PROMOTING EARLY HEALTH AND LEARNING:

A Profile of Two Connecticut Communities

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IMPACT

Ideas and Information to Promote the Health of Connecticut's Children

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Many of the photos in this report were taken by Grace Simpson at the Kiddie World Early Learning Center in Middletown.

About the Child Health and Development Institute of Connecticut:

The Child Health and Development Institute of Connecticut is a not-for-profit organization established to promote and maximize the healthy physical, behavioral, emotional, cognitive and social development of children throughout Connecticut. CHDI works to ensure that children in Connecticut, particularly those who are disadvantaged, will have access to and make use of a comprehensive, effective, community-based health and mental health care system.

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INTRODUCTION

The systems of health and early care and education play pivotal roles in the development of children birth to five years of age and are essential contributors to school readiness.

In recognition of the important function of health in assuring school readiness, a Connecticut-collaborative of foundations developed the *Promoting Health and Learning of Connecticut's Young Children Initiative* in 2003. The participating foundations were the Children's Fund of Connecticut, the Connecticut Health Foundation, the William Caspar Graustein Memorial Fund, and the Greater New Haven Community Foundation. The Initiative was designed to support community efforts to integrate a health component into their early care and education systems. The anticipated outcome was for better physical and mental health promotion for young children and early identification of services needed for children at risk.

This report provides a description of the work and summary of the results of the *Promoting Early Health and Learning Initiative* in two communities that received funding for one year of planning and three years of implementation extending from July 2003 to October 2007. The findings are intended to be helpful to other communities engaged in developing and implementing comprehensive plans for young children from birth through age eight, especially the 23 communities who are participating in the Capacity Building Grant Program awarded through the Early Childhood Cabinet with funding from the Cabinet, the Graustein Memorial Fund and the Children's Fund.

BACKGROUND

A young child's ability to learn and succeed in school depends on their social, emotional, cognitive, and physical health.[1] With that in mind, a grant opportunity was created to provide funds to communities to share resources and expertise across disciplines, build local partnerships, and better serve the needs of children and families.[2] The major focus of the grant was to enhance the integration of services and supports of the health and early care and education systems. The four-year Initiative, from 2003 to 2007, included parents as partners in planning and implementation. Their input was seen as critical to ensuring that resulting systems of care reflected health, education and family support needs and reflected the communities' diverse cultures and strengths.

Building on existing initiatives, 50 communities that were participating in the William Caspar Graustein Memorial Fund's Discovery Initiative were invited to apply for grants for one year of planning. The Discovery Initiative was launched in 2001 to provide funding and technical assistance to priority school districts in Connecticut to enhance their ability to better prepare children for kindergarten.[3] Middletown and Southeastern Connecticut were selected to receive grants for one year of planning and were subsequently awarded three years of implementation funding based on the quality of their plans. Both communities received a total of $340,000 and raised a required $85,000 (25% per year) in local matching funds over the four years of the Initiative. The communities were also able to secure additional grant funding for specific initiatives related to their work.

With a population of approximately 47,000 and located in Middlesex County, Middletown has one third of its school-aged children meeting the school poverty guidelines. Based on the 2000 Census, 80% of city residents are classified as Caucasian. The community comprises more than 34 different ethnicities and several languages.[4]

The Southeastern Connecticut grant was for activities in three communities in New London County - Groton, New London and Norwich - that worked together under one structure to integrate health in early care and education programs within their region. Together, the three Southeastern communities have a population of more than 100,000 residents. Groton is home to a Navy submarine base where families move in and out of the school system frequently. Thirteen percent of Groton's residents are families with young children living in poverty. In New London, 28% of families with young children live in poverty, and 24% speak a primary language other than English. Norwich has 19% of families with young children living in poverty.

The Consultation Center at Yale University conducted an evaluation of the *Promoting Health and Learning of Connecticut's Young Children Initiative*. The evaluation was designed to assist both communities with the development and

implementation of a strategy for assessing Initiative activities to ensure that each program met goals and objectives. The evaluation objectives were: (1) to produce useful process and outcome data for program and policy decisions, support sustainability, and inform internal and external stakeholders about the work of the Initiative; and (2) to enhance the evaluation capacity of the participating communities, with the ultimate goal that the local sites have self-sustaining evaluation processes.

To evaluate the implementation activities and outcomes, each community collected information over the four program years about the collaborative participants, their activities, and progress towards their goals. In addition to these process measures, preschool classrooms logged behavioral issues, their site outcomes, and the amount of physical activity in full-day classrooms. Additional qualitative information was also collected through focus groups and participant interviews.[5]

PUTTING THE COLLABORATIVE PIECES TOGETHER

Community collaboratives were at the heart of the work in the two communities. Both communities engaged in outreach to parents and concerned community members, along with individuals and organizations from the health and education arenas. The goal was to engage a broad group of participants and foster linkages among individuals, community groups, and existing programs for young children. Recruitment efforts included a variety of methods such as verbal communication and written correspondence, face-to-face meetings, and connecting with already existing partnerships, such as the Discovery Initiative.

Middletown

In Middletown, community members came together to form *Opportunity Knocks* – a coalition of parents, early childcare providers and educators, school personnel, physicians, dentists and others – to improve the health of children ages birth to five, and their families. The purpose of *Opportunity Knocks* is to ensure that "every Middletown child enters kindergarten physically and emotionally well and ready to succeed." *Opportunity Knocks* worked with 26 early care programs that serve more than 1,500 children from low income families, assisting with the coordination, creation, or enhancement of health services and early childhood education.

The goal in building the collaborative was to engage professionals who worked with children in some way or were invested in child well-being, to foster broad thinking on early health and learning. The Collaborative members needed to be able to address issues, such as child poverty, that may be barriers to successful early learning experiences.

The Collaborative included a diverse group of community representatives ranging from parents to a Board of Education member, a local United Way leader, a Middlesex Hospital physician and local business owners. They were invited

"You need representation on the Coalition from the professionals that come in contact with a child throughout the day, week, or month on some level. If you don't have everyone on the same page, thinking globally about early health and learning and acting on it, the work won't be successful." - Southeastern CT Health Provider

to be a part of the Collaborative because of their experience, influence across a number of systems, and ability to lead change and educate others in their respective settings and across the community. The Collaborative had greater success in recruiting individuals with primary affiliations in either health or early education than in recruiting parents.

The Collaborative members noted that one important consequence of their recruitment efforts was that the early care and education and health communities in Middletown were connected for the first time. In addition to *Opportunity Knocks*, many members participated on other committees and groups in Middletown such as the Elementary Nutrition Committee, the School Readiness Council, the Middlesex Coalition for Children, and the Middlesex Interagency Council, where members were able to educate others regarding the successful work of the Collaborative.

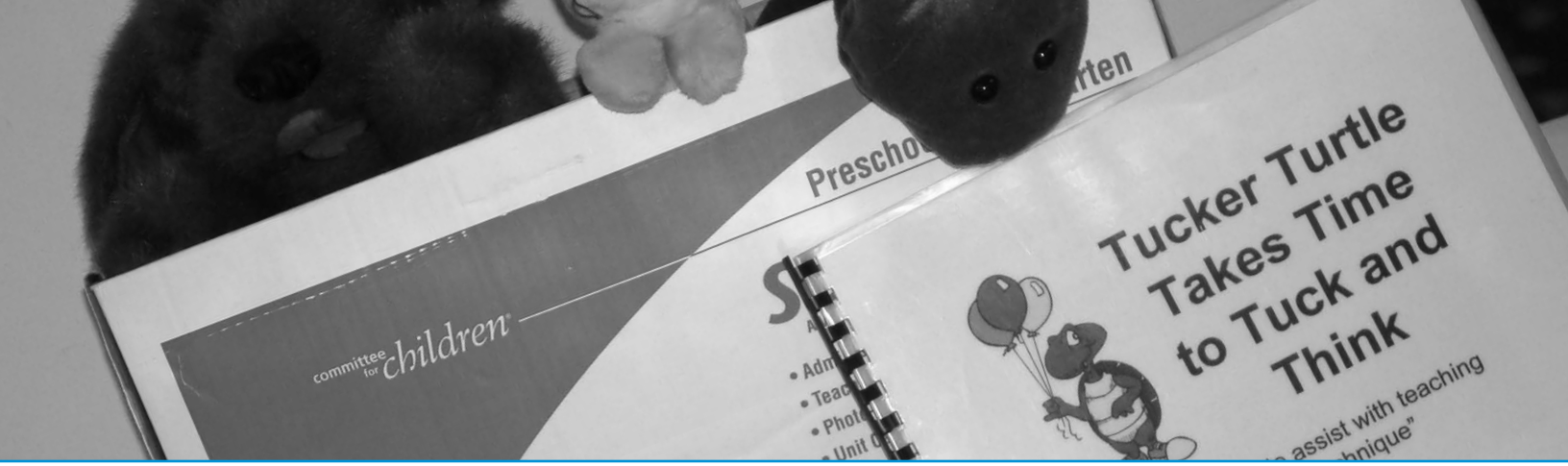
Southeastern Connecticut

In Southeastern Connecticut, community members came together to form *Eat Smart Grow Healthy* - a partnership aimed at creating culturally sensitive strategies to enhance the well-being of children birth to eight. The partnership's vision was that "all children living in Southeastern Connecticut are healthy and ready to learn as a result of the processes, practices, and policies in early childhood centers around nutrition and physical activity." *Eat Smart Grow Healthy* worked with health consultants and community partners to provide services to children, families and providers over the three project implementation years, including 12 early care sites serving 1,100 children.

During the first year of implementation, *Eat Smart Grow Healthy* engaged in recruitment efforts for their collaborative that were most often directed at individuals and organizations from the health sector, followed by the education arena, and lastly parents who were not providers of health or education services. In an attempt to recruit parents, the *Eat Smart Grow Healthy* Coalition engaged in ongoing outreach efforts to diverse populations and parents from the three targeted communities. One strategy was to obtain lists of graduates from a parent leadership training program to identify parents and families who might be interested in participating in the Initiative.

ADDRESSING THE HEALTH NEEDS OF CHILDREN

To identify major health concerns among area children, the two communities conducted assessments, drawing on existing reports and interviews with parents, agencies and pediatric healthcare providers. They identified similar pressing concerns resulting in a focus on three key areas of health: social and emotional development and mental health of children and their families, oral health, and nutrition and physical fitness. The work of each community in these three areas is briefly described.



Promoting Social/ Emotional Development and Mental Health

Middletown

The work in Middletown is captured through the story presented below.

Managing Behavior Through the Eyes of a Child

Tucked inside a giant, bright red cardboard box, four year old Billy has quietly given himself a "time out." Billy's blue eyes welled with tears when his classmate, Kyron, insisted on sharing Billy's toy. Billy had been playing by himself for a while with the 'mannequin head and styling tools,' a popular toy among boys and girls at Kiddie World Early Learning Center in Middletown. He wanted a longer turn.

Without being told, Billy crawled into the box and nestled himself onto a big purple bean bag. He slowly rested his head on a soft, blue pillow. The four-foot-high box, called the Turtle House, stands upright with a hole at the top and doors slightly opened, against a center wall inside Billy's preschool classroom. The space inside the box is big enough for children to read a book or play with a toy to help them relax. Billy's tears dried and softened in the comfort of his solitude.

Outside the Turtle House, Billy's peers played. They seemed to be familiar with the routine and purpose of the Turtle House – a retreat from classroom conflicts. They have been read the book that sits on top of the Turtle House, Tucker Turtle Takes Time to Tuck and Think[6], a story about how the turtle, when upset, goes into his house to calm down. Kyron, on another day, would also visit the Turtle House, after a tough morning of not listening to his friends on how to play with a toy. He, like Billy, would rejoin his peers more open to learning and enjoying classroom activities.

The lessons of Tucker and the Turtle House are a component of the Bingham Pro-social Development Curriculum[7] developed through *Opportunity Knocks* to help children manage and resolve conflicts.The Bingham Curriculum helps children in preschool, aged birth to five, develop more social skills and verbalize their feelings when distressed over a situation. They are encouraged to use teamwork, anger management techniques, cooperation and respect when communicating with peers. Under the Bingham Curriculum, the children learn to be more considerate, and to stop and think about how their actions affect another classmate's feelings.

Introducing the Bingham Curriculum to Billy's class required extensive training for Middletown educators. Billy's teacher, Elizabeth Hurlburt, participated in a 12-hour training class between December 2007 and March 2008. Hurlburt's classroom will be a model for other teachers, who also will be trained on how to integrate the Bingham Curriculum into learning activities.

"I think [the curriculum has] made the classroom calmer, the children more respectful of their friends and they've learned how to be kind to other people," said Hurlburt. "We sometimes think a four year old can't learn to be kind, but they can."

The Bingham Curriculum techniques have also helped Billy at home when he is upset. According to Billy's mother, before the curriculum, he might have raised his voice a little if he wanted a toy his nine year old sister, Jillian, was playing with or if he was not able to watch a television program. "Now he can take a minute and relax before getting angry. It's been a great transformation for him," said Nicki Crawford, Billy's mother. "He'll be able to use this skill for the rest of his life where you can sit down and think about it before you react in a way that might be inappropriate."

Before the Bingham Curriculum was put into place, the Early Childhood Consultation Partnership (ECCP), a state-funded program operated by Advanced Behavioral Health, offered Middletown early care providers some consultation and classroom support to help manage behavior issues in the classroom. Teachers met once a month to discuss behavior challenges and get ideas on how to resolve them. The Bingham Curriculum was introduced as a result of these discussions.

Southeastern Connecticut

As part of its mission, the *Eat Smart Grow Healthy* partnership focused on healthy nutrition and its impact on physical and mental health. In order for new procedures to ensure healthier food choices at early learning sites to be truly effective, the partnership noted the link between emotional health and healthy eating habits. They believed there needed to be systematic changes that addressed the entire family's ability to foster social emotional and mental health supports.

With that in mind, *Eat Smart Grow Healthy* implemented a plan to support early learning centers in New London, Norwich and Groton with monthly on-site mental health consultants

"I've seen some significant changes in the snack options since my son first enrolled. In the beginning, I noticed a lot of junky snacks where now I'm seeing more fruits and vegetables on the menu." - Southeastern Connecticut Parent

and the Bingham Curriculum training for teachers. The teachers shared techniques on managing social and behavioral challenges with parents, who were also offered resources, such as books on social and emotional wellness of children.

Efforts to address socio-emotional issues in young children were greatly enhanced through the Building Blocks Initiative, a multi-year federal grant received by Connecticut from the Substance Abuse and Mental Health Administration which provided funds to New London County to build an early childhood mental health system.

Developing Healthy Eating Habits

As healthy eating was a central focus of *Eat Smart Grow Healthy*, we begin with a summary of their work.

Southeastern Connecticut

To accomplish goals to improve healthy eating habits, *Eat Smart Grow Healthy*, a team of medical and social-emotional experts and nutritionists reviewed policies and procedures at each site in Southeastern Connecticut. The sites received comprehensive, in-depth consultation services to create or modify nutrition and physical activity policies, and develop systemic long term changes on food selections for early learners. As a result, a number of nutrition and physical activity policies and procedures were created and implemented at participating early care sites. These policies, summarized in the box below, range from ensuring that full time preschool classrooms receive 60 minutes of physical activity a day to refining the types of food provided, behaviors around serving and how food is used at each site.

Nutrition Policies and Procedures for Child Care Centers

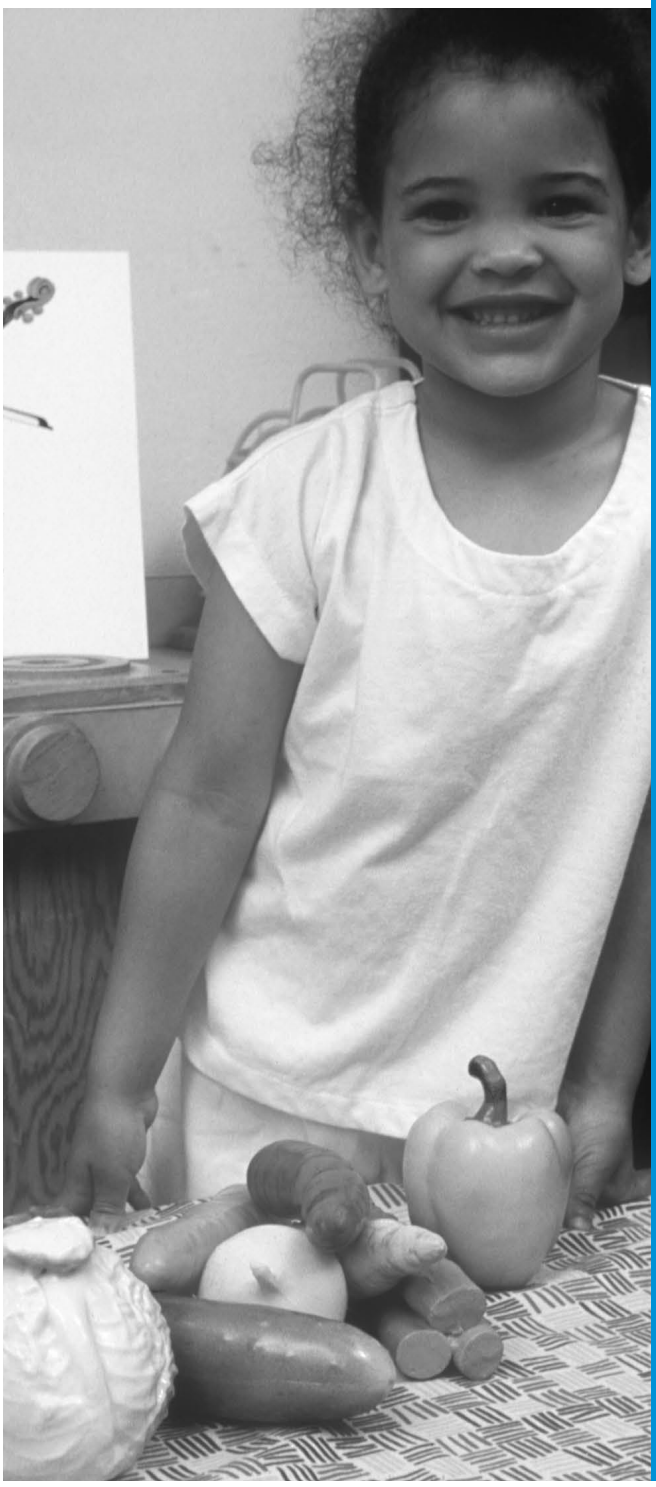
- Measurable food portions
- Meals served 'family style' allowing children to serve themselves
- One snack and/or nutrition-related activity per week, prepared by children
- A new afternoon activity called "make it and take it snacks" teaching children how to make a new snack they bring home for their families to try
- Meals and snacks served at regularly established times
- Solid foods and fruit juices not offered to infants younger than 6 months old
- Serving children only 100% juice or milk
- Not planning food-related rewards or fundraising events
- Training parents on physical activities to do at home with their children

In addition, training was offered for early care staff to use the *Captain Five A Day* nutrition curriculum (see Table 1) to teach children healthy eating habits, and a toolbox of nutrition and physical activity resources was developed and made available.

Middletown

Early care sites in Middletown also implemented new nutrition and physical fitness policies. This effort resulted in all sites implementing the National Association for the Education of Young Children (NAEYC) requirement of at least 60 minutes of physical activity per day in preschool classrooms and in outside play areas.

Middletown teachers were trained to use the *Captain Five A Day* nutrition curriculum to teach children healthy eating habits, and best practices in feeding so that meal times at preschool sites would promote model nutritional procedures.



"I see changes in children... I see healthy snack menus and healthy food brought from home. I see tooth brushing at the centers. Things are different than they were three years ago."

- Middletown Early Care Provider

KNOCKING DOWN BARRIERS TO ORAL HEALTH FOR YOUNG CHILDREN

Middletown

When Middletown preschool children saw dental bags in their classroom, there was a lot of moaning and groaning. Some of the children, ages three and four, often told their teachers eating snacks was hard because their teeth hurt. Almost half the students in these preschools needed oral care but have never received it. Limited insurance coverage and lack of parent education were barriers to good oral health care.

"Though parents sometimes knew that their children are suffering from poor oral health, they could not access treatment because no private dentist in Middletown accepts Medicaid insurance coverage," said Dr. Cliff O'Callahan, a Middletown pediatrician. "Community Health Centers are the only facilities that accept Medicaid, and they are often overbooked."

Under *Opportunity Knocks* and a curriculum called OPEN WIDE (see Table 1), pediatricians were trained on how to perform a basic oral health exam on children. The pediatricians then engaged others in the community to perform oral health screenings in preschool classrooms, including teaching staff, parent aides, and workers with the Department of Children and Families (DCF).

Preschool screening results were shared with parents. Through workshops on oral health care, parents also received tips about the importance of brushing teeth properly, providing healthy snacks, and preventing cavities and infectious diseases.

"If a child is grazing all the time and gets a bunch of cavities, they're the ones that have missed days [at school] because of tooth pains," said O'Callahan. "Since more than half of our children are on Medicaid and never went to a dentist until they were four or five years old, then that actually happens a few times. When you compare lost days of school for these things to asthma, or any other one kind of illness, it actually is one of the more frequent reasons for school absenteeism." Children who go untreated often require a tooth to be pulled after a visit to an emergency room for a painful mouth infection.

To counter untreated dental disease in children, the Middletown collaborative worked to sustain a system of consultation and provider education on more effective practices, and increase access to maternal and child oral health care. Among collaborative accomplishments were the following:

- Identified pediatric dental resources that would serve children insured by Medicaid.
- Created a referral network for School Readiness programs and pediatric primary care physicians.
- Served 1,399 children in 23 early care programs using the Connecticut Department of Public Health's *Miles of Smiles* program,

which provides on-site dental services for preschool children, pregnant women, and mothers at preschools and elementary schools. Dental staff from the local Community Health Center provided screening, prevention, treatment and referral to specialists when needed.

- Secured *pro bono* work from dentists in the community to provide services to those children that need dental work beyond preventive services.
- Through EPIC (See Table 1), trained more than 200 health and early care providers, community leaders and parents on oral health issues for young children using the OPEN WIDE Training Curriculum.

State Programs Used in Promoting Early Health and Learning Communities

In addition to programs developed by the community collaboratives, both *Opportunity Knocks* in Middletown and Southeastern Connecticut's *Eat Smart Grow Healthy* benefited from utilizing state programs to support early care sites. Table 1 provides a description of these programs.

Table 1: State Health Programs Available to Communities

Name of Program	Description	Role in the Initiative
Captain 5 A Day	Developed by the CT Department of Public Health, Captain 5 A Day is a superhero who encourages children to eat healthy and to be physically active by training educators to use classroom activities with students.	*Eat Smart Grow Healthy* and *Opportunity Knocks* used the Captain 5 A Day materials to train early care staff on improving healthy eating habits and address physical activity needs of young children.
Educating Practices in the Community (EPIC)	EPIC is based on the academic detailing model that pharmaceutical companies use to educate physicians about new products. A physician or other health care professional with expertise in the topic area visits the practice at a convenient time, brings food, delivers a short presentation, answers questions, and leaves resources to help the practice implement change. Funded by the Children's Fund and operated by CHDI, EPIC is provided at no cost to the practice.	*Opportunity Knocks* used EPIC to present the OPEN WIDE curriculum and an educational module on developmental monitoring to Middletown maternal and child health providers.
Oral Health Program to Engage Non-Dental Health and Human Service Workers in Integrated Dental Education (OPEN WIDE)	OPEN WIDE provides oral health training to health and early childhood professionals working in community settings. The training objectives include: ❖ Educate, build awareness and integrate oral health into existing health systems	*Opportunity Knocks* trained health and early care professionals using the OPEN WIDE curriculum.

Table 1: continued

	❖ Enable non-dental providers to recognize and understand oral diseases and conditions ❖ Enable non-dental providers to engage in anticipatory guidance and prevention interventions and make appropriate referral for improved oral health ❖ Make a positive impact on overall health and well-being through improved oral health	
Connecticut Early Childhood Consultation Partnership (ECCP)	ECCP is funded through DCF and operated by Advanced Behavioral Health. It provides early childhood mental health consultation to early care staff at child care centers throughout Connecticut. ECCP offers social and emotional training to early care staff as well as site-specific consultation. Consultation involves improving classroom dynamics as well as addressing child-specific issues.	*Eat Smart Grow Healthy* and *Opportunity Knocks* relied on services from ECCP to educate early care staff on the social and emotional needs of the preschool students as well as to provide site-specific consultation.

SUSTAINING THE WORK

During the final funded implementation year of the initiative, the evaluation team conducted key interviews with members from the Middletown and Southeastern Connecticut communities to learn about what it takes to sustain an early health and learning initiative. The interviews focused on the necessary infrastructure and the systemic and programmatic changes.

Infrastructure

Although the sites had different approaches, they commonly addressed key positions, agencies' procedures and resources necessary to sustain these initiatives after foundation funding has ended. They agreed that a paid planner/coordinator position to run the Collaborative was essential. Once collaboratives are solidly established, coordinators can garner additional funding for specific programs. The coordinator is needed to perform these functions:

- Scheduling and running efficient meetings
- Organizing the work of the Initiatives
- Disseminating information about health events and community learning opportunities
- Writing grants to continue funding of the work
- Facilitating ongoing support and collaboration among partners to ensure continuity of changes in policy and practice

Middletown has decided to continue *Opportunity Knocks* to further address issues of early health and learning. To this end, key positions seen as necessary for their sustainability included a coordinator, an engaged health provider or a champion from the medical community, dental providers, a school readiness coordinator, and dedicated parents. Middletown members also stressed the importance of commitment from various community agencies and organizations. Key features included: having a lead agency, support from the local hospital, buy-in from the health department, and a cooperative relationship with the schools. Volunteerism and in-kind time from employers to participate in initiatives were also noted.

Eat Smart Grow Healthy participants highlighted funding as a key resource to help sustain the work of the nutrition, physical activity, and behavioral consultants. They also envisioned sustainability of their efforts through staff that would be able to provide training to others after the project ended. Some providers from the early care sites noted that without external support for consultants, sites would not be able to afford to pay for services and would therefore be forced to go without.

Programs and Policies

Both communities were able to implement numerous policies at the early care sites to support health and learning for young children. Many sites were able to move closer toward receiving NAEYC accreditation as a result of their participation in the *Promoting Early Health and Learning Initiative*. It was evident from interviews that participation in the collaboratives brought an increased awareness of health issues to the community school readiness agenda. Both sites reported that participants learned a lot personally and professionally because of their participation on the Coalition.

In addition, a number of sites changed their operating policies to better support the socio-emotional needs of children:

- All participating early care programs have adopted the Bingham social/emotional health curriculum
- Children are in learning environments that foster positive identity and an emerging sense of self and others
- Children are provided opportunities and materials to build their understanding of diversity in culture, family structure and gender in non-stereotypical ways
- Family nights, which cover social/emotional topics, have been incorporated into program event schedules across early care sites

A list of policy changes enacted by each site by focus area is provided in Table 2.

Table 2: Promoting Early Health and Learning Enacted Policies

Area of Focus	Policy or Procedure
Oral Health	*Opportunity Knocks:* ❖ On-site dental screening, treatment, referral, and coordination for preschool children, pregnant women, and mothers are offered at preschools, elementary schools, Red Cross and the Middletown Women, Infant, and Children (WIC) program through the Middlesex County *Miles of Smiles* program of the Middletown Community Health Center, Inc, in partnership with *Opportunity Knocks*. ❖ Parent educators have changed their home visit forms to include questions about oral health. ❖ Medical providers are conducting dental screenings at well-child visits. ❖ Dentists are now able to file for reimbursement of services through the Community Health Center to reduce the paperwork. *Eat Smart Grow Healthy:* ❖ Sites were trained to incorporate better oral health policies and practices with staff and children. ❖ Tooth brushing for all children has been implemented at early care sites.
Social and Emotional Health	*Opportunity Knocks:* ❖ Policies are in place to support child and staff safety for managing children with behavioral issues. ❖ Prior to suspending children from early care settings, early care providers exhausted all available social supports and only moved to suspension if the parents refused to use supports offered and/or the child posed immediate safety threats to preschool staff and other children. As a result, a policy was put in place where the centers and the town School Readiness Coordinator assisted parents in finding an appropriate education setting for their child rather than leave the parents to do this on their own. ❖ Center-based procedures and policies designed to increase access to behavioral health care resources are in place. ❖ Preschools now refer families for behavioral health services when needed. In collaboration with the ECCP, preschool programs utilize an exit interview involving the mental health consultant and public school psychologist if child specific intervention is needed. *Eat Smart Grow Healthy:* ❖ Children are provided varied learning environments that foster positive identity and an emerging sense of self and others.

"A dentist's visit to his preschool impressed my son so much that he now tells me, 'I have to go brush my teeth because I had sugar.' He has a dentist already, but having one come to the school made a big impact on his [oral health] behavior." - Middletown Parent

Table 2: continued

	❖ Children are provided varied opportunities and materials to build their understanding of diversity in culture, family structure and gender in non-stereotypical ways. ❖ Family nights, which cover social/emotional topics, have been incorporated into program event schedules across sites.
Physical Activity	*Opportunity Knocks:* ❖ Full day, center-based preschool programs in Middletown engage preschool children in at least one hour of physical activity per day. *Eat Smart Grow Healthy:* ❖ Children attending full day preschool are provided a minimum 60 minutes of physical activity per day. ❖ Restricting outside time is no longer used as a punishment. ❖ Physical activity is no longer used as a reward. ❖ Family nights, which cover physical activity topics, have been incorporated into program event schedules across sites.
Nutrition	*Opportunity Knocks:* ❖ All providers who touch the lives of young children are trained regarding healthy feeding relationships and best practices in feeding so that children do not become obese nor develop eating disorders because of fear of becoming obese. ❖ Preschool providers will be able to participate directly in the referral and consultation system of Fit for Kids, a childhood obesity prevention/intervention pilot program at the Middlesex Hospital Center for Chronic Care Management that is a direct result of *Opportunity Knocks*. *Eat Smart Grow Healthy:* ❖ Celebration policies have been changed. ❖ Types of food brought in from outside the programs have been changed to reflect healthier food. ❖ Food-related fundraisers have been eliminated at many sites. ❖ Communication policies around food consumed during the course of the day have been implemented. ❖ Nutrition has been added as a component to family events at the program level. ❖ Snack menus have been changed to incorporate healthier options as identified by consultants.

Table 2: continued

	❖ Several sites have eliminated juice from their snack menus and have increased the whole fruit options on snack menus. These sites serve a choice of milk or water with each snack. ❖ Food portion policies have been put in place. ❖ Meals are served 'family style' allowing children to serve themselves. ❖ Children prepare one snack and/or nutrition-related activity per week. ❖ A new afternoon activity was developed called "make it and take it snacks." ❖ Meals and snacks are served at regularly established times. ❖ Solid foods and fruit juices are not offered to infants younger than six months old.

LESSONS LEARNED

A number of lessons learned emerge from the work of the Middletown and Southeastern Connecticut communities:

1. Multifaceted recruitment efforts that include face-to-face contact were most successful in securing parent participation.
2. Training collaborative members to be spokespersons for the cause can help infuse messages and strategies throughout the community.
3. The critical role of a paid staff person to serve as the collaborative coordinator cannot be overstated. The coordinator is the glue that holds the collaborative together as she recruits early care and education providers, families, and health care providers. Once the collaborative is established and activated, the coordinator can direct fund raising to sustain established programs and develop new ones.
4. Mentoring offered by consultants to early care staff, tailored to the setting, were key in making sustainable changes.
5. Collaborations between agencies are critical in developing strategies to prevent children from being expelled from early care settings. This includes utilizing available resources, training, and consultation to develop classroom strategies that can retain children with behavioral challenges in preschool.
6. Using the resources of state initiatives bolsters community school readiness partnership initiatives.
7. Including health professionals in early care and education planning helps communities address oral, nutritional and socio-emotional health, all of which are important to school readiness.

CONCLUSION

The integration of health into early learning is a promising strategy for communities committed to ensuring that children are healthy and ready to learn upon entering kindergarten. The work of *Opportunity Knocks* in Middletown and *Eat Smart Grow Healthy* in Southeast Connecticut has demonstrated that it is feasible to bring health into early care and education planning and programming at the community level in the areas of oral health, nutrition and physical activity, and socio-emotional health. The benefits include:

- Improved preschool policies that support healthy development
- Parent and family engagement in health issues
- Health provider connection to early care and education
- Maintenance of children in early care by addressing behavior problems before children are expelled
- Connection of children to important health services, such as preventive dental care

Resources did not permit a longitudinal study to determine whether the integration of health into community planning, and early care and education programs and policies, results in improving the health and success of young children in kindergarten. This is the ultimate goal and merits further study.

References

1 Boyd, J.W., Barnett, W.S., Bodrova, E., Leong, D.J., Gomby, D. (March 2005). Preschool Policy Brief: Promoting Children's Social and Emotional Development Through Preschool Education. New Brunswick, NJ: National Institute for Early Education Research.

2 Pires, S.A. (2002). Building Systems of Care: A Primer. Washington DC: National Technical Assistance Center for Children's Mental Health.

3 The Discovery Initiative (n.d.). http://discovery.wcgmf.org/about.html. Accessed July 2008

4 U.S. Census Bureau. (2000). "Profile of General Demographic Characteristics: 2000 Data Set." Retrieved July 7, 2008 from U.S. Census http://factfinder.census.gov

5 A more detailed evaluation report is available upon request at the Child Health and Development Institute of Connecticut (860-679-1519; contact – Lisa Honigfeld).

6 Lentini, R. (2007). Tucker Turtle Takes Time to Tuck and Think, University of Florida. Accessed at www.vanderbilt.edu/csefel/scriptedstories/tuckerturtle.ppt

7 A Blueprint for the Promotion of Pro-Social Behavior in Early Childhood Series: Issues in Children's and Families' Lives , Vol. 4 Chesebrough, E.; King, P.; Bloom, M.; Gullotta, Th.P. (Eds.) 2005

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