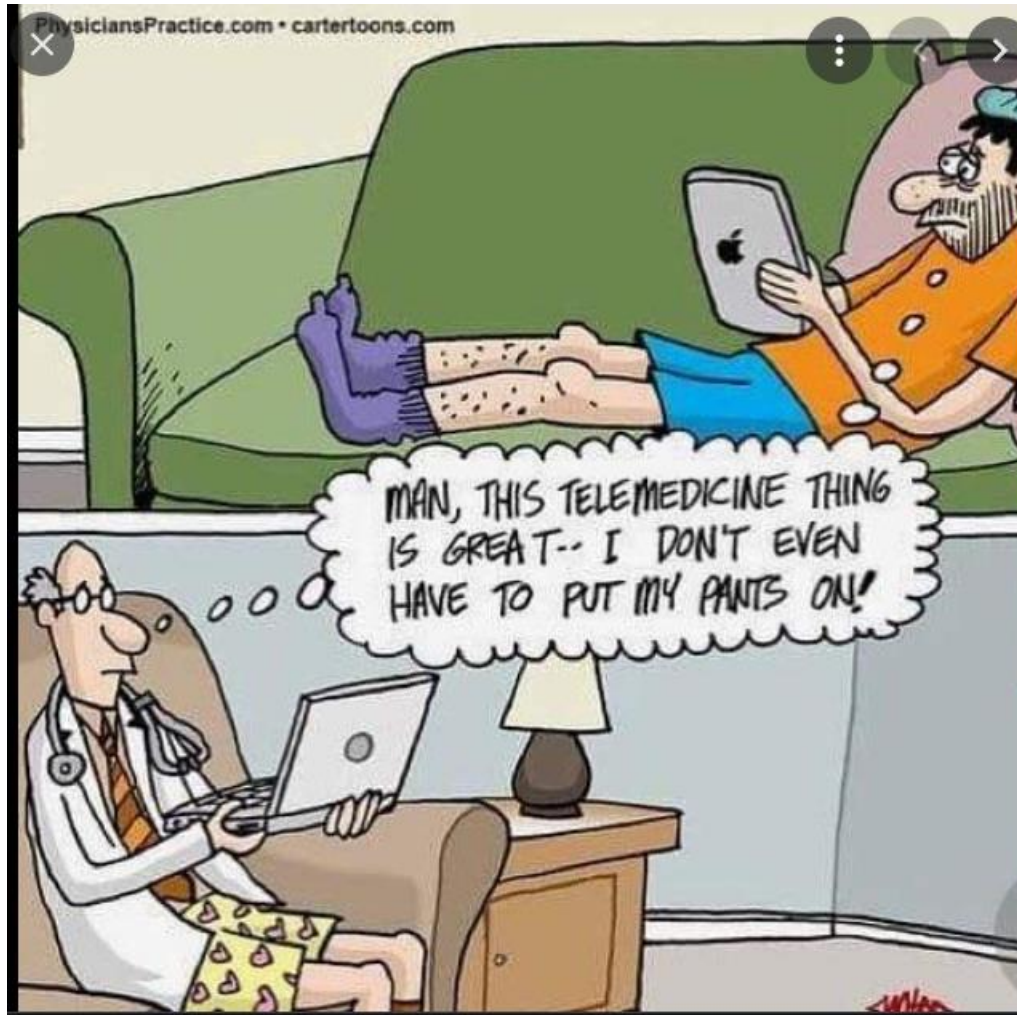
Text Zipcode to [GETVAX \(438829\)](tel:438829) or [VACUNA \(822862\)](tel:822862) to find a free vaccine location in their neighborhood.



We need to talk about telehealth...



Best practices...



Telehealth Best Practices

- Software / Hardware
- Set up you patient for success:
 - Send information before
 - Software and hiccups mitigation
 - Check list and expectations
 - REMEMBER: WE ARE ALL LEARNING
- Light, Camera: ACTION
- Validate, ask, clarify: YOU ARE THE STAR



-
- There are limits in telehealth but important to know that can be used for:
 - Mental Health
 - ADHD / Depression / Anxiety
 - Infections
 - FOLLOW UP
 - Telehealth
 - In person
 - Hybrid → Nurse Visit / Labs / Vaccines





The Newborn Visit



Newborn Visit

- Welcome to the world
- Family
- Maternal / Parental Medical History
 - Maintain your health
 - Medical appointments, vitamins, diet, sleep, exercise, personal safety.
 - What have you been doing to keep yourself and your baby healthy?
 - Labs.
 - Consider your feelings about the pregnancy.
 - MATERNAL POST-PARTUM DEPRESSION

Newborn Visit

- BREASTFEEDING DECISION
 - What are your plans for feeding your baby?
 - Choose breastfeeding if possible
 - Use iron-fortified formula if formula feeding.
 - Tell me about supplement/OTC use.
 - Contact WIC/community resources if needed.

Newborn Visit

- BREASTFEEDING DECISION
 - What are your plans for feeding your baby?
 - Choose breastfeeding if possible
 - Use iron-fortified formula if formula feeding.
 - Tell me about supplement/OTC use.
 - Contact WIC/community resources if needed.
- NEWBORN CARE
 - Introduction to the practice, illness prevention, sleep (back to sleep, crib safety, sleep location), newborn health risks (hand washing, outings)

Newborn Visit: Screenings

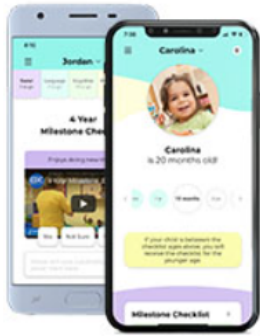
- Hearing
- Metabolic
- Cardiac
- Vitamin K?
- Hep B Vaccine?

Newborn Visit: The Physical

- Sleeping
- Cord
- Jaundice
 - The Window “sunlight”
- Measure and plot length, weight, head circumference. Plot weight-for-length. Assess/Observe rashes, jaundice, dysmorphic features; eyes/eyelids, ocular mobility. Examine pupils for opacification, red reflexes. Assess dacryocystitis. Auscult for heart murmurs. Palpate femoral pulses. Inspect umbilical cord/cord vessels. Perform Ortolani/Barlow maneuvers. Assess/Observe posture, neurologic tone, activity level, symmetry of movement, state regulation.

Before you go...

Tools for Tracking Milestones



CDC's *Milestone Tracker* App

- Learn more about the *Milestone Tracker* app – now available in [English](#) and [Spanish](#)
- Promote the *Milestone Tracker* app with a promotional toolkit [English](#) [3 MB, 17 Pages, 508], and [Spanish](#) [3 MB, 17 Pages, 508]
- [Download the *Milestone Tracker* app from the App Store](#)
- [Download the *Milestone Tracker* app from Google Play](#)



Checklists

- [2 months](#)
- [4 months](#)
- [6 months](#)
- [9 months](#)
- [1 year](#)
- [18 months](#)
- [2 years](#)
- [3 years](#)
- [4 years](#)

All Checklists with Tips

- [English](#) [2 MB, 20 Pages, 508]
- [Spanish](#) [4 MB, 20 Pages, Print Only]
- [Arabic](#) [3 MB, 20 Pages, 508]
- [Brazilian Portuguese](#) [3 MB, 20 Pages, Print Only]

- [Haitian Creole](#) [3 MB, 20 Pages, Print Only]
- [Simplified Chinese](#) [2 MB, 20 Pages, Print Only]
- [Somali](#) [773 KB, 20 Pages, Print Only]
- [Vietnamese](#) [3 MB, 20 Pages, 508]

❑ Evidence-based tools at

- ❑ 9, 18, and 30 months, or whenever a concern is expressed.
- ❑ In addition, autism-specific screening is recommended at ages 18 and 24 months, and social-emotional screening is recommended at regular intervals.

Recommendations for Preventive Pediatric Health Care

Bright Futures / American Academy of Pediatrics



Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest variations from normal. These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

Recommendations for Preventive Pediatric Health Care

Bright Futures/American Academy of Pediatrics



Refer to the specific guidance by age as listed in the Bright Futures Guidelines (Hagan JJ, Shaw JS, Duncan PM, eds. Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents. 4th ed. American Academy of Pediatrics; 2017).

The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. The Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care are updated annually.

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AGE ¹	INFANCY									EARLY CHILDHOOD					MIDDLE CHILDHOOD					ADOLESCENCE												
	Prenatal ²	Newborn ³	3-5 d ²	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
HISTORY																																
Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
MEASUREMENTS																																
Length/Height and Weight	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Head Circumference	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Weight for Length	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Body Mass Index ⁴																																
Blood Pressure ⁵	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
SENSORY SCREENING																																
Vision ⁶	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Hearing	● ⁷	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
DEVELOPMENTAL/BEHAVIORAL HEALTH																																
Developmental Screening ⁸								●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Autism Spectrum Disorder Screening ⁹											●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Developmental Surveillance	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Psychosocial/Behavioral Assessment ¹⁰	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Tobacco, Alcohol, or Drug Use Assessment ¹¹																																
Depression Screening ¹²																																
Maternal Depression Screening ¹³				●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
PHYSICAL EXAMINATION¹⁴	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES¹⁵																																
Newborn Blood	● ¹⁶	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Newborn Bilirubin ¹⁷	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Critical Congenital Heart Defect ¹⁸	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Immunization ¹⁹	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Anemia ²⁰																																
Lead ²¹																																
Tuberculosis ²²																																
Dyslipidemia ²³																																
Sexually Transmitted Infections ²⁴																																
HPV ²⁵																																
Hepatitis C Virus Infection ²⁶																																
Cervical Dysplasia ²⁷																																
ORAL HEALTH²⁸																																
Fluoride Varnish ²⁹																																
Fluoride Supplementation ³⁰																																
ANTICIPATORY GUIDANCE	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
 2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include antenatal history, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding, per "The Prenatal Visit" (<https://pediatrics.aappublications.org/content/142/1/e20181138>).
 3. Newborns should have an evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be provided).

7. A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3-year-olds. Instrument-based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at 3 through 5 years of age. See "Visual System Assessment in Infants, Children, and Young Adults by Pediatricians" (<https://pediatrics.aappublications.org/content/137/1/e20153163>) and "Procedures for the Evaluation of the Visual System by Pediatricians" (<https://pediatrics.aappublications.org/content/137/1/e20133167>).
 8. Confirm initial screen was completed, verify results, and follow up, as appropriate. Newborns should be screened, per "Year 2007 Position Statement, Principles and Guidelines for Early Hearing Detection and Intervention Programs".

13. This assessment should be family centered and may include an assessment of child social-emotional health, caregiver depression, and social determinants of health. See "Promoting Optimal Development: Screening for Behavioral and Emotional Problems" (<https://pediatrics.aappublications.org/content/130/2/360>) and "Poverty and Child Health in the United States" (<http://pediatrics.aappublications.org/content/137/3/e20160338>).
 14. A recommended assessment tool is available at <http://aapff.org>.
 15. Recommended screening using the Patient Health Questionnaire (PHQ-2) or other tools available in the GLAD-PC toolkit and at <https://sharehealth.usc.edu/AAP-PCF-Alcohol-Health-Tools-for-Pediatrics/>.

01

The First week



Parental (Maternal) Well-being

- Recognize fatigue, “baby blues.”
- Rest and sleep when baby sleeps.
- Accept help from partner, family, friends. •
- Maintain family routines; spend time with your other children.
- Handle unwanted advice by acknowledging, then changing the subject.

Nutrition, Safety and Newborn Care

- Nutrition
 - Gaining weight?
 - 6-8 diapers
 - Problems?
 - Breastfeeding vs. formula
- Safety
 - Crib, Smoking and things
- Newborn care
 - Wash wash and wash your hands
 - Skin, umbilical cord, colds and “stuffy nose”



The First Month



Parental (Maternal) Well-being

- Recognize fatigue, “baby blues.”
- **Return to work/school**
 - Breastfeeding plans
 - Child care

Nutrition, Safety and Newborn Care

- Nutrition
 - Exclusive breastfeeding during the first 4-6 months is ideal
 - wait until 4-6 weeks before offering pacifier/bottle.
 - If formula feeding
 - Iron-fortified formula is recommended substitute; recognize signs of hunger, fullness;
 - Prepare/store formula safely; feed 2 oz every 2-3 hours and more if still seems hungry
 - develop feeding routine; adequate weight gain = 5-8 wet diapers a day, 3-4 stools a day.
 - AND PLEASE:
 - hold baby semi-upright; don't prop bottle



Nutrition, Safety and Newborn Care

- Safety
 - Use rear-facing car safety seat in back seat; never put baby in front seat of vehicle with passenger air bag.
 - Keep hand on baby when changing diaper/clothes;
 - Cords bracelets

Kahoot!

What crib is better for our newborn?



AltaMed

QUALITY CARE WITHOUT EXCEPTION™

Nutrition, Safety and Newborn Care

A



B



Visit Development

- Attempts to look at parent, smiles, is able to console and comfort self
- Begins to demonstrate differentiated types of crying, coos, has clearer behaviors to indicate needs.
- Indicates boredom; is able to hold up head and begins to push up in prone position, has consistent head control in supported sitting position, shows symmetrical movements of head, arms, and legs, shows diminishing newborn reflexes

The Physical

- Measure and plot length, weight, head circumference.
- Plot weight-for-length.
- Assess/Observe rashes or bruising, fontanelles; eyes/eyelids, ocular mobility, pupil opacification, red reflexes; heart murmurs, femoral pulses. Perform Ortolani/Barlow maneuvers.
- Assess torticollis, neurologic tone, strength and symmetry of movements.

The Second Month



Parental (Maternal) Well-being

- Maternal postpartum checkup and resumption of LIFE

Visit Development

- Maintain regular sleep/feeding routines.
- Put baby to sleep on back; choose crib with slats
- Smiles spontaneously, elicits social interactions, shows solidified self-consolation skill
- Cries in differentiated manner, babbles expressively and spontaneously
- Pushes chest to elbows, has good head control, demonstrates symmetrical movements of arms/legs, begins to roll and reach for objects.

Nutrition, Safety and Care

- Nutrition
 - Exclusive breastfeeding during the first 4-6 months is ideal
 - No extra fluids or food.
 - If **breastfeeding**: Continue with 8-12 feedings in 24 hours
 - Plan for pumping/storing breast milk if returning to work/school.
 - • If **formula** feeding:
 - Prepare/store formula safely; feed every 3-4 hours; hold baby semi-upright; don't prop bottle; no bottle in bed.

Nutrition, Safety and Care

- Safety
 - Don't drink hot liquids while holding baby
 - Set home water temperature <120 F

Kahoot!

What acquired deformity can start to present at this time?



AltaMed

QUALITY CARE WITHOUT EXCEPTION™

Nutrition, Safety and Newborn Care



The Physical

- Measure and plot length, weight, head circumference.
- Plot weight-for-length.
- Assess/Observe rashes or bruising, fontanelles; ocular mobility for lateral gaze, pupil opacification, red reflexes. Ascult for heart murmurs. Palpate femoral pulses.
- Assess/Observe developmental hip dysplasia; neurologic tone, strength, and movement symmetry.

The Fourth Month



Family Well-being

- Take time for self, partner; maintain social contacts;
- Spend time with your **other** children.
- Hold, cuddle, talk/sing to baby.
- Learn baby's responses, temperament, likes/dislikes

Visit Development

- Maintain regular sleep/feeding routines.
- Continue regular feeding/sleeping routines
- Put baby to bed awake but drowsy.
- Put baby to sleep on back; don't use loose, soft bedding
- Lower crib mattress before baby can sit up
- Choose mesh playpen with weave

Visit Development

- Is socially interactive with parent
- Recognizes familiar faces, babbles
- Enjoys vocal turn taking, starts to know own name
- Uses visual and oral exploration to learn about environment
- Rolls over and sits, stands and bounces; moves to crawling from prone; rocks back and forth; is learning

"Mothers are basically part of a scientific experiment to prove that sleep is not a crucial part of human life."



Nutrition, Safety and Care

- Nutrition
 - Exclusive breastfeeding during the first 4-6 months is ideal
 - Food
 - Cereal can be introduced between 4-6 months, when child is developmentally ready
 - Plan for pumping/storing breast milk if returning to work/school.
 - If **breastfeeding**: Continue with 8-12 feedings in 24 hours
 - If **formula** feeding:
 - Prepare/store formula safely; feed every 3-4 hours; hold baby semi-upright; don't prop bottle; no bottle in bed.

Nutrition, Safety and Care



Nutrition, Safety and Care

- Safety
 - Don't leave baby alone in tub, high places (changing tables, beds, sofas)
 - Don't use infant **walker**.
 - Keep small objects, **plastic bags** away from baby.
 - Check for sources of lead in home.

The Physical

- Measure and plot length, weight, head circumference.
- Plot weight-for-length.
- Assess/Observe rashes or bruising, fontanelles; ocular mobility for lateral gaze, pupil opacification, red reflexes. Ascult for heart murmurs. Palpate femoral pulses.
- Assess/Observe developmental hip dysplasia; neurologic tone, strength, and movement symmetry.

The Sixth Month



Family Well-being

- Use support networks.
 - How are you balancing your roles of partner and parent?
 - Who are you able to go to when you need help with your family?
 - Choose responsible, trusted child care providers; consider playgroups.

Visit Development

- Use high chair/upright seat so baby can see you.
- Engage in interactive, reciprocal play. Talk/sing to, read/play games with baby.
- Key questions:
 - How does your baby communicate or tell you what he wants and needs?
- **Continue regular daily routines; put baby to bed awake but drowsy**



Visit Development

- Has developed apprehension with strangers, seeks out parent
- Uses repetitive consonants and vowel sounds
- Points out objects
- Develops object permanence, learns interactive games, explores environment; expands motor skills.



Nutrition, Safety and Care

- Nutrition
 - Determine whether baby is ready for solids;
 - introduce single-ingredient foods one at a time; provide iron-rich foods; respond to baby's cues. •
 - Begin cup; **limit juice (2-4 oz a day)**.
 - If **breastfeeding**: Continue with 8-12 feedings in 24 hours
 - If **formula** feeding:
 - Prepare/store formula safely; feed every 3-4 hours; hold baby semi-upright; don't prop bottle; no bottle in bed.
 - Don't switch to milk

Nutrition, Safety and Care

- Safety
 - Use rear-facing car safety seat in back seat until 1 year AND 20 pounds
 - Do home safety check (stair gates, barriers around space heaters, cleaning products).
 - Keep baby in high chair/playpen when in kitchen

Nutrition, Safety and Care



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The Physical

- Measure and plot length, weight, head circumference.
- Plot weight-for-length.
- Assess/Observe positional skull deformities; ocular mobility, eye alignment, pupil opacification, red reflexes. Ascult for heart murmurs. Palpate femoral pulses.
- Assess/Observe developmental hip dysplasia; neurologic tone, movement strength and symmetry.
- Elicit parachute reflex.

The Ninth Month



Family Well-being

- Discipline (parenting expectations, consistency, behavior management), cultural beliefs about child-rearing, family functioning, domestic violence
- **Keep consistent daily routines.**
- **Provide opportunities for safe exploration, be realistic**
- **Recognize new social skills, and separation anxiety; be sensitive to temperament.**
- **Avoid TV, videos, computers.**

Visit Development

- Use high chair/upright seat so baby can see you.
- Engage in interactive, reciprocal play. Talk/sing to, read/play games with baby.
- Key questions:
 - How does your baby communicate or tell you what he wants and needs?
- **Continue regular daily routines; put baby to bed awake but drowsy**



Visit Development

- Has developed apprehension with strangers, seeks out parent
- Uses repetitive consonants and vowel sounds
- Points out objects
- Develops object permanence, learns interactive games, explores environment; expands motor skills.



Nutrition, Safety and Care

- Nutrition
 - Gradually increase table foods; ensure a variety of foods, textures.
 - Provide 3 meals, 2-3 snacks a day.
 - Encourage use of cup; discuss plans for weaning

Nutrition, Safety and Care

- Safety
 - Don't leave heavy objects, hot liquids on tablecloths.
 - Do home safety check (stair gates, barriers around space heaters, cleaning products, electrical cords).
 - Install operable window guards on second- and higherstory windows.
 - Be within arm's reach ("touch supervision") near water, pools, bathtubs.

Nutrition, Safety and Care

- Safety
 - Use rear-facing car safety seat in back seat until 1 year AND 20 pounds
 - Do home safety check (stair gates, barriers around space heaters, cleaning products).
 - Keep baby in high chair/playpen when in kitchen



The Physical

- Measure and plot length, weight, head circumference.
- Plot weight-for-length.
- Examine for red reflexes. Perform cover/uncover test.
- Observe for caries, plaque, demineralization, staining.
- Observe gait. Determine whether testes fully descended.

The Screenings

- Anemia
- Lead

12

The 12th Month

12



Family Well-being

- Discipline with time-outs and positive distractions; praise for good behaviors.
- Make time for self and partner; time with family; keep ties with friends.
- Maintain or expand ties to your community; consider parent-toddler playgroups, parent education, or support group.

Other important things

- Establish family traditions.
- What do you all do together? Tell me about your family's traditions.
- Continue 1 nap a day; nightly bedtime routine with quiet time, reading, singing, a favorite toy.
- Establish teeth brushing routine.

Visit Development

- Listens to a story, imitates activities, may help in house; indicates wants by pulling/pointing/grunting, brings objects to show, hands a book when wants a story; says 2-3 words with meaning; understands/follows simple commands, scribbles; walks well, stoops, recovers, can step backwards; puts block in cup, drinks from cup.

Nutrition, Safety and Care

- Nutrition
 - Encourage self-feeding; avoid small, hard foods.
 - Feed 3 meals and 2-3 nutritious snacks a day; be sure caregivers do the same.
 - Provide nutritious food and healthy snacks.
 - Trust child to decide how much to eat (toddlers tend to “graze”).

Nutrition, Safety and Care

- Safety
 - Don't leave heavy objects, hot liquids on tablecloths.
 - Do home safety check (stair gates, barriers around space heaters, cleaning products, electrical cords).
 - Install operable window guards on second- and higher-story windows.
 - Be within arm's reach ("touch supervision") near water, pools, bathtubs.

Nutrition, Safety and Care



The Physical

- Measure and plot length, weight, head circumference.
- Plot weight-for-length.
- Examine for red reflexes. Perform cover/uncover test.
- Observe for caries, plaque, demineralization, staining.
- Observe gait. Determine whether testes fully descended.

The Screenings

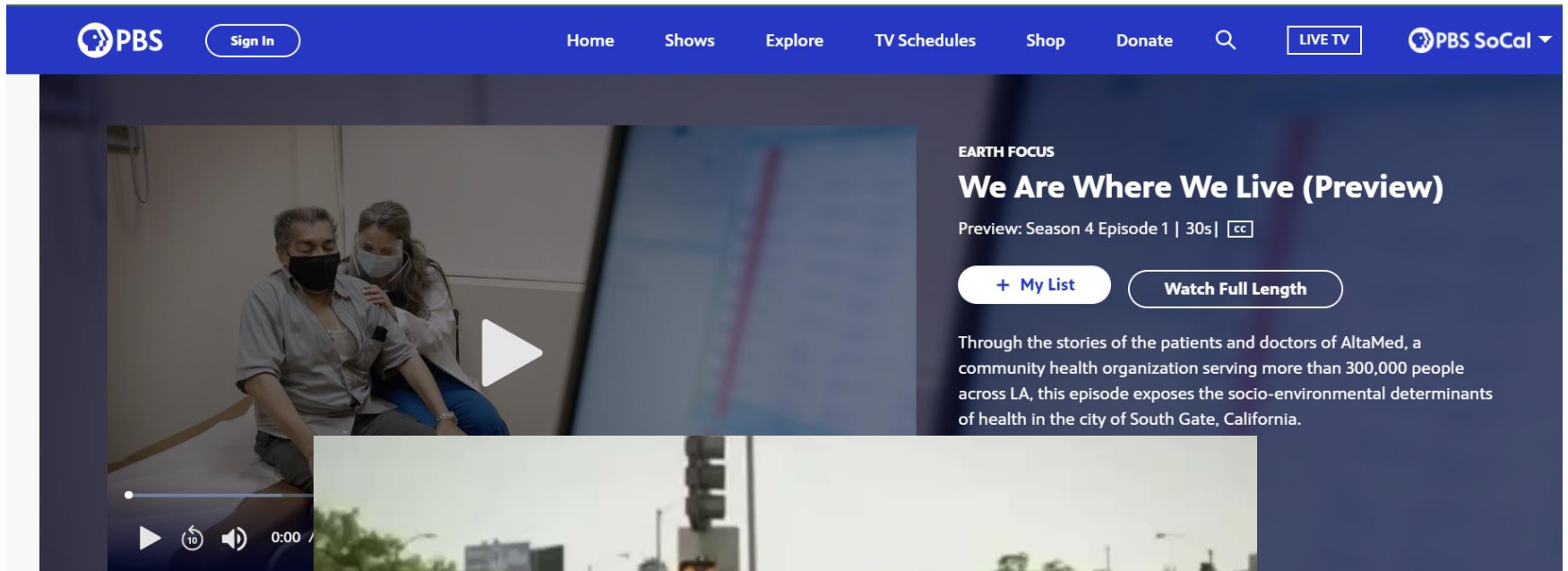
- Anemia
- Lead
- TB

ACEs

ACEs: Why Now?



The reality of our community



The screenshot shows the PBS website interface. At the top is a blue navigation bar with the PBS logo, a 'Sign In' button, and links for Home, Shows, Explore, TV Schedules, Shop, Donate, a search icon, a 'LIVE TV' button, and the 'PBS SoCal' logo. Below the navigation bar is a video player showing a scene from a medical setting with two people wearing masks. To the right of the video player is a dark blue panel with the text 'EARTH FOCUS' and the title 'We Are Where We Live (Preview)'. Below the title is the text 'Preview: Season 4 Episode 1 | 30s | CC'. There are two buttons: '+ My List' and 'Watch Full Length'. Below these buttons is a paragraph of text: 'Through the stories of the patients and doctors of AltaMed, a community health organization serving more than 300,000 people across LA, this episode exposes the socio-environmental determinants of health in the city of South Gate, California.'



ACEs

❑ What are they?

❑ Why is it important

- **Positive Stress:** Brief elevations in stress hormones, heart rate, and blood pressure in response to a routine stressor (e.g., a test, game).
- **Tolerable Stress:** Time-limited activation of the stress response that if buffered by relationships with adults who help the child adapt, the brain and other organs recover (e.g., natural disaster).
- **Toxic Stress:** High doses of adversity experienced during critical and sensitive periods of early development, without adequate buffering protections, can become “biologically imbedded” leading to the toxic stress response (e.g., ACEs).

ACEs

For the latest information regarding COVID-19 please visit [COVID19.CA.gov](https://www.COVID19.CA.gov)



Events

Grants

Resources

Blog

About



GET CERTIFIED

ACE FUNDAMENTALS

LEARN ABOUT SCREENING

IMPLEMENT ACE SCREENING

PROVIDE TREATMENT & HEALING

Adverse Childhood Experiences (ACEs) and toxic stress are treatable

We can take action to change and save lives

GET TRAINED TODAY



Let's make our state of care ACEs Aware.

GET UPDATES



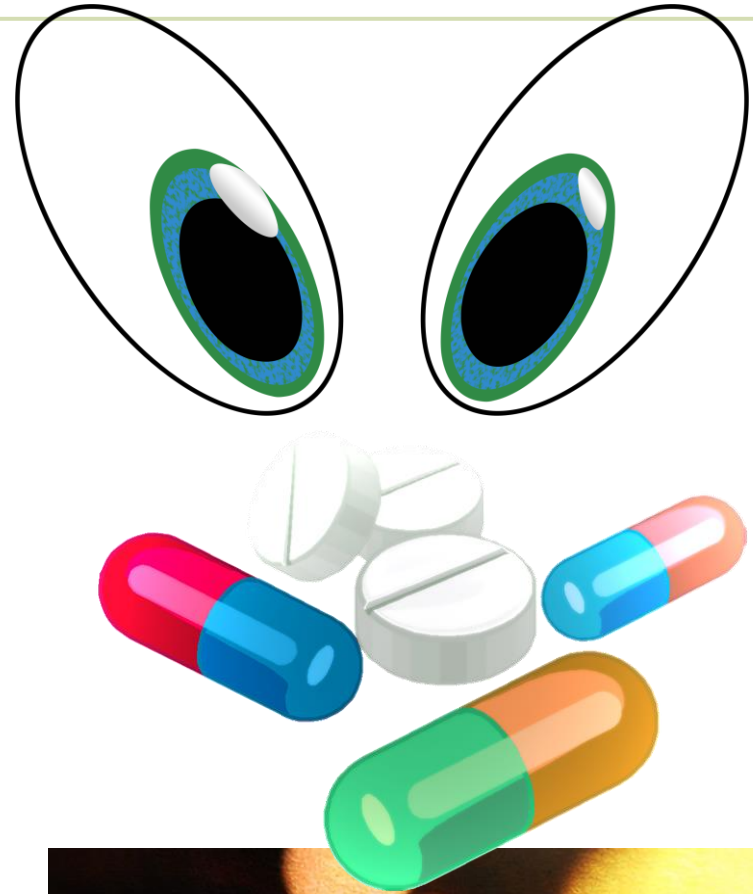
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ACEs

Adverse Childhood Experiences

- Screen
- Treat
- Heal



ACEs

Adverse Childhood Experiences



ACEs



Adverse Childhood Experiences

For the latest information regarding COVID-19 please visit COVID19.CA.gov.



Events

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About



GET CERTIFIED

ACE FUNDAMENTALS

LEARN ABOUT SCREENING

ACE SCREENING

PROVIDE TREATMENT & HEALING



Billing & Payment

Qualified Medi-Cal providers can receive payment for screening children and adults for ACEs

Let's make our state of care ACEs Aware.

GET UPDATES



15

The 15th Month

1

5



Family Well-being

- When possible, allow child to choose between 2 options acceptable to you.
- “Stranger anxiety” and separation anxiety reflect new cognitive gains; speak reassuringly.
- Use simple, clear words and phrases to promote language development and improve communication

Other important things

- Establish family traditions.
- What do you all do together? Tell me about your family's traditions.
- Continue 1 nap a day; nightly bedtime routine with quiet time, reading, singing, a favorite toy.
- Establish teeth brushing routine.

Other important things

- Some conflict/tantrums can be avoided by “toddlerproofing” home, using distractions, accepting messiness, allowing child to choose (when appropriate).
- Praise good behavior and accomplishments.
- Use discipline for teaching/protecting, not punishing.



Visit Development

- Is interactive/withdrawn, friendly/aggressive; laughs in response to others, explores alone but with parent nearby; vocalizes and gestures, speaks 6 words, points to indicate wants; points to 1 body part, follows simple instructions, knows names of favorite books; walks up steps/runs; stacks 2 or 3 blocks, scribbles, uses spoon/cup without spilling.

Nutrition, Safety and Care

- Nutrition
 - Encourage self-feeding; avoid small, hard foods.
 - Feed 3 meals and 2-3 nutritious snacks a day; be sure caregivers do the same.
 - Provide nutritious food and healthy snacks.
 - Trust child to decide how much to eat (toddlers tend to “graze”).

Nutrition, Safety and Care

- Safety
 - It is best to use rear-facing car safety seat until highest weight or height allowed by manufacturer; make necessary changes when switching a convertible seat to forward facing; never place rear-facing car safety seat in front seat of vehicle with passenger air bag; back seat is safest

Nutrition, Safety and Care



Kahoot!

When do we start oral health?



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The Physical

- Measure and plot length, weight, head circumference.
- Plot weight-for-length.
- Observe gait, hand control, arm/spine movement.
- Examine for red reflexes. Perform cover/ uncover test. Observe for nevi, café au lait spots, birthmarks, bruising; caries, plaque, demineralization, staining, injury.

The Screenings

- Anemia
- Lead
- TB
- Autism
- Development

18

The 18th Month

1

8



Family Well-being

- Create family times; spend time with each child; take actions to ensure own health.
- Support emerging independence but reinforce limits and appropriate behavior.
- Prepare toddler for new sibling by reading books together about a new baby.

Visit Development

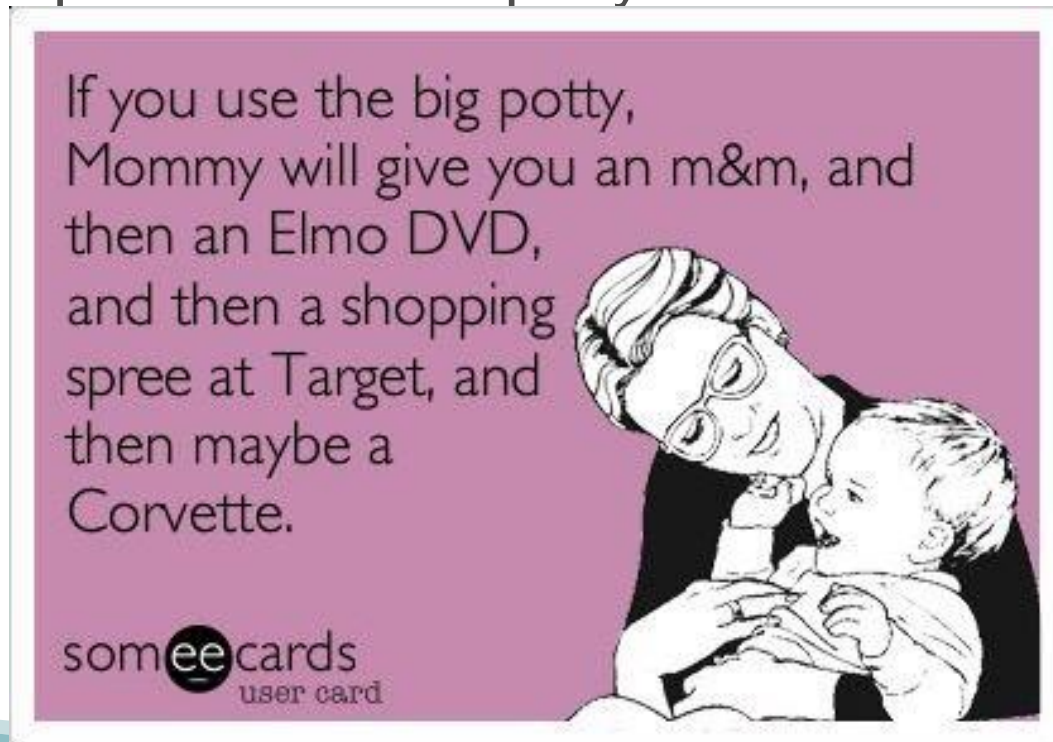
- **General**
 - Anticipate anxiety/clinging in new situations.
 - Praise good behavior/accomplishments.
 - Be consistent with discipline/enforcing limits, and share with other caregivers.
 - Enjoy daily playtime.
- **Language**
 - Encourage language development by reading and singing; talk about what you see.
 - Use simple words to describe pictures in book.
 - Use words that describe feelings

Visit Development

- Imitates adults, plays alongside other children,
- Refers to self as “I” or “me,” has at least 50 words, uses 2-word phrases, asks parent to read a book;
- Follows 2-step commands, completes sentences and rhymes in familiar books
- Stacks 5 or 6 blocks, makes or imitates horizontal and circular strokes with crayon, turns pages one at a time, imitates food preparation, throws ball overhand
- Goes up and down stairs one step at a time, jumps up.

Visit Development

- Wait until child is ready (dry for periods of about 2 hours, knows wet and dry, can pull pants up/down, can indicate bowel movement).
- Read books about using the potty
- Praise attempts to sit on the potty



Nutrition, Safety and Care

- Safety
 - Prevent burns (hot liquids/stove/matches/lighters). Install smoke detectors.
 - Remove guns from home; if gun necessary, store unloaded and locked, with ammunition locked separately.

Nutrition, Safety and Care



The Physical

- Measure and plot length, weight, head circumference.
- Plot weight-for-length.
- Examine for red reflexes. Perform cover/ uncover test.
- Observe for caries, plaque, demineralization, staining, injury, gingivitis.
- Observe running, scribbling, socialization, ability to follow commands.
- Assess language acquisition/clarity

The Screenings

- Anemia
- Lead
- TB
- Autism
- Development

24

The 24th Month

24



Family Well-being

- Model appropriate language.
- Read together every day; child may love same story over and over.
- Recognize that child may struggle to respond quickly; talk and question slowly.
- Should be able to follow simple 1 or 2 step commands.



Other important things

- Praise good behavior/accomplishments; listen to and respect your child.
- Help child express such feelings as joy, anger, sadness, frustration.
- Encourage self-expression.
- Tell me about your child's typical play.
- Learn child's way of reacting to people/situations.
- Encourage child to play with other children

Other important things

- Limit TV and video to no more than 1-2 hours of quality programming per day.
- If you allow TV, watch together and discuss.
- Choose TV alternatives (reading, games, singing).
- Encourage physical activity; be active as a family.

Visit Development

- Play includes other children; has fears about unexplained changes in environment/unexpected events; uses phrases of 3-4 words, is understandable to others 50% of the time;
- Knows the correct action for animal or person (eg, bird flies, man talks), points to 6 body parts;
- Jumps up and down in place, throws ball overhand, brushes teeth with help, puts on clothes with help, copies vertical line.

Nutrition, Safety and Care

- Nutrition
 - Encourage self-feeding; avoid small, hard foods.
 - Feed 3 meals and 2-3 nutritious snacks a day; be sure caregivers do the same.
 - Provide nutritious food and healthy snacks.
 - Trust child to decide how much to eat (toddlers tend to “graze”).

Nutrition, Safety and Care



The 30th Month



Family Well-being

- Reach agreement with all family members on how best to support child's emerging independence while maintaining consistent limits.
- Encourage family exercise (walking, swimming, biking).
- Maintain regular family routines (meals, daily reading).

Other important things

- Read together every day; go to the library.
- Limit TV and video to no more than 1-2 hours a day; monitor what child watches.
- Listen when child speaks; repeat, using correct

Kahoot!

What are common language highlights at this stage?



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Visit Development

- Has self-care skills (eg, feeding, dressing); imaginative play becomes more elaborate, enjoys interactive play;
- Converses in 2-3 sentences, understandable to others 75% of the time, names a friend;
- Knows name
- Identifies self as girl/boy
- Builds tower of 6-8 cubes, throws ball overhand, walks up stairs alternating feet; copies a circle, draws person with 2 body parts; day toilet trained for bowel and bladder.

Nutrition, Safety and Care

- Safety
 - Pool
 - Sunlight
 - Helment

Nutrition, Safety and Care



The Physical

- Measure and plot length, weight, head circumference.
- Plot weight-for-length.
- Examine for red reflexes. Perform cover/uncover test.
- Observe for caries, plaque, demineralization, staining.
- Observe gait. Determine whether testes fully descended.



Do you have teeth?



Kahoot!

When do we start oral health?



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When do we start oral health?

- Not a dentist? NO PROBLEM!
- Caries are preventable
- Complications: eating, speaking, and learning.
- Dental Home



When do we start oral health?

- ❑ Infants and children younger than 3 years should use a small smear (ie, no larger than a grain of rice)
- ❑ children aged 3 to 6 should use a pea-sized amount of toothpaste

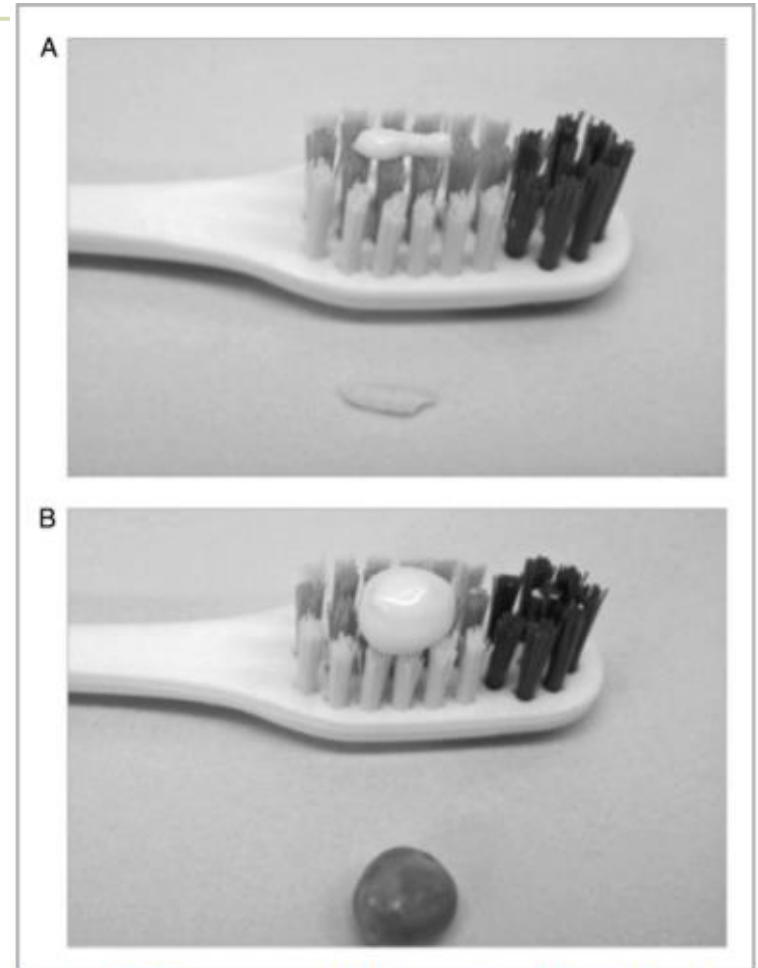


Figure 1: Recommended Amounts of Toothpaste

Reproduced with permission from Lewis CW. Fluoride and dental caries prevention in children. *Pediatr Rev.* 2014;35(3). Figure 5.



When do we start oral health?

Patient Name: _____ Date of Birth: _____ Date: _____		
Visit: <input type="checkbox"/> 6 month <input type="checkbox"/> 9 month <input type="checkbox"/> 12 month <input type="checkbox"/> 15 month <input type="checkbox"/> 18 month <input type="checkbox"/> 24 month <input type="checkbox"/> 30 month <input type="checkbox"/> 3 year <input type="checkbox"/> 4 year <input type="checkbox"/> 5 year <input type="checkbox"/> 6 year <input type="checkbox"/> Other _____		
RISK FACTORS	PROTECTIVE FACTORS	CLINICAL FINDINGS
<ul style="list-style-type: none"> ⚠️ Mother or primary caregiver had active decay in the past 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No ● Mother or primary caregiver does not have a dentist <input type="checkbox"/> Yes <input type="checkbox"/> No ● Continual bottle/sippy cup use with fluid other than water <input type="checkbox"/> Yes <input type="checkbox"/> No ● Frequent snacking <input type="checkbox"/> Yes <input type="checkbox"/> No ● Special health care needs <input type="checkbox"/> Yes <input type="checkbox"/> No ● Medicaid eligible <input type="checkbox"/> Yes <input type="checkbox"/> No 	<ul style="list-style-type: none"> ● Existing dental home <input type="checkbox"/> Yes <input type="checkbox"/> No ● Drinks fluoridated water or takes fluoride supplements <input type="checkbox"/> Yes <input type="checkbox"/> No ● Fluoride varnish in the last 6 months <input type="checkbox"/> Yes <input type="checkbox"/> No ● Has teeth brushed twice daily <input type="checkbox"/> Yes <input type="checkbox"/> No 	<ul style="list-style-type: none"> ⚠️ White spots or visible decalcifications in the past 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No ⚠️ Obvious decay <input type="checkbox"/> Yes <input type="checkbox"/> No ⚠️ Restorations (fillings) present <input type="checkbox"/> Yes <input type="checkbox"/> No ● Visible plaque accumulation <input type="checkbox"/> Yes <input type="checkbox"/> No ● Gingivitis (swollen/bleeding gums) <input type="checkbox"/> Yes <input type="checkbox"/> No ● Teeth present <input type="checkbox"/> Yes <input type="checkbox"/> No ● Healthy teeth <input type="checkbox"/> Yes <input type="checkbox"/> No
ASSESSMENT/PLAN		
Caries Risk: <input type="checkbox"/> Low <input type="checkbox"/> High	Self Management Goals: <input type="checkbox"/> Regular dental visits	<input type="checkbox"/> Wean off bottle
Completed: <input type="checkbox"/> Anticipatory Guidance <input type="checkbox"/> Fluoride Varnish <input type="checkbox"/> Dental Referral	<input type="checkbox"/> Dental treatment for parents <input type="checkbox"/> Brush twice daily <input type="checkbox"/> Use fluoride toothpaste	<input type="checkbox"/> Healthy snacks <input type="checkbox"/> Less/No junk food or candy <input type="checkbox"/> No soda <input type="checkbox"/> Xylitol

Figure 2: Oral Health Risk Assessment Tool²⁵

Reproduced with permission from Oral Health Risk Assessment Tool. American Academy of Pediatrics Children's Oral Health Web site. <http://www2.aap.org/oralhealth/docs/RiskAssessmentTool.pdf>. Accessed November 20, 2016.



Do you think that the Hispanic community wants to participate?

- Underrepresented Populations Willing to Participate, **If Asked**
 - Distrust and **mistrust** are commonly assumed to be the reason underlying lack of participation in clinical trials, the report notes.
 - Legacy of abuses in medical research
 - Evidence shows that Asian, Black, and Latinx Americans, and American Indian/Alaska Native individuals **are no less likely**, and in some cases are more likely, to participate in research if asked, the report says.

This is how it looks... AND



What we have today



**WE NEEDED
YOU**



FAQs

1) Where can I find the up to date information about Bright Futures?

- The best tool and centralize information that a provider can use is the Bright Futures Periodicity Scheduled, updated every year to reflect best evidence based practices
- https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf

FAQs

2) How can I prepare my families to get ready for a telehealth visit?

- Preparation and expectations start before seeing your provider, helping achieve this will depend on what we do before our meeting to improve quality and the value of services given to our patients. You can access best practices from the American Academy of Pediatrics
- <https://www.aap.org/en-us/professional-resources/practice-transformation/telehealth/Pages/Getting-Started-in-Telehealth.aspx>

FAQs

3) Why Dental care is important for our community?

- Our communities has suffered to get access to continuation of preventive and dental treatment. If we continue early on with opportunities to prevent and inform our families since birth the importance of dental health in the future of our children.
- <https://www.aapd.org/research/oral-health-policies--recommendations/>

FAQs

4) What are the “ACEs” and why are they important for our community?

- Adverse Childhood Experiences (ACEs) comes from the landmark 1998 study by the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente. ACEs describe 10 categories of adversities in three domains experienced by age 18 years: abuse, neglect, and/or household challenges (as reframed by the CDC in 2015; originally phrased as household dysfunction). The opportunity to measure ACEs and most importantly, create a plan to help treat our community can actually change lives. ACEs are intrinsically related to mental and physical health for that person and creates an influence towards our community.
- For more information you can go to: <https://www.acesaware.org/>

RESOURCES

- Bright Futures Information
 - <https://www.aap.org/en/practice-management/bright-futures>
 - [Toolkit](#)
 - [Clinical Toolkit](#)
 - [Pocket Book](#)
- [Periodicity Table](#)
 - [Healthy Children Parent Information](#)
- American Academy of Pediatrics
 - <https://www.aap.org>

THANK YOU!



Let's continue the conversation

Dr. Ilan Shapiro, M.D., MBA, FAAP, FACHE



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Ilan Shapiro, MD



Q & A



L.A. Care PCE Program Friendly Reminders

- **Friendly Reminder**, a survey will pop up on your web browser after the webinar ends (please do not close your web browser and wait a few seconds) and please complete the survey.

Please note: *the online survey may appear in another window or tab after the webinar ends.*

- Upon completion of the online survey, you will receive the pdf CME or CE certificate based on your credential, verification of name and attendance duration time, within two (2) weeks after webinar.
- ***Webinar participants will only have up to two weeks after webinar date to email Leilanie Mercurio at lmercurio@lacare.org to request the evaluation form if the online survey is not completed yet. No name, no survey or completed evaluation and less than 75 minutes attendance duration time via log in means No CME or CE credit, No CME or CE certificate.***

Thank you!

