



## Supporting Whole Child Health in Early Childhood: A Scan of Early Care and Education Settings in Monroe County

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've 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). To inform their plans, GRHF partnered with CCSI to conduct a scan of Monroe County's early care and education settings (ECE) to identify promising programs and practices, training and coaching needs, and policy changes needed to support whole child health.

Here's a brief recap of what we learned from this initial work, which included review of a broad range of secondary data sources, along with interviews and focus groups with ECE experts, administrators, direct care staff, and parents of young children in care.

- ✓ Many promising programs and practices (PPPs) that support whole child health are currently in use (or have been.)
- ✓ PPPs have been underfunded and need expansion – both 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 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.

Taken together, the scan yielded the following recommendations:

1. **Fund approaches rather than pilot programs.** That is, fund large-scale expansions of existing approaches, for extended periods of time, to under-resourced providers across Monroe County.
  - ❖ There's no need to "reinvent the wheel." There are many evidence-supported PPPs that need expansion, 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

includes 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 should 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 must 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.

### What's Next?

Work is currently underway to enhance this scan by deepening the focus with attention to issues related to health equity. In tandem with these efforts, GRHF is using the results to help shape future funding strategies.

For more information, please contact Dr. Elizabeth Meeker, Vice President – Consulting Services at [emeeker@ccsi.org](mailto:emeeker@ccsi.org) To review the report Executive Summary, [click here.](#)



**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.