Introduction

In collaboration with the American Academy of Pediatrics, Child Care Aware® of America partnered with local child care resource and referral networks (CCR&Rs) in six states to coordinate and conduct listening sessions focusing on pandemic flu preparedness. Groups of child care professionals and training/technical assistance providers were convened in several ways: in person gatherings with a facilitator on-site; in person gatherings with a remote facilitator; or fully remote sessions with all participants joining via phone and webcam from individual locations. Listening sessions lasted 90-120 minutes and covered the following topics:

- Past emergency, seasonal flu, and pandemic flu preparedness trainings,
- Current preparedness for pandemic flu,
- Trusted sources of public health information, resources, and alerts,
- How child care providers receive and share health information,
- Needed resources to improve pandemic flu preparedness, and
- A document review

Participants were offered a $24 stipend following the session, however several participants declined the stipend.

States and Participants

States were selected to host listening sessions based primarily on the state CCR&R’s capacity to coordinate sessions quickly and their access to diverse child care provider groups. Geographic diversity was a priority in selecting states as well. Conducing fully remote listening sessions in three states allowed for child care professionals in both rural and urban areas to participate. Figure 1 on the next page describes the characteristics of each listening session.
A total of 49 participants attended the listening sessions, and the number of participants per session ranged from six in Pennsylvania to ten in Massachusetts and Kansas. All of the sessions had a mix of participants, however each session had a predominant provider type or professional role represented. Figure 2 shows the breakdown of participant roles across all listening sessions.

<table>
<thead>
<tr>
<th>State</th>
<th>Partner</th>
<th>Convening Method</th>
<th>Predominant Provider Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>Alabama Partnership For Children</td>
<td>In-person meeting, on-site facilitator</td>
<td>Registered Ministry Center Directors (exempt from licensing)</td>
</tr>
<tr>
<td>Indiana</td>
<td>Early Learning Indiana</td>
<td>In-person meeting, remote facilitator</td>
<td>Family Child Care Providers</td>
</tr>
<tr>
<td>Kansas</td>
<td>Child Care Aware® of Kansas</td>
<td>Fully remote</td>
<td>Family Child Care Providers</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>Children and Family Services</td>
<td>In-person meeting, on-site facilitator</td>
<td>Child Care Center Directors</td>
</tr>
<tr>
<td>North Dakota</td>
<td>Child Care Aware® of North Dakota</td>
<td>Fully remote</td>
<td>Child Care Health Consultants</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>Early Childhood Education Linkage System</td>
<td>Fully remote</td>
<td>Child Care Health Consultants</td>
</tr>
</tbody>
</table>

**Figure 2**

![Role Type of Participants](image)

Learn More: usa.childcareaware.org  
Contact: health@usa.childcareaware.org •  (703) 341-4100
Current Preparedness

Across the board, listening session participants did not feel particularly well prepared to respond to pandemic flu in child care programs. At the beginning and end of each listening session, participants were asked to rate their knowledge and awareness of pandemic flu and related resources on a scale of 1 – 5 (5 being “completely agree”). While participants felt somewhat knowledgeable of how to prepare for pandemic flu and where to get information about it at the beginning of the session, they felt somewhat less confident by the end (Figure 3). This likely indicates that simply discussing the topic with others made participants more aware of how unprepared they are for pandemic flu. In general, child care providers were unclear about what pandemic preparedness entails and how it differs from what they are already doing to prevent seasonal flu. Many participants expressed confusion about the distinction between prevention, preparedness, response, and recovery from pandemic flu. Even the child care health consultants and training/TA providers, who typically had more experience with emergency preparedness, felt their expertise did not extend to pandemic flu and the most effective ways to support child care providers in preparing for a pandemic.

Figure 3

![Graph showing changes in knowledge and awareness of pandemic flu](image1)

![Graph showing changes in knowledge of where to get information on pandemic flu](image2)
Nearly all participants (96 percent) had attended some type of emergency preparedness training in the past. For more than half of participants, emergency preparedness was addressed in mandatory first aid/CPR or health and safety trainings. In most cases these trainings were in-person, although some participants had attended trainings online. The general emergency preparedness trainings tended to cover natural disasters and human-caused emergencies, but did not extend to communicable diseases and were not specific to preparedness planning in child care settings. For the most part, participants found general emergency preparedness trainings useful, if common sense, and said that they put much of what they learned there into practice in their child care programs. That said, participants did not feel that their general emergency preparedness training left them well-prepared to address pandemic flu in child care programs.

A handful of participants had attended trainings specific to pandemic flu preparedness in the past. Pandemic-specific training experiences differed from state to state. In some cases the trainings were in-person community-based emergency response trainings or tabletop exercises, while others were online modules. The trainings were not specific to child care settings and tended to lack practical tips and tools to aid child care providers in implementing pandemic preparedness and response plans. Most of these trainings took place during or shortly after the 2009 H1N1 outbreak, meaning participants had not returned to the topic of pandemic preparedness in nearly a decade. As such, even participants who had received pandemic-specific training in the past did not feel prepared to handle pandemic flu in their programs.

All participants claimed to have emergency preparedness, response, and evacuation plans in place in their child care programs that do not include pandemic flu. Most had specific plans for fire, extreme weather, and human-caused emergencies, reflecting the nature of the general emergency preparedness training they had received. Even participants in Alabama, who were notably more confident in their knowledge and preparedness than those in other states, did not have pandemic flu preparedness plans in place in their child care programs.

A recurring theme across all listening sessions and provider types was that pandemic preparedness is a low priority in child care programs. In some cases providers do not see pandemic flu as a significant threat, while in other cases it was simply not on their radar. Many participants noted that managing more common illnesses, such as strep throat and conjunctivitis, demanded more of their attention day-to-day. Participants felt that pandemic flu is an issue that will not attract child care providers’ attention unless they understand the consequences of ignored it, or if an outbreak occurs. Interestingly, this sentiment was common in the first four listening sessions, held in late November/early December, but not in the final session.

By January, when the Alabama session took place, the particularly bad seasonal flu season had gained a lot of media attention and Alabama had declared a state of emergency because of seasonal flu. In the March session with child care health consultants in Pennsylvania, participants were concerned that child care providers will shift their attention from influenza as soon as this flu season ends without making meaningful changes to their preparedness plans. Pennsylvania health consultants
recommended designating an influenza preparedness week in mid-summer, following the model of [National Infant Immunization Week](https://www.immunization.gov/) to raise the issue and encourage preparedness planning in prior to the beginning of flu season.

### Sharing Pandemic Flu Information

**Trusted Sources.** Participants noted several key sources that they rely on for important health information and resources. State and county public health departments, CCR&Rs, and child care health consultants were the sources that most providers turned to, however it was clear that the role of child care health consultants varied widely from state to state. Many participants also mentioned relying on friends or family members who work in medical professions to share up-to-date and relevant health information with them. Family child care providers and providers exempt from licensing were also inclined to rely on information shared by their peers through formal and informal child care provider networks. Some participants recognized the American Academy of Pediatrics and the Centers for Disease Control as key information sources as well.

**Pandemic Flu Alerts.** The type of public health alerts that participants relied on differed based on their professional role or provider type. Child care health consultants, training/TA providers, and licensed center directors were more likely to subscribe to public health listservs or receive alerts from the larger organizations they were affiliated with (mainly universities or large nonprofits). Family child care providers mentioned more widely available alerts, such as public service announcements on the local news or the Emergency Alert System. Participants felt that email alerts sent from trusted public health and child care sources, such as CCR&Rs and the state child care licensing agency, would be the best means for sharing information about pandemic flu. That said, many participants noted that sharing information in as many ways as possible—via training sessions, website postings and links, emailed resources, and paper handouts or mailers—would ensure that all child care providers get the information. Participants said they would be most inclined to pay attention to this information if it highlighted specific implications for child care programs.

**Sharing Information with Staff.** Participants felt it was very important to have clear and straightforward information about pandemic flu prevention and preparedness to share with their staff. Nearly all of the child care center directors, both licensed and exempt, said that they hold regular staff meetings and often cover health topics in those meetings. In general, the health topics covered are based on what illnesses are going around at the time. Participants felt that pandemic flu information for staff should include universal precautions, cleaning instructions, symptoms to look for, clear exclusion criteria, and guidance on how to discuss pandemic flu with families.

### Challenges

Participants noted a number of challenges that stand in the way of influenza preparedness. First, participants felt that emergency preparedness was a low priority for child care providers and that pandemic preparedness was even lower. They noted many competing priorities, including attending to more common day-to-day illnesses. The child care health consultants and training/TA provider did not feel that they had the knowledge or tools necessary to overcome providers’ lack of interest in pandemic flu preparedness. Second, participants were broadly unaware of existing resource to support pandemic preparedness. They listed handouts, family communication materials, and preparedness checklists as needed resources, however they were unaware that similar resources already exist through the American Academy of Pediatrics or the Centers for Disease Control. Very few participants were able to name specific resources related to pandemic flu that are currently available. Third, participants expressed significant concerns about their ability to educate families and influence prevention practice outside of child care. Issues such as low literacy, low health literacy, and parents’ competing priorities were all cited as barriers to effectively communicating with families. Fourth, many participants noted that writing, approving, and
implementing new policies is a time-consuming and cumbersome task. They are much more likely to change policies when it is required of them, to receive CCDF child care subsidy payments, for example, rather than when policy change is voluntary. Finally, participants in every session expressed hesitation or resistance to requiring, and in some cases even recommending, that staff and children receive the flu vaccine. A number of participants in every session admitted that they did not get the vaccine either.

Needed Resources

Training. Participants requested more training specific to pandemic flu, particularly online trainings and trainings available during the evening and on weekends. Training should include: why pandemic flu preparedness should matter to child care providers; clear information about what symptoms are, how to prepare, and how to stop or slow the spread of the virus; how preparing for and preventing pandemic flu is different from seasonal flu; how to create a preparedness and response plan; implementation tips and tools; ways to educate children and families about flu prevention; specific information for flu prevention in multi-use spaces where child care programs may operate (e.g. churches, hospitals, schools) and posters, handouts, or other take-home visual supports. Participants in Indiana noted that child care providers there, and in many other states, face many training requirements. Ensuring that pandemic preparedness trainings are approved for professional development credit may make them more appealing to providers with competing training priorities.

The child care health consultants and training/TA providers in attendance also requested train-the-trainer sessions to build their capacity for supporting child care providers in pandemic flu preparedness and response. While child care providers in some states rely on the CCR&R for health and preparedness training and those in other states look to health consultants, a train-the-trainer curriculum would allow the appropriate training providers in all states to best meet the needs of the child care community. Preparedness Planning. In addition to training, child care providers need a step-by-step checklist, model pandemic preparedness plans and policies, and templates that they can grab, fill, and go practice. Preparedness planning tools should include a list of key community partners to include in effective plans. Center directors need resources for planning and writing preparedness policies and procedures, as well as tools to ensure effective implementation in the child care program and in individual classrooms. Participants also requested consultation, coaching, and technical assistance to support preparedness plan and policy development and implementation. Finally, some participants sought support in preparing for the financial repercussions of pandemic-related closures or staffing shortages.

Staff Training Materials. Participants requested information to train staff about the differences between seasonal and pandemic flu preparedness. They listed slide decks, pre-recorded webinars, posters, and other handouts as useful training materials. In general, they sought resources that give clear instructions and tools to properly implement preparedness and prevention plans in the classroom. Participants also wanted guidance on how to help staff have prevention and preparedness conversations with families.

Family Communication Materials. Reflecting their concerns about families reading and understanding printed information, participants felt that having resources that can be shared by multiple methods may make parents more likely to take notice. Pamphlets, handouts, letter templates, short videos, and talking points to educate families about pandemic flu prevention and response were all mentioned as potentially useful tools for family communication. To combat misinformation about the flu vaccine, participants also sought a good “mythbuster” resource about the flu that explains why to take the flu seriously and dispels myths about the flu vaccine.

Study Limitations

While much of the information shared by participants was consistent across states and across professional roles, the information is not necessarily representative of child care providers across the country. Given the time constraints of this project, states were selected based on population characteristics and ready access to specific groups of child care professionals. Selecting states based on additional characteristics, such as a state’s training regulations and experience with pandemic flu outbreaks, could give richer detail to inform training and communication recommendations. Also, the scope of this project did not allow for tracking and analyzing individual responses. While there were some clear differences in experience and attitudes among the different professional roles and provider types, gathering more individual-level data could inform how trainings or resources are tailored to meet the needs of different...
groups of people. A national survey, such as the one conducted by the American Academy of Pediatrics in 2008, could give a more comprehensive picture of resource needs across the country. Finally, the use of video conferencing software had both benefits and drawbacks. While hosting fully remote sessions allowed us to reach more diverse groups of participants, conversation did not tend to flow as naturally in video conferences as it does in person.

Conclusions and Recommendations

The story that emerged again and again in these listening sessions was clear: child care providers are not prepared to respond to pandemic influenza. Emergency preparedness trainings, particularly those embedded in first aid/CPR or basic health and safety trainings, do not adequately address how to prepare a child care program for a flu pandemic. Child care providers and the trainers/TA providers who support them do not have the tools they need to properly prepare, nor are they equipped to communicate effectively with families about pandemic prevention, preparedness, and response.

Several steps can be taken to address the gaps and needs in pandemic preparedness training. First, child care health consultants and other training/TA providers must have access to a comprehensive train-the-trainer curriculum that enables them to support child care providers in preparedness plan development and implementation. Second, information about pandemics should be included into general emergency preparedness trainings and resources. Third, pandemic influenza training should be incorporated into scaffolded state training requirements as an option for providers who have completed general emergency preparedness training.

As participants rely heavily on CCR&Rs and public health agencies for alerts and information, creating co-branded resources that both CCR&Rs and public health departments can share may convey the information to a wider audience. Resources and messaging about pandemic flu should be developed with input from the child care community to ensure the information is clear, comprehensive, and specific to child care settings.

Finally, resources and materials about pandemic flu should be developed in multi-modal toolkits with separate family, teacher, and director versions to enable easy sharing and implementation. Child care providers need models and templates to help them develop preparedness plans, slide decks and handouts to train their staff, checklists and practical tools to implement the plans effectively, and materials to help them effectively communicate with families. Tools such as short videos, video clips, and/or targeted infographics would be useful for communicating complex information about pandemic preparedness and response in an accessible way for providers and parents of all literacy and fluency levels.

Specific Resource Needs Include:

- Train-the-Trainer sessions for child care health consultants and training/TA providers
- Pandemic flu trainings for child care providers that are comprehensive, implementation-focused, and available both during the work day and off hours
- Step-by-step guides, templates and model pandemic flu preparedness plans (designed to grab, fill, and go practice)
- Technical assistance for developing and implementing preparedness plans
- Slide decks or pre-recorded webinars to share in staff meetings
- Materials to share with families, written for low literacy levels and available in multiple languages

Document Review

Influenza Prevention and Control: Strategies for Early Education and Child Care Programs

All participants found the document easy to understand and felt that they could easily complete the tasks recommended. They felt it would be a useful resource to educate staff. Participants felt that this is the type of handout they would like to have for communicating information about pandemic flu to staff and families.

Several participants were uncomfortable with the section on flu shots. As many participants reported that they did not get the flu shot, they felt that it would be disingenuous to tell parents to get one. They were also uncomfortable with the perception of any requirements to obtain flu shots.
Likes. Participants appreciated the clear description of flu symptoms and thought that the document's layout made it easy to read. They also felt that the box highlighting exclusion criteria and the resource list (pg. 4) were particularly useful.

Dislikes. While some participants felt that the amount of information in the document was appropriate for child care providers, most felt that it was too wordy. They believed that the reading level may be too high for some child care providers and that the amount of information presented may be overwhelming or cause providers to lose interest.

Recommended Changes. Participants in every listening session recommended adapting the document for different audiences. They suggested condensing some of the information, but maintaining most of the content in a version for center directors and family child care programs. One participant suggested starting the document with shocking facts or statistics to make child care providers take notice. For staff, they recommended highlighting symptoms, prevention strategies, and exclusion criteria. They also felt that putting the information in a slide deck or brief presentation may make it more useful for sharing in staff meetings. Finally, participants suggested creating a one-page document with simple bullet points for families. The family document should be written in plain language at a low reading level and should be available in multiple languages. They suggested that a document for families also include information about how and where to access the flu vaccine if you are concerned with cost or insurance coverage.