

Need and Opportunity

The landscape for young children is, in many places, littered with obstacles to healthy development. Today's vulnerable families often face multiple issues that can affect the growth and development of their children – food and job insecurity, inadequate housing, community violence, and lack of health coverage and well-child care.

While some families are resilient and well supported, many require additional help from educators, family support professionals, and health care providers – who are seeing more children in need, at younger ages. Unfortunately, the services provided by these sectors are not usually well coordinated with each other, and parents can experience significant fragmentation and/or inefficiencies when they or their children are in need.

At the same time, recent knowledge about brain development and the lifelong impact of health and learning in the early years has added new urgency – and new voices – to the conversation about helping children thrive.

The W.K. Kellogg Foundation supported a study, *Health Matters: The Role of Health and the Health Sector in Place-Based Initiatives for Young Children*, which reports that great work is underway across the country. Health Matters focused on how eight place-based initiatives are linking three sectors – family support programs, early education/childcare, and health – to better help families prepare their children for success, and more quickly identify needs and intervene with help.



The Study



The study *Health Matters: The Role of Health and the Health Sector in Place-Based Initiatives for Young Children* (Amy Fine, MPH, and Molly Hicks, MPA) builds on another study, *Beyond Referral: Pediatric Care Linkages to Improve Developmental Health*, conducted by Amy Fine and Rochelle Mayer, and funded by the Commonwealth Fund. *Beyond Referral* focused on how pediatric primary-care practices link children to needed developmental services and supports in their communities, starting from a “pediatric-centric” focus.

Since *Health Matters* defines “place-based” as local, it does not include national- or state-led initiatives that do not have a clear, locally-embraced and locally-owned component. For an executive summary of *Health Matters*, see wkkf.org/healthmatterssummary. For the full study, see wkkf.org/healthmattersstudy, which includes case studies of each community.



Established in 1930, the W.K. Kellogg Foundation supports children, families and communities as they strengthen and create conditions that propel vulnerable children to achieve success as individuals and as contributors to the larger community and society. Grants are concentrated in the United States, Latin America and the Caribbean, and southern Africa.

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Converging Goals, Converging Professions:



LINKING EDUCATION, FAMILY SUPPORT AND HEALTH CARE PROFESSIONALS TO BETTER SERVE VULNERABLE FAMILIES



“There are three dimensions of family and community life that the W.K. Kellogg Foundation sees as essential for children’s success: Education and Learning; Food, Health and Well-Being; and Family Economic Security. We are focusing on integrating these key elements to create more thriving communities for children.”

– Sterling Speirn, CEO, W.K. Kellogg Foundation



Consistency, Collaboration and Coordination

These community-led efforts are achieving outcomes that cannot be achieved one sector at a time, using creative thinking and innovative leadership to help children realize their full developmental potential physically, emotionally, socially, and cognitively.

What sets these projects apart is their ability to implement strategies for multiple audiences across multiple delivery platforms using tactics like:

- Consistent messaging,
- Shared referral and data systems, and
- Cross-sector training.

Several common building blocks lay the foundation for these projects' success:

- A whole child/whole family focus,
- A service delivery philosophy that "goes where the children are,"
- Funder-driven collaboration, and
- An organizing entity acting as neutral convener.

These projects are testing new ideas and making important changes locally, while building an evidence base for successful interventions to guide other communities by:

- Engaging families, service providers and communities in planning,
- Improving content and delivery of health and social services,
- Organizing and integrating service provision across sectors, and
- Working toward broader policy and systems change.



Putting the Pieces Together

The success of these initiatives is fueled by its partners' commitment to creating convergence to better serve vulnerable children and their families by:

- Reducing the fragmentation of services,
- Improving cross-sector relationships, and
- Building capacity.

Children and Families Commission of Orange County, California (Est. 1998)

Featured strategies: School Readiness Nurses for each elementary school district, a 211 phone line for information and referrals, homelessness prevention services. Profile: \$42 million annual budget, 19 staff, 30+ outside consultants.

Children's Board of Hillsborough County, Florida (Est. 1988)

Featured strategies: Capacity-building for families – training in goal-setting, planning, and budgeting. Profile: \$34.7 million annual budget; 56 full-time and 27 part-time staff.

Children's Futures, Trenton, New Jersey (Est. 2001)

Featured strategies: Four Centers for Children and Families act as hubs for services; shared data system links partners to a central office, and to each other. Profile: Five-year, \$14.5 million private grant (Robert Wood Johnson Foundation), 9.5 central staff, 41 staff at partner agencies.

First 5 Ventura County, California (Est. 1998)

Featured strategies: Eleven geographic collaboratives – Neighborhoods for Learning – act as service hubs and offer local decisionmaking and parent/family empowerment. Profile: \$10 million annual budget; 13 staff.

Help Me Grow, Hartford Connecticut (Est. 1988)

Featured strategies: Care Coordinators staff a toll-free phone center to triage, refer and provide care management for children and their families. Profile: \$580,000 annual budget; five staff.

Opportunity Knocks, Middletown, Connecticut (Est. 2003)

Featured strategies: Social-emotional health curriculum for early childhood education centers; home-based support for parents of children with behavioral difficulties. Profile: \$125,000 annual budget; one half-time staff.

Region A Partnership for Children, Western North Carolina (Est. 1993)

Featured strategies: Family Resource Centers offer centralized screenings, referrals and services, evaluation, treatment and respite care services for special-needs children. Profile: \$6.2 million annual budget; 12 staff.

Westside Infant Family Network, Los Angeles, California (Est. 2000)

Featured strategies: Mental health initiative focuses on material needs – food and shelter – along with direct care, including in-home parent-child therapy, medication and psychiatric services. Profile: \$888,000 annual budget; eight staff.

The Health Sector in Partnership

What was discovered in eight exemplary initiatives across the country is that improving relationships and service coordination among educators, clinicians and support service professionals more efficiently improves the lives and life course of our most vulnerable children.

Breaking the most new ground was the strong role of the health sector – health professionals, health care service providers and public health programs. Systems change and integration helped to move their efforts from a collection of individual service and capacity-building projects to an integrated set of programs working community-wide.

The role of the health sector in systems change and integration was reflected in engagement at three levels:

- Within the health sector, services are strengthened, expanded and vertically integrated,
- Across sectors, health services are better linked and horizontally integrated with other existing services, and
- At the community systems level, the health sector engaged in community-wide, cross-systems planning, service development and policy change.

“Multi-sector, place-based initiatives that focus on young children, include a health component, and feature linkages into and out of the health sector, are the most promising models for the future.”

– Al Yee, Program Director, W.K. Kellogg Foundation

