NJSEEDlings

Supporting Everyone in Early Development

Quarterly Learning Community

Session 9: Improving Health Outcomes in New Jersey: Through Early Child Care & Learning

March 18th, 2025

New Jersey Chapter
OF THE AMERICAN ACADEMY OF PEDIATRICS
INCORPORATED IN NEW JERSEY

NJSEEDlings
Supporting Everyone in Early Development

NJ SEEDlings: Supporting Everyone in Early Development

GOAL ONE: Increase the number of ECD experts in pediatric settings

GOAL TWO: Help pediatric practices integrate a continuum of ECD services

GOAL THREE: Improve ECD knowledge and abilities among pediatric primary care staff

GOAL FOUR: Identify solutions to barriers to ensure sustained & holistic ECD services

Continuing Medical Education Statement

Accreditation Statement:

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Medical Society of New Jersey. New Jersey Chapter, American Academy of Pediatrics is accredited by the Medical Society of New Jersey to provide continuing medical education for physicians.

AMA Designation Statement:

New Jersey Chapter, American Academy of Pediatrics designates this live internet activity for a maximum of 1.0 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

ABP MOC Part II:

Successful completion of this CME activity, which includes participation in the evaluation component, enables the learner to earn up to 1 MOC points in the American Board of Pediatrics' (ABP) Maintenance of Certification (MOC) program. It is the CME activity provider's responsibility to submit learner completion information to ACCME for the purpose of granting ABP MOC credit.

Welcome & Housekeeping

Please **remain muted** & use the chat to share thoughts and ideas.

Submit any questions using the **Q&A box** or chat in the Zoom toolbar.

This session will be **recorded**. The recording & slides will be shared via email.

Please complete the **evaluation** at the conclusion of the program to provide feedback!

Program Speakers

Steven Barnett

Ph.D.
Founder and Senior Co-Director of the National Institute for Early Education Research (NIEER)

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Disclosures: Dr. Barnett and Bonnie have no disclosures or conflicts of interest to report.

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Ensuring Quality in Early Learning Systems to Promote Health

Dr. Steven Barnett
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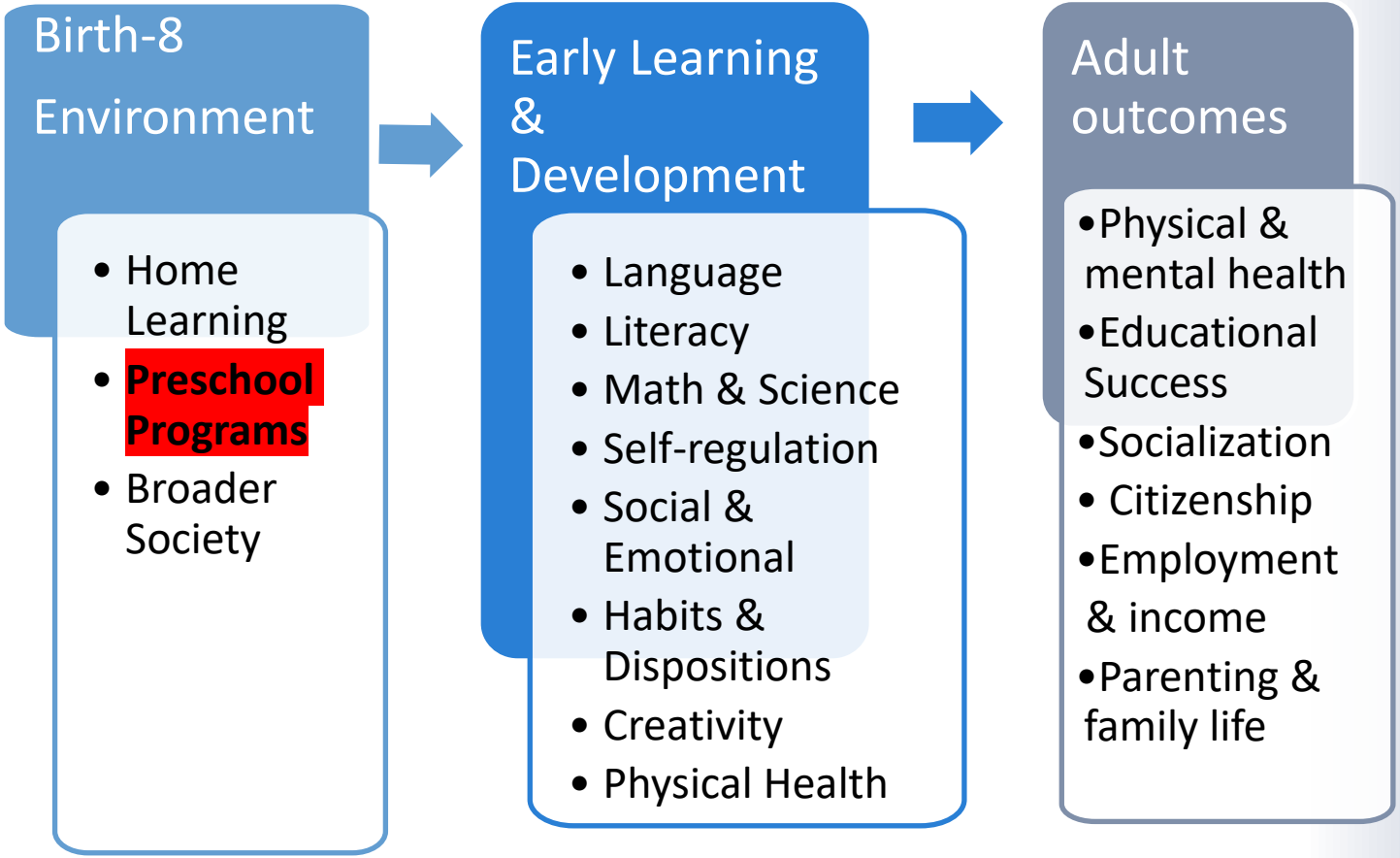
Pre-K Links to Broad Lifelong Outcomes



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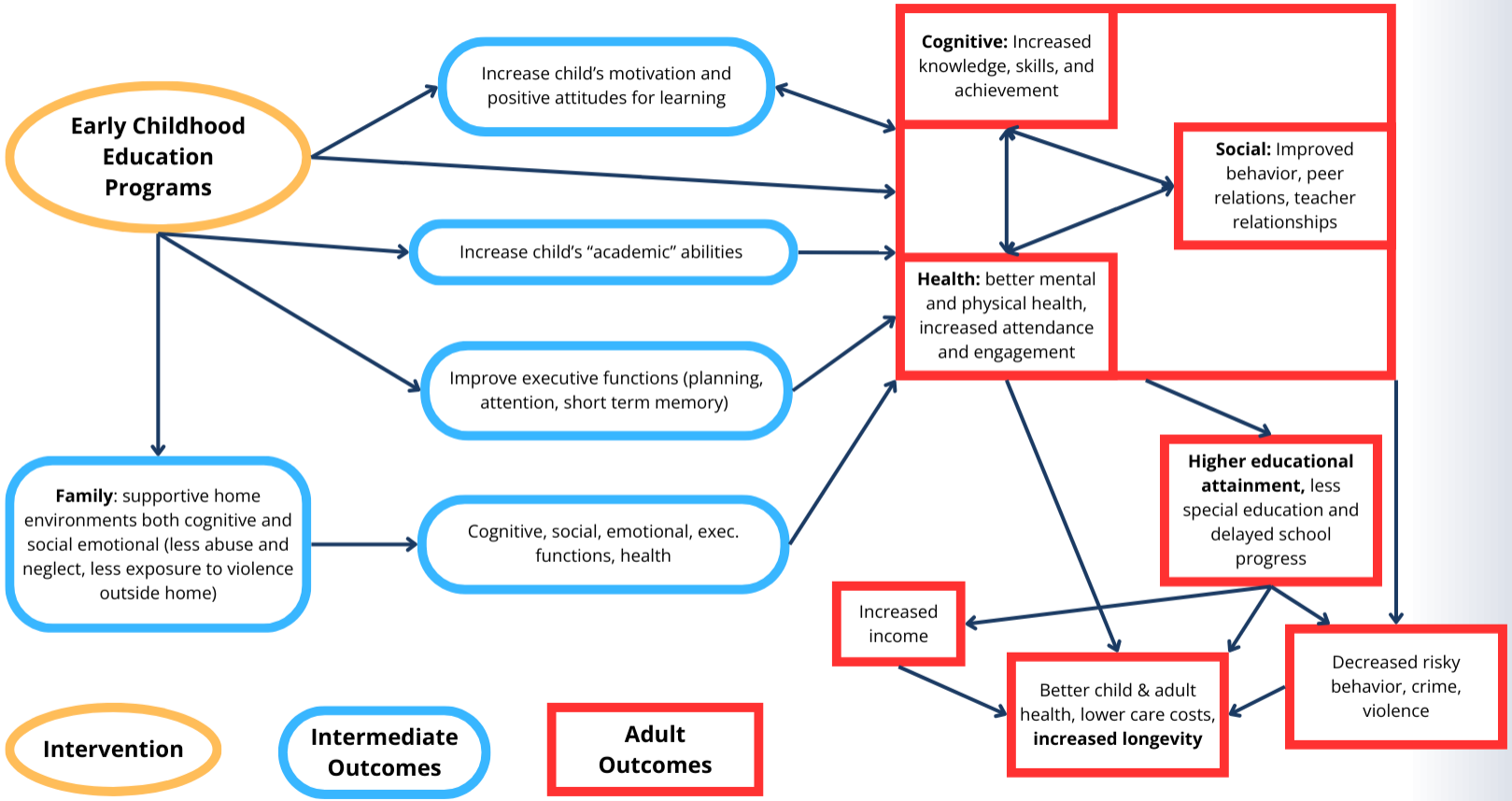
Early Education Pathways to Adult Outcomes



Developmental Model for Building Effective ECD Systems

Minervino, J (2014)
https://docs.gatesfoundation.org/documents/lessons%20from%20research%20and%20the%20Classroom_September%202014.pdf

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New Jersey's State (Abbott) Preschool

- All children starting in 31 high poverty cities
- High expectations
- Adequate funding
- Strong teachers
- Small classes
- Full day
- Two years at 3 & 4
- Strong curriculum
- Other supports for children & parents
- Supports for teachers

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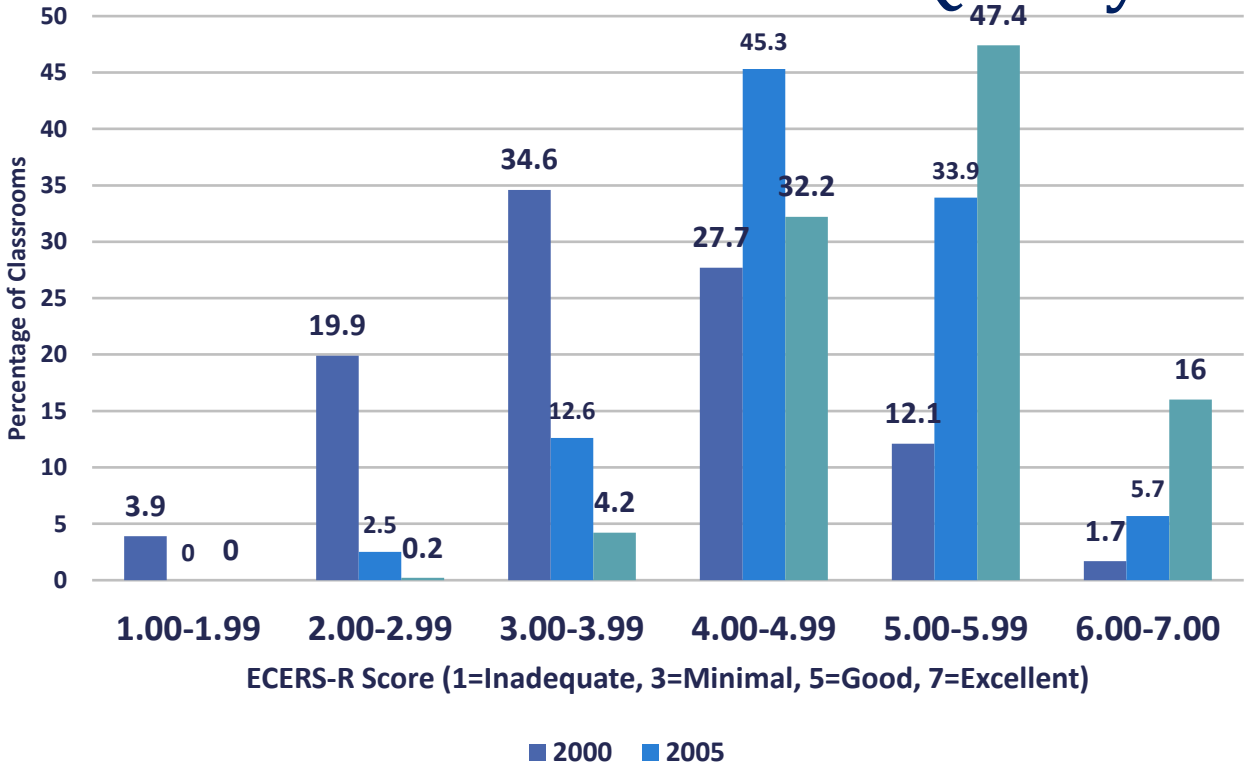
Abbott Transformed Pre-K Quality



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How much did children benefit? Results of a rigorous long-term study

- Kindergarten classrooms randomly selected from the 15 largest Abbott districts in 2005
- Four children were randomly selected from each classroom
- Children/Classrooms were sampled in proportion to district size
- Initial Sample n = 1038 at K-entry
  - 74% found at 6th grade
  - 62% found at 10th grade

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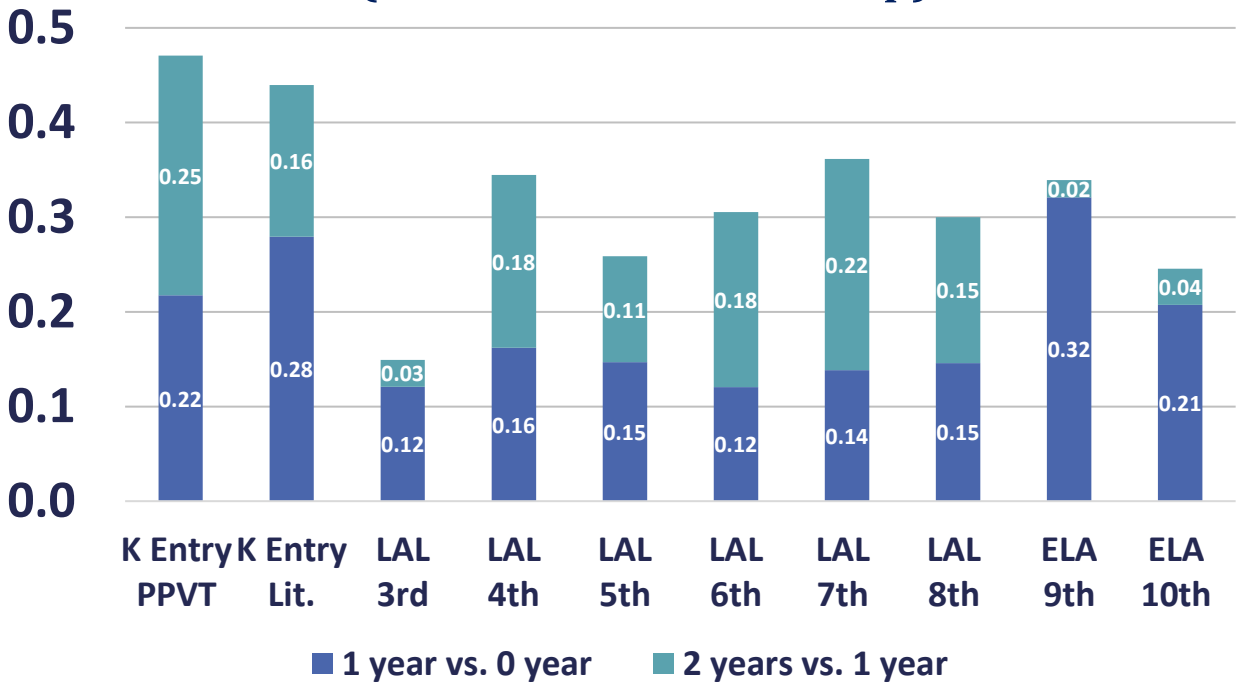
Impacts on Language & Literacy

(1 SD = Achievement Gap)



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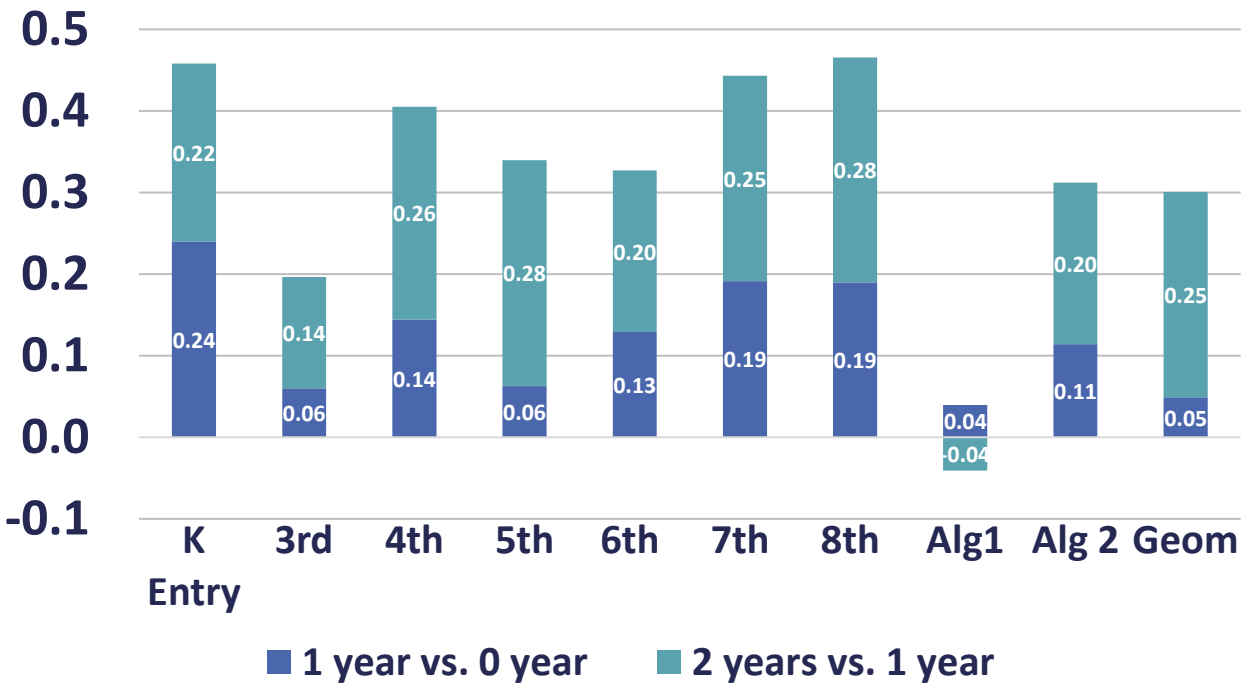
Impacts on Math

(1 SD = Achievement Gap)



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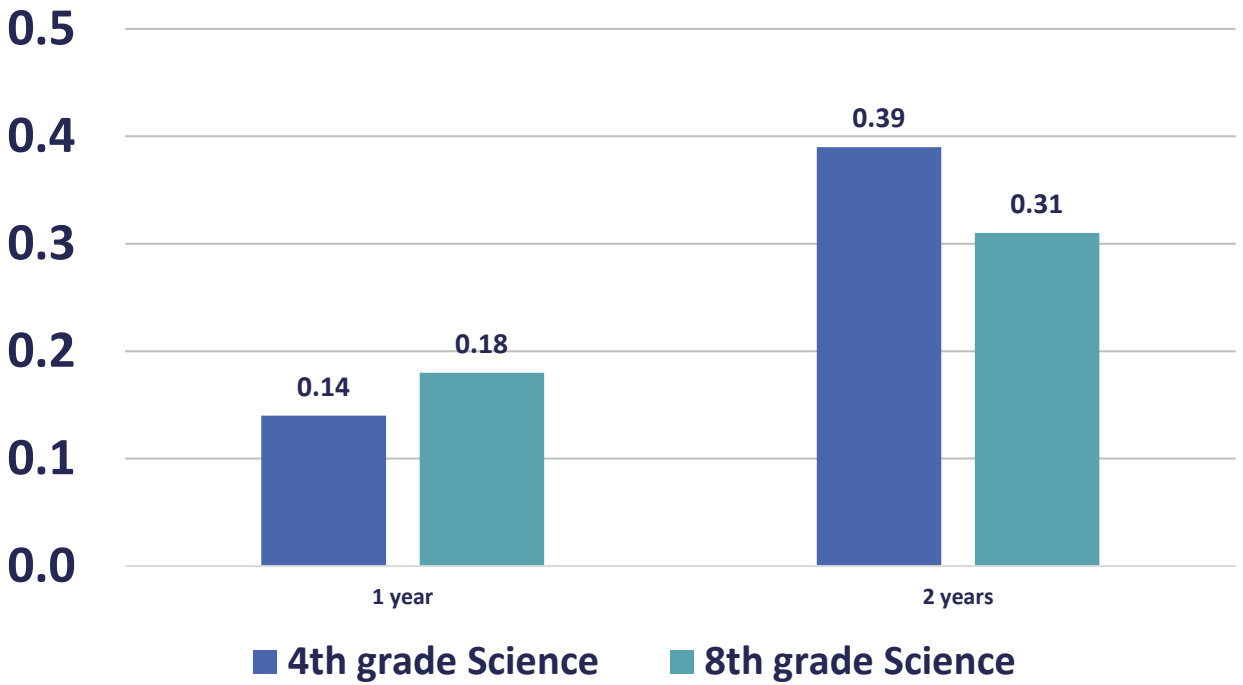
Impacts on Science

(1 SD = Achievement Gap)



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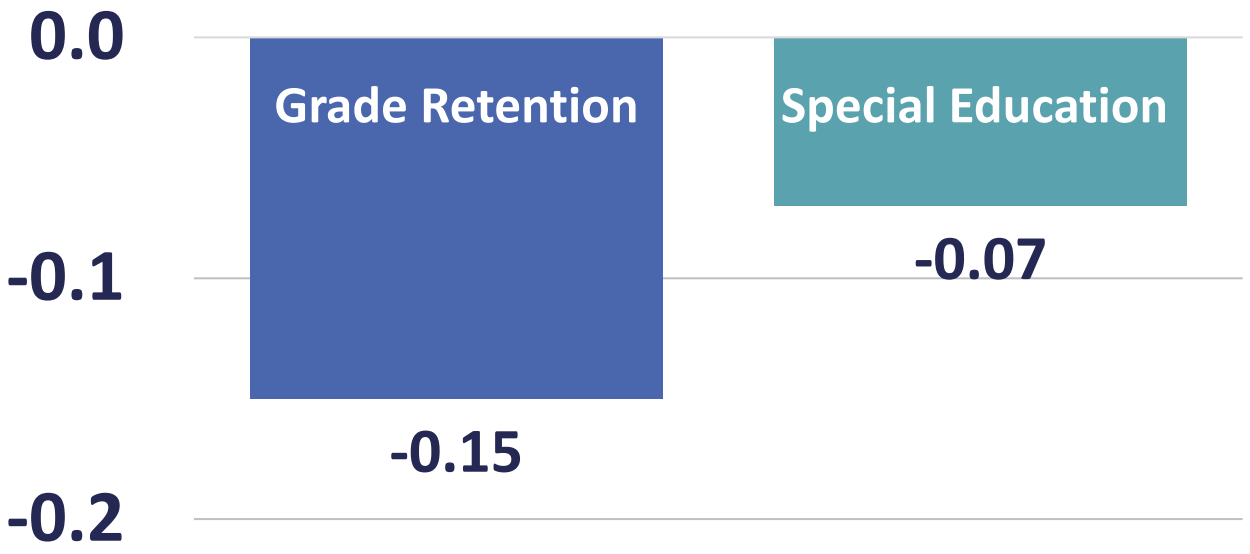
Impacts on Grade Retention and Special Education



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Abbott's Gains are At-Risk Today

- Press for full enrollment has relaxed
  - Some districts enroll just 75%-90%, most enroll fewer 3's, some kids miss K
  - Reports of parents turned away for lack of spaces
- Pandemic reduced enrollment much more
- Funding not kept up with costs (and needs)
  - Eroding teacher compensation parity in private providers, class size, supports for teacher planning and professional development
- Facilities and their funding not prioritized
- Private provider participation declined steeply, less capacity, less wrap-around = more difficulties for parents
- State capacity to support cut and overwhelmed
- Reduced support for K-3 alignment and focus

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Abbott's Gains are At-Risk Today

- Press for full enrollment has relaxed
  - Many districts enroll just 70%, most enroll fewer 3's often just 60%, and some kids miss K
  - Reports of parents turned away for lack of spaces
- Just 5 districts enroll 90% or more
- Funding not kept up with costs (and needs)
  - Eroding teacher compensation parity in private providers, class size, supports for teacher planning and professional development
- Facilities and their funding not prioritized
- State capacity to support cut and overwhelmed
- Reduced support for K-3 alignment and focus

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What can we do to get back on track?

- The most important sources of under enrollment appear to be lack of information and trust rather than barriers to entry.
- About 95% of 3s and 4s' have seen a health care provider in the last 6 months, suggesting that they can play an important role in enrollment.
- The 30-month visit would be an ideal time to inform parents and help enroll children in pre-K.
- NJ needs a new cost study and formula for adequate funding.
- Invest in state infrastructure to support districts.

EARLY HEAD START AND HEAD START

NJHSA

SERVICES PROVIDE TO…

- Families whose income is at 100% or lower than the Federal Poverty Level, who are experiencing homelessness, who receive SNAP, SSI, or TANF, and children in Foster Care
- Pregnant Women (Early Head Start)
- Infants and Toddlers, ages 0-3 (Early Head Start)
- Children who turn 3 by district cutoff up through Kindergarten eligible, ages 3-5 (Head Start)

THE POWER OF THE HEAD START EXPERIENCE

CONTINUITY OF CARE

- Beginning with the pregnant woman, Early Head Start surrounds the family with comprehensive services:
  - Prenatal Education
  - Breastfeeding
  - Parenting
  - Supporting regular prenatal health provider visits
  - Supporting oral health visits and education
  - Education/support – substance abuse, smoking, alcohol, domestic violence
  - Mental Health support, particularly post-partum
  - Follow-up and support after the baby is born
  - *Many programs have Doula-trained staff to work closely with the pregnant women*

FOSTERING INFANT-TODDLER DEVELOPMENT

- Focuses on the crucial early years of a child's life when brain development is most rapid
- Engages parents, providing them with support and education to foster their child's development

THE EARLY HEAD START APPROACH

- Home-based
  - Weekly 90 minute home visits and socializations 1-2 times per month
- Center-based
  - 1,380 hours of duration
  - Typically a six hour day, 12 months per year
- EHS-CCP
  - 10 hour day to assist working families
  - Partners with child care
  - Braids funding with child care subsidy
- Locally Designed Options
  - Combination of home visiting and center-based such as operating a center-based program for teen mothers and offering home visits during the summer

PREPARING CHILDREN FOR SUCCESS IN SCHOOL

- Prepares children for school through supporting social, emotional and cognitive development
- Partners with parents, the child's first and most important teacher, to support their goals for their child and their family

THE HEAD START APPROACH

- Geographic Service areas may be county-wide, city-wide, and/or zip code specific
- Center-based
  - 1,020 hours of duration
  - Typically a 6 hour day for 40 weeks
  - Partnerships
    - Head Start programs throughout the state partner with school districts to provide state-funded preschool

EMBRACING CHILDREN AND FAMILIES

- Education
- Family Engagement
- Family Partnership
- Disabilities
- Mental Health
- Health
- Nutrition

EDUCATION

- Credentialed, Degreed, and/or Certified Teachers
- Research-based and validated
  - Curriculum
  - Child assessment tool
  - Screenings

Teachers support children's learning through hands-on, active experiences and play. Children are able to explore their environment and learn by doing, allowing them to develop important skills like problem-solving, creativity, and fine motor skills while engaging their natural curiosity.

FAMILY ENGAGEMENT AND PARTNERSHIPS

- Program Governance and Leadership
- Volunteering
- Home Visits and Parent-Teacher Conferences
- Parent Workshops
- Parent Education
- Family Needs Assessment and Goal Setting

Families are the primary influence on a child's early development, acting as their first teachers and providing the foundation for their learning, social skills, and overall well-being.

MENTAL HEALTH AND DISABILITIES

- Mental Health and Disabilities Teams supported by certified mental health specialists
- Consultations for staff and parents including strategies for supporting the child
- Work closely with early intervention programs as well as school district child study teams
- Ensures every child is screened and assessed, referring to appropriate service providers as appropriate including speech therapists, occupational therapists, and mental health providers

Identification of concerns is crucial because it allows for early interventions for supporting a child's long-term well-being. Identification and multi-disciplinary planning that includes the family can lay the foundation for school success, addressing potential problems before they escalate and impact development, learning abilities, and social interactions.

HEALTH

- 45 day screenings-Vision, Hearing, Developmental
- 90 day health determinations
  - Schedule of age appropriate preventive and primary medical, mental health, and oral health care
  - Whether or not the child is up-to-date as prescribed by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of Medicaid
  - Based on well-child visits and dental periodicity schedules
  - Immunization recommendations issued by CDC
  - Recommendations from the local Health and Mental Health Services Advisory Committee

HEALTH

- Follow-up care
  - Seek out dental, medical, and mental health treatment and resources
  - Facilitate follow-up through scheduling, translating, transportation, collaboration and funding
- Education
  - Oral Health – Brushing teeth in the classroom, parent workshops, partnering with dental offices
  - Nutrition – Serving nutritious meals, nutrition activities, gardening, talking about nutrition with children and parents

Head Start programs provide health services during the early years when children's brains are growing fastest and when they are most amenable to interventions that protect their development and optimize their health, providing a foundation for learning.

HEAD START MEANS SUCCESS

Success Stories

- The start of a pathway to a doctorate
- The foundation for building a new life
- The start of learning to live with diabetes
- The start of enjoying eating and learning

AS CHILDREN MOVE ON

•Early Head Start children show significantly better social-emotional, language, and cognitive development. Children who attend Early Head Start and transition to Head Start are more ready for kindergarten than children who do not attend Head Start. (Love et al., 2002)

•The Head Start Impact Study found Head Start children scored better than a control group of children in all measured domains of cognitive and social-emotional development. (HHS, 2010)

•Head Start children in foster care or other non-parental care are more ready for school. (Lipscomb et al., 2013)

•Head Start children have better social skills, impulse control, and approaches to learning. Head Start children also decrease their problem behaviors, such as aggression and hyperactivity. (Aikens et al., 2013)

•Obese, overweight, or underweight children who participate in Head Start have a significantly healthier BMI by kindergarten. (Lumeng et al., 2015)

•Head Start children are more likely to receive dental checkups and have healthy eating patterns than non-participants. (Lee et al., 2013)

•Children show additional gains in social-emotional development as a result of participating in Head Start at both 3 and 4 years old. (Aikens et al., 2013)

THROUGHOUT THE SCHOOL YEARS

•Head Start graduates in the Baltimore City Schools enter kindergarten with higher attendance levels than their peers and maintain those levels through third grade. (Connolly and Olson, 2012)

•Full-day Head Start children in the Montgomery County Public Schools (MCPS) were more likely to meet reading benchmarks by the end of kindergarten, compared to students who had half-day preschool or no preschool. The students also required half as many special education services per week as their peers without the MCPS preschool experience. (Zhao and Modarresi, 2010)

•Mortality rates for 5- to 9-year-old children who had attended Head Start are 33% to 50% lower than the rates for comparable children who were not enrolled in Head Start. (Ludwig and Miller, 2007)

•Children who attend Early Head Start have significantly fewer child welfare encounters during their elementary years. (Green et al., 2014)

•Head Start children in Harrisburg, PA, had higher mean scores in the fifth grade than a control group on all academic and executive functioning outcomes. (Greenberg and Domitrovich, 2011)

•Early Head Start shows positive impacts on participants' social-emotional functioning that last through fifth grade. (Vogel et al., 2010)

•Head Start children in Tulsa, OK, have higher math test scores in 8th grade, are less likely to be chronically absent, and less likely to be held back a year by 8th grade. (Phillips et al., 2016)

ON TO ADULTHOOD

•Head Start children have a higher likelihood of graduating high school, attending college, and receiving a post-secondary degree, license, or certification. (Bauer and Schanzenbach, 2016)

•Head Start students are more likely to graduate high school, more likely to go to at least one year of college, less likely to be out of school and unemployed, and less likely to be in poor health. (Deming, 2009)

•Head Start improves adult health status for graduates; they are 7% less likely to be in poor health as adults than their siblings who did not attend. (Johnson, 2010; Deming, 2009)

•As adults, Head Start graduates are 19% less likely to smoke than their siblings who did not attend. The savings from these reduced health costs are equal to 36%-141% of the program costs. (Anderson et al., 2010)

•Among children who attended Head Start in the 1960s-70s, African American children who attended Head Start were 12% less likely to be arrested or charged with a crime compared to their siblings. (Garces et al., 2002)

•Compared to siblings who did not attend, Head Start graduates demonstrated improved educational attainment, adult health status, and wages, and decreased grade repetition and incarceration rates for black males. (Johnson, 2011)

AND THE PARENTS

•Early Head Start parents offer more stimulating home environments, read more with children, use less physical punishment, and have higher levels of self-sufficiency. (Love et al., 2002)

•Head Start parents are more likely to increase their educational levels during their children's early years than other at-risk parents. (Sabol and Chase-Lansdale, 2014)

•Head Start parents invest more time in learning activities with their children, and non-resident fathers spend more days per month with their children. (Gelber and Isen, 2011)

•Head Start graduates report investing more in their own children; their children benefited from more positive parenting practices. Head Start graduates spent more time teaching their own children numbers, letters, colors, and shapes, more time praising their children, showed their children more physical affection, spent more time doing the child's favorite activities, and reported spanking their children less. (Bauer and Schanzenbach, 2016)

•The children of Head Start graduates are significantly more likely to finish high school and enroll in college and they are significantly less likely to become teen parents or to be involved in the criminal justice system. (Barr and Gibbs, 2017)

THANK YOU

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Feedback/Resources

Thank you for joining us! We welcome your feedback to help us plan for future NJ SEEDlings Learning Community Sessions.

Please scan the QR code below to complete a short session evaluation.
Completion is **required** for those wishing to **earn CME Credit/MOC Part 2 Pts**.

A recording of this session, along with slides and links to relevant resources, will be shared via email at a later date. Please complete the evaluation by **April 18th, 2025**.