



# Promoting Healthy Development: Insights From GLR Communities

DRAFT Prepared for Discussion and Development

PRACTICE BRIEF #4

## THE PROBLEM

Decades of research tell us that learning begins at birth and that healthy development greatly impacts children's ability to learn. A child's capacities begin to develop before birth and continue to develop rapidly, fueling and shaping readiness to take on the tasks of learning and schooling. Children's brains and bodies change and mature through the early years of life. This rapid development, including the wiring of the brain, arises from the integration of a child's physical, social and emotional health.

Relationships with consistent and caring adults nurture and influence each of these connected aspects of healthy development, which is directly linked to a child's learning capacity and progress. If children are to be able to read proficiently by the end of third grade, they need to be healthy and developing language, literacy and other pre-reading skills at an appropriate pace.

Identifying and addressing the health-related challenges that are barriers to on-track development and that are most closely correlated

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# 2,500

parents participated in classes on children's healthy development in Oklahoma City. Over 500 classes were offered in English and Spanish in 41 locations during the 2019-2020 school year.

The Campaign for  
**GRADE-LEVEL  
READING**

with early school success are proving to be a powerful means of closing gaps in literacy and more broadly, of disrupting the vicious cycle of generational poverty. Children from low-income families have more frequent health and developmental challenges than children from more affluent families.

The myriad efforts of GLR communities to find, own and implement viable solutions to the readiness, attendance and summer learning challenges have illuminated how dependent all three are on the presence or absence of certain health conditions. The dependence is so great that the health markers are literally as well as figuratively determinants of early learning, early literacy and school success, especially in the early



grades. Foreshadowed by the extensive literature on the social determinants of health, the community-level efforts have exposed the contours of a vicious cycle. Subpar school outcomes are key predictors of low socioeconomic status. The resulting social conditions account for much of the most consequential health disparities. The deleterious effects of a number of these health disparities on virtually all aspects of early learning predict the diminished outcomes that complete and perpetuate the cycle.

## SOLUTIONS: WHAT'S WORKING IN GLR COMMUNITIES

This brief shares our analysis of 17 stories filed by 12 communities in 9 states that focus specifically on how GLR Network communities are implementing and scaling a variety of strategies, programs and activities to address children's healthy development and the health determinants of early school success. The communities included both mid-size and larger metropolitan areas. Hawaii and Idaho submitted stories about statewide efforts.

We identified four broad strategies in the submitted stories as being important ingredients in efforts by local GLR Campaigns to move the needle on the health determinants of early school success:

- 1 Addressing food insecurity during summer and out-of-school time
- 2 Engaging health care partners to support literacy messaging
- 3 Providing parent support for social-emotional health and children's healthy development
- 4 Conducting vision screening

## Strategy 1: Addressing food insecurity during summer and out-of-school time.

In 2016, 18% of children under the age of 18 lived in food insecure households. Children who suffer from poor nutrition have social-emotional delays and behavioral challenges, score lower on academic measures and are less likely to engage in day-to-day activities. Low-income children tend to gain weight during the summer months, because they lack access to healthy food and opportunities for physical activity.

- In Indian River County, Florida, the Moonshot Community tackles food insecurity in the summer. The School District of Indian River County converted several school buses into mobile cafes that serve over 750 meals daily in low-income housing neighborhoods and over 17,000 meals during the summer months. The Moonshot bookmobile brings books along with the meals during the summer reaching many children as well. While designated summer nutrition sites are open, the mobile cafes reduce transportation barriers for families who were unable to access nutrition supports during the summer. Read more [here](#).
- In Roanoke, Virginia, the Roanoke Public Library (RPL) has been providing summer nutrition since 2014. In the fall of 2018, the libraries expanded the summer program to include afterschool meals on weekdays and a meal on Saturdays. This was made possible through a new partnership with Feeding Southwest Virginia. In the first three months, Feeding Southwest Virginia served 10,000 meals at RPL branches. In the fall of 2019, additional afterschool and weekend snacks were added so children now eat twice after school and on Saturdays. Local health researchers identified specific neighborhoods as food deserts, which helped to target services. With the addition of afterschool and weekend meals, RPL has served over 75,000 meals to Roanoke children since 2014. Read more [here](#).

## Strategy 2: Engaging health care partners to support literacy messaging.

Over 95% of children under age 5 see a health care provider at least annually and more frequently in the first two years. Health care providers are a trusted source of information and provide a unique opportunity to support early literacy messaging through book distribution and parent support.

- In Palm Beach County, Florida, a partnership with the Thirty Million Word Center has identified targeted neighborhoods near a hospital partner to implement literacy messaging to families with children birth to age 3

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## YOUNG CHILDREN'S SOCIAL-EMOTIONAL GROWTH REQUIRES CONSISTENT SUPPORT FROM CARING, RESPONSIVE ADULTS.

at the time of birth in the hospital and through ongoing relationships with the children's primary health care provider. The program is specifically targeting low-income families. Read more [here](#).

- In 2018, Sioux City, Iowa, implemented a “Reading Prescription” program in partnership with pediatric health care providers. In 2019, the program rapidly expanded to include OB/GYN practices, a centering pregnancy program and a local hospital. Each site includes literacy messaging and book distribution to families. Read more [here](#).
- Durham County, North Carolina, has braided multiple programs to bring literacy messaging the families with young children. Shortly after birth families receive a home visit from a registered nurse through the Durham Connects program and literacy messaging is included in that visit. The community has blended Reach Out and Read along with the Dolly Parton Imagination Library to create literacy rich environments in the home. The health care and home visiting providers also share information about pre-K opportunities and kindergarten enrollment. Read more [here](#).

**Strategy 3: Providing parent support for social-emotional health** and children's healthy development. From birth on, young children's healthy social-emotional growth requires consistent support from caring, responsive adults. Young children need adults to help them practice using social-emotional skills in play with other children and in independent activities. Parents need support to understand how their child's brain develops and the important milestones that indicate when children are “on track” for key developmental milestones.

- Dodge and Jefferson County, Wisconsin, launched the “TalkReadPlay With Your Child Every Day” community awareness campaign to support parents and caregivers in understanding children's development. The community has trained 500+ professionals in health and human services, early care and education, libraries, faith and other community organizations with campaign key messages. They have integrated tools to support healthy development through everyday activities. The community is institutionalizing the model by creating “Activation Partner” and “Model Site” statuses in order to achieve fidelity in implementation. Read more [here](#).
- Oklahoma City collaborated with 15 community partners to implement Early Birds, In the 2018–19 school year, over 500 classes in 41 locations were offered in Spanish and English to over 2,500 parents.

Families with children birth to age 5 were invited to attend. Parents attend classes that focus on a number of areas including developmental milestones and family health and wellness. Over 80% of incoming kindergartners whose families participated in Early Birds met benchmarks for kindergarten readiness. Read more [here](#).

**Strategy 4: Conducting vision screening.** Uncorrected vision difficulties can sabotage academic success. An estimated 20% of school-age children have a vision problem — most often near-sightedness, which makes it difficult to see at a distance, or farsightedness, which makes it difficult to read a printed page. Vision problems are the most common physical condition affecting learning and may have direct consequences for learning to read. Low-income and minority children are at risk for underdiagnosis and undertreatment of vision problems.

- In Des Moines, Iowa, a partnership with Read to Succeed and Vision To Learn has resulted in over 26,000 students in three school districts receiving vision screening and over 3,000 students have received glasses. Vision To Learn has also made great strides in streamlining processes and reducing barriers. Early on, collecting paper consents was identified as the largest barrier to participation. Therefore, during the 2018–2019 program, VTL implemented an Opt-Out program for Des Moines Public Schools, the largest of the three districts served in Greater Des Moines. With this adjustment, VTL saw a 23% increase in participation within these schools. Read more [here](#).
- In Wyoming Valley, Pennsylvania, the United Way created a program called See to Succeed, the school nurse conducts vision screenings using the convenient, advanced technology of the Spot® Vision Screener. Students who fail the vision screening are invited to participate in See to Succeed. Students who are prescribed glasses get to choose their frames from a wide selection of styles and colors. Currently a portion of See to Succeed is reimbursable by Medicaid and the Children’s Health Insurance Program (CHIP). Read more [here](#).

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## TAKEAWAYS

Below are key insights garnered from our review of these stories:

1

Health partners are often untapped allies in supporting early literacy. Primary health care, Obstetric offices, public health, hospitals and home visiting programs all represent opportunities to strengthen community systems of support and early literacy for families with young children. GLR communities should reach out and include partners from the health sector in their local coalitions.

2

Using trusted messengers across a variety of community partners increases the likelihood that families will participate in formal and informal parent support programs. When families hear the same messages from multiple sources, a comfort level is established that supports parents.

3

To increase the reach of programs, engage researchers and data partners to analyze existing program barriers to participation such as transportation and opt-in requirements. Use data to inform programmatic or organizational policy and practice changes. Use data to target programs to neighborhoods and families with the greatest need such as food and book deserts.

4

Look for opportunities to connect the dots between and among programs. Leverage local champions where there are opportunities to blend and braid funding streams and programmatic models to expand reach.

5

We need to understand the systems for screening, referral and follow-up for social-emotional and developmental delays in GLR communities. Analyzing how well these systems work for families is especially important. Creating data systems that bridge health and education are essential to ensure that we reach all children and avoid duplicative screening.

6

As you consider ways of addressing health barriers to school attendance, look to partners who have implemented programs to address oral health care and asthma. We would like to hear stories about how communities are addressing these two areas.

- The GLR *What's Working Practice Briefs* are designed to be an actionable resource for GLR coalitions and leaders in communities and states across the network that are looking for relevant examples and ideas about what to implement, adapt, improve and expand as they seek to move the needle on key measures of early school success.
- The Briefs in this collection contain curated content from 112 communities that filed more than 320 stories in early 2020 about what's working well and why. Each of the six Briefs is organized around one of the key impact areas that have been part of the GLR Campaign's Community Solutions Action Plan (CSAP) framework used by 300+ communities since 2012.
- The authors of each brief have both subject-matter expertise and extensive experience working with and supporting GLR communities. In compiling these Briefs, we view our roles as that of active listeners, aggregators and guides to the rich reservoir of content thoughtfully submitted by GLR coalitions. Our aspiration is to add value by making the lessons learned from communities involved in this work more accessible to and usable by others across the country.
- The Briefs are part of an overall strategy of the GLR Support Center to play an active role in lowering the geographic barriers to learning and reduce the high costs of duplicative trial-and-error that currently exist within the network.
- The Briefs contain a range of on-the-ground, illustrative examples of strategies, practices and programs that have been implemented in all types and sizes of communities across the network. CGLR values both what can be learned from empirical research evidence as well as the wisdom derived from lived experience. The Briefs tilt more toward the latter.
- Rather than serving as an exhaustive, how-to guide on implementation, the Briefs should be used to prompt further exploration and inquiry. We anticipate that the content will be used to instigate a series of Roundtable Conversations and Communities of Practice in the months ahead as we delve deeply into the What's Working question and encourage more ongoing rigorous analyses of what we've done, what we've accomplished, and what we've learned as a network.
- We intentionally include a "draft" stamp on all of the Briefs to signal our commitment to continue to refine and strengthen these publications over time.