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Investing Intellectual Capital In Early Childhood Health

Charlotte, NC
October 17-18, 2000

A Framework for the Conference

Our **goal** is to improve the health of our youngest children by coordinating child health strategies in early childhood education environments. Our **vision** is to advance this goal by engaging postsecondary institutions in systemic strategies that combine research, evaluation, professional development and training, knowledge dissemination, and public education and policy, drawing from all relevant disciplines. Our **immediate objective** is to select an initial and appropriate child health priority (with indicators and benchmarks) and to develop a practical mechanism for coordinating, supporting, and rewarding the participation of postsecondary institutions in the multiple strategies that will lead to measurable progress. Our **long-term objectives** are to strengthen the early childhood education, child health, and postsecondary systems, and to recognize and reward colleges and universities not only for academic and athletic excellence, but also for *social excellence* – the ability to work together to apply knowledge to community needs.

Introduction

The Southeastern states have been in the vanguard in developing comprehensive early childhood and school readiness systems. Yet in spite of recent successes in the region, child health outcomes are not what they should be. They result in persistent and enduring disparities in educational and economic achievement, particularly for poor and minority children. We can improve these outcomes by strengthening the connection between the early childhood education settings where large numbers of children spend their days, and child health and public health practitioners who need to reach those children and families.

Where, after all, should health promotion and disease prevention occur, and who should do much of it? For many young children and their families, the preschool, Head Start or Early Head Start program, or childcare center is the most efficient delivery point for a variety of public health services and strategies such as immunization, screenings, parent education, and the promotion of child health and safety. And while some services require medical or nursing training, many public health strategies – including enrollment in child health insurance programs and regular contact with health care professionals - also depend on those who have the trust of parents and children. Early childhood educators and day care providers are in a position to be unique agents of health in their community.

Postsecondary institutions could be essential partners in coordinating child health strategies in early childhood education environments. The American postsecondary network is unsurpassed; it is surely one of the most important contributors to our global leadership and prosperity. But it has evolved in ways that make it more effective in advancing knowledge than applying it in communities and complex systems. Colleges and universities are not in the habit of working together. Fragmentation is the price of independence; faculty in the same department or school often do not know who else is working on a related problem or in a neighboring community.

Academic culture marginalizes community-based scholarship and teaching under the name of “service.” It rewards the study of problems more than it does the solving of them.

Complex needs require coherent and comprehensive strategies with a basis in science, measurable goals, frequent re-assessment, and public accountability. Public and private schools of medicine, public health, nursing, social work and allied health, departments of early childhood education, and other relevant disciplines could work jointly, as a coordinated team, on a statewide priority child health goal, or on a set of strategies designed to address multiple goals. Accommodating and evaluating local variations as they occur, institutions of higher education could conduct needed research and improve our early childhood data systems; synthesize and disseminate current knowledge; evaluate programs and policies; enhance the health training of child care workers and broaden the skills of health workers; establish regular consultations with early childhood programs; and educate parents, grandparents, and other relatives. Participating in effective large-scale partnerships will enrich the postsecondary institutions’ core missions of teaching and scholarship. Connecting these three networks – early childhood education, child health, and higher education – will strengthen all three.

The goal of “Investing Intellectual Capital in Early Childhood Health” is the development of mechanisms to coordinate, support, and reward diverse PSIs in strategic partnerships with state government and community health and early childhood programs to achieve measurable child health goals.

At the invitation of Governor Jim Hunt, governors of the other states in DHHS Region IV designated teams of ten participants. They include commissioners of health, human services, and early childhood education; state legislators representing committees with responsibility for health or education; health professionals involved with pediatric policy and practice; deans and chairs of relevant schools and departments; directors of early childhood centers; and foundation and corporate leaders. Other invitees include regional and national experts in child health and early childhood, and leaders of national organizations, foundations, and federal agencies.

Conference format

The conference will feature four types of activities:

- 1) Presentations by governors and national leaders;
- 2) Panel discussions;
- 3) Expert presentations;
- 4) Breakout sessions for creative thinking and action planning.

Also important are informal opportunities to get to know potential collaborators, counterparts from other states, and representatives of regional and national organizations.

Panel #1 Early childhood education and health: Opportunities and obligations

The first panel will explore child health needs and opportunities as viewed by experts in early childhood and school readiness programs, and child health practice and policy.

The panel will address questions such as:

- What are we already doing to improve child health through early childhood education and childcare systems?
- What are the most pressing unmet needs of our youngest children, their families, and the systems that serve them?

- What strategies could the child health and early childhood education networks jointly pursue that would have the greatest impact on multiple goals?
- How can we ensure that early childhood programs are safe and healthy?

Breakout #1: Exploring the fit between children’s health and development, system needs, and postsecondary capacity

In the first breakout sessions, state teams will begin to discuss, or continue prior discussions of, the goals and strategies they might pursue. In every state a variety of worthy child health goals might be selected. We urge each state to focus initially either on a single goal with a set of measurable indicators, or a coherent set of strategies that are expected to contribute to multiple goals. Each state’s Early Childhood Performance Indicators and Negotiated Measures might be a good place to start.

Why focus? There is a need to demonstrate to all partners – the child health, early childhood education, and postsecondary education communities – that this kind of statewide, strategic partnership can produce results. Since funding will be sought to establish the partnership mechanism, it will be necessary to evaluate its effectiveness. Without an initial concrete focus, and a relentless drive toward results, collaborators may be distracted by the twists and turns of the process.

Initial focus? Once the precedent is established and an effective, mutually beneficial collaboration is demonstrated, the mechanism for coordinating postsecondary resources to connect health and early childhood care and education systems can be applied to other age groups or other priorities within the same age group.

Examples of single goals requiring multiple strategies:

- Reduce the transmission of disease in early childhood settings;
- Increase enrollment in child health insurance programs;
- Reduce rates of injury among preschoolers;
- Reduce the number of children entering kindergarten with untreated vision (or hearing, or oral health) problems;
- Reduce rates of lead poisoning among children entering kindergarten;
- Improve nutritional practices among early childhood programs and parents.

Examples of strategies leading to multiple goals:

- Increase the number of preschool and childcare programs receiving regular public health consultations;
- Focus specifically on establishing health contact with unregulated providers, having multiple goals for that contact;
- Improve understanding of child health and development among caregivers and parents;
- Develop systematic approaches to assessing and improving emotional and mental health among preschoolers and their families.

Possible criteria by which to choose a focus:

- A compelling need that is broadly understood and valued;
- A goal or set of strategies that requires coordinated effort and builds on existing strengths;
- An approach that takes advantage of the capacities and contributions of multiple institutions and disciplines, and provides faculty and students with exciting opportunities for scholarship and learning;
- Something in which improvement can be demonstrated within 3-5 years.

Panel #2 The roles and needs of postsecondary partners

In the context of the undertakings being considered in each state, what might postsecondary institutions contribute? We begin by trying to envision mutually beneficial ways in which a variety of institutions can participate, based on the assumption that there are faculty and students who would be eager to collaborate if incentives outweigh disincentives. We then briefly survey the obstacles and the levers available to different actors.

The panel will address questions such as:

- How can schools and departments of medicine, nursing, public health, social work, and early childhood education work systematically with policymakers and practitioners toward these goals?
- What role can technology play in fostering these connections?
- What levers, supports and incentives are needed and available to enable postsecondary institutions to participate in this strategic partnership in a way that both produces results and enhances their teaching and scholarship?

The science of child development

Are we using the advances that have been made in scientific understanding of early childhood development to promote the well being of young children? Our dinner speaker, Dr. Jack Shonkoff, is Dean of the Florence Heller School of Social Policy at Brandeis University. Dr. Shonkoff chaired the Institute of Medicine/National Research Council committee whose October 3 report has important implications for partnerships between child health, early childhood, and postsecondary networks.

Medicaid's role in public health approaches in early childhood settings

On Wednesday morning, Sara Rosenbaum of the Center for Health Services Research and Policy at George Washington University Medical Center will discuss progress and prospects in using Medicaid funds to support public health initiatives in early childhood settings.

Breakout #2 Partnership mechanisms

Convening participants by their primary network (child health, early childhood education, and postsecondary education) across state teams and national organizations, participants will exchange ideas and get fresh insights into their own state deliberations. They will also begin to consider whether, in spite of differences in goals, postsecondary resources, and governance structures in each state, there are common and crucial characteristics that statewide mechanisms should have if their objective is to:

- Coordinate postsecondary resources and expertise in strategic, results-driven partnerships;
- Improve the skills of faculty and students in order to increase their effectiveness as partners;
- Increase institutional and faculty incentives for participation, and help make that participation a vehicle for enriching teaching and scholarship.

Breakout #3 Outcomes and strategies

Returning to their state teams, participants have narrowed their focus to one or two goals or sets of strategies they believe would best utilize the strengths of their academic institutions. They are still dedicated to vision-building. That is, they are talking about what they would be able to do to get the results they seek, if there were a mechanism that made it possible to coordinate and support postsecondary participation in this initiative. They address such questions as:

- What measurable goals and system benchmarks can be tentatively established?

- What combination of concrete strategies – research, knowledge dissemination, evaluation, management of information, policy development, training and professional development, and public education – are required to reach them?
- Which activities can be subject to local variation and local resources, and which need to be undertaken in a more methodical way?
- Which disciplines (medicine, nursing, public health, allied health, psychology, marketing, journalism, social work, education, computer science) and institutions can contribute to these strategies?
- Who are key people to involve in specific next steps from the child health, early childhood, and academic communities, and when and where should they be convened?

Closing plenary: Where do we go from here?

The closing plenary will begin with comments from federal and private sector participants on the prospects for near-term and long-term support for the initiatives under discussion. Most of the session will be devoted to participants' further ideas on the promise of the partnerships, what they need in order to realize them, and their overall reactions to the conference.

