OFFICE OF GOVERNOR RONNIE MUSGROVE

TO: INVESTING INTELLECTUAL CAPITAL IN EARLY CHILDHOOD HEALTH CONFERENCE TEAM

FROM: KELLY RILEY, POLICY LIAISON

SUBJECT: NOTES FROM OCTOBER 9TH MEEING

DATE 10/10/00

CC: FILE

Five members of the team were able to participate in Monday's meeting to begin addressing the questions presented in the conference materials. These comments are attached for your reference and for you to use as "thinking points" prior to the conference. Dr. Cathy Grace was unable to attend Monday's meeting, but e-mailed her thoughts, which appear as regular font. Team members built upon Dr. Grace's comments at Monday's meeting and their comments are underlined.

I have also attached a "framing paper" forwarded to me by conference planners that will give you additional insight into the format of the conference. A list of team members is also attached for your reference.

Please contact me at 601-359-2528 if you have any questions regarding this information.

Questions to be Addressed Before and During the "Investing Intellectual Capital in Early Childhood Health Conference"

1. **What are we already doing to improve child health through early childhood education and childcare systems? What roles are colleges and universities playing in the process? What can we, and other states, learn from these experiences?**

Children in licensed centers are required to have age appropriate immunizations. Head Start provides screening to children they serve to determine if health problems exist and secure service providers to address the identified needs. Some childcare providers have participated in providing information to parents with regard to the state insurance program for children. First Steps works in conjunction with local early childhood providers to address the needs of eligible children. Role of colleges and universities: The Cooperative Extension Service provides health information to childcare providers and parents/ assessment teams from some universities are working to assess children to determine if developmental delays are present and to make referrals to providers in the area/ I am not familiar with the work UMC is doing with childcare providers or universities in the Jackson area, I'm sure another team member can address. At MSU rural health issues are studied at the social sciences research center and children's health issues are more of a focal point than currently in the school of education. In Mississippi, colleges of education traditionally are concerned with the instruction of children in academic areas. Child life programs are offered in some universities that prepare individuals for work with hospitalized children. I think we will be able to learn a lot from other states in the area of integration of health and early childhood education

The Mississippi Department of Education (MDE) has developed a pre-K curriculum which addresses social, emotional and physical development. MDE also has the "Every Child A Reader," an informational booklet/curriculum for parents to assist them in developing their children's reading skills for kindergarten. Head Start utilizes several of MDE's materials. We also have Even Start, the statewide family literacy program. MDE operates a feeding program for child care facilities and day care homes and provides this service to Head Start Centers and is negotiating to provide to the Department of Human Services (DHS).

The State Department of Health conducts EPSDT screening, particularly in those areas where primary care physicians are limited. Health also provides perinatal high risk surveillance for any expectant mother and her child who was Medicaid eligible for at least one month during her pregnancy. The mother and child receive casework for one year after the child's birth. Health also spends approximately $4 million annually for the "Crippled Children's Program," which provides services to families of children with severe physical conditions (congenital diseases, cleft palette, etc.). The services are most often provided at the Blake Clinic. Health also operates the birth defect registry and the universal hearing screening program. Approximately 99% of all live births in Mississippi will receive screenings this year.

The Parent Family Resource Centers throughout the state provide services to parents, especially those younger parents. Every family in the state is eligible for these services which are provided to children from birth to four years of age.

The level of services is fragmented throughout the state, so it is sometimes difficult to ensure that parents and children receive appropriate services at equitable levels throughout the state.

The state needs a uniform child care curriculum to be used in all Pre-K operations throughout the state.

We cannot ensure that children in unlicensed child care homes receive proper immunizations. As of October 1, 2000, DHS requires evidence of immunization in order for parents to receive child care vouchers and also provides parents with a list of "safety conditions" for their child's day care home.

Parents are not aware of the resources available. The state may need to conduct a marketing campaign to better inform parents.

The child care workforce is not required to meet minimum training requirements and they work at minimum wage. The workforce is not aware of the different stages of CDA training. DHS is attempting to provide scholarships (through block grant funds) for child care workers to obtain this two-year certification. (Mississippi receives approximately $40 million in federal block grant funds each year. However, it would take approximately $480 million to pay for child care for every eligible child at a rate of $50/week.) Child care providers need to be more knowledgeable of the training available and that they are welcomed to participate in such training (through MDE, DHS, etc.)

Head Start is under federal regulation that all classroom teachers must have a two-year degree by 2002 (?).

Universities are hesitant to "beef up" their curriculums because they don't anticipate placing their early childhood students in jobs that only pay minimum wage. We have to improve the potential to people to have a career in early childhood, but if we increase staff salaries, we drive up the cost of child care for parents.

ETV will begin airing its 12-part series "Right From Birth" in December. The series will discuss and educate a number issues related to newborns/babies/toddlers. DHS is working with ETV to turn this series into training to be provided to child care providers in all 82 counties.

As to what roles colleges and universities are playing, Department of Health has worked with the colleges/universities (JSU, MSU, Ole Miss, USM and Valley) to provide inservice training. There is a need for them to "tweak" their curriculums for early intervention/childhood education. But first we have to break through the political

barriers which exist on may of our campuses between different schools. We need to increase our interdisciplinary training. We need to tap into our daycare facilities on our college/university campuses.

The first step is to get degreed day care directors into the centers. It would be great if every child care facility had at least one college graduate. Effective February 1, 2000, every new licensed child care director has to have a CDA, have successfully completed the Office of Children and Youth's curriculum, or have a 2- or 4-year degree in early childhood.

2. What are our priority goals and targets for early childhood health? If we could establish a statewide academic partnership around one measurable child health goal, what would it be? The one goal would be to insure every child in the state.

The group decided that our number one goal is to provide quality child care to each child. A number of factors affect this.

Physicians sometimes feel that we are infringing on their turf, such as the state assessing children to detect hearing problems. We need to interlink with the medical community to overcome children's medical problems. There are limited resources available for special needs children.

3500 children are served through early intervention programs, with 1,000 children added yearly.

Our parents, especially our young parents, do not interact with their children. We need to provide training for our mothers.

We need a mandatory Pre-K curriculum. There is a need for the state's long-term commitment for permanent pre-school services.

Perhaps we should require that Medicaid recipients take parenting classes.

Perhaps we should provide more Home Economics/Parent Training skills in our high schools.

3. How can we use early childhood settings to reach these goals?

Goal: Children are born healthy*
Target: All pregnant women receive pre-natal check-ups throughout the pregnancy
Target: All pregnant women receive proper nutrition during and after the pregnancy
Target: All pregnant women receive information about the dangers related to consuming alcohol, using drugs and smoking during their pregnancy
Childcare Role: Provide clinics at childcare facilities on a once a week basis in the late afternoon or night to assist women who have children at the center with routine check-

ups and to provide information on nutrition/substance abuse/have information about services such as WIC and insurance at childcare centers

Goal: Children are raised in supportive, nurturing environments that promote positive mental health and are free of life threatening environmental circumstances
Target: All parents of children ages birth to age three of age have access to in-home parent education programs that support positive parenting behaviors that allow children to meet developmental milestones in an appropriate manner and under healthy circumstances
Target: All parents have access to mental health services to assist them in addressing issues that impair their ability to parent in emotionally healthy ways
Target: All parents and children have access to a domestic violence shelter or safe house for an extended period of time as to stabilize a violent situation that threatens the physical well-being of the child and parent
Childcare Role: Have parent meetings monthly on topics related to support and education on issues they face in raising children/ work with in-home parent education programs to provide meeting spaces for individual or group parent meetings/ Have a cooperative agreement with a mental health agency to provide counseling once a week for individuals in a confidential arrangement/Provide parents with a community resource directory with names and numbers of all social service agencies

Goal: All children are age-appropriately immunized
Target: All children have access to immunizations
Target: Every parent has information provided as to the schedule for immunizations
Childcare Role: Centers and family homes can provide immunization information to parents/immunizations could be administered at an on-site clinic per agreement with the Health Dept. or from a mobile unit parked outside the child care center

Goal: All children are screened for developmental delays and other health problems at yearly intervals until they are 8 years of age and if necessary, referrals made and services provided to children identified
Target: All children have access to screening through a variety of access points and the results reported to parents
Target: EPSDT screening is reinstated
Target: All children identified as having a need for special health services are provided with a provider to address the need
Target: Medicaid reimbursements are raised as to increase the number of providers who see children in low income families (Arkansas model)
Childcare Role: Allow screenings to be done in conjunction with the program offered at the center (with parent permission)

Goal: All children have a medical home
Target: Al l families have access to a physician or nurse practitioner so that non-emergency health problems are addressed before they become emergency situations
Target: Children qualifying for the Mississippi Health Care Insurance (CHIP) program can use the same physician as opposed to situations now where some physicians will not

take Medicaid resulting in one child in a family going to one physician and another physician taking care of other children
Childcare Role: Insurance sign-ups can be conducted at centers or in family childcare homes

3b. How can early childhood educators and day care providers become effective agents of child and family health?

1. By educating parents on health related issues (nutrition, appropriate discipline practices, immunizations etc.).
2. More participation in obtaining child care facility licensing as to ensure basic health standards and safety issues are addressed in caring for children.
3. More participation by providers in the Adult and Child Food Program through the Department of Education.
4. By seeking to learn more about the relationship between health and school success/reading success and incorporating that information into daily interactions with the children they serve

Early detection of disabilities
Standard curriculum for pre-K
Universities/colleges train professionals and then workforce receive professional pay
Certification training for our child care workforce
There is more support needed for the state's CHIP/Mississippi Health Benefits program. The info should be released in churches and other community outlets.
We could provide transportation to our parenting resource centers. The local health departments may sometimes intimidate parents, but they can refer parents to these resource centers. We could provide ACT, GED and health-related issues training in non-threatening environments.

3c. And how can we ensure that early childhood programs are safe and healthy?

1. Encourage and recruit providers to gain licensing status
2. Develop a system by which any individual accepting funds from TANF to care for children in a non-licensed facility has at a minimum a criminal background check, a working smoke alarm and fire extinguisher
3. Adapt models that have utilized nurse/childcare connections as to provide consultations to address safety and health issues in care settings
4. Utilize childcare facilities for nursing programs at community colleges and universities to use as sites for internships

Child care workers should be required to have 15 hours of training in early childhood health issues. The Office of Children and Youth is pulling providers together for training. (Connie Clay is a good training resource.)

The biggest problem we face is collaboration between resources.
Preparation should start at birth.

Politicians don't have a handle on the real issues.
Many children have developmental delays in fine and gross motor skills. In order to seek help, the delay must be in one or two areas and must be delayed at least 25%. We have to reach children with problems earlier because if we don't detect deficiencies until the children are in the 7th or 8th grade, it is difficult to have the assistance of our teachers.

4. 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?

Establish a central data/research division at the research and development center to focus on children and family information so we can wholistically address children's health in the context of our society and future needs as to build a healthy workforce and more productive citizenary. Technology would play a major role in the data collection, analysis and reporting of findings to all disciplines mentioned as well as to the general public.

Conduct seminars that involve all disciplines mentioned to promote collegiality and information sharing to build networks and think tanks to explore solutions to problems identified related to children's health. Technology could be utilized to share information and educate childcare providers on issues related to their roles.

Our institutions of higher learning and our community and junior colleges are great outlets for providing information to parents, especially via technology.

Dr. Grace's office is contracting with the Office of Children and Youth to develop a scale to identify problematic areas. We need an on-going technical assistance provider.

The colleges and community college could provide web-site training and could assist in research and data gathering. The state needs to collect statistics on children, income levels, early childhood services and Pre-K programs in the state. We need to be able to assess what is being provided and where improvements or additional resources are needed.

The team recognized that the scope of our goal of providing quality child care is broad and the cost is tremendous, but everything falls under qualify child care. The state's capacity for meeting these needs should be determined.

5. What supports and incentives are needed to enable postsecondary institutions to participate in this strategic partnership in a way that both produces results and enhances their teaching and scholarship?

Funding for positions to conduct research across disciplines, release time for projects that involve multi-university sites, health providers, childcare providers, parents and children

* Early childhood is defined as pre-natal through age eight years