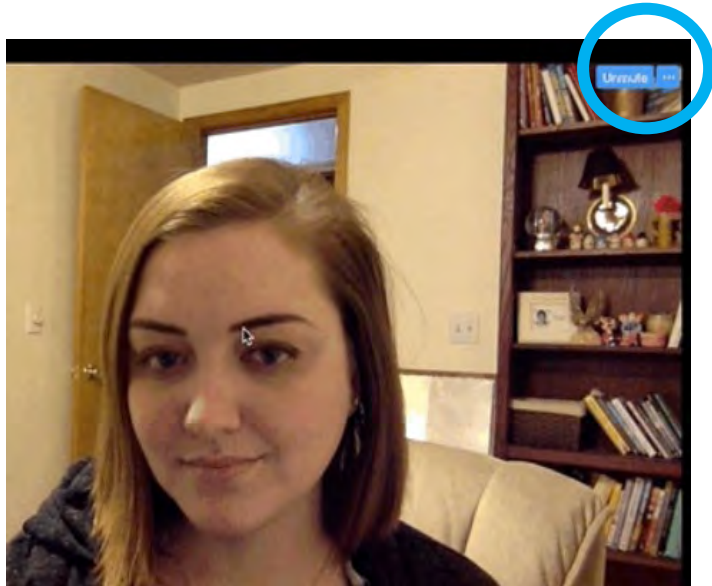


Welcome to the COMM NET Meeting



- ✓ Click the 3 dots in the top right of your image
- ✓ Select **RENAME**
- ✓ Enter...
 - ✓ First name,
 - ✓ Pronouns,
 - ✓ Your organization/agency name
- ✓ If you don't see your image, check your view settings at the top of the bar and set to see all webcams or Side-by-Side Gallery View
- ✓ Please make sure you are **muted**, and your **camera is turned off** if not speaking.

Spotlighted Sign Language Interpreters

For those needing sign language interpreters, we have spotlighted them. Their names are Saamanta and Ashley.

Please send a direct message to Linda Ramirez if you have any issues.

During this meeting

- Speak loudly and clearly
- Speak at a moderate pace
- Please avoid idioms, jargon, and technical vocabulary
- State your name when you start speaking for our interpreters

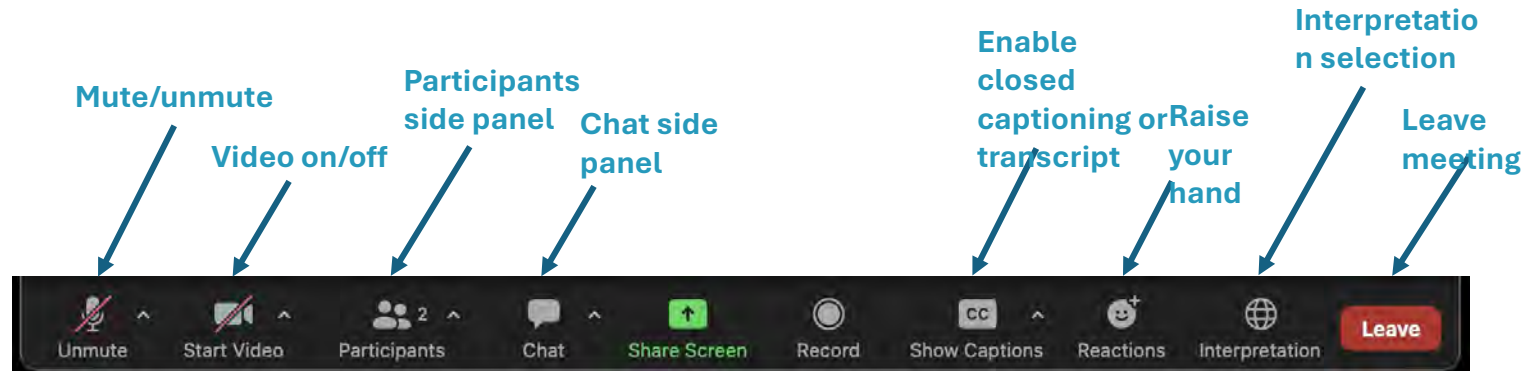


Captions and Transcript

- To view live captions, click on the menu arrow next to the Closed Caption button.
- Choose from showing subtitles, a full transcript, or both.
- You may adjust the size of the captions if you wish.
- You can also Hide Subtitles if you do not want to see the text.



Zoom navigation



NEED HELP? For help with interpretation or other accessibility concerns, direct message Linda Ramirez.



**Thank you,
interpreters!**



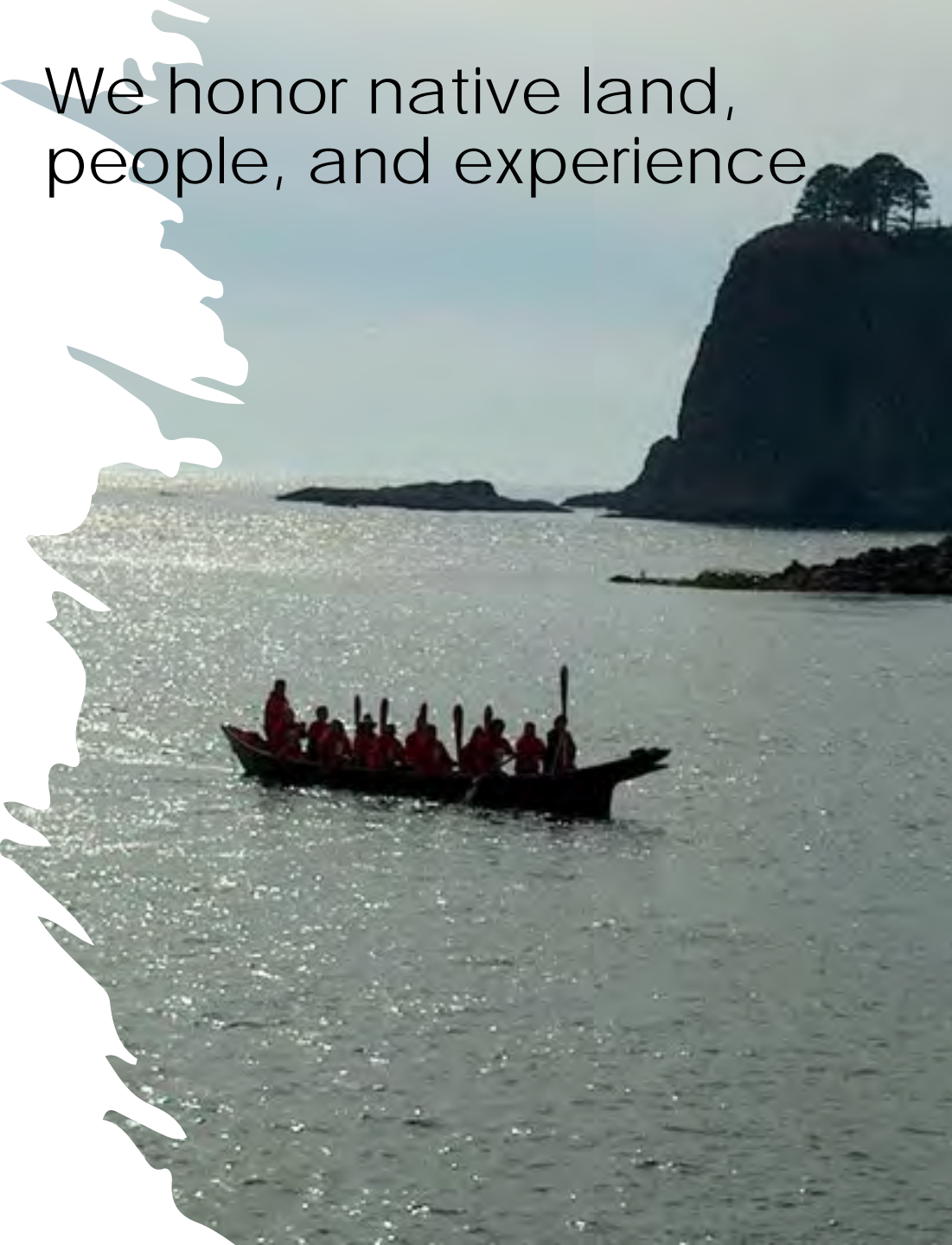
COMMUNICATION NETWORK 1/9/2025

Children and Youth with Special Health Care Needs

Housekeeping Items

- Please list your NAME, PRONOUNS and AFFILIATION in the chat
- **Ice breaker:** What is one small act of kindness you've witnessed or experienced in your work that has stayed with you?
- If you are new, please add your email address in the chat so we can make sure you are added to our future communication network list
- This meeting will be recorded

We honor native land, people, and experience



- The Washington State Department of Health Children and Youth with Special Healthcare Needs (CYSHCN) program recognizes and honor the original occupants and stewards of the land where we all individually and collectively gather.
- Many of us are occupying space from lands that are of the traditional home of the Coast Salish people, the traditional home of all tribes and bands within the Duwamish, Suquamish, Tulalip, and Muckleshoot nations.
- The CYSHCN program honors the survival, the adaptations, the forced assimilation, the resilience and creativity of Native peoples—past, present, and future. We encourage CYSHCN partners to consider their responsibilities to the people and land, both here and elsewhere, and to stand in solidarity with Native, Indigenous, and First Nations People, and their sovereignty, cultural heritage, and lives.
- We also pause to recognize and acknowledge the labor upon which our country, state, and institutions are built.
- We remember that our country is built on the labor of enslaved people who were kidnapped and brought to the U.S. from the African continent and recognize the continued contribution of their survivors. We also acknowledge all immigrant labor, including voluntary, involuntary, trafficked, forced, and undocumented peoples who contributed to the building of the country and continue to serve within our labor force. We acknowledge all unpaid care-giving labor.
- To the people who contributed this immeasurable work and their descendants, we acknowledge our/their indelible mark on the space in which we gather today. It is our collective responsibility to critically interrogate these histories, to repair harm, and to honor, protect, and sustain this land.

**This land acknowledgement is adapted from Seattle Colleges*

Please share the people you honor of the land you are occupying in the chat [Native-Land.ca](https://www.native-land.ca) | [Our home on native land \(native-land.ca\)](https://www.native-land.ca)

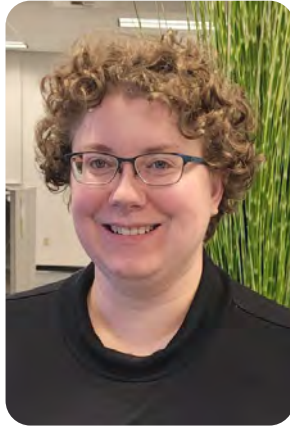
Agenda:

Time	Topic	Presenter
9:00-9:30	Welcome, Agenda, Program Updates	Khim
9:30-10:30	OSPI (RNs/Early Childhood/Special Ed)	Annie/Ryan
10:30-11:00	SNAP-Ed/IDD SOWA	Tara/Jen
11:00-11:10	Break	
11:10-11:30	Parent Voice	Jill
11:30-12:00	BreathWell Inspiration	Leslie

DOH-CYSHCN Team:



Monica Burke, PhD
CYSHCN Program Director



Nikki Dyer, MA Ed
Family Engagement Specialist



Linda Ramirez
CYSHCN Communications & Early Childhood Consultant



Khimberly Schoenacker, RDN, CD
CYSHCN Nutrition Consultant



Amanda Simon, MPH, CTRS
Process Improvement Specialist

Program Updates

General Updates

- New Learning Journey kicking off with Maternal Child Health (MCH) Workforce Development Center on Local Health Jurisdiction role in CYSHCN services and systems.
- This complements our current work on CYSHCN Blueprint implementation focused on care coordination.
- DOH MCH Surveillance and Evaluation team are continuing to work with programs on priority development as part of the MCH Needs assessment

Early Childhood and Communication

- New quarterly GovDelivery CYSHCN Communication Network newsletter! Sign up here: [Washington State Department of Health \(govdelivery.com\)](https://www.govdelivery.com)
- Reminder CYSHCN Orientation is schedule for February 3rd

Updates Continued

Family Engagement

- Supported the CYSHCN Family Advisory Council meeting in September focused on the MCH Needs Assessment results and prioritization process.
- Supported facilitated discussions with the YAC's Youth with Special Health Care Needs subcommittee regarding the MCH Needs Assessment.
- Promoting Family Engagement in Systems Assessment Tool (FESAT) use within DOH programs through a FESAT Community of Practice.
- Newly elected as a Family Representative to the AMCHP Board of Directors.

Updates Continued

CHIF

- CHIF Office Hours- will continue to be the 4th Wednesday of the month at 11am.
 - Next meeting- January 22nd
- CHIF orientation and guidance materials to be sent out with the manual update.
- If you run into any issues with the MFT submit tickets via [survey monkey](#).
 - If you cannot access the survey monkey, please contact Amanda.
- If you run into any issues, please email Amanda Simon at amanda.simon@doh.wa.gov.

Updates Continued

Nutrition

- Youth eating disorder guide created in partnership with Youth Advisory Council (YAC) nutrition subcommittee, check [Teen Health Hub WA | Washington State Department of Health](#) soon.
- Basecamp group for educators who teach cooking classes to youth with IDD has been created, please email Linda to be added: Linda.Ramirez@doh.wa.gov
- Based on a CYSHCN listening session feedback, we developed a simple, 1-page guide (English/Spanish) for pediatric facilities to help families identify warning signs and seek help quickly. Raising awareness can prevent delays in diagnosis and make sure children with T1D get the care they need when it is most effective. Please share or display these 1-pagers in your organizations and offices:
 - [Type 1 Diabetes Factsheet English](#)
 - [Type 1 Diabetes Factsheet \(Spanish\)](#)

OSPI School Health Services

January 2025

Annie Hetzel, MSN, RN, NCSN



Washington Office of Superintendent of
PUBLIC INSTRUCTION

Vision

All students prepared for post-secondary pathways, careers, and civic engagement.

Mission

Transform K–12 education to a system that is centered on closing opportunity gaps and is characterized by high expectations for all students and educators. We achieve this by developing equity-based policies and supports that empower educators, families, and communities.

Values

- Ensuring Equity
- Collaboration and Service
- Achieving Excellence through Continuous Improvement
- Focus on the Whole Child



Washington Office of Superintendent of
PUBLIC INSTRUCTION

Equity Statement

Each student, family, and community possesses strengths and cultural knowledge that benefits their peers, educators, and schools.

Ensuring educational equity:

- Goes beyond equality; it requires education leaders to examine the ways current policies and practices result in disparate outcomes for our students of color, students living in poverty, students receiving special education and English Learner services, students who identify as LGBTQ+, and highly mobile student populations.
- Requires education leaders to develop an understanding of historical contexts; engage students, families, and community representatives as partners in decision-making; and actively dismantle systemic barriers, replacing them with policies and practices that ensure all students have access to the instruction and support they need to succeed in our schools.



Washington Office of Superintendent of
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OSPI School Health Services



Key program components:

- Guidelines for school health services & Home Hospital
- Consultation, technical assistance, and Professional development
- Home Hospital Program
- Special Education
- Data collection and identification of trends in student health needs
- Partnerships with School Nurse Corps, public health, and more...
- School Nurse Advisory & School Nurse Connects – facilitated connections between school health and Department of Health



Guideline Updates – in Process

Opioid Overdose Reversal Policy & Training Guidelines

How to Respond - Illness & Injury*

Anaphylaxis - adding standing order and neffy!

Epilepsy and Seizures – School Nurse Corps

**Collaboration with Department of Health*



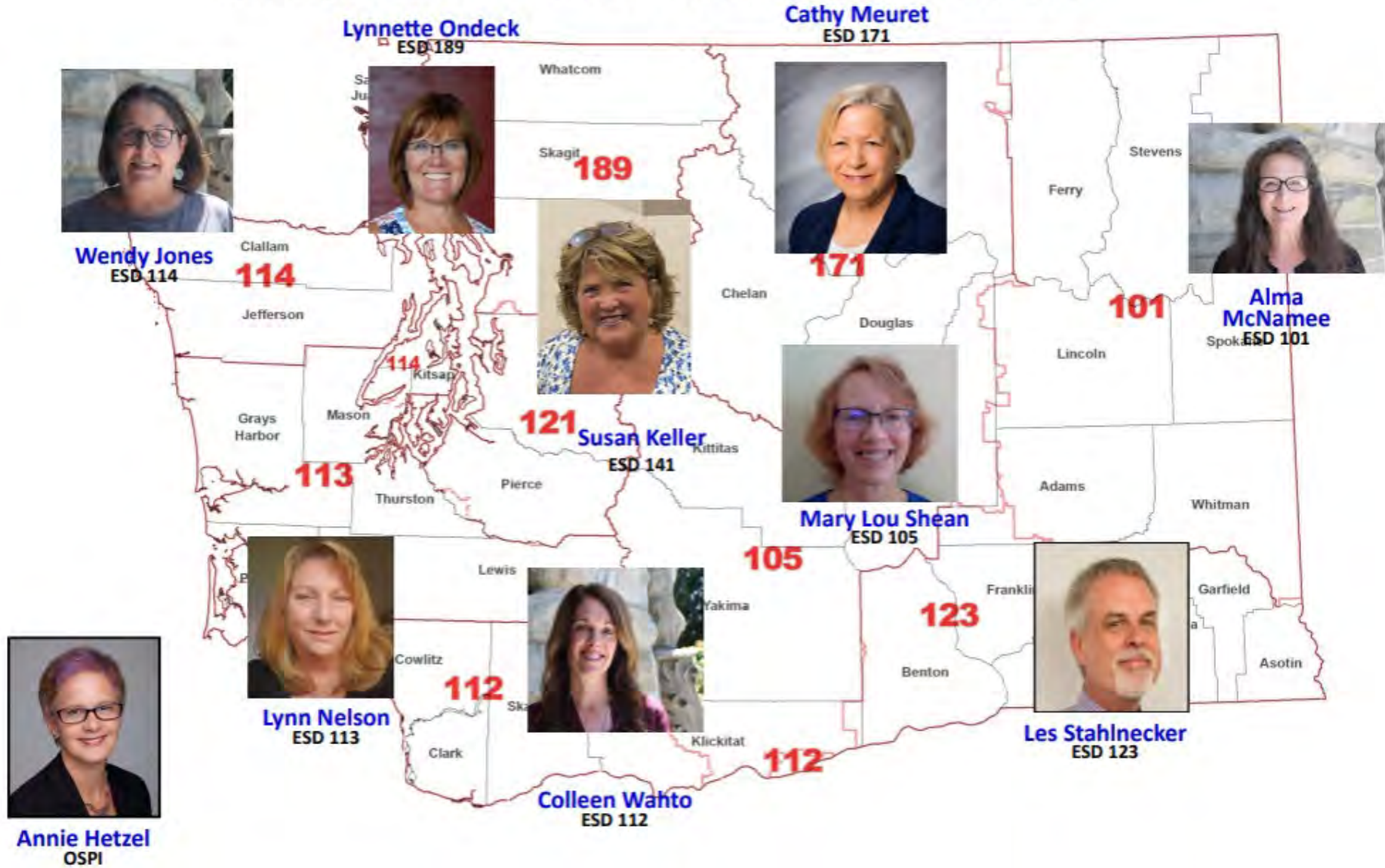
DOH OSPI School Nurse Advisory

School Nurse
Connects

Communication
Infrastructure



Washington State School Nurse Corps Administrators 2023-2024



Current Project



AED Access Grants

- 40 \$3000 grants for schools to ensure access to AEDs
- Application Deadline January 30, 2025
- Cardiac Emergency Response Plans Webinar Dec. 10, 2024
- Ongoing Collaboration with AHA and Project Adam



School Medicaid Billing

Feedback Session for parents and students

Wednesday February 26

4-5:30pm

[Webinar Registration - Zoom](#)

Goals

- Behavioral Health services
- Nursing services
- OT/PT/SLP
 - Psychologists
 - BCBAAs
- Simplify/streamline process



Questions?



Washington Office of Superintendent of
PUBLIC INSTRUCTION

Contact Us!

Annie Hetzel, MSN, RN, NCSN ([she/her](#))

School Health Services Consultant
Office of Superintendent of Public Instruction (OSPI)

Annie.Hetzel@k12.wa.us

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[Washington Office of Superintendent of Public Instruction \(govdelivery.com\)](https://govdelivery.com)



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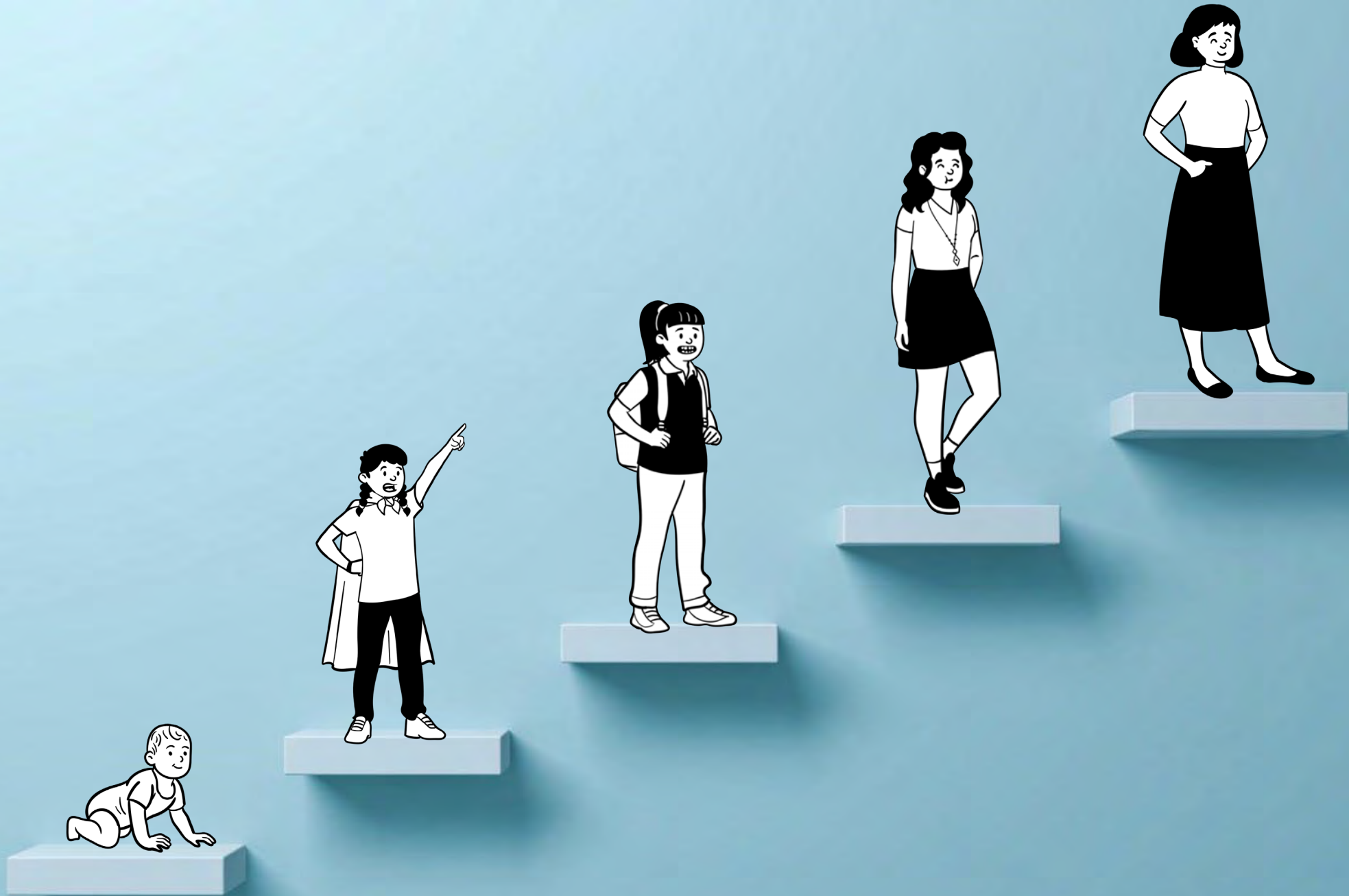
Key Considerations in Special Education; PreK-8

Ryan Guzman- OSPI

State Early Childhood Special Education Coordinator

January 9, 2025





Data tells the real
STORY



Washington Office of Superintendent of
PUBLIC INSTRUCTION

What's in the



?

80+ years of research: Placement in general education improves outcomes for students with disabilities!

[Carlberg & Kavale \(1980\)](#)

50 research studies
from 1932 – 1970

[Wang & Baker \(1985\)](#)

Meta-analysis
from 1975 – 1984

[Oh-Young & Filler \(2015\)](#)

Research studies
from 1980 – 2013

[Theobald, et al. \(2018\)](#)

WA Study on
CTE & Outcomes

Inclusive practices have also been shown to have positive or neutral results for students *without* disabilities.

[Ruijs & Peetsma \(2009\)](#)

Positive/neutral effects

[Szumski, et al. \(2017\)](#)

Benefits for all students

[Shogren, et al. \(2015\)](#)

SEL benefits





Washington State's Journey Toward Inclusion

In 2018, Washington state ranked 44th out of 50 states for K-12 inclusive practices¹.

To support more inclusive schools, the State Legislature funded a multi-year, statewide initiative to support professional development for inclusionary practices.



By 2023, year five of this initiative, schools in Washington state reported a **9-point** increase in inclusive practices statewide for K-12 and a **7-point** increase for Pre-K².

This means that, since 2018, over **22,000** students with disabilities across Washington state have shifted into the highest rates of inclusion!

¹National Council on Disability. (2018). *The Segregation of Students with Disabilities*.

²OSPI. (2024). *Least Restrictive Environment and Child Count Report*.



Inclusionary Practices Impact: K-12 Disaggregated

LRE Type	Student Groups	Average Rate of Change	Current Gap in LRE	2023-24	2022-23	2021-22
LRE 1 (80-100% gen ed)	All Students with Disabilities (147,595)	1.7	--	65.1%	63.4%	62.4%
	Black Students with Disabilities (8,440)	1.2	-12.5	52.6%	51.7%	50.7%
	Students with Emotional Behavioral Disabilities (4,958)	2.6	-6.5	58.6%	56.0%	53.9%
	Students with Intellectual Disabilities (4,284)	0.2	-55.8	9.3%	8.3%	8.4%

Source: OSPI. (2024). *Least Restrictive Environment (LRE) and Child Count Data*.



Inclusionary Practices Impact: PreK Disaggregated

Level of Inclusion	Student Groups	Average Rate of Change	Current Gap in LRE	2023-24	2022-23	2021-22
Receiving the majority of special education services in a regular early childhood program (6A)	All Pre-K Children with Disabilities (12,425)	4.1	--	33.2%	33.2%	31.1%
	Black Pre-K Children with Disabilities (749)	3.7	-1.6	31.6%	31.6%	31.6%
	Latino Pre-K Children with Disabilities (3,603)	4.0	1.7	34.9%	32.8%	28.6%
	Pre-K Children with Developmental Delays (6,507)	4.3	5.1	38.3%	38.3%	36.4%

Source: OSPI. (2024). Least Restrictive Environment (LRE) and Child Count Data.



Inclusionary Outcomes – Disaggregated

	All PreK-12 Students	Students with Disabilities	Black Students with Disabilities
2023-24 PreK-12 Student Enrollment	1,098,997	160,019	9,189
2023-24 PreK Inclusion (LRE Indicator 6A)	N/A	33.2%	31.6%
2023-24 Kindergarten Ready (WaKIDS)	46.9%	21.5%	10.6%
2023-24 K-12 Inclusion (80-100% general ed)	N/A	65.1%	52.6%
2022 Graduation	82.3%	65.3%	56.8%
2022 Drop-out	10.1%	15.2%	19.4%
2021-22 Post-School Outcomes	N/A	72.9%	70.6%

Sources: OSPI. (2024). *State Report Card; Least Restrictive Environment (LRE) and Child Count Data; Data Performance Profile.*

The Equity Imperative

- Barriers to equity for students with disabilities:
 - Low expectations.
 - Disproportionate identification, segregation & discipline for students of color.
 - Lack of access and opportunity to core instruction from content experts.
 - School schedules contribute to removals from core instruction in general education.
 - Teacher and staff shortages.
 - Training needs for educators & school staff.
 - Staffing models that reinforce segregation.



**How can we
remove or reduce
these barriers?**

The image features a teal background with several white paper cutouts of human heads in profile. Most of the cutouts contain a black question mark. One central cutout contains a blue line drawing of a lit lightbulb. The text "IDEA, Part B Resources" is overlaid in white, centered horizontally and partially overlapping the lightbulb cutout.

IDEA, Part B Resources

WHAT IS A REGULAR EARLY CHILDHOOD PROGRAM?



- [WAC 392-172A-01152](#) **Regular early childhood program**

- Regular early childhood program means a program that includes at least fifty percent nondisabled children (i.e., children who do not have an individualized education program (IEP)).
- Programs may include, but are not limited to, the following: Head Start; early childhood education and assistance program (ECEAP); kindergarten; transitional kindergarten; preschool classes offered to an eligible prekindergarten population by the public school system; private kindergartens or preschools; group child development centers; or childcare.

What is the Least Restrictive Environment(LRE)?

WAC 392-172A-02050 Least restrictive environment.

Subject to the exceptions for students in adult correctional facilities, school districts shall ensure that the provision of services to each student eligible for special education services, including preschool students and students in public or private institutions or other care facilities, shall be provided:

(1) To the maximum extent appropriate in the general education environment with students who are nondisabled; and

(2) Special classes, separate schooling or other removal of students eligible for special education services from the general educational environment occurs only if the nature or severity of the disability is such that education in general education classes with the use of supplementary aids and services cannot be achieved satisfactorily.

(4) For children ages three to five, a general education environment is a regular early childhood program as defined in WAC 392-172A-01152.

(3) The public agency responsible for providing FAPE to a preschool child with a disability must ensure that FAPE is provided in the least restrictive environment where the child's unique needs (as described in the child's IEP) can be met, regardless of whether the local education agency operates public preschool programs for children without disabilities.

Least restrictive environment must be determined based on each individual child's needs and should not automatically be developmental preschool

Shared from the **Rules for the Provision of Special Education**



What is a Free and Appropriate Public Education

Under [WAC 392-172A-02000](#) **Students' rights to a free appropriate public education (FAPE)** (1) Each school district and residential or day schools operated under chapters 28A.190 and 72.40 RCW **shall provide every student who is eligible for special education between the age of three and twenty-one years, a free appropriate public education program (FAPE)...**

The right to special education for eligible students starts on their third birthday with an IEP in effect by that date. If an eligible student's third birthday occurs during the summer, the student's IEP team shall determine the date when services under the individualized education program will begin



The Who-What-Where of Specially Designed Instruction & Special Education

The Who

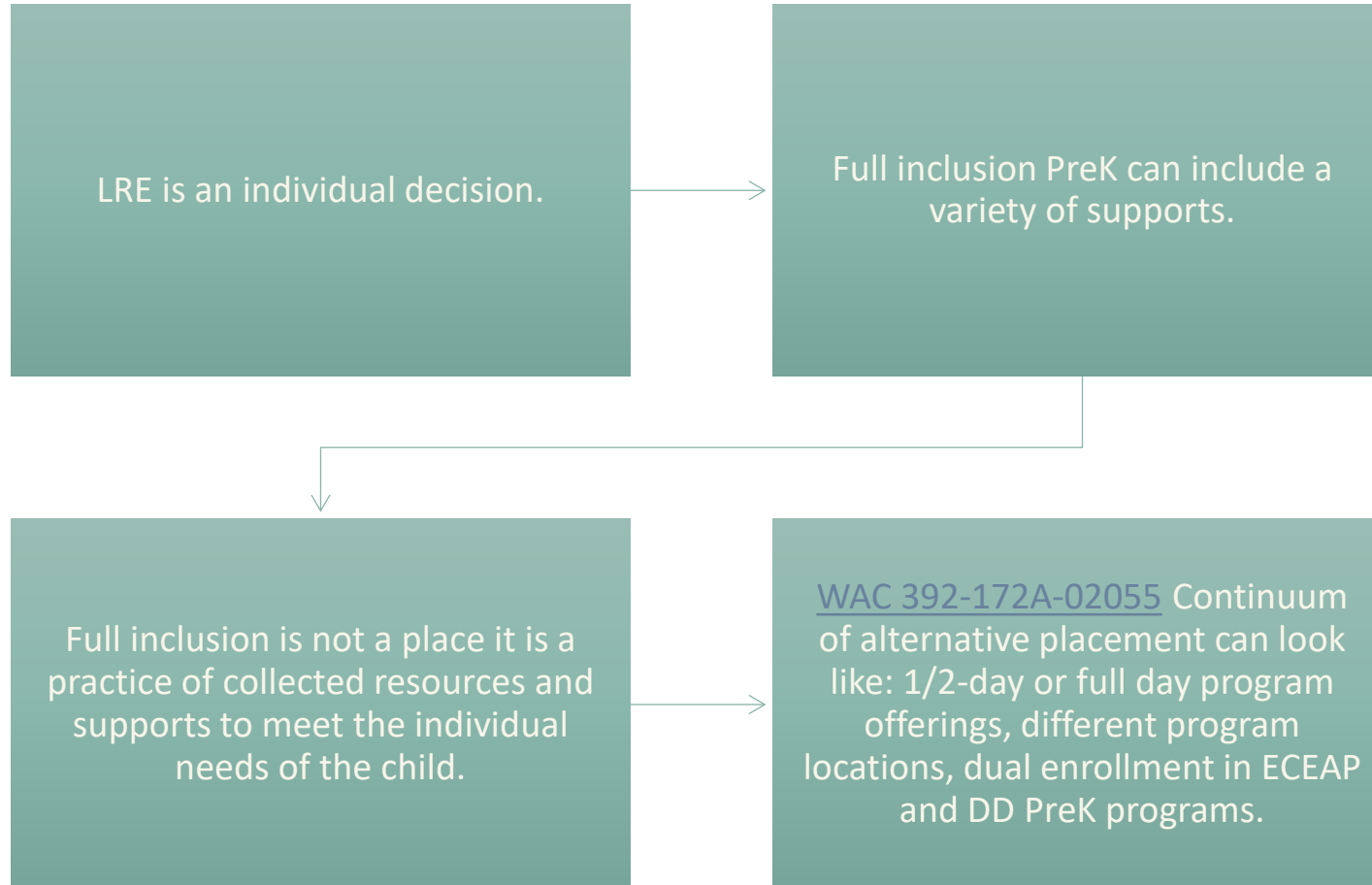
WAC 392-172A-02090 Personnel qualifications.

- (i) Special education and related services must be provided by appropriately qualified staff. **Other staff including general education teachers and paraeducators may assist in the provision of special education and related services, provided that the instruction is designed and supervised by special education certificated staff (or early childhood special education certificated staff, deaf education certificated staff, deaf education with American sign language proficiency certificated staff, teacher of the visually impaired certificated staff), or for related services by a certificated educational staff associate.** Student progress must be monitored and evaluated by special education certificated staff or for related services, a certificated educational staff associate.

General Education staff can't do it on their own.

- The SDI must be designed and supervised by a certificated special education teacher and the students' progress must be monitored and evaluated by a certified special ed teacher. General Education teachers can be the providers of SDI and can collect data, as could a paraprofessional, to assist the special education teacher in monitoring and evaluating progress.

The Where



The What

All students, regardless of program type, must be offered the support needed to meet their unique needs identified on the IEP, as was determined by the IEP team.

- The General Education staff should be teaching all students in the program and provide the accommodations and modifications identified on the IEP.
- It will be an IEP team decision if the General Education staff are in fact the providers of the SDI, as this will depend on the goals/skills of focus (e.g. adaptive skills – follow 1-2 step directions, social emotional – take and wait turns in large group).
- The role of the special ed teacher is not always to give direct instruction. Rather it might be to offer supplementary supports to the General Education teacher in the General Education settings.
- The IEP team, with administration, and program and district policies & procedures for special education, will provide a framework for IEP implementation when creating a student's IEP (program).

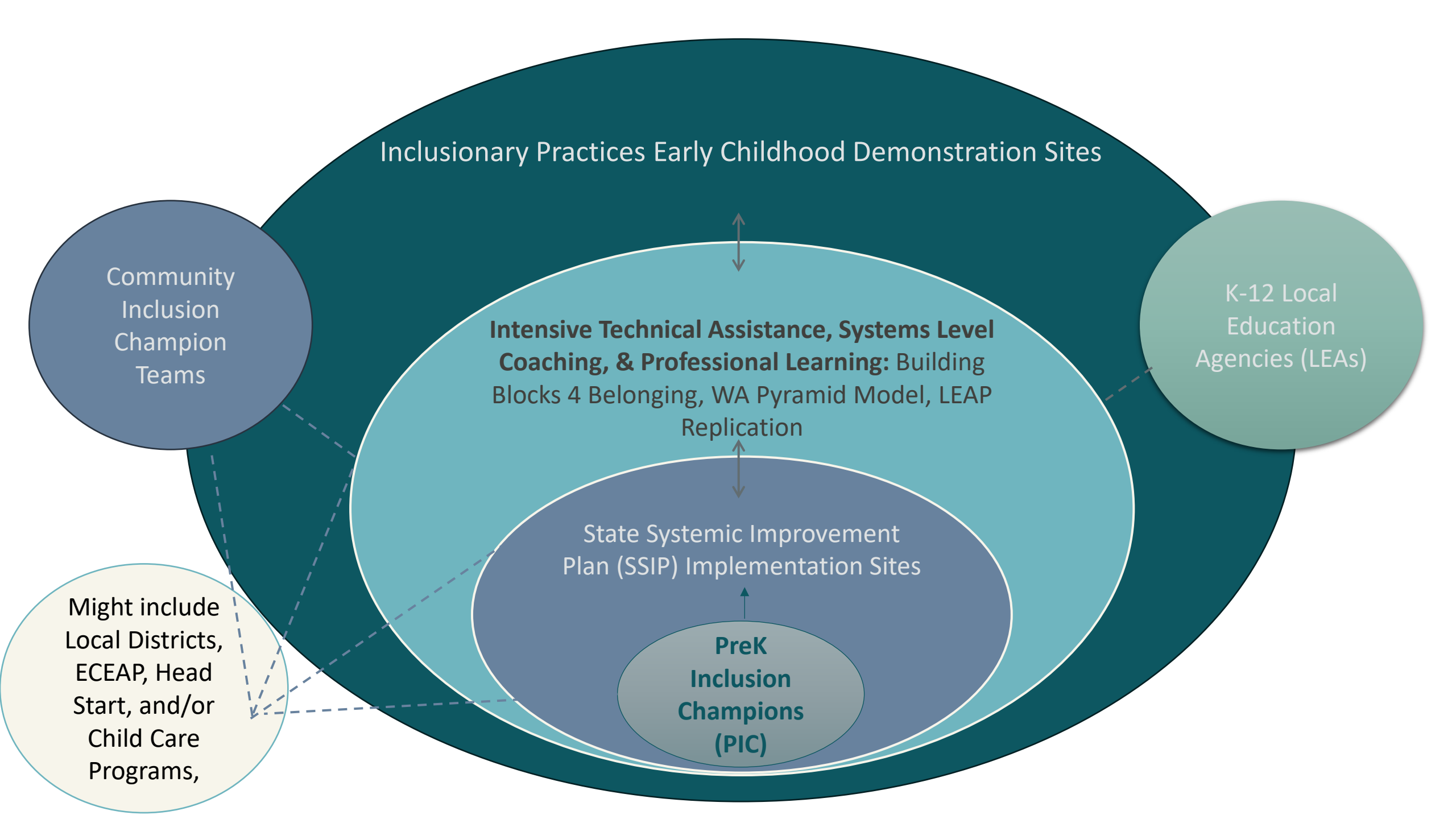
INCLUSION IN EARLY CHILDHOOD PROGRAMS

Young children with disabilities must be given access to the early childhood programs, services, and experiences that children without disabilities have within a State or local community.

Specifically, high-quality inclusive early childhood programs are ones that:

- **Include children with disabilities in early childhood programs they would participate in if they did not have a disability, so they can learn together with their peers without disabilities;**
- Provide high-quality teaching and learning environments that support children’s development and allow all children to meet high expectations;
- Intentionally promote children’s participation in all learning and social activities, facilitated by individualized accommodations and differentiated interventions and instruction;
- Use high-quality, evidence-based services and supports that are developmentally appropriate, culturally and linguistically responsive, and that foster children’s—
 - acquisition and use of knowledge and skills,
 - use of appropriate behaviors to meet their needs,
 - positive social emotional skills, including friendships with peers, and
 - sense of belonging;
- **Provide services and supports to children with disabilities in early childhood programs with peers without disabilities, and within daily routines and learning and social activities;**
- Recognize families as collaborative partners, experts, and engaged decision-makers in their children’s lives and value **and treat children with disabilities and their families with respect;** and
- Ensure supports, such as screening and identification processes, early childhood program and school partnerships, access to and use of data, **and PD are in place to enable early childhood programs and providers to successfully include children with disabilities and their families.**





Washington's
State Systemic
Improvement
Plan (SSIP)

Reporting year	School year(s)	Fiscal year	Target audience	Desired outcome(s)
2019	2019–2020	2020–2021	Students with disabilities enrolled early childhood programs	Increase overall early literacy skills for all children
2020	2020–2021	2021–2022	Students with disabilities enrolled in early childhood programs	Increase access to RECPs
2021	2021–2022	2022–2023		Decrease suspension and expulsion rates
2022	2022–2023	2023–2024	Regular Early Childhood Programs (RECPs) supporting a variety of early learners, including children with disabilities	Increase overall academic success for all children
2023	2023–2024	2024–2025		Increase overall social emotional skills for all children
2024	2024–2025*	2025–2026		

Essential Components of the SSIP

Currently, Washington's State Identified Measurable Result (SiMR) is designed to increase the social emotional learning (SEL) performance rates of entering kindergartners with disabilities across nine Educational Service District (ESD) and 27 local districts.

All local school districts recruited into the SSIP Implementation Project are contractors or subcontractors with the DCYF Early Childhood Education and Assistance Program (ECEAP), a state-funded preschool program; Head Start, a federally-funded preschool program; or a locally-funded community preschool program, are often licensed childcare facility, and enroll children between the ages of 3 and 5 years, with and without disabilities, who have met specific enrollment criteria.

Efforts are being made to assess and monitor existing supports for Tribal children with disabilities enrolled in existing early childhood programs and local districts and Bureau of Indian Education (BIE) schools.



Elevating Community & Family Partnerships

Community Inclusion Project

- Build a Community Charter
- Target Audiences: Military families, Tribal Collaborations, Multicultural Families and language access

Tribal Consultation

- Swan Innovations
- Office of Native Education
- Expanding partnerships through healing

P-21 Systemic Equity Review with NCSI

Co-construct a systemic equity review process in partnership with the Washington state special education team, facilitate the team's use of this process, and generate recommendations based on the outcomes of the review that support the development and adoption of state-level equity-driven beliefs, policies, procedures, and practices.

Build a statewide MOU for the implementation of IDEA, Part B

- In collaboration with Head Start, ECEAP, Child Care

Development of Local MOUs

- Part C, EI with Local Districts
- Part B, 619, with Local Districts, State and Federal PreK, Child Care, etc.

[Inclusionary Practices Professional Development Project | OSPI](#)

We can not
do this
alone!

Our shared commitment will ensure that we can:

Increase

- Increase Access to Regular Early Childhood Programs (RECPs) to children with disabilities.

Ensure

- Ensure the provision of a Free and Appropriate Public Education (FAPE).

Prevent

- Prevent exclusionary practices of children with disabilities & IDEA protections are enforced.

Align

- Align training, coaching, and technical assistance.

Address

- Address gaps in the data narrative for children enrolled in community based early learning programs.

Collaboration builds the foundations for inclusion.

Times to work together might be...

Throughout the Child Find Process.

When your student has an IEP.

When your students are transitioning into a local district program.

Whenever questions arise about a child's unique needs.

Myths & Facts- ECSE Edition

Use this document in its entirety or one myth as a time to better understand what implementation of inclusion look and feels like as there is no roadmap or 'one size fits all' process to achieve inclusive education.

Special education has its fair share of myths and facts about inclusion for students with significant cognitive disabilities. This resource was developed to challenge those myths and highlight the facts of why inclusionary practices work for each and every student.

MYTH #1: COSTS OF INCLUSION

MYTH #2: WHO CAN PROVIDE SPECIALLY DESIGNED INSTRUCTION?

MYTH #3: READINESS FOR INCLUSION

MYTH #4: CURRICULUM & STANDARDS

MYTH #5: PARENTS & INCLUSION

MYTH #6: DISABILITY & PLACEMENT

MYTH #7: ASSESSMENT & ACADEMICS

Washington Office of Superintendent of PUBLIC INSTRUCTION

W HARING CENTER FOR INCLUSIVE EDUCATION

TIES Center

AUGUST 2024

Resources:

[ECTA Center: Improving Systems, Practices and Outcomes](#)

- [ECTA Center: Inclusion](#)

[Questions and Answers: Addressing the Needs of Children with Disabilities and IDEA's Discipline Provisions. July 19, 2022 \(PDF\)](#)

[Using Functional Behavioral Assessments to Create Supportive Learning Environments.](#)

[Behavioral Support Resources](#)

[Policy Statement on Inclusion of Children With Disabilities in Early Childhood Programs \(PDF\)](#)

[Dear Colleague Letter on Mixed Delivery | The Administration for Children and Families](#)

[LRE Interactive Map: K12WA \(arcgis.com\)](#)

[2024 MYTHS & FACTS ECSE Edition & Extended Myths & Facts About Inclusionary Practices in Washington](#)

[Special Education WAC and Federal IDEA](#)

[Summary of Key Updates to WAC 392-172A](#)



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Washington SNAP-Ed and Inclusive Nutrition

DSHS and Washington State University Extension



Presenters



Tara McGinty, CHES

SNAP-Ed Program Consultant

The SNAP-Ed Program Consultant supports the administration of the SNAP-Ed program by facilitating coordination and offering strategic direction to ensure the program is delivered in compliance with federal and state regulations



Jen Moss, RD

Statewide Program Director for Curriculum, Training and Websites (CTW) Team

The CTW Program Director is responsible for managing SNAP-Ed activities related to training, websites and curriculums. Jen plans, directs and reporting on statewide initiatives for CTW, as well as supervises staff and the budget.

Washington SNAP-Ed

Program Overview



SNAP-Ed Mission

The goal of SNAP-Ed is to make it easier for people who are eligible for SNAP/Basic Food to eat healthy and be physically active.

SNAP-Ed supports its mission through:

- Nutrition education
- Social marketing
- Policy, systems, and environmental strategies

SNAP-Ed Program Structure

USDA, Food and Nutrition Services



Department of Social and Health Services


Statewide Support Programs ←




Implementing Agencies



SNAP-Ed Providers



Evaluation



Curriculum, Training
and Websites (CTW)



WASHINGTON STATE
UNIVERSITY





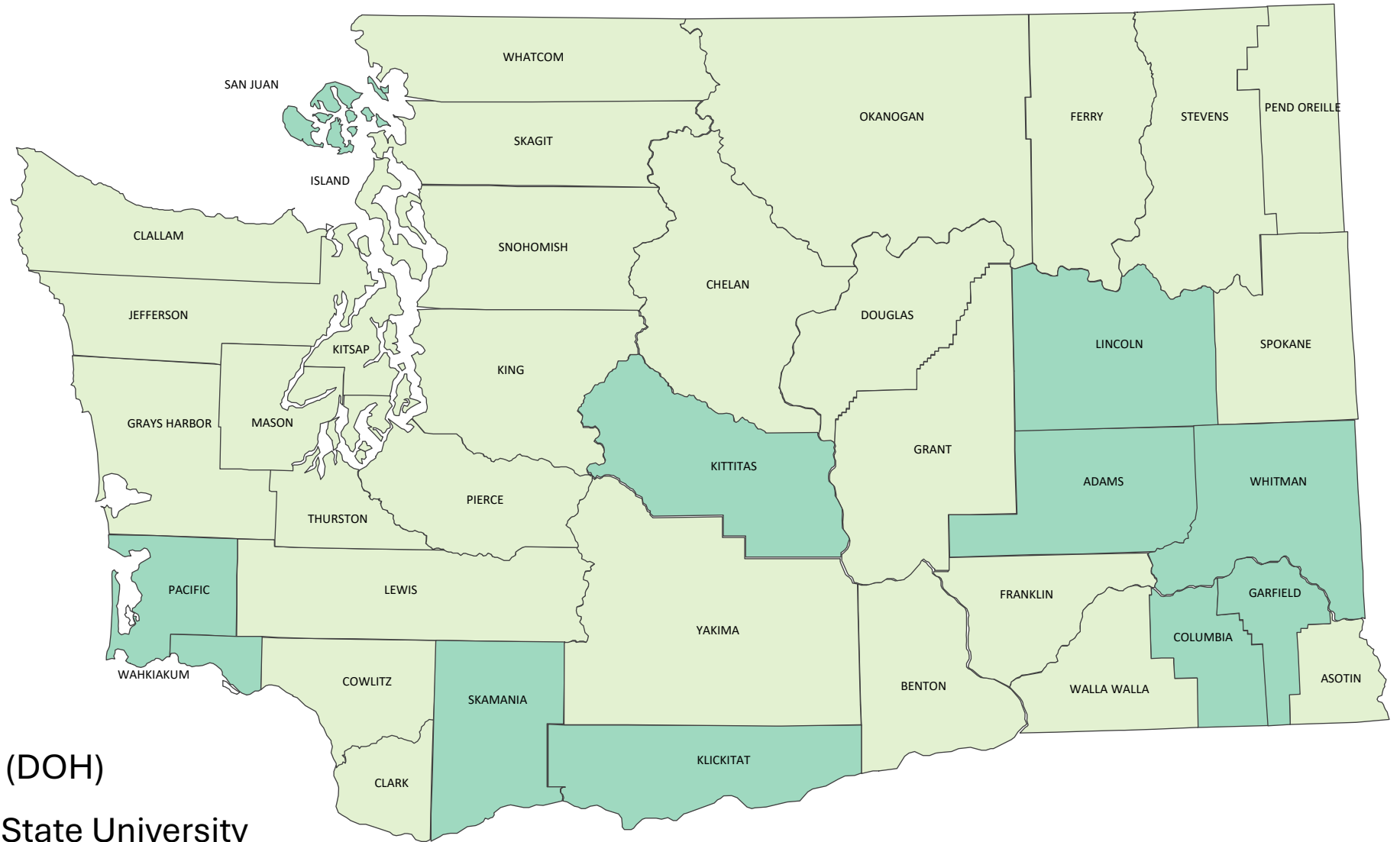
Washington State Department of
HEALTH

WSU Extension Offices
Local Health Departments
Community Organizations
Tribes
State Agencies
State Associations
Healthcare Organizations

SNAP-Ed Location and Composition

- Around 60 Providers
- Reach over 1.5 million people

-  Department of Health (DOH)
-  DOH and Washington State University





SNAP-Ed Eligibility

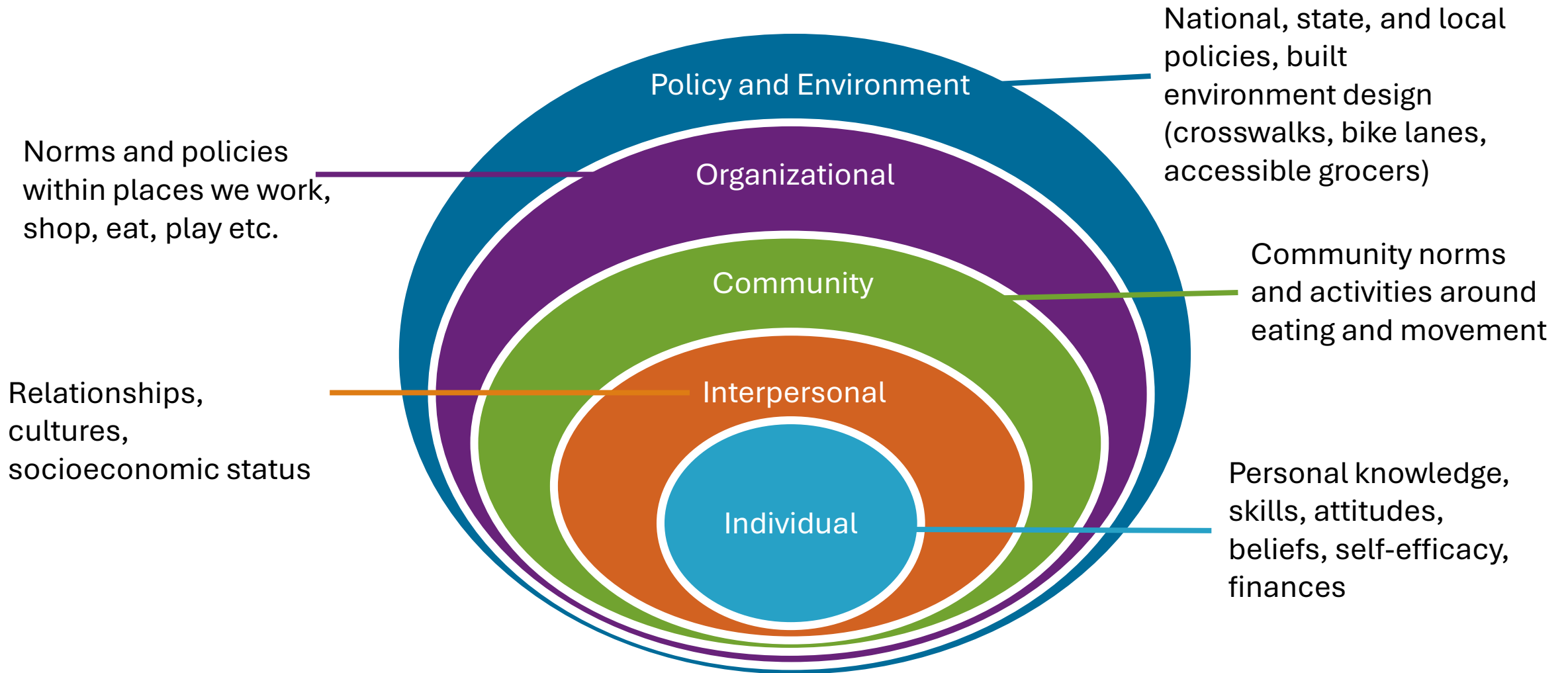
Individual

- SNAP (Basic Food) Participants
- Qualifying for SNAP, Medicaid, WIC or other means-tested programs

Community

- 50% or greater meet eligibility requirements
 - Free-Reduced Price Lunch
 - Census Tract
 - Food Banks/Pantries

Social Ecological Framework





Nutrition and Physical Activity Education

*252 class series reached
4,775 individuals
(92% youth)*

Direct Education includes class series using approved curricula.

- Schools, housing, or community spaces

Indirect Education are activities and materials that support education.

- Food tastings and demos
- Flyers and handouts
- One-time events
- Tabling

Policy, Systems, and Environment (PSE)

*329 activities
reached an
estimated
1,393,907
individuals*

- **Policy, Systems, and Environmental (PSE)** change interventions address socioeconomic factors making the healthy options more accessible, easier, and the default.
- Policies and staff training
- Space layout and design
- Community gardens
- Train-the-trainer
- Build environment



Social Marketing

A campaign for farmers market nutrition programs resulted in over 50 million impressions!

Social Marketing combines commercial marketing methods with public health approaches to achieve significant, large-scale public benefits.

- Banners and signage
- Videos
- Social Media
- Advertisements



Inclusive Nutrition Initiative

A Partnership with Special Olympics



Inclusive Nutrition Initiative (INI)

WHO:

- Special Olympics International (SOI)
- Nine state and tribal delegations from SNAP-Ed and Diabetes Prevention Programs

SOI convened the INI to identify accessibility challenges, share best practices, and make commitments to help meet White House Conference goals and objectives.





Year 1 – October 2023, D.C.

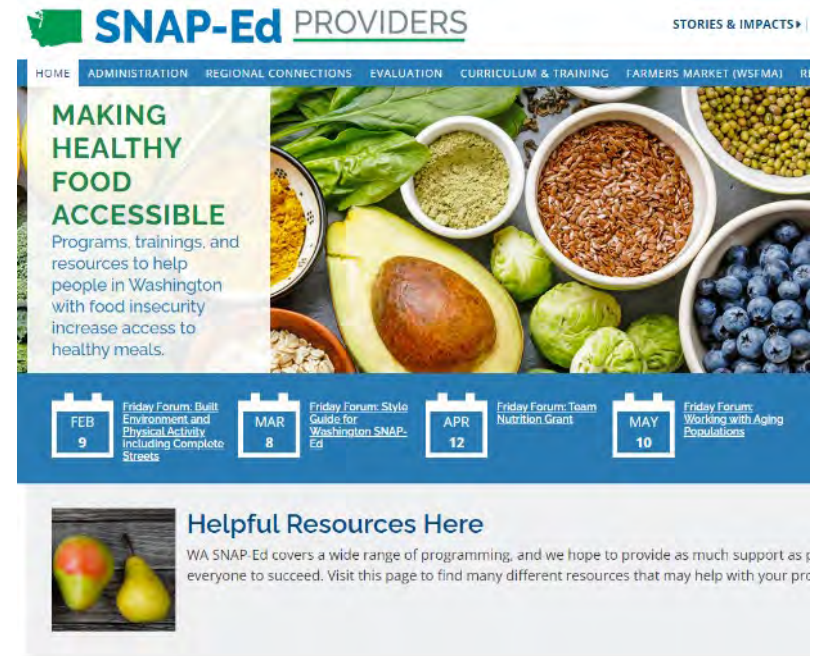
- Strengthened relationships with WA programs and external partners.
- Peer learning and networking with health messengers
- Developed 7 commitments to increase accessibility in WA SNAP-Ed



2023 Commitments

Resources and Training

- Inclusive nutrition resource page
- Assess provider skill and interest
- Provide adaptive cooking toolkits

A screenshot of the SNAP-Ed PROVIDERS website. The page has a blue header with the text "SNAP-Ed PROVIDERS" and a navigation menu with links for HOME, ADMINISTRATION, REGIONAL CONNECTIONS, EVALUATION, CURRICULUM & TRAINING, and FARMERS MARKET (WSFMA). The main content area features a large image of various fresh foods like avocados, blueberries, and leafy greens. Overlaid on this image is a white box with the text "MAKING HEALTHY FOOD ACCESSIBLE" and a sub-headline "Programs, trainings, and resources to help people in Washington with food insecurity increase access to healthy meals." Below this is a blue section with a calendar for February, March, April, and May, listing various Friday Forum events. At the bottom, there is a section titled "Helpful Resources Here" with a small image of a pear and a peach.

2023 Commitments



Partnerships and Collaboration

- Connect with Administration for Community Living-funded programs
- Establish Washington State Inclusive Nutrition Initiative
 - DOH: CYSCHN, Health Equity Zones, DPP, Evidence-based programs, WIC
 - DSHS: SNAP-Ed
 - External Partners: Special Olympics Washington

2023 Commitments

Incorporation into Statewide Systems for Equity and Inclusion

- Curriculum Rubric
- Anti-Racism and Equity Strategic Plan

Instructional Design

	Exemplary	Developing	Emerging	Neutral	Unsatisfactory
Universal Design of Learning (Everyone will be able to participate in this class regardless of physical abilities.)					
UDL Engagement					
1. Learning experience appropriate to capture participant interests and attention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Learning experience appropriate to encourage participation in the full series.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Learning experience appropriate for participants to regulate their own efforts, e.g. extenders, self-paced learning, space for participant questions or ideas, or opportunities for continued learning during and after the workshop series is complete.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total marks for each category (top row)	0	0	0	0	0
Which category (i.e. "Exemplary") received the most check marks? Indicate here and provide any additional comments .					



Year 2 – October 2024, D.C.

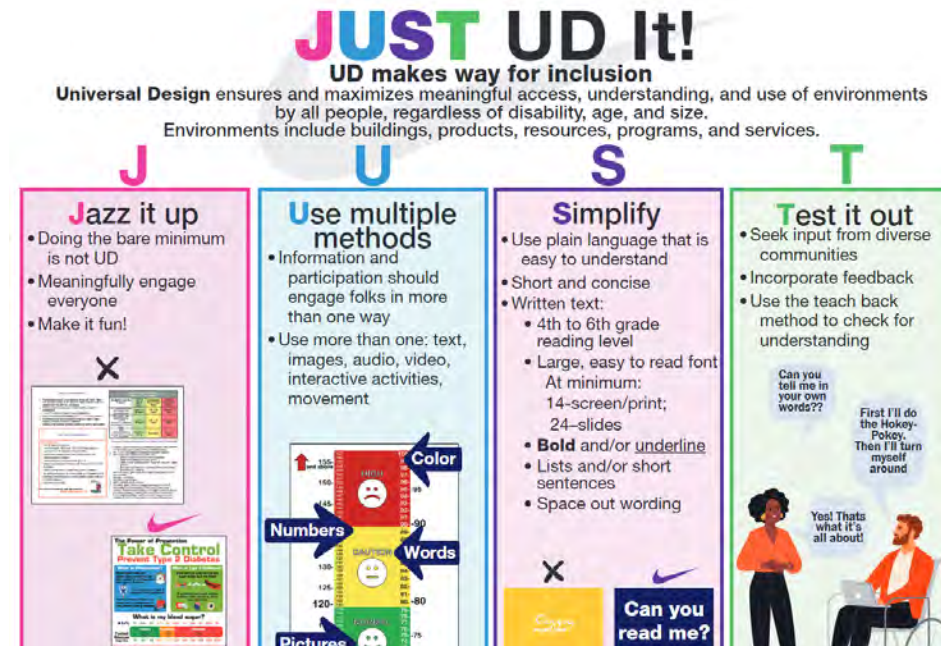
- Explored options for workgroups and broadening reach
- Reported on progress toward previous commitments
- Made 7 additional commitments to increase accessibility in WA SNAP-Ed



2024 Commitments

Resources and Training

- Universal Design training for providers and leadership

An infographic titled 'JUST UD It!' with the subtitle 'UD makes way for inclusion'. It explains that Universal Design ensures meaningful access for all people. The infographic is divided into four columns: J (Jazz it up), U (Use multiple methods), S (Simplify), and T (Test it out). Each column includes a list of principles and examples of good and bad design. The 'J' column shows a cluttered document with an 'X' and a clear document with a checkmark. The 'U' column shows a document with multiple colored arrows pointing to different elements labeled 'Color', 'Numbers', 'Words', and 'Pictures'. The 'S' column shows a document with an 'X' and a simplified version with a checkmark. The 'T' column shows a person in a wheelchair asking a question and another person responding, with a checkmark indicating a good outcome.

JUST UD It!
UD makes way for inclusion

Universal Design ensures and maximizes meaningful access, understanding, and use of environments by all people, regardless of disability, age, and size. Environments include buildings, products, resources, programs, and services.

J

Jazz it up

- Doing the bare minimum is not UD
- Meaningfully engage everyone
- Make it fun!

X

U

Use multiple methods

- Information and participation should engage folks in more than one way
- Use more than one: text, images, audio, video, interactive activities, movement

S

Simplify

- Use plain language that is easy to understand
- Short and concise
- Written text:
 - 4th to 6th grade reading level
 - Large, easy to read font
- At minimum:
 - 14-screen/print;
 - 24-slides
- **Bold** and/or underline
- Lists and/or short sentences
- Space out wording

X

T

Test it out

- Seek input from diverse communities
- Incorporate feedback
- Use the teach back method to check for understanding

Can you tell me in your own words??

First I'll do the Hokey-Pokey. Then I'll turn myself around.

Yes! That's what it's all about!

Can you read me?

2024 Commitments



Partnerships and Collaboration

- WA Inclusive Nutrition Initiative meeting quarterly
- 2 new partnerships with organizations serving people with IDD
- Participate in 2025 Community Summit with DDA

2024 Commitments



Advisory Input and Compensation

- Include people with lived experience in program planning, training, and materials
- Provide compensation for people with lived experience that serve in an advisory capacity.



Resources

- [Washington SNAP-Ed Provider Site](#)
- Washington SNAP-Ed [Provider Map](#)
- [Inclusive Nutrition Initiative Resources | Washington State SNAP-Ed Providers | Washington State University](#)
- [Empowering Culinary Exploration: Tips for Teaching Cooking Skills to Youth with Disabilities](#) course developed by the DOH Children and Youth with Special Healthcare Needs Program.



Thank you!



10-MINUTE BREAK

Please return by 10:45



Children & Youth with Special Health Care Needs

www.doh.wa.gov/cyshcn

Parent Perspective Jill Walsh

January 9, 2025



Outline

Timeline of our
Experience

Services Used

Learning as we go

References/Resources

2015

2 ½ years old

Autism Diagnosis

Services/Programs:

Birth to 3

Came to the house.
Much needed support,
guidance, in safety of
home.



Regence UMP ACDC
HCA DSM
OSPI IRE Kaiser
SLP PCM
TCI BCB
ABA DSI FEAT IEP
BIP DDA WAAA
ATLAS
SPed ASD DEFERS Appeal CBT SSP FBA TCI BCB ABA DSI FEAT IEP BIP DDA WAAA ATLAS
Denial Referral Play Therapy Accommodations
PreAuthorization HNFSTriCare OEO Kaiser

**Introduction to a
whole new
(overwhelming)
world of acronyms**

2015 - 2018

3- 5 years old

Developmental Preschool

Services/Programs:

Individualized Education Plan (IEP)

School Speech Therapy

South Sound Parent to Parent (SSP2P)

Play group meet ups, organized events – no need to worry about meltdowns, sensory-friendly events (plays, orchestras)



2018 - 2019

6 years old

Mainstream Kindergarten

Services/Programs:

IEP, SSP2P

Teacher Influence

School Speech Therapy/Social Skills

Accessible Performances, Sensory-friendly hours, Sensory Guides



Sensory Friendly Performances







- Televisions are available outside the show in case you need to leave the theatre at any point.
- **Social Narratives**, Character, Scene Breakdown and Apps for the event made available online prior to the performance



GENERAL CONSIDERATIONS

- Duration: Approximately 2 hours 45 minutes with one intermission.
- The decibel levels for the Sensory Friendly show will be mostly below 90 dB, and since readings are taken at a regular performance, they are not documented here.
- This Sensory Guide was developed following an audit in November 2024 at The Paramount Theatre. The audit was conducted by a member of the Sensory Access team who is neurodivergent and hyperacoustic.
- The information in this guide should not be relied on for performances at other venues. The show is detailed scene by scene in the guide below. Each line indicates the impact from the beginning of the listed scene until the start of the next one.

SENSORY IMPACT KEY

-  Auditory Impact
-  Visual Impact
-  Emotional Impact
-  Strobing Effects

COMMON DECIBEL (DB) LEVELS

70	Office/classroom chatter
80	Busy traffic, dog barking
90	Hairdryer
100	Lawnmower, construction site
110	Concert, night club
120	Police siren, airplane taking off



SENSORYACCESS
ACCESS FOR ALL



I might hear hair dryers.



I might see other people their getting their hair cut.



I will need to lay back in the chair and rest my head on the edge of the sink to get my hair washed



Then, the stylist will rinse my hair with water and dry It with a towel.

Social Narrative/Stories: Haircut Example

2019 – 2022

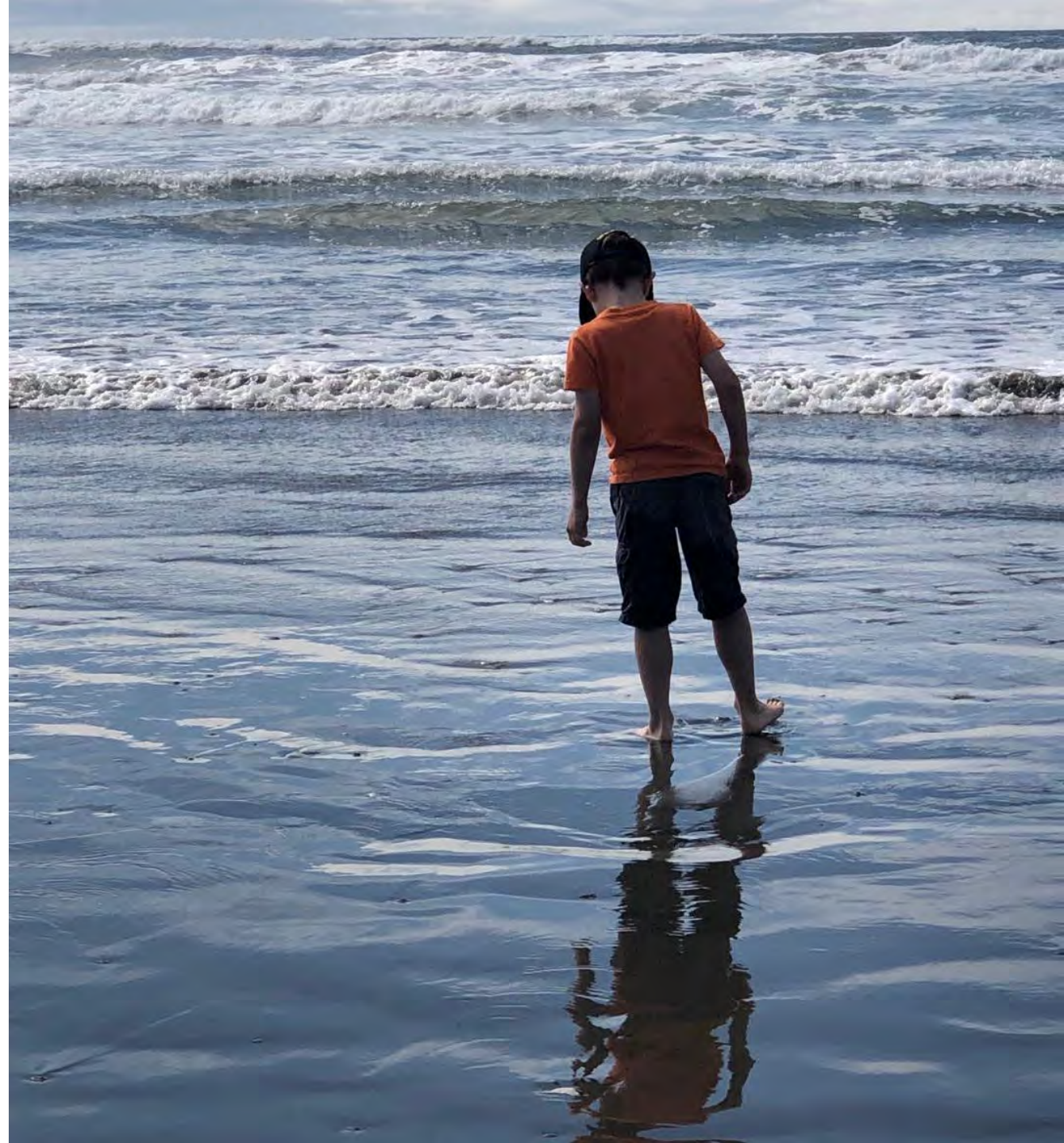
7 - 9 years old

Mainstream First, Second & Third Grade
Including The COVID Years

Services/Programs:

IEP, SSP2P, Speech/Social Skills

*Thurston County Inclusion (TCI) – Play
Dates, Organized events*



Additional Organizations Offering Sensory Friendly Hours/Supports

Not All-Inclusive, just some we've used



Thurston County
Inclusion



Lights Up Slightly, Sound lowered

Washington's Mental Health Referral
Service for Children and Teens

Offered through



2022 – 2023

10 years old

Mainstream Fourth Grade

Services/Programs:

IEP, SSP2P, TCI, Speech/Social Skills

1:1 Para-educator

Lessons:

Testing Accommodations

Teacher Communication

Extra-Curricular Participation

(Prohibited) Para-educator/parent communication

Photo of bee by Ben



2023 – 2024

11 years old

Mainstream Fifth Grade

Services/Programs:

IEP, SSP2P, TCI, Speech/Social Skills

1:1 Para-educator

Lessons:

Test scores affect highly capable enrollment/eligibility

Teacher Influence

Para-educator/knowledge of student needs



Ben's Academic Portfolio

As long as I can remember, I have loved cats, reading, science, space, and facts. In fifth grade, I learned that I like math and social studies.

I like to read science books, all the Bad Kitty comics, the "Who is.." I have two dogs and one cat.

Separate pages of this portfolio are accessed by links in the upper right corner of this page.



Application to Highly Capable Program

2024 – Present

12 years old

Sixth Grade – Accelerated Math & Science

Services/Programs:

IEP, SSP2P, TCI,

1:1 Para-educator

Lessons:

“The kid on paper is not the kid we have”

Adjusting IEP goals



Perspective Shift

Toward a Racially and Culturally Sensitive Renaming of “Academic Probation”

Abstract

National data, alongside the current cultural climate and the findings of a recent CSUF undergraduate researcher’s inquiry, suggest that the use of the phrase “Academic Probation” is perhaps antiquated for the CSUF Mission and Values. The authors present an argument in favor of adopting “Academic Notice” as alternative nomenclature to describe the standing of students with Grade Point Average below 2.0.

Dr. Elizabeth Boretz (Lead Author) Dr. Karyn Scissum Gunn
Ms. Delilah La Pietra

- “That was my experience with it,” La Pietra said. “As a white woman and as a psych major, I recognize that my experience is going to be different. I’m privileged, and in this case, I could use that privilege to understand and change the experience for other people.”

Closing Thoughts



- You don't have to understand something for it to be true for someone else.
- Book recommendations – by autistic authors.
 - **A Kind of Spark by Elle McNicoll**
- The behavior – “it’s not about what it’s about”

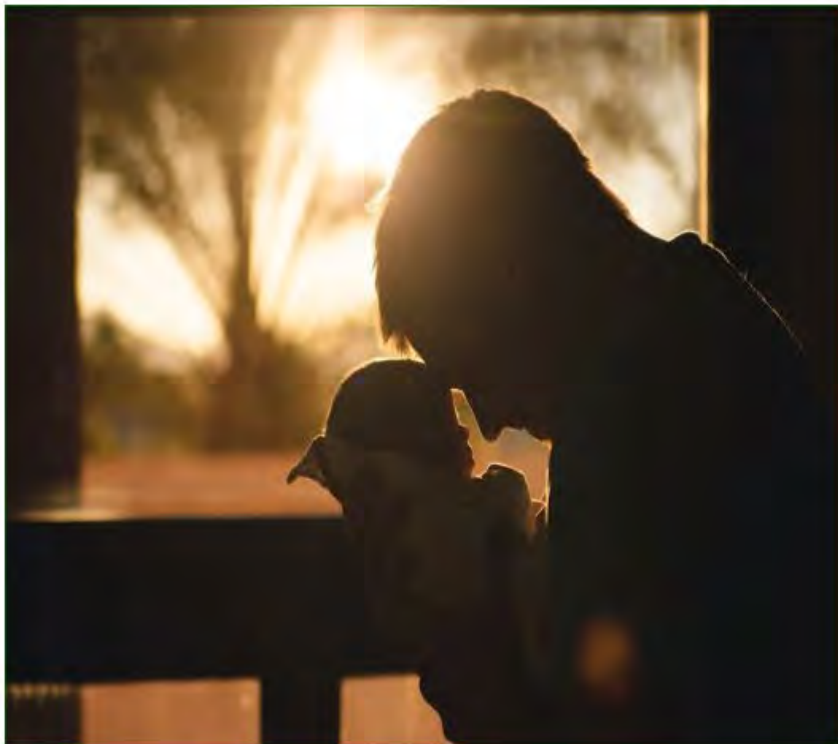


Contact Info

Jill Walsh

jillwalsh2013@gmail.com

BreatheWell Inspiration— MEDICALLY COMPLEX/ TRACH/ VENT EDUCATION



BreatheWell Inspiration

Leslie Elder, MSN, RN

Seattle Children's Hospital—1990-2023

- Nurse Tech
- Staff Nurse
- Charge Nurse
- Pulmonary Case Management/Discharge Coordination
- Inpatient Case Manager—Pulmonary, Craniofacial, Neurosurgery, E.D., Medically Complex Service, Oto..

National Corporate Clinical Specialist

Aveanna 2015-2017

Co-Creator: Seattle Children's Trach Safe Program 2013→

- Airway evaluation prior to discharge—> emergency airway management plan
- Trach Safe Emergency Airway Management Class
- Near Miss data collection
- Medic 1 education

New Models of Care 2022→—Statewide workgroup, develop new caregiver type for pediatric complex care at home

BreatheWell Inspiration—2023→

- Medically complex/ trach/ vent education



BreatheWell Inspiration

Thank you for letting me talk today

- I'm a resource to you and the medically complex patients at home
- There aren't enough nurses for this care at home, variable methods of training
- Caregivers don't have enough options for reliable training



MISSION → HELPING PEOPLE HELP PEOPLE

- **Access to high quality, expert education—Federal Way, WA**
- **Lecture/practice**
- **Simulation**
 - **routine and emergency airway care**
 - **assisted ventilation**
 - **medically complex medication regimens**
 - **enteral feeding**

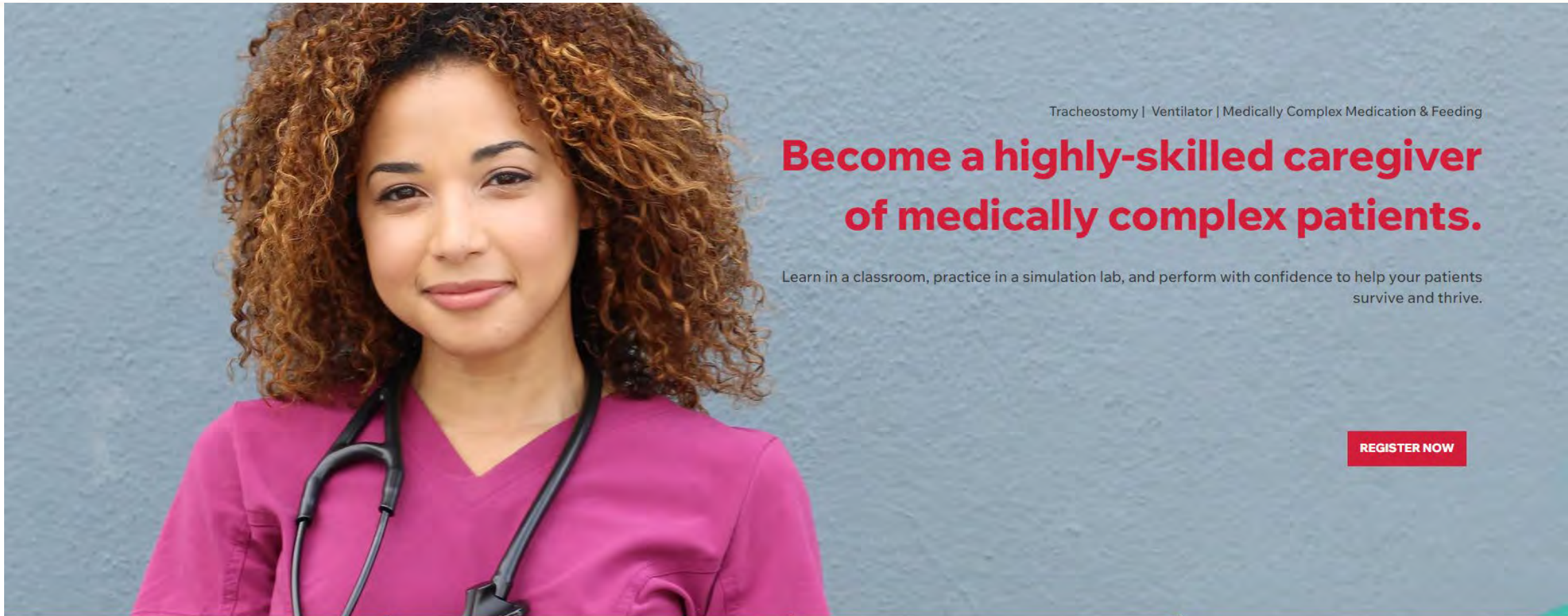


Simulation pods





www.breathewellinspiration.com



Tracheostomy | Ventilator | Medically Complex Medication & Feeding

Become a highly-skilled caregiver of medically complex patients.

Learn in a classroom, practice in a simulation lab, and perform with confidence to help your patients survive and thrive.

[REGISTER NOW](#)

PARENTS, GUARDIANS, FAMILY &
FRIENDS

LICENSED HEALTHCARE PROFESSIONALS

NURSING & PARAMEDIC STUDENTS &
GRADUATES

AGENCY, SCHOOL, AND GOVERNMENT
STAFF



BreatheWell Inspiration

CLASSES

Tracheostomy 101

Learn about and practice how to provide the best routine care.

[Full Description](#)

Mon

4 hr

\$99

[Book Now](#)

[Explore Plans](#)

Tracheostomy 201

Learn about and practice how to handle airway emergencies.

[Full Description](#)

Mon

4 hr

\$99

[Book Now](#)

[Explore Plans](#)

Medically Complex Feeding

Learn gastrostomy feeding, skin care, and feeding safety.

[Full Description](#)

Tue

3 hr

\$89

[Book Now](#)

[Explore Plans](#)

Medically Complex Medication

Learn how to give medications with the correct techniques.

[Full Description](#)

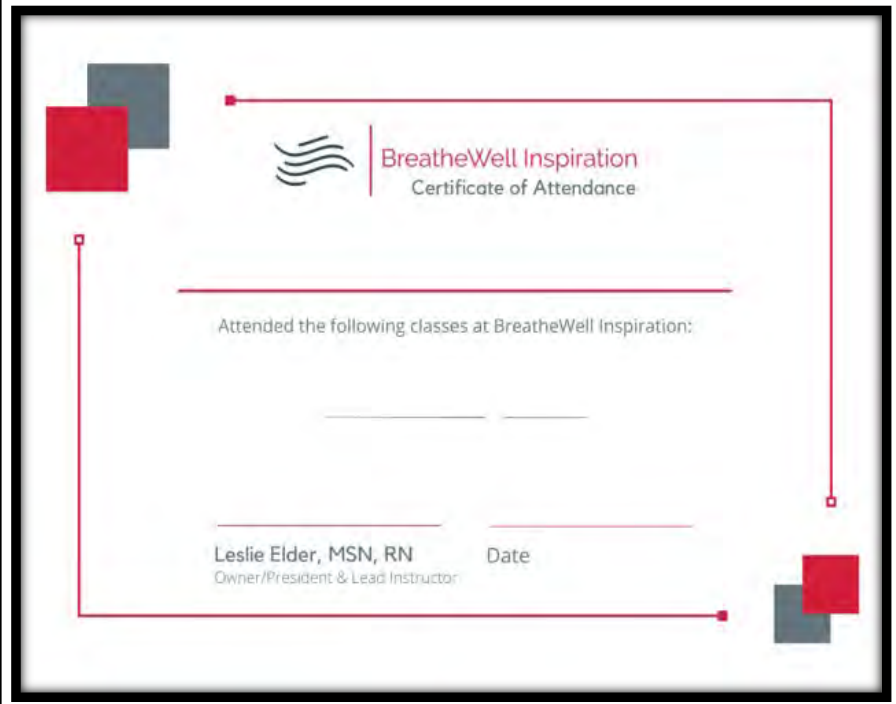
Tue

2 hr

\$69

[Book Now](#)

[Explore Plans](#)



BreatheWell Inspiration

CLASSES

BreatheWell Simulation I

Practice and show your tracheostomy, feeding, and medication skills.

[Full Description](#)

Tue

4 hr

\$89

[Book Now](#)

[Explore Plans](#)

Ventilator 101

Learn about and practice how to provide ventilator care.

[Full Description](#)

Wed

4 hr

\$99

[Book Now](#)

[Explore Plans](#)

BreatheWell Simulation II

An intensive simulation that covers all BreatheWell topics.

[Full Description](#)

Wed

5 hr

\$89

[Book Now](#)

[Explore Plans](#)

People Care 101

Learn about the personal impact of the job, interfacing with families,...

[Full Description](#)

Thu

4 hr

\$99

[Book Now](#)



BreatheWell Inspiration

TRAINING MATTERS...

- In pediatric home care, the lack of expert nursing contributes to a higher occurrence of life-threatening situations (Reiter, Pernath, Pagal, Hiedi, Hoffman, Schoen, & Nicolai, 2012)
- Video/online/self-report alone forgoes the ability for return demonstration; nurses do not receive ongoing training or clinical updates on this specialized training; CPR training does not meet the needs of trach/vent children at home; a lack of vigilance at home leads to preventable deaths (Boroughs & Dougherty, 2012).
- Inadequate pediatric home care increases the risk of readmission (Kun, Edwards, Davidson Ward & Keens, 2012)
- Children die at home from avoidable causes of death (Edwards, Kun & Keens, 2010)
- Children are not small adults and they're at high risk for problems at home:
 - Smaller airways, natural and artificial=> higher risk for obstruction
 - Less effective cough clearance
 - Decreased diaphragmatic efficiency
 - Lower nutritional reserve (Peterson-Carmichael & Cheifetz, 2012)
 - Comorbidities with complex care needs (Roy Elias, Murphy, et al., 2012)

TRAINING MATTERS...

- Parents want home nurses who can “think on their feet” and quickly respond to emergencies without hesitancy (Mendes, 2013)
- Parental hopelessness is fueled by pediatric home nurse/caregiver incompetence (Bouroughs & Dougherty, 2009)

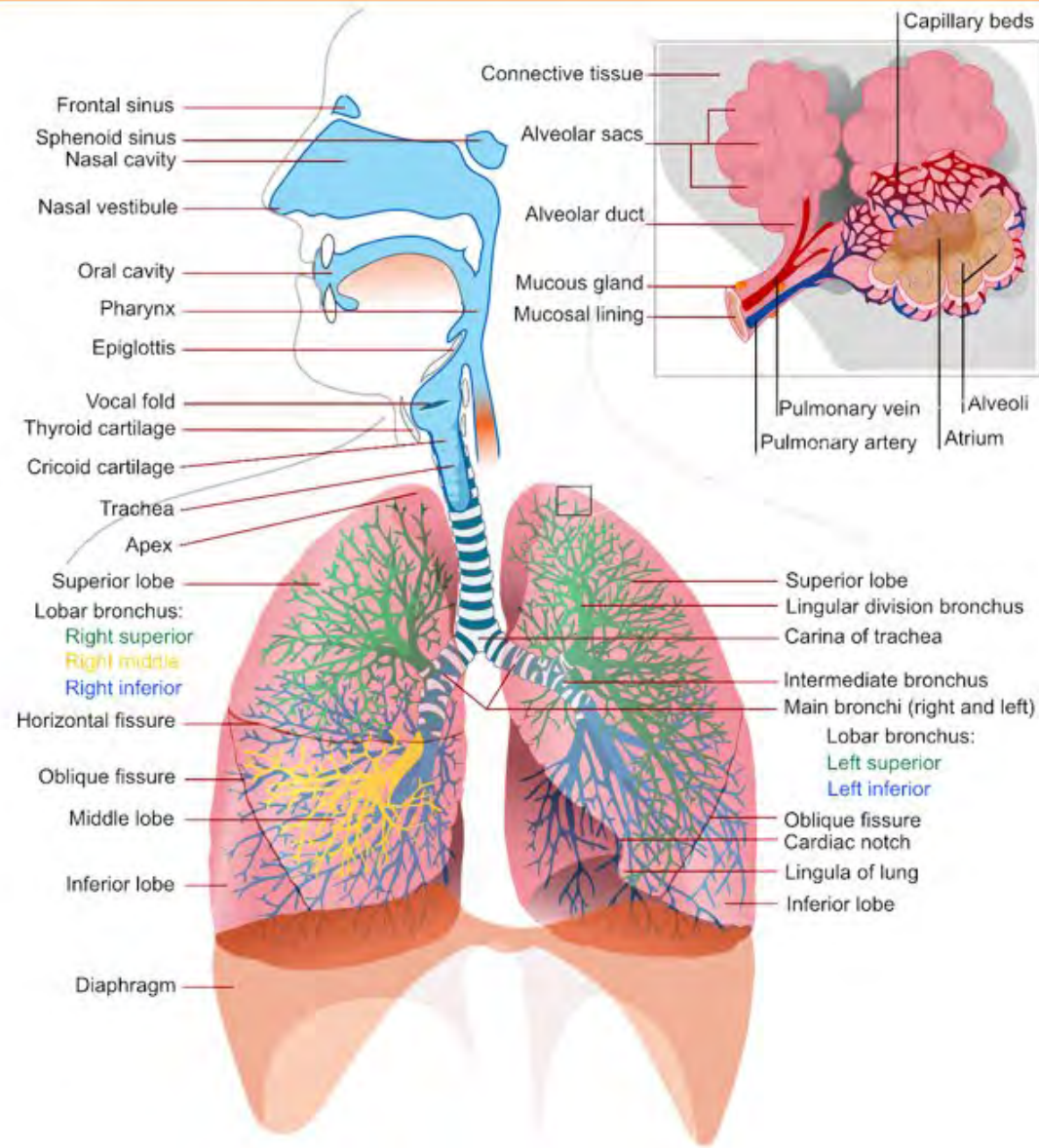
WE CAN DO BETTER

**WE NEED TO FILL UP THE CAREGIVER POOL WITH
PREPARED CAREGIVERS**



BreatheWell Inspiration

Lungs and airways



WHEN IT ALL GOES WRONG

- AIR CANNOT GET IN
- AIR CANNOT GET OUT
- DIFFUSION ISN'T WORKING WELL
- ILLNESS
- BROKEN/MISSING EQUIPMENT OR SUPPLIES
- COMPLACENCY

...YOU NEED MUSCLE MEMORY



What does distress look like?

INCREASED TEMPERATURE:

The side effect of an increased temperature is an increased heart rate,

→ 10% metabolic increase 1 Celsius increase

“Feeling warm” is wrong about 40% of the time

Infection-fighting cells are activated—white cells increase, T-cell activation, B-cell distribution increases

FORCED INSPIRATION
FORCED EXPIRATION
BOTH

INCREASED HR/RR, DECREASED SATS (maybe...)

DIAPHORESIS (SWEATING) → NEUROMUSCULAR
WEAKNESS SIGN OF DISTRESS

COUGHING


ANXIETY

LETHARGY/TIRED/ACHES



BreatheWell Inspiration

COUGH REFLEX



RECEPTORS TRIGGERED IN THE LARYNX, TRACHEA, CARINA → SIGNAL TO THE BRAIN TO INITIATE A COUGH

BIG, DEEP BREATH

GLOTTIS AND VOCAL CORDS SIGNALLED TO CLOSE, CHEST WALL MUSCLES CONTRACT, DIAPHRAGM CONTRACTS

Vocal cords relax, glottis opens, air forced out

Trachea diameter decreases, forces particles to release from the walls

You must know this as a caregiver to save lives
IF YOU CAN'T TAKE A BIG BREATH, YOU CAN'T COUGH AT ALL OR NOT WELL

- ✓ **Low tone**-- conditions of weakness—debilitated, neuromuscular diseases
- ✓ **High tone**—chest wall contraction hampered by stiff muscles at baseline
- ✓ **Trach tube in place**—can obstruct movement of secretions, minimize big breath
- ✓ **Diaphragm abnormalities**
- ✓ **Quadriplegia** (no impulse via the phrenic nerve to diaphragm, injury at/above the 4th cervical vertebrae)
- ✓ **Craniofacial abnormalities/obstructed upper airway**—can't close the glottis
- ✓ **Abnormal vocal cord motion**—can't close for back pressure to build
- ✓ **Brain does not trigger the cough reflex**—abnormal brain function



BreatheWell Inspiration

RESUSCITATOR BAG

PEEP VALVE:

Resuscitator bags can be fitted with a valve which helps to maintain the positive end-expiratory pressure required by the patient



POP OFF VALVE/OVERRIDE

Feel the air with inflation



MANOMETER

Measures the pressure of inflation

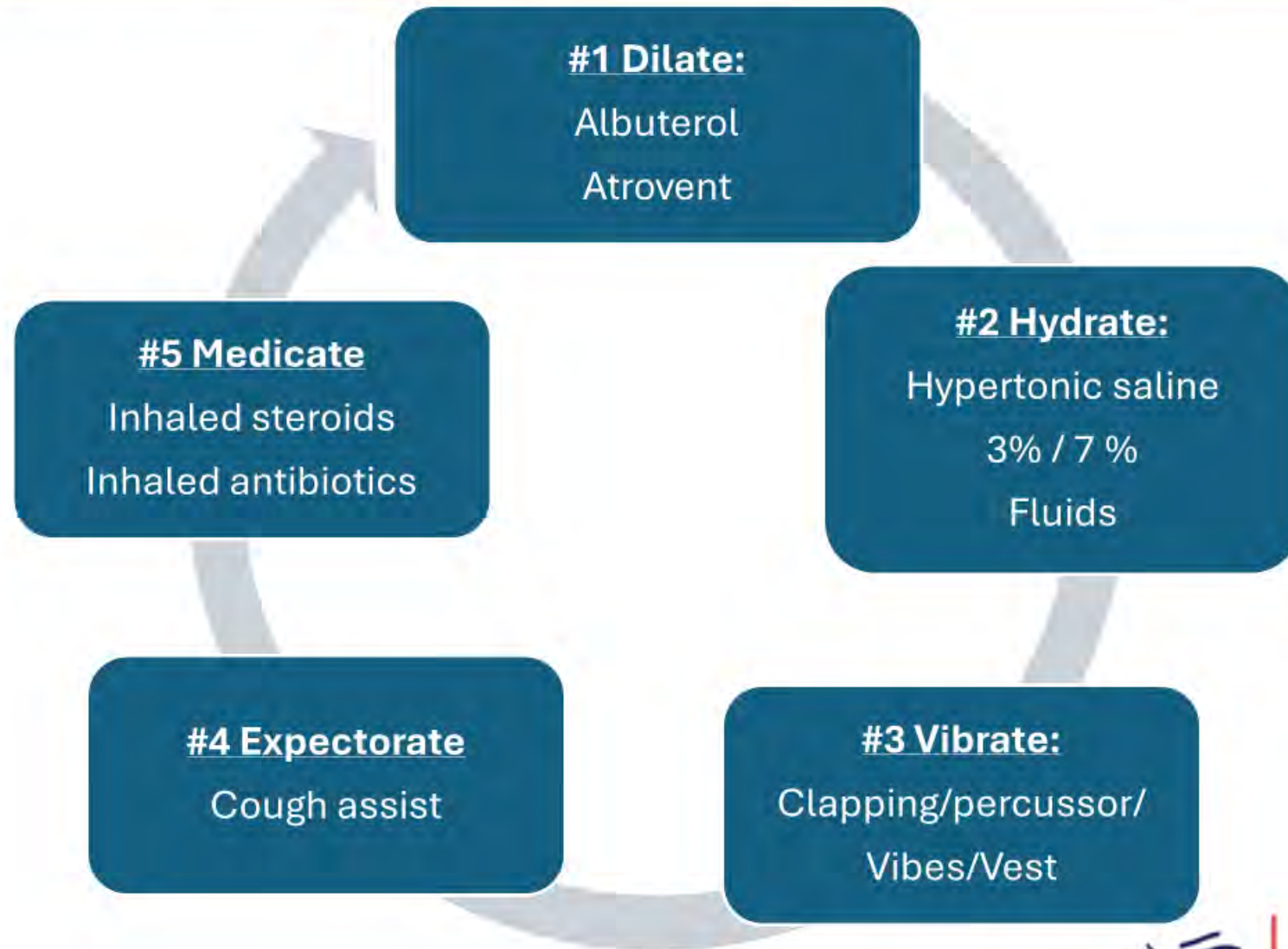


BreatheWell Inspiration

Medication overview--Rx

<p>Diuretics furosemide (Lasix) chlorothiazide (Diuril) spironolactone (Aldactone)</p>	<p>A diuretic used in lung disease to increase the compliance and dispensability of the lungs. Used in heart and kidney disease to move fluids out of the body. Monitor your patient closely if they develop a gastrointestinal illness that leads to fluid loss; there's an increased risk of dehydration in a GI illness when using a diuretic.</p>
<p>Antifungal nystatin powder/cream ointment (Azoles, like fluconazole many others)</p>	<p>Nystatin powder is an antifungal, topical powder/cream/ointment used under trach ties to minimize the risk of yeast skin infections, for treatment of a yeast diaper rash—or any area that appears to have a fungal-related rash. The use of nystatin cream under trach ties may increase the risk of moisture collecting under the ties and compromise skin integrity. AVOID getting nystatin powder/cream/ointment around or in the trach stoma.</p>
<p>Topical steroid + antibiotic <u>Tobradex</u> <u>Ciprodex</u></p>	<p>Used topically for minor skin infections and inflammation. It's a combination of tobramycin, an antibiotic, and dexamethasone, a steroid. <u>Tobradex</u> is sometimes prescribed to treat granulation tissue around the trach stoma or in the trachea</p>
<p>Monoclonal antibodies <u>Synagis (pavlizumab)</u> <u>Beyfortus (nirsevimab)</u></p>	<p><u>Synagis</u> is given in 5 monthly, IM injections during the viral season, does not prevent respiratory syncytial virus (RSV—a bad cold), but it can decrease the severity of the symptoms. It's rarely given after two years of age, many qualifiers. No adults. <u>Befortus</u> is a longer acting monoclonal antibody, longer acting than <u>Synagis</u>, given once per viral season IM, infants 0-19 months (many qualifiers), adults, and pregnant women third trimester</p>

ORDER OF MEDICATIONS



G-TUBE AT YOUR STATION

LET'S PRACTICE

Types of tubes:

NG

GT

GJ

Placing G-tubes

Placing NG tubes—INTO AN EMPTY STOMACH

Where are GJ's replaced? Interventional Radiology 



It always starts with handwashing and putting on gloves



BreatheWell Inspiration

Stoma complications

Granulation tissue

- Some people just over-heal and produce granulation tissue
- Movement → contributes to leaking/enlarged stoma
- Moisture/exudate/drainage → daily cleaning or more
- Infection
- Pressure— needs a longer tube length to minimize

Problems:

- Bleeding—very vascular and friable skin
- Pain—related to infection, movement, leaking/burning
- Infection
- Drainage—green/yellow/brown

Don't be creative with dressings, ask an expert

Treatment:

- Minimize pressure/movement/moisture → keep it clean, not too tight—increase length of post related to growth
- Dressings—as ordered, split 2x2, wicking, methylene blue products → frequent dressing changes...every hour if needed → wick away excess drainage/infection away from the skin
- Silver nitrate—can damage surround skin. **BE CAREFUL!** Can be painful, skin gets gray/black before it heals
- Triamcinolone—limit of two weeks
- Zinc oxide barrier creams



Gastrostomy tube with granulation tissue by OPENPediatrics. www.openpediatrics.org/clinicalimagelibrary/medicaltechnologies/gastrostomy-tube-with-granulation-tissue



BreatheWell Inspiration

Farrel bags/venting

Refeeding of G-tube output from the Farrel bag helps retain important fluids that aid digestion/electrolyte balance

Reasons for venting:

- Normal air/gases in the GI system/burping
- Delayed gastric emptying
- Aerophagia (swallowing air)—crying/ventilator-induced
- Impaired GI motility
- Abdominal distension/bloating—feeding intolerance
- Recurrent vomiting/gastric distress

Farrell bag—>change daily **HOW HIGH??**

GJ tube: Farrel bag hooked up to the G-tube port

Feeds into J-tube port

G-tube: Feeds Y'd into the Farrel bag, Farrel bag to the G-tube

Syringe via G-tube venting:

- Manually remove air, as ordered, parent preference
- Large syringe, straight tip connector into the G-tube
- Slow pull back, stop when resistance is felt



Let's practice!



BreatheWell Inspiration

Obstructive lung disease/Interventions

Prevents effective and complete exhalation and the natural flow of air in the lungs

Air trapping/hyperinflation—sternal bowing, flattened/inverted diaphragm, retrosternal air, less room to inhale

Asthma—chronic inflammatory disease—inflammation/constriction/mucous

Airway compression—bronchoconstriction from an enlarged heart (might be fixed, growth/time)

Airway malacia—prevents full exhalation, especially with crying, coughing

Residual inflammation after an illness—RSV, influenza, adenovirus

COPD-chronic bronchitis/emphysema—damage to alveolar walls

Bronchiectasis—permanent destruction of lung tissue, less alveolar surface area for gas exchange

Fixed obstruction vs reversible obstruction

Asthma—reversible (we hope)→ albuterol, steroids—oral/inhaled, ipratropium

Fixed—airway abnormality, tracheal stenosis, upper airway obstruction/narrowing



Interventions??



BreatheWell Inspiration

CAREGIVER EDUCATION

PLEASE JOIN ME IN TRYING TO IMPROVE THE LIVES OF THESE CHILDREN AND FAMILIES AT HOME

QUALITY EDUCATION PLAYS A SIGNIFICANT AND POSITIVE ROLE IN THIS TYPE OF CARE AT HOME

QUALITY EDUCATION IS READY--JUST DOWN THE ROAD

SEE ONE, DO ONE, TEACH ONE HAS TURNED INTO SEE ONE, DO ONE, SIMULATE MANY

THANK YOU!



BreatheWell Inspiration

Closing and Next Steps

- Meeting Minutes and Recording will be available in the coming weeks
 - Please fill out [evaluation](#)
 - Please fill out [form](#) with any program updates
 - Send questions or additional info to Linda:
Linda.Ramirez@doh.wa.gov



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