



## MEETING THE NEEDS OF ECE COMMUNITIES DURING COVID-19

During the early months of the COVID-19 pandemic, there was a demonstrated need for clear and consistent information about how to mitigate the risk of COVID-19 among children, particularly in early care and education (ECE) facilities where many children spend most of their active daytime hours. To meet this challenge, the COVID-19 Early Care and Education Collaborative was established with experts from environmental health, health care and ECE organizations to share best practices and respond to the needs they were hearing.

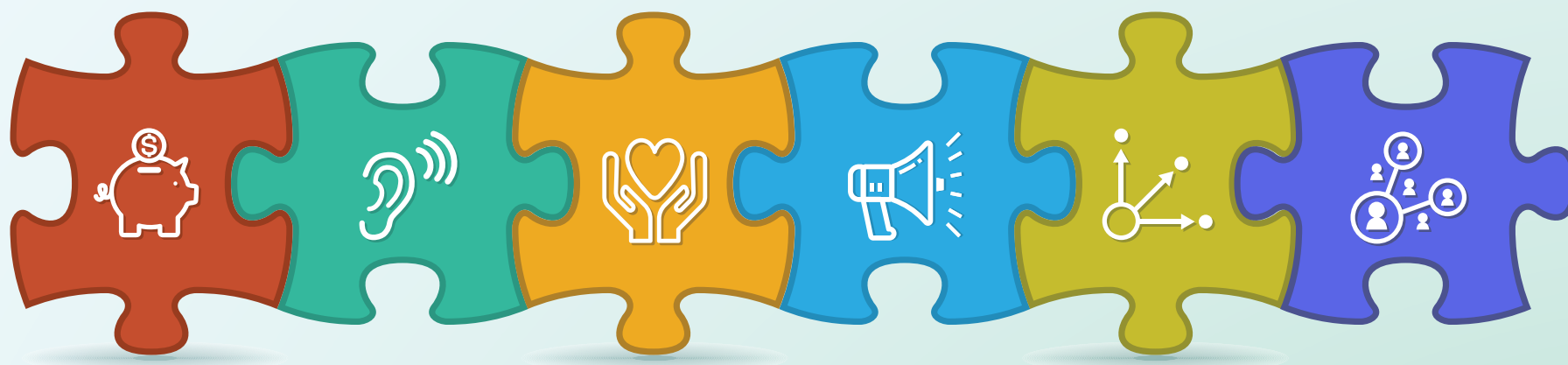
Convening this broad range of organizations ensured that messaging was coordinated and tailored to the ECE community, including ECE facilities, home-based childcare settings, clinicians, and other health care providers and public health organizations. Collaborative members identified needs and gaps and, in response,

developed educational materials, webinars, and trainings on priority topics including safe cleaning, disinfection, food handling, and indoor air quality during the early stages of the COVID-19 response.

This project leveraged existing partnerships and collaboration maintained and fostered by the Centers for Disease Control and Prevention's (CDC) National Center for Environmental Health (NCEH) and Agency of Toxic Substances and Disease Registry (ATSDR) to strengthen coordination and communication. The Collaborative used and modeled the seven strategies of NACCHO's Health in All Policies.

Visit the ECE Collaborative website at:

<https://www.neha.org/eh-topic/covid-ece-collaborative>



### SAVED RESOURCES

NEHA provided the online platform, Basecamp, to support coordination of ATSDR's APPLETREE grantees in support of CEHN. Basecamp was used to connect the Collaborative to meeting notes, recordings, announcements, and developed resources.

NEHA developed a centralized clearinghouse of all developed resources and tools and maintained the site on behalf of the group.

### EAR TO THE GROUND

Each organization conducted ongoing assessments of their member's needs at state, territorial, tribal, and local jurisdictions and provided this information to the Collaborative to help inform existing gaps or confirm the usefulness of resources to the ECE community.

### MET NEEDS

Recognizing the gap in resources for home-based childcare settings, NCHH developed resources for this specific audience.

The Collaborative identified language gaps and translated resources into multiple languages.

CEHN identified a gap in ventilation guidance for ECEs, and NEHA developed a daily checklist focused on ventilation, air filtration, and chemical usage for ECE professionals to assess indoor air quality risk.

### AMPLIFIED VOICES

PEHSU provided speaker recommendations and facilitated introductions for NACCHO's webinar about disinfection and ventilation in ECE facilities.

CEHN partnered with AAP/PEHSU to create a webinar series together, expanding CEHN's reach by at least threefold, and reaching new audiences, namely AAP's large network of pediatric health care providers.

### BROADENED REACH

ATSDR, ASTHO, and NEHA presented "Collaborating to Bring COVID-19 Resources to Early Care Education" together at NEHA's 2021 Annual Educational Conference.

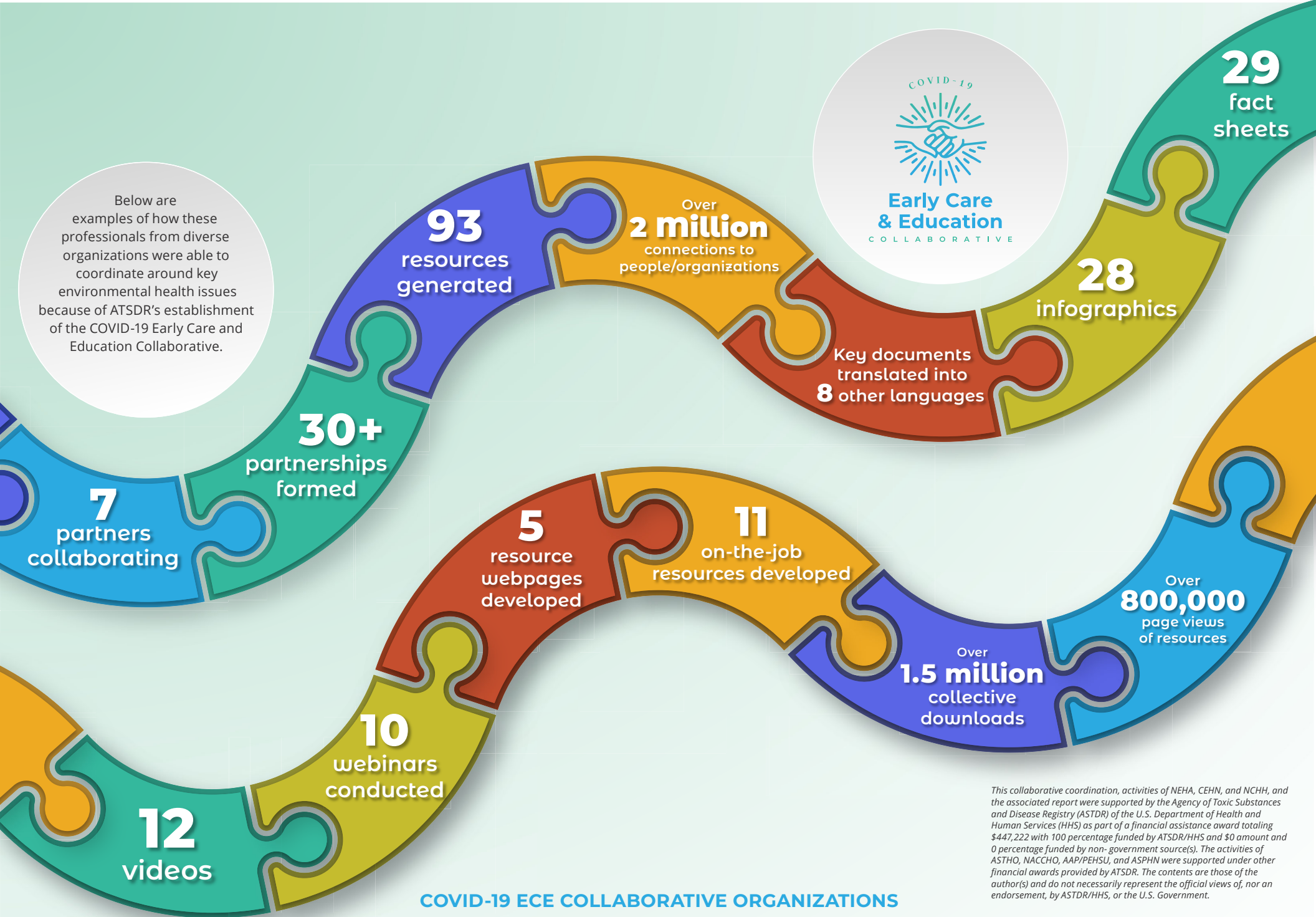
ASTHO, CEHN, NACCHO, NCHH, NEHA, and the Ohio Department of Health conducted a facilitated discussion on the ECE collaborative work in support of Children's Environmental Health Day.

### LEVERAGED EXPERTS

NEHA connected NCHH to a Spanish translating service to convert home cleaning and disinfection guides for home-based ECE facilities.

PEHSU provided content expertise to ASPHN on their Clean Away COVID campaign. The campaign also received an endorsement from the PEHSU Steering Committee.

Below are examples of how these professionals from diverse organizations were able to coordinate around key environmental health issues because of ATSDR's establishment of the COVID-19 Early Care and Education Collaborative.



## COVID-19 ECE COLLABORATIVE ORGANIZATIONS

*This collaborative coordination, activities of NEHA, CEHN, and NCHH, and the associated report were supported by the Agency of Toxic Substances and Disease Registry (ASTDR) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$447,222 with 100 percentage funded by ATSDR/HHS and \$0 amount and 0 percentage funded by non-government source(s). The activities of ASTHO, NACCHO, AAP/PEHSU, and ASPHN were supported under other financial awards provided by ATSDR. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ATSDR/HHS, or the U.S. Government.*