

Investing Intellectual Capital In Early Childhood Health

The Charlotte Principles

The Southeastern states have been in the vanguard in developing comprehensive early childhood and school readiness systems. Several states have become national models, and in all eight states governors are focusing political will and resources on improving early childhood education.

The healthy development of children is essential to their readiness for school success. We know a great deal about how to keep children healthy and safe, and how to promote their cognitive, emotional, and physical development. Yet while the region has recently had notable successes, child health outcomes are not what they should be.

In each state, children under five years of age are nearly two times as likely to be in poverty than other citizens in the state. Each state has a long way to go to ensure that students in need have access to all-day kindergarten, Head Start services, and quality pre-school and child care programs. Especially among poor and minority children, inattention to early childhood health and education needs results in persistent and enduring disparities in educational and economic achievement. The lack of preventive medical screening, adequate insurance coverage, and easily accessible school- or community-based primary health care and health promotion services put our most vulnerable citizens at risk. 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.

As state leaders, we believe that another of our region’s outstanding systems - our colleges and universities - can help us build a strong and sustainable link between early childhood care and education settings, and child health practitioners.

Throughout American history, institutions of higher education, both public and private, have answered the call to apply knowledge, expertise, and energy to compelling community needs. Today more than 4,000 colleges and universities conduct valuable community-based scholarship, teaching, and volunteerism. But this complex challenge – improving child health outcomes through the policies and practices of early childhood settings - cannot be addressed solely through independent projects at the neighborhood level. It requires a coherent and sustained effort with a basis in science, measurable goals, systemic strategies, frequent re-assessment, and public accountability. And in coordinating their strengths in research, evaluation, knowledge dissemination, training and credentialing, and policy development in order to bridge child health and early childhood education, colleges and universities will also enrich their teaching and scholarship.

To achieve this goal, each state agrees to:

- 1. Encourage academic leaders, especially those in health-related disciplines, to visit early childhood settings.** The first step is to see the realities on the ground – both the needs and the opportunities – and to meet the children, families, and early childhood educators and providers who can be agents of health promotion and disease prevention. Such visits can announce, both on campus and in the community, the institutional engagement of colleges and universities in statewide strategic partnerships on behalf of

- children. Creative inducements can help academics take this first step; once they do, many will find a cause, and a collegiality, they find attractive.
- 2. Coordinate strategies across institutions, disciplines and sectors through a new strategic partnership with a concrete, measurable focus.** Improving health outcomes requires state education, health, and human service systems to draw on a constantly growing knowledge base from multiple disciplines, and a closer connection between research, evaluation, policy development, practice, and public education. Partnership is only a virtue if it produces results. A relentless focus on a clear goal and measurable results is the engine that will drive effective strategic partnerships.
 - 3. Organize the involvement of higher education as a partner in bridging early childhood health and education.** In each state a mechanism is needed to perform three principal functions: 1) To coordinate faculty and students in schools of medicine, public health, nursing, social work and allied health, departments of early childhood education, and other relevant disciplines, working together on the same priority statewide child health issue; 2) To improve skills and strengthen structures and programs at participating institutions to enable them to be more effective in applying knowledge to complex problems on a broad scale; and 3) To help institutions further support and develop incentives and rewards for social excellence in academia.
 - 4. Invest this mechanism with the authority and the responsibility to coordinate postsecondary partners in a coherent child health strategy.** In each state, the governor, child health, early childhood education and higher education leaders should agree upon a state coordinator to be in charge of tracking specific outcomes and achieving measurable benchmarks. Involvement must be built in across the three systems at the highest level, to demonstrate commitment and expedite work across the systems, disciplines, and institutions of higher education.
 - 5. Focus the resources of public and private institutions, and use the strengths of 2-year institutions in these strategic partnerships to benefit children.** Meeting the needs of our most vulnerable population requires collaboration across institutions. No sector of higher education can address the problems confronting early childhood education and health alone. While public institutions of higher education have a mandate to address important social issues, private research universities receive abundant public support, share a mission for service, and have a wealth of expertise to apply to the challenge of integrating the child health and early childhood education systems. While universities often have a powerful research and evaluation capacity and may be large-scale health providers, running everything from clinics to hospitals, two- and four-year colleges are often better prepared to provide training, ongoing support, and public education at the local level.
 - 6. Establish within the next five months a plan of action** that includes a coordinated agenda with clear benchmarks and roles for multiple institutions. States will choose different areas of the problem to address – from medical screening to providing public health consultations with multiple goals to more child care programs – and can learn from one another about what works in allocating resources, coordinating institutions, scaling

up programs, and evaluating progress. Moreover, there is ample room for local variation, and the learning that comes from evaluating such variation.

- 7. Use new technologies to address data collection, service delivery, and training needs.** To realize child health goals in the context of early childhood education settings, states and postsecondary institutions should explore the use of new technologies to plan and budget service delivery, collect data, communicate with parents and practitioners, and provide information and training for early childhood education providers across the state.
- 8. Leverage federal, state, and philanthropic funding.** A variety of resources can be combined to support partnerships intent on improving child health through the early childhood education system. One strategy is to make more proactive use of Medicaid for public health purposes. Another is to apply the quality funds within the Child Care and Development Fund and Head Start quality and technical assistance resources. Creative use may be made of TANF to ensure that children in low-income families are safe and healthy while their parents work. There are other relevant public health and research resources, and new legislation pending that is specifically targeted to fostering health consultation and support in early childhood settings. In addition, because of the pivotal and mutually beneficial role of postsecondary institutions in these partnerships, public and private funders can strengthen scholarship and teaching in institutions of higher education by helping them to mobilize resources and apply knowledge in a coordinated way to the challenge of linking the child health and early childhood education systems.
- 9. Institutionalize both the coordinating mechanism, and the child health strategies introduced in early childhood environments.** Statewide partnership initiatives must be institutionalized as part of the regular mission and goals of state agencies and institutions of higher education with long-term planning, resource allocation, and appropriate staffing to track progress and coordinate support.
- 10. Adapt the new mechanisms to achieve other goals at the intersection of health and learning on a statewide scale.** Once the state establishes a new partnership mechanism to coordinate strategies to achieve its initial early childhood health focus, it should be applied to advance the health/education connection by targeting other goals in the 0-5 population or among older children and adolescents.