Healthy Learners are Ready Learners: Investing in What Works for Children

Health is the foundation for optimal child development and learning. Nemours envisions a nation in which more children emerge from early childhood — a period of intense brain and body development — with the healthy habits, family supports, and community supports necessary for lifelong learning, health and well-being. To realize this vision, we must reach children where they live, learn, play and receive care. Nemours works with national, state and community-based partners, with a focus on clinical environments and early care and education (ECE). We strive to improve quality in these settings by promoting health and ensuring that health care and ECE providers are well equipped to support families. This document focuses primarily on our most impactful multi-state ECE initiatives and provides guiding principles to inform policymaking for the Administration and Congress.

GUIDING PRINCIPLES FOR HOW THE FEDERAL GOVERNMENT CAN HELP IMPROVE CHILD HEALTH

- **Invest in the ECE Workforce.** Ensuring a healthy, adequately compensated, and well-trained workforce that is knowledgeable about child health and development is critical. The federal government can support states by providing them with resources to:
  - Continue building professional development systems for ECE providers that are inclusive of health topics. Examples of key federal investments that states leverage include: Head Start/Early Head Start, the Child Care and Development Block Grant (CCDBG) and the National Early Child Care Collaboratives (NECCC).
  - Provide technical assistance, coaching, and mentoring to ECE providers on how to optimize child health and engage parents. Examples include the NECCC.
- **Improve ECE Quality.** It is critical to ensure that all families have access to high quality ECE.
Strategically guide states on ways they can support child health and development in their ECE systems. Agency guidance has an important role to play in lifting up practices that work and helping to identify and harvest innovations. Through guidance opportunities, agencies at the U.S. Department of Health and Human Services and the U.S. Department of Education should:

» Ensure that certain key content areas (e.g. physical activity, nutrition, early literacy, trauma-informed care, parenting supports and family engagement) that go beyond basic health and safety requirements continue to be promoted through federally funded programs such as Head Start/Early Head Start, pre-school development grants and CCDBG, as appropriate.

» Promote opportunities for integrated programming that cuts across health and early childhood silos in order to be inclusive of whole child health and development.

» Provide examples of how existing funding streams can be used to promote both innovative and proven approaches to improving child health and well-being (e.g. use of child care health consultants with Child Care and Development Fund quality dollars).

Enable communities to compete for funds to better connect ECE with other systems and sectors to support child health. As health care begins to transition from volume to value-based care that incentivizes investments in keeping people healthy, there is a new opportunity to create alignment within communities on shared health goals. The federal government should invest in replicable community structures and collaborations that put optimal health at the core. For example, federal funds could be used to:

» Invest in comprehensive, interoperable data systems that connect health, school, ECE, housing and food security data in support of optimizing child health and development.

» Support integrators that bring together key community partners from child-serving sectors to achieve common goals and metrics in support of optimal health and development, with a longer Return on Investment timeframe than is typically used.

NEMOURS’ APPROACH FOR IMPROVING CHILD HEALTH IN EARLY CARE AND EDUCATION

Our overarching goal is to empower ECE staff, engage families, change environments, and promote the building of healthy, lasting habits and positive behaviors for young children, as healthy learners are ready learners. Nemours works with partners at multiple levels to effect change in ECE settings:

» Advancing systems-level changes to create alignment and a supportive context at the federal, state and community level for policies and practices that support early childhood health and development.

» Implementing and supporting approaches that help providers self-assess their practices and policies and make change.

» Supporting providers in engaging families in nurturing their child’s healthy development.

Nemours has successfully implemented this approach with providers related to healthy eating, physical activity and early literacy. The approach, which focuses on working directly with providers and promoting systems changes that spread and scale provider efforts, could be applicable across a number of content areas.
PROMOTING HEALTHY EATING AND PHYSICAL ACTIVITY IN ECE

Why is promotion of healthy eating and physical activity important?

- From 2011–2012, for children ages 2-5, 14.5 percent were overweight, and 8.4 percent were obese.¹
- Children exposed to healthy foods early are more likely to prefer them and to develop eating habits that promote healthy growth.² While more research is necessary, existing data suggest that with better nutrition, students are better able to learn, have fewer absences, and have improved behavior.³
- Physical activity is essential for healthy weight maintenance, development of gross motor skills, and support for socio-emotional and cognitive skills.⁴ A growing body of evidence indicates that physical activity can benefit academic performance.⁵
- Childhood obesity has serious economic consequences. Direct costs, including prescription drugs and emergency room visits, total $14.1 billion plus inpatient costs of $237.6 million.⁶

Our Approach

Building on the success of effective programs in Delaware and Florida, Nemours has partnered to address obesity prevention nationally. With guidance from Nemours, our partners work directly with ECE providers via training, technical assistance (TA), coaching, mentoring, and resources. Nemours also supports systems level changes in quality rating and improvement systems, professional development systems, etc. that reach all providers in a state.

- With funding from the Centers for Disease Control and Prevention, through the National Early Child Care Collaboratives program, Nemours and our state/local partners provide supports and TA to ECE providers in adopting nutrition, infant feeding, physical activity and screen time policies and best practices, as well as supporting parent engagement. We also provide TA to state/local partners regarding how to integrate healthy eating and physical activity into existing early childhood and child health systems and initiatives.
  » The program has reached more than 167,000 children across 10 states. Analyses across all cohorts showed statistically significant increases in ECE programs’ adoption of best practices with regard to healthy eating, physical activity, reduced screen time, and breastfeeding support.
- Through the Healthy Way to Grow Program, Nemours and the American Heart Association provide hands-on, individualized TA at ECE centers with assistance from a Child Care Specialist. We have reached approximately 250 child care centers, 3,000 ECE providers, and more than 18,000 children in nine communities.
  » Evaluation suggests the impact of participation lasts beyond the first (most intense) year of participation, with centers in their 2nd year continuing to enforce the policies and practices created during the first year.
- National information-sharing platforms are also critical venues for educating providers and creating alignment among various initiatives.
  » The Healthy Kids, Healthy Future website features free, self-guided tools ECE providers use to help children develop healthy habits. More than 18,000 ECE providers have registered on the Nemours and CDC co-branded site to learn ways to prevent childhood obesity and self-assess their practices.
  » Through the Healthy Kids, Healthy Future Steering Committee, Nemours convenes national experts in policy, practice, and research, providing regular opportunities for discussions about health promotion and obesity prevention in ECE. HKHF has contributed to the spreading and scaling of local, state and national efforts to support healthy eating, physical activity and limited screen time in ECE.
PROMOTING EARLY LITERACY IN ECE

Why is promotion of early literacy important?

- Reading is a critical skill for success in school and life. Reading ability is a strong predictor of adult health status and is often related to other child health issues, such as developmental problems, vision and hearing impairments, and frequent school absence due to illness.\(^7,8\)
- The foundation for future reading success starts building at birth, and many children are already significantly behind by 3 or 4 years of age.\(^9,10,11\)
- If a child is not reading on grade level by the end of first grade, he or she has only about a 10 percent chance of reading on grade level at the end of fourth grade.\(^12\)
- Long-term effects of reading failure for individuals and society include increased risk for high school drop-out, criminal activity, and incarceration;\(^13\) increased risk of unemployment and long-term poverty;\(^14\) increased risk of poor health;\(^15\) and adverse impact on parenting skills, transmitting the reading failure cycle to future generations.\(^16\)

Our Approach

Incubated in Florida and now in 26 states, Nemours BrightStart! (NBS!) is a high-quality early literacy program with a proven track record of promoting foundational early literacy skills for young children. It differs from other early literacy programs because of its grounding in pediatric neuroscience and population health principles, along with child psychology, educational pedagogy, and research. Its professional development is transformative for early childhood educators. Across multiple years of randomized controlled trial (RCT) research, use of the NBS! curriculum resulted in early literacy gains of 110% or more for at-risk pre-kindergarteners, with 2/3 closing the literacy gap with their peers. This success was achieved with only 10-12 hours of NBS! supplemental instruction, demonstrating the power of high-quality, early intervention for struggling learners.\(^17,18,19\) Many participating children continued on a successful path to reading without further help, passing their 3rd grade state reading assessment. Key accomplishments include:

- Reached 175,000 children in 26 states and trained more than 2,000 early childhood professionals on early literacy best practices
- Created and conducted rigorous research on a Preschool Reading Screener for parents to complete, so they would know whether their child is on track or needs help with reading readiness skills; the screener is offered for free on www.readingbrightstart.org, and nearly 16,000 parents across all 50 states have completed it to date
- Developed rural community models for engaging key stakeholders in building stronger reading programs for young children
- Conducted rigorous research on multiple aspects of screening and teaching reading skills to young children
- Developed a research partnership with the Ohio State University, culminating in a $3.3 million Institute of Education Sciences research grant on the efficacy of the NBS! pre-K curriculum
REFERENCES
