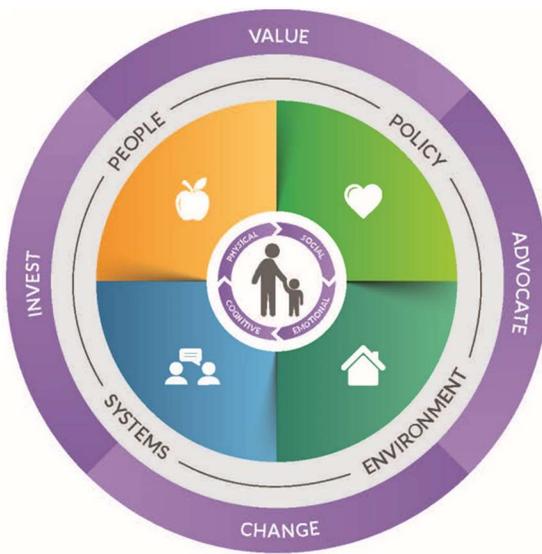


**EXECUTIVE SUMMARY**

With its Healthy Futures strategy, the Greater Rochester Health Foundation has launched an initiative to improve the health and well-being of children ages 0-8. They have identified four whole child health components: healthy relationships; safe and secure environments and psychological safety; skills and competencies (e.g., social-emotional, literacy and other core academic skills); and healthy habits (e.g., around healthy eating, physical activity, and sleep).



**Foster healthy relationships.** Consistent, supportive relationships with caregivers, families, other adults and peers lay the foundation for the development of strong brain architecture and support learning, social-emotional well-being, and resilience.



**Create safe and secure environments and psychological safety.** Safe environments limit children's exposure to violence and other trauma, physical injury, environmental risks, and other threats to healthy development, and enable children to fully engage in learning and play.



**Cultivate skills and competencies.** Through play as well as developmentally and culturally appropriate instruction, children develop the social-emotional competencies, literacy and other core academic skills that foster achievement and well-being throughout life.



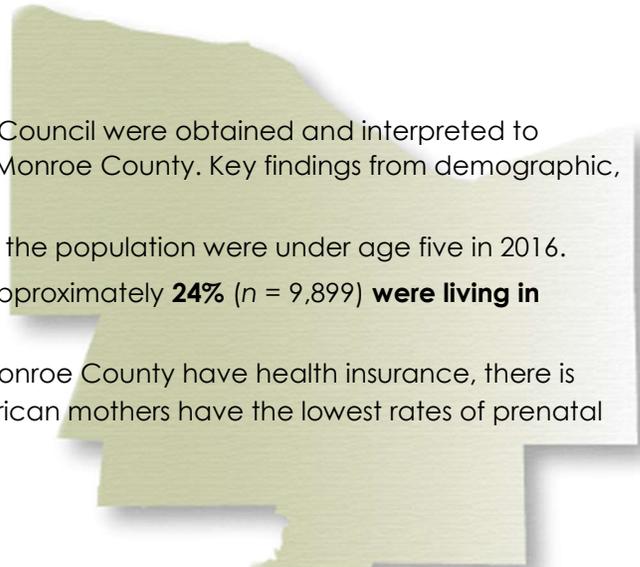
**Build healthy habits.** Effective teaching and modeling as well as access to healthy food and spaces for play foster healthy eating, physical activity, adequate sleep and other habits that contribute to lifelong physical and mental health.

This scan, conducted by Coordinated Care Services, Inc., sought to identify potential programs and practices, training and coaching needs, and policy changes to support whole child health in early care and education (ECE) settings across Monroe County.

**Monroe County Data**

Publicly available data and data from the Child Care Council were obtained and interpreted to support the scope of understanding of ECE settings in Monroe County. Key findings from demographic, health, and education indicators include:

- In Monroe County, an estimated 6% (n = 41,381) of the population were under age five in 2016.
- Of all children under age five in Monroe County, approximately **24%** (n = 9,899) **were living in poverty.**
- While almost all (98.6%) children under age six in Monroe County have health insurance, there is pronounced disparity whereby Black/African American mothers have the lowest rates of prenatal care and highest rate of infant mortality.



- **Kindergarten readiness is a significant area of need** in the City of Rochester. By the end of prekindergarten, approximately half (53%) of all children in Rochester public pre-K programs passed the kindergarten readiness screening.
- There are 28,833 child care spots available for the approximately 41,381 children under five in Monroe County. This gap does not take into account families who choose not to utilize formal care.

## Interviews and Focus Groups

Fourteen interviews and focus groups were conducted with ECE experts, administrators, direct care staff, and parents of young children (ages 0-5) in care. The goal was to learn how ECE settings are supporting whole child health, challenges to doing so, and recommendations for future funding from the Greater Rochester Health Foundation. Focus groups represented a range of ECE settings, including child care centers, prekindergarten/nursery schools, summer learning programs, Head Start/Early Head Start, universal prekindergarten (UPK), expanded prekindergarten (EPK), family child care, and legally exempt care. Interview and focus group participants reported the following:

- Many promising programs and practices (PPPs) that support whole child health are currently utilized in Monroe County, or have been in the past.
- These PPPs have been **underfunded** and **need expansion** to additional settings and in **length** of implementation.
- The largest perceived gaps are in **supporting children with intensive behavioral, social-emotional, mental health, cognitive, and physical needs**.
- There are **significant training and coaching needs**, including a need for training on trauma-informed care (TIC) and provider-parent communication.
- **Parent engagement** is a challenge; few providers are able to offer home visits and parent support staff.
- Recruiting and retaining high-quality staff is a barrier, especially due to the **low pay of ECE staff**.
- Providers face multiple **challenges to using data systems** to record, monitor or evaluate whole child health, including the cost of these systems. Outside of Head Start, UPK, and Pyramid Model pilot sites, few providers are using data systems to track this information.
- Participants recommended the following for future funding:
  - Use funding to expand PPPs, especially those focused on:
    - **supporting children with intensive behavioral, social-emotional, mental health, cognitive, and physical needs** (e.g., mental/behavioral health consultants and on-site pediatric nurses);
    - **supporting parents** (e.g., parent support staff, parent training, and emergency/back-up care); and
    - **supporting legally exempt providers** (e.g., Staffed Family Child Care Networks).
  - Fund the training and coaching of ECE staff, including **TIC, provider-parent communication, and Infant Mental Health/reflective supervision**.
  - Support advocacy efforts, including those to **increase staff pay, subsidies, and reimbursement rates for service providers**.



## Recommendations

As the Foundation seeks to support whole child health in children ages 0-5, three primary strategies are recommended:

### **1. Fund large-scale expansions of existing approaches, for extended periods of time, to under-resourced providers across Monroe County. Fund approaches rather than pilot programs.**

- As participants described, there is no need to “reinvent the wheel.” There are many evidence-supported PPPs that need expansion, as described above. There is simply a lack of funding.
- Funding for pilot programs is often short, and providers spend a great deal of money, time, and energy training and implementing programs for which funding ends. Long-term and sustainable funding would help providers to fully implement initiatives with fidelity and give time for children to reap the benefits.
- The scan also uncovered a need for additional resources for providers who do not benefit from federal or state funding streams but serve children from low-income families and children who have experienced trauma. This includes home-based/legally-exempt providers located in the City of Rochester as well as some providers in rural/suburban areas. This should include supports for children ages 0-3, as much focus is on programs for children ages 3 and older (e.g., Head Start and UPK).

### **2. Increase the accessibility of training and coaching opportunities.**

- There is also a need for more training and coaching opportunities as described above. Training opportunities are limited not only based on expense, but also the ability for staff to attend. Participants identified strategies such as providing training components on-site with providers or web-based modules. Funding of training and coaching should focus on accessibility for all providers.

### **3. Support advocacy efforts that value early care.**

- Participants highlighted several policy issues to support (i.e., increased staff pay, subsidies, reimbursement rates for service providers, and availability of UPK and Head Start programs). Funding should include support of these advocacy efforts to promote high-quality early care.

To successfully implement these strategies, it is recommended that (4) community coalitions be engaged to seek their input, buy-in, and support for these efforts; and (5) other systems that serve young children ages 0-5, beyond child care settings, also be considered. Integration of existing supports for young children will be essential for a whole child health approach to take root and flourish in the community.