



Catholic Charities USA Feedback on Health Promotion in Early Learning

Catholic Charities USA (CCUSA) respectfully submits these comments in response to the request from the Early Learning Interagency Policy Board (IPB) for feedback to inform a policy statement on health promotion in early learning. Catholic Charities USA is a national membership organization representing more than 160 diocesan Catholic Charities agencies that provide help and create hope for millions of people every year through a comprehensive array of social services tailored to meet local needs. All of our agencies provide services that support families, including those with young children, and many focus specifically on providing services in the early learning context. In 2014, 63 Catholic Charities agencies operating across 32 states provided Early Head Start, Head Start, Head Start-like, or child day care programs to almost 35,000 children.

While our comments do not reflect the views of each of our independent member organizations, our feedback here reflects input from ten of our top agencies working in early childhood programs.¹ We posed the questions prepared by the IPB to our members and present here a synthesis of their responses to each, along with key excerpts. Our response is also informed by recent research undertaken by scholars at Catholic University in partnership with Catholic Charities USA; this research examined services, and gaps in services, to young children and their families through Catholic Charities and Catholic Schools.²

What are the key messages that we should communicate in a federal policy statement on children's health and wellness promotion? How are these messages similar or different when addressing the health, early childhood, and education communities?

Responses from our agencies emphasized that a federal policy statement should take a holistic approach to promoting children's health and wellness. A child's health is not simply a reflection of their access to medical care, but the confluence of many factors:

"In order to achieve their full potential, children have a core set of needs - nurturing relationships, nutritious foods, adequate clothing, sleep, exercise, access to health care, safe communities, access to quality education, proper adult guidance, safe communities. These needs are all interrelated and cannot be approached as silos." (Chicago, IL)

¹ Survey conducted online, 10/28/15-11/3/15. Respondents represented ten unique Catholic Charities diocesan agencies located in eight different states. On average, respondents had more than 22 years of experience in the early childhood field. Quotes from respondents included in this report are lightly edited for grammar and attributed to the location of the respondent or anonymous at the request of respondents.

² Barrueco, S., Wall, S., Mayer, L., & Blinka, M. (in press). Addressing the needs of young children and families: Early childhood education and services in Catholic schools and Catholic Charities. *Journal of Catholic Education*.

Moreover, the approach must be holistic in its engagement of multiple actors and sectors, and should consider the child within the context of family:

“It is of the utmost importance to have collaboration with community, city and state agencies for the provision of services ranging from Mental Health, growth and physical development, disabilities, obesity, nutrition, oral health, prenatal and postpartum awareness as well as preventive health training and services.”

“A healthy child is a reflection of a healthy family. A healthy family is able to meet its basic needs for food, shelter, income, education, and health care. Messages should be differentiated based on the channels used and population segment being targeted. People in health care need to see the health of the child holistically - and the family as a system. People in early childhood development need to see the needs of the family (e.g. their living situation) as an element of the child's development. People in the education community need to understand the environmental factors (e.g. stress, trauma) that are barriers to learning and cognitive development.” (San Francisco, CA)

Multiple responses stressed the need for mental health and nutrition to be clearly communicated as central components of child health in the policy statement. Overall, the positive impacts to communities as a whole that result from investing in children at an early age (even prenatally) should be communicated in the policy statement.

What are barriers to implementing effective health and wellness promotion and disease prevention strategies in early childhood programs?

Three major themes emerged in our agencies' responses to this question as the key barriers to implementing effective health promotion in their programs: program staff capacity, parent and family engagement, and cultural differences.

In terms of program staff capacity, multiple agencies mentioned needing nutrition and health care professionals engaged in their programs, but stressed that recruiting and retaining these staff is difficult with current program resources. This challenge is demonstrated in the findings from the recent research from Catholic University, which found through a broader national survey about 20% Catholic Charities programs serving young children described a need for mental health, physical health, and speech/language professionals to work with young children and families.³

Responses also stressed the challenge of engaging parents and families, particularly low-income families that are focused on meeting basic needs:

“Low-income families are overwhelmed and struggling to survive. Awareness of the importance of getting their kids connected to programs isn't on their radars.” (Colorado Springs, CO)

Moreover, families served by Catholic Charities come from diverse backgrounds and as a result, many of the existing resources for parent and family engagement are either not culturally sensitive or not

³ Wall, Shavaun et al (July 2015). *National Survey Report of Education and Services for Young Children and Families in Catholic Schools and Catholic Charities*. Washington, DC; Catholic University of America. Accessed online 11/5/15. [http://education.cua.edu/res/docs/National%20Report_Final%20revised%20July%202015\(1\).pdf](http://education.cua.edu/res/docs/National%20Report_Final%20revised%20July%202015(1).pdf)

translated at all. Access to affordable, culturally sensitive literature and programs are key successfully engaging parents in families to invest in their children's health and education. Again the national survey of Catholic Charities early childhood programs highlights the need for this, with findings indicating that for a fifth of all Catholic Charities early childhood programs, families from immigrant and refugee backgrounds account for more than 70% of the client base.⁴

What are the most effective child health and wellness promotion and disease prevention strategies that you have implemented at the local or state levels?

Responses to this question highlighted a range of programs and approaches, which speaks to the need of designing approaches that best fit a local context. However consistent themes included relationship-building, nutrition programs, and parent involvement.

“Our educational groups, home visitors and doulas working with pregnant and parenting teens have been effective in having low rates of infant mortality, few low birth weight infants, higher rates of immunizations, and lower rates of subsequent pregnancies. The 'strategy' seems to be the building of trusting and genuine relationships with the girls. Showing genuine care and support. In our Head Start Centers, our nutritionist was not having success at holding parent 'trainings' related to child nutrition, however when she set up a nutrition resource table in the hallway of our centers, she was able to effectively interact and share information with large numbers of parents as they dropped off and picked up their children.” (Chicago, IL)

“The Culture of Wellness in preschools has been an effective partner in the Denver area for primary health promotion. This model provides education: both teachers and parents, developmentally appropriate curriculum and materials and supplies to implement in the classroom. In addition tracking tools and models for a healthy lifestyle. Head Start and Early Head Start have valuable tools to increase school readiness and healthy lifestyles through the ongoing screening and tracking of children's health including immunizations, well-child checks, hearing, vision, dental and developmental screening.” (Denver, CO)

“Incentive strategies that rewards learning, fosters responsibility, and nurtures relationships in a way that helps parents earn things they need for their baby and young children, while helping to motivate them towards making better choices, reaching goals, and developing positive parenting behaviors that keep their kids safer and healthier. For example, participation in safe sleep education provides access to a crib, learning about how to properly use a car seat earns a car seat, and learning about home safety and wellness practices earns items and equipment to help children stay safer.” (Colorado Springs, CO)

Other successful approaches mentioned in responses included:

- Well care exams and immunizations that are provided at no cost to the family.
- Paid sick leave for parents who can stay home with their child when she or he is ill.
- Access to affordable health care when children get sick.

⁴ Ibid., p. 25.

- Housing first strategies, including permanent supportive housing, rental subsidies, affordable housing that allow families to be stably housed.
- Integrating behavioral health in pediatric clinics.
- Working with parents.
- Establishing everyday routines including, but not limited to, washing hands before and after each meal, brushing teeth, eating healthy, and in a calm environment.
- Health fairs and networking with local Hearing, Dental, Vision screening and other health care professionals offer our programs opportunities to learn and raise awareness about various health issues that face our local communities.
- Mobile dental vans, hearing and vision screening vans provide access to families who do not have existing medical homes.

How can we ensure school principals, early childhood program directors, LEA administrators, and other leaders promote and systematically embed health and wellness promotion at the local level? How can we ensure that public health systems and primary health care providers connect to and support early childhood programs at the local level?

Agencies consistently mentioned in their responses to this question that approaches should be “off-the-shelf” and easy to integrate within existing structures. To do this effectively, professional development for existing providers will be key. Specific suggestions include:

“Make it simple and easy, not overwhelming as all these people already struggle with very difficult and time consuming jobs. Create ways to integrate health and wellness promotion into existing programs/services/activities. To help ensure that public health systems and primary health care providers connect to and support early childhood, need to provide information to help the health focused individuals understand the intersection of health (physical and mental health) with early childhood development. Invite health providers to visit ECE programs, involve them on boards, ask them to share information with parents, invite them to program events.” (Chicago, IL)

“Access to well-conceived and designed awareness campaigns and collaborative models that are plug and play for local community organizations and system leaders to use for consistency, promotion, creation of community partnerships and alliances, and for developing strategies that are tailored to local needs.” (Colorado Springs, CO)

“Professional development and education of the administrators of early childhood programs will get them to think about implementing healthy themes into the day to day operations of their programs. In addition, to ensure that public health systems and primary health care providers support early childhood programs it is important for them to conduct outreach to local programs and offer opportunities to partner with early childhood programs. The Health Advisory Committee, a key committee in the Head Start community, is an excellent model as a springboard for building solid partnerships between local early childhood programs and health professionals.”

How can a federal statement on children’s health and wellness be most helpful in supporting the work that you do?

In general, our agencies saw the value a federal policy statement could offer in terms of creating national awareness across sectors for a more cohesive approach to promoting health in early childhood:

“By developing a statement that reinforces that communities and local systems are best equipped to address children's health and wellness and that empowers communities to collaborate together to create awareness, promote existing services, develop services where there are gaps, and formulate consistent messaging for parents regarding the benefits and positive outcomes associated with being engaged in their child's health and wellness.” (Colorado Springs, CO)

“A federal statement on children's health and wellness will be most helpful in supporting the work that we do in that it will, effectively provide the ideal practices for children's health and wellness from the vantage point of having taken into consideration research studies, national standards, from various professional health organizations, including pediatric associations and formalizing all available professional opinions into one cohesive message. A federal statement can be used as a rationale for creating policies and procedures to guide our program staff toward working effectively with families for better health outcomes.”

However, agencies also noted some limitations of a federal statement:

“The issues we face are beyond a 'statement'. Our work is dependent upon funding. Adequate funding that meets the cost of delivering our services. A statement might help if it results in additional funding opportunities be it foundations private donors or government allocations.” (Denver, CO)

In light of the long-standing expertise and ongoing work of our member agencies in the area of early childhood development, education, and health, Catholic Charities USA urges the Early Learning Interagency Policy Board to consider the feedback presented here during the formulation of a policy statement on promoting health in early childhood programs. In particular, CCUSA urges the Early Learning IPB to consider the needs of low-income families in this area and focus on holistic, accessible approaches that engage parents, families, and communities in culturally sensitive ways. We appreciate the opportunity to provide this feedback and look forward to continuing to work with the Early Learning IPB to address this and other issues in the future.

Respectfully Submitted,



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Catholic Charities USA