"Every Child Thrives: A Journey in Early Childhood Equity Strategies" A Crucible of Practice Conversation

June 11, 2024





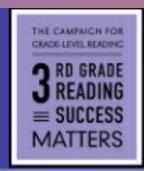
MEET THE MOMENT: FOCUS On The Gap(s)!

GLR WEEK 2024 JULY 22-26

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FOCUS On The Gap(s)!

JULY 22-26 GLR WEEK 2024 SAVE THE DATE



Session title: Ready on Day One: Strategies and Tools to Support CGLR Community Coalitions With School Success

When: 7/25/24 12:30 ET

What: Breakout room format to share GLR community strategies and tools that others can adapt and adopt.

High-dosage tutoring/relational supports

School attendance (Attendance Works)

Community services and supports (health screenings, etc.)



Every Child Thrives: A Journey in Early Childhood Equity Strategies



Conversation Leads



Jenny Borst
Director of Curriculum and
Instruction
Watertown Unified School
District



Kim Melcher
Chief Impact Officer
Greater Watertown Community
Health Foundation



Jessica Johnson
District Administrator
Dodgeland School District



Susan Olson
Social Impact Coordinator
Greater Watertown Community
Health Foundation



Abbigail Kuehn
Assistant Director
Watertown Department of Public
Health



Carol Quest
Health Officer/Director
Watertown Department of Public
Health

Conversation Starter 1: Choose one of the photos that best reflects your mental model of a "collaborative".

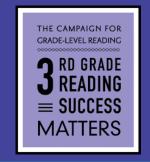




Photo 1



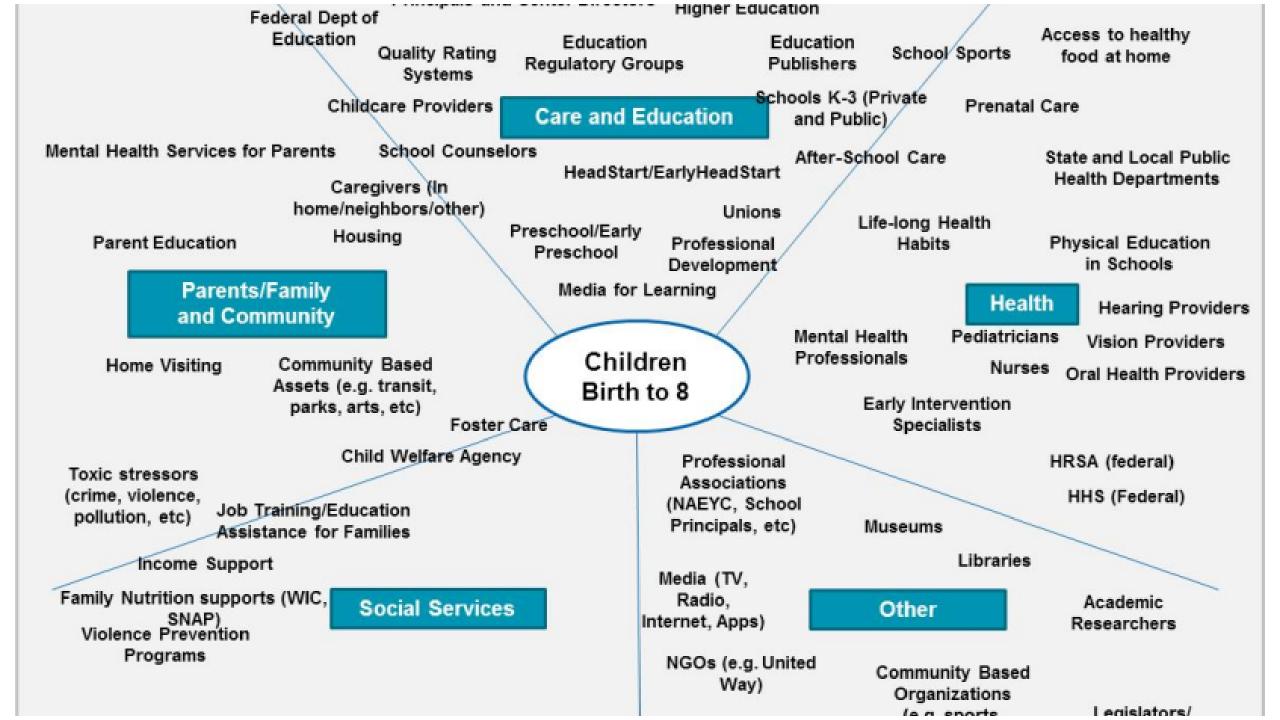
Photo 2



Photo 3



Photo 4



CONVERSATION STARTER:

How have you used disaggregated data in your community?

The Importance of Disaggregated Data

The more granular, the better!

- Can help uncover hidden or little known inequities
- Can help "prompt targeted interventions" (Annie E. Casey) i.e. can guide action
- Can help build relationships and relevance with "underserved" populations

"The point of collecting and analyzing disaggregated data is to use data as a mirror and tool to uncover the drivers of disparity and inequity and increase opportunities and outcomes for all."

Centering Equity in Early Childhood



















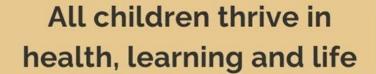






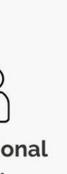














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Early Detection & Intervention



Literacy



Every Child Thrives Journey

2017

Every Child Thrives network established.

Fall 2022

Retreat: Revitalize ECT and commit to health equity.

August 2023

Early Childhood Equity
Strategies Learning Cohort
Launches.



2016

Foundation established.

2020

Priorities shift:
Stabilize partners;
leadership changes;
perspectivealtering world
events.

Spring 2023

Data walk and "5 Whys" root cause analysis.

Spring 2024

Early Childhood Equity Strategies Partner Strategy Presentations.





Early Childhood Equity Strategies Learning Collaborative

Carol Quest, Health Officer/Director
Abbey Kuehn, Assistant Director
Watertown Department of Public Health
Watertown, WI

Mission & Vision

- MISSION: Support a community where all individuals can achieve their best health.
- ▶ VISION: To work with and advocate for the community by promoting health, preparing for emergencies, and preventing disease for the health of all generations.

Watertown Health Department Program Background

- Programs focusing on Maternal Child Health
 - Prenatal Care Coordination
 - ► High risk pregnant people
 - ▶ Connection to resources
 - ► Education/Information
 - TalkReadPlay Home Visiting
 - ► Family well-being
 - ► Child development
 - ► Parent-child interactions

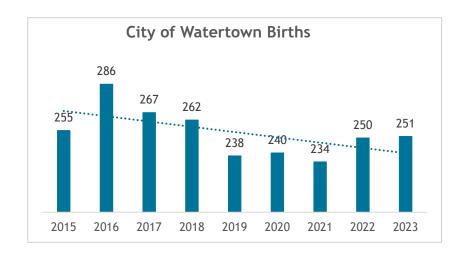
Every Child Thrives to Welcome Baby

- Every Child Thrives Initiative
 - June 2017
 - ► TalkReadPlay Home Visiting Program
 - Parents as Teachers Curriculum
- Welcome Baby Coalition
 - September 2021
 - All families have support and the necessary resources to be confident in providing a safe, stable, and supportive environment, prenatal to postpartum and throughout the lifespan.

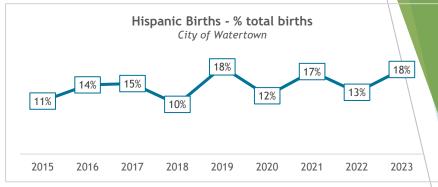
Developing our Equity Strategies

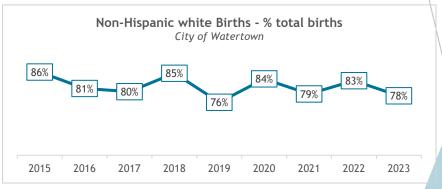
- Continue to correlate with work already being done
 - ► Welcome Baby Coalition
 - Maternal Child Health Programs
- Birth Record Data
 - Set reports
 - ▶ More data needed
 - ► WI Vital Records Application

Total Births for City of Watertown



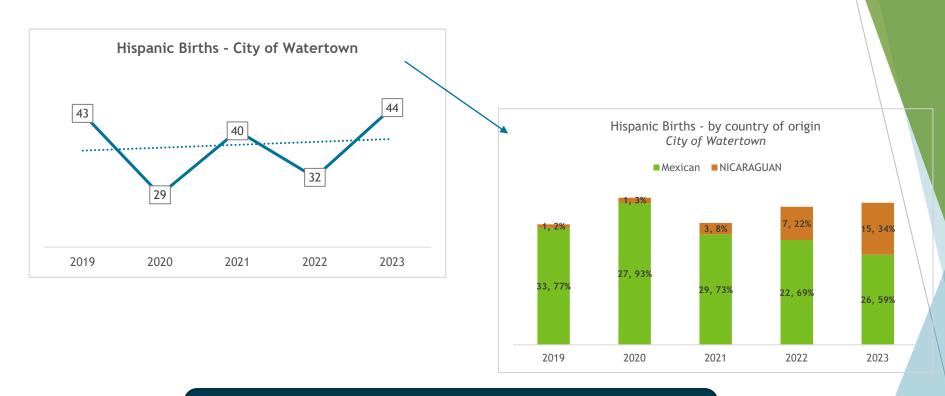
Total births	2015	2016	2017	2018	2019	2020	2021	2022	2023
Hispanic births	28	41	39	27	43	29	40	32	44
Non-Hispanic White births	219	231	213	224	182	201	185	208	197





- City of Watertown has declined by 1.6% in total births between 2015-2023, but has maintained ~250 births over the last two years.
- Hispanic births have increased in the City of Watertown between 2015 and 2023, comprised 11% of births in 2015 and 18% in 2023.

Hispanic Birth Breakdown



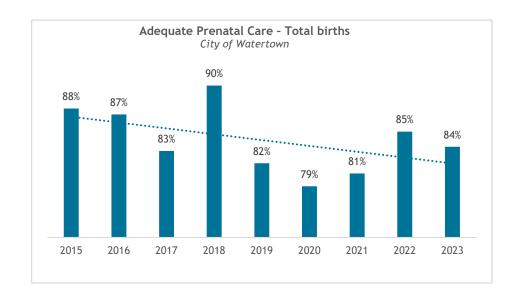
■ 2023 saw an increase in overall Hispanic births in the City of Watertown, driven by the increase in patients from Nicaragua, which increased from 7 in 2022 to 15 in 2023 (34% of Hispanic births).

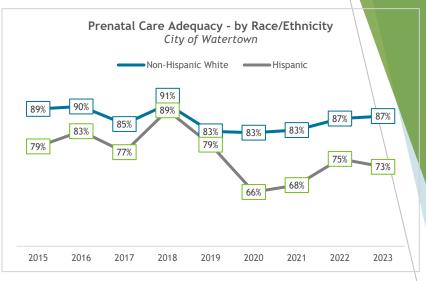
Early Childhood Equity Strategy #1

- Department seeing an increase in new families to the community and department identifying as Hispanic or individuals of color needing connection, support, and education.
 - Address/prioritize disparity reduction for infants and pregnant people who identify as Hispanic or individuals of color.

Adequate Prenatal Care

- Adequate prenatal care is defined by CDC as pregnancyrelated care beginning in the first four months of pregnancy with the appropriate number of visits for the infant's gestational age.
- Ex: One visit per month from weeks 4–28, every two weeks from weeks 28–36, and every week from weeks 36–40.



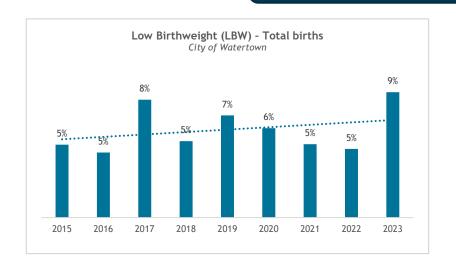


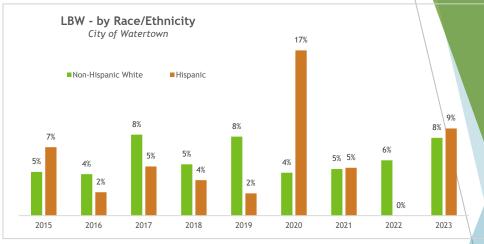
- Prenatal Care adequacy has fluctuated for the City of Watertown births between 2015-2023, overall declining from 88% in 2015, to 84% in 2023.
- A higher precent of White births have adequate prenatal care overall in the City of Watertown, compared to Hispanic births between 2015-2023. Most notably during the peak COVID years of 2020-2021.

^{&#}x27;Trimester prenatal care began is one factor in assessing prenatal care adequacy

Low Birth Weights

 According to CDC, low birth weight is defined as babies born weighing less than 2,500 grams or 5 lbs. 8oz.

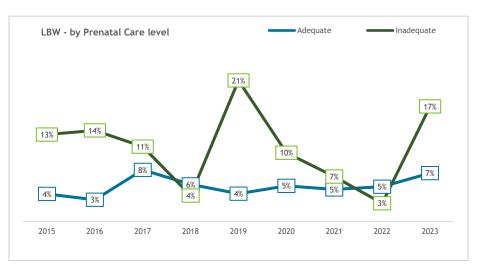




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- The percent of births in the City of Watertown at Low Birth Weight (LBW) increased between 2015 and 2023 from 5% to 9%.
- The percent of LBW fluctuates among Hispanic births, and aside from 2020, has <u>not been</u> noticeably higher than the percent of LBW among White births.

Low Birth Weight & Adequate Prenatal Care



Prenatal Care	2015	2016	2017	2018	2019	2020	2021	2022	2023
Adequate births	220	248	222	236	194	189	189	213	209
Inadequate births	31	37	45	26	43	49	45	37	41

 Prenatal care does seem to have an impact on LBW, as historically there are lower percentages of LBW among mother's receiving adequate prenatal care, compared to mothers receiving inadequate prenatal care.

Low Birth Weight & Adequate Prenatal

Care- Overall Region

OVERALL REGION - Race/ethnicity

OVERALL REGION

Prenatal condition	2023 % LBW	LBW % Range 2015-2023		
Mother smoked during or 3 months prior to pregnancy	10 % (n=99)	8%-12%		
Maternal risk factor*	9 % (n=572)	9%-12%		
Government Insurance	10 % (n=493)	6%-10%		
Inadequate prenatal care	16 % (n=223)	9% - 13%		

Prenatal condition	2023 % LBW Non-Hispanic White	2023 % LBW Hispanic		
Mother smoked during or 3 months prior to pregnancy	10 % (n=90)	0 % (6)		
Maternal risk factor*	9 % (n=461)	7% (n=84)		
Government Insurance	8 % (n=312)	11 % (n=154)		
Inadequate prenatal care	14% (n=150)	20% (n=56)		

Data Analyzed by: Tom Linder, Greater Watertown Community Health Foundation

Data Source: State of Wisconsin Vital Records Prenatal Care Adequacy determined by the

Kotelchuck index. LBW = baby born <2500 g.

- Overall, approx 9%-13% of births receiving inadequate prenatal care are born LBW between 2015-2022, which is a similar range as other factors that could impact LBW such as maternal smoking and maternal health risk factors.
- However, in <u>2023</u>, there was a noticeable increase in the percent of inadequate births who were born LBW – up to 16% which is higher than the other maternal risk factors – which is the same for both Non-Hispanic White and Hispanic births.

^{*} Maternal risk factors include chronic diabetes, gestational diabetes, chronic hypertension, pregnancy-related hypertension, eclampsia, previous pre-term birth, previous poor outcome, pregnancy result of infertility treatment, infertility drug or technology usage or prior c-sections.

Early Childhood Equity Strategy #2

- Prenatal Care Coordination program supports pregnant people to have a healthy pregnancy and a healthy baby.
 - Improve birth outcomes by establishing a universal Social Determinants of Health (SDOH) screening and referral network.
 - Healthy birth weight
 - Receiving adequate prenatal care
 - Decreased NICU admissions

Existing Disparities

- Pregnant people identifying as Hispanic or individuals of color are more likely to have
 - Unmet social health needs
 - Receive inadequate prenatal care
 - ► Experience higher rates of poor birth outcomes
 - ► Low birth weight deliveries
 - ► NICU stay

Continuing the Work

- ► Continue to work with Vital Records to get yearly birth record data in raw data reports which will allow us to continue our partnership with the Greater Watertown Community Health Foundation to cross analyze data.
- Assess for disparity reduction and decreases in poor birth outcomes for those who identify as Hispanic or people of color.
- ▶ Refine our understanding and adjust work as needed.

Welcome Baby Goals

- Create a process for screening pregnant people/families for unmet social health needs.
- Establish a process for connecting pregnant people/families with positive screens to communitybased resources.
- Create an agency-to-agency process and designated accountability for "closing the loop" on whether a referred person/family followed up on the resource referral and is/is not receiving services.
- Work with community partners to enable earlier referral of pregnant people for screening and support.

Successes

- ▶ Referrals from Center for Women's Health
- Introducing families to community resources in a variety of ways
 - Warm hand off/ In person introductions
 - Social connection events
- Referral slips
- Car seat & Pack 'N Play Programs
- Data

Questions?

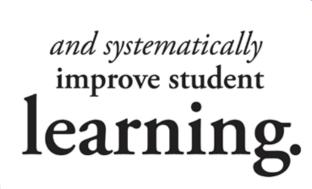






ensure high-quality instruction

is occurring for every child,





CULTURE	INSTRUCTION	LEARNING
CULTURE	INSTRUCTION	LEARINING
Strengthen adult SEL professional	Continue target-based assessment	Improve teacher collaboration and
development opportunities to	and reporting work system-wide and	collective efficacy to meet the
create and nurture emotionally	connect established math, writing,	needs of all students.
healthy classrooms.	and literacy curricula to the target-	
ŕ	based work.	
Utilize tiered socio-emotional	Persistently refine learning targets for	Continue supporting all students
instruction and interventions	each subject and grade-level,	within a Multi-Level System of
throughout 4K-8 th grade.	focusing on high expectations and	Support (MLSS) through
	differentiated supports needed for	collaboration with pupil services
	every student's success.	and intervention teams.
Fortify Academic and Career	Expand STEAM (Science,	Consistently monitor the status of
Planning (ACP) for all students.	Technology, Engineering, Art, and	at-risk students and communicate
	Mathematics) programming.	intervention plans with all
		stakeholders.
Partner with community agencies	Employ innovative teaching	Employ a variety of assessment
to provide mental health therapy to	strategies that utilize technology as a	tools to inform teaching and
students.	tool.	learning.







Ages & Stages Questionnaires

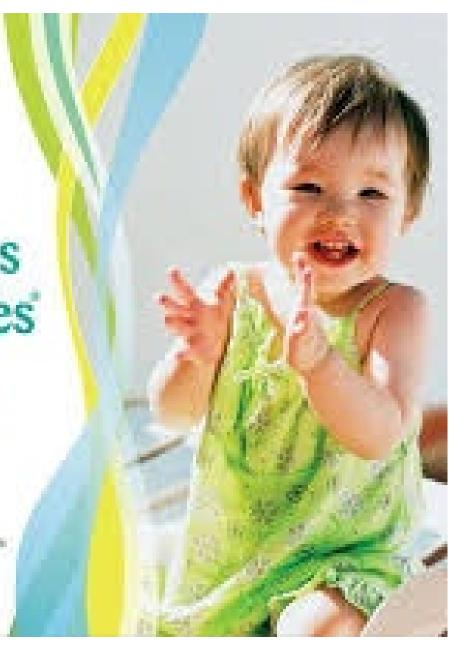
A Parent-Completed Child Monitoring System

DRED EDITION

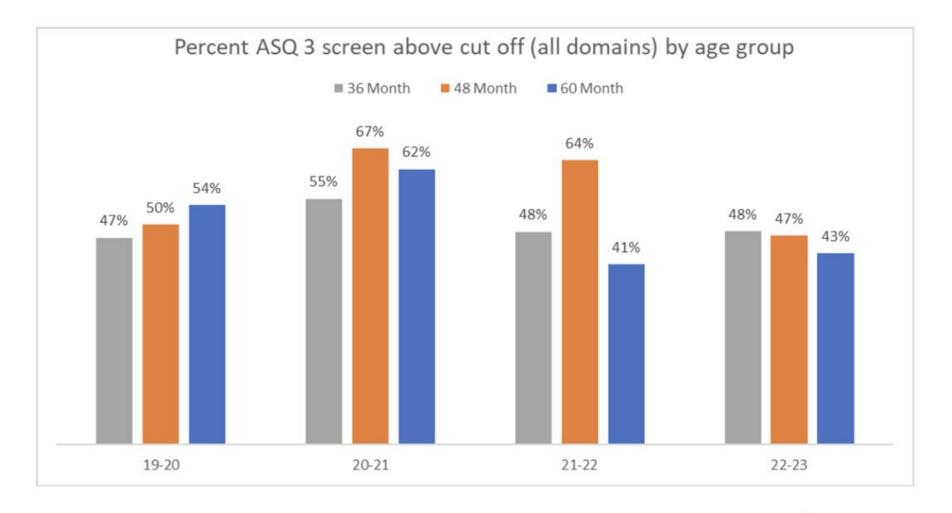
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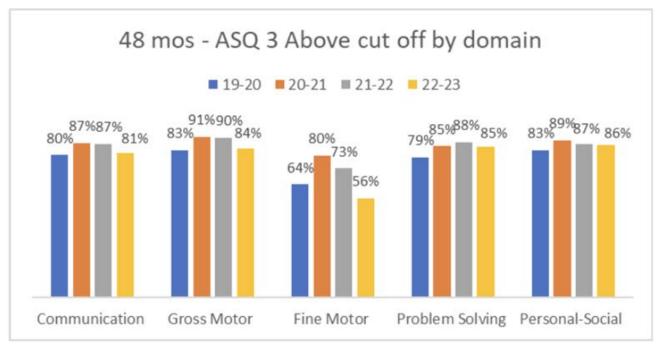


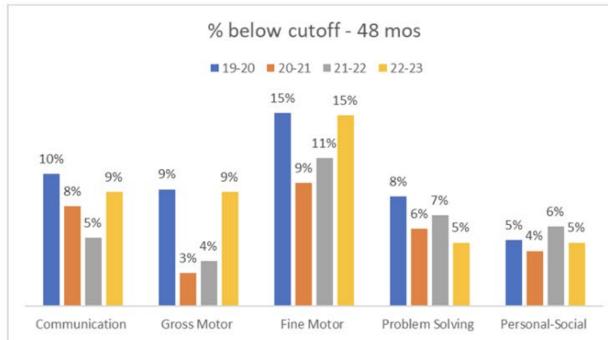
ASQ Developmental Screening - ASQ 3





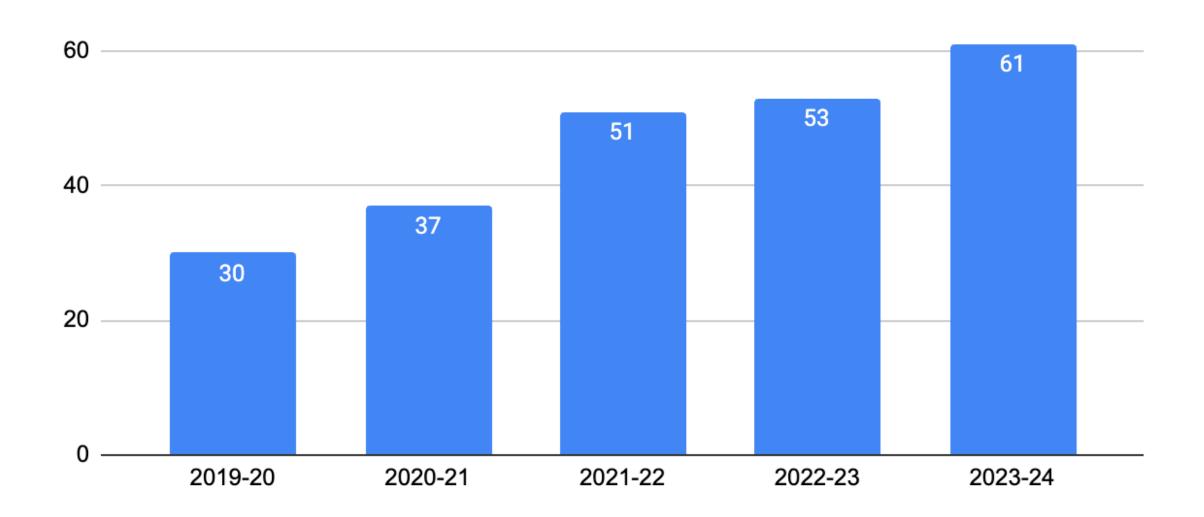
ASQ Developmental Screening







80





- Screen all!
- Schedule time for teachers to review the data
- Plan for instruction/intervention to meet student needs
- Professional learning for teachers to share results/suggestions with parents.
- Continue to partner with parents

Early Childhood Equity Strategy

WUS

Watertown Unified School District

Why?

- Watertown has a long history of investment in Early Childhood - home of the First Kindergarten
- WUSD has invested in full day 4K in collaboration with Head Start as well as fully funded full day in-district 4Ks for four years
- In collaboration with the GWCHF, implemented Pyramid Model in 4K classrooms



What is Pyramid Model?

The Pyramid Model is a framework of evidence-based practices for promoting young children's healthy social and emotional development.

From:

https://challengingbehavior.org/pyramid-model/overview/basics/





What is a Pyramid Model Classroom?

A Pyramid Model classroom is an environment that is focused on promoting social emotional development and school readiness for young children.

In a Pyramid Model Classroom, you will find:

- Hands-on, engaging activities that interest children
- Rules and expectations that are posted and reviewed frequently
- Picture schedule and visual supports
- Positive and descriptive feedback to children
- Adults teaching/using feeling words and children using daily emotional checkins
- Children learning and using strategies to deal with anger, like Tucker Turtle
- Adults teaching and encouraging children in self-directed problem solving solutions using solution cards



What is our data showing us?

- Significant literacy progress for students who are Multilingual Learners who participate in WUSD 4K
- Dual Language program supports literacy in both English and Spanish in grade K-5
- Continued challenges in literacy for students with disabilities
- Increase in referrals for special education for young students
- Social emotional challenges for our youngest learners

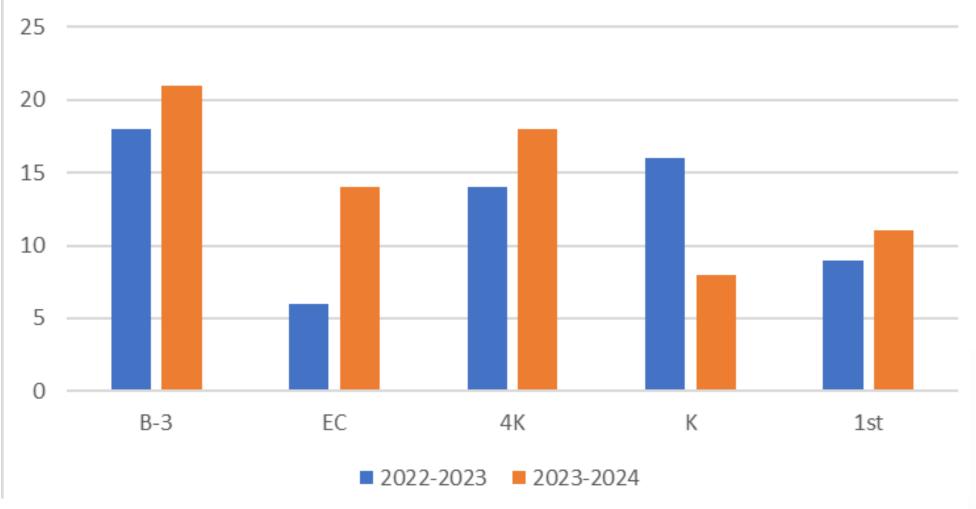


Urgent Intervention 1st grade Reading Assessment

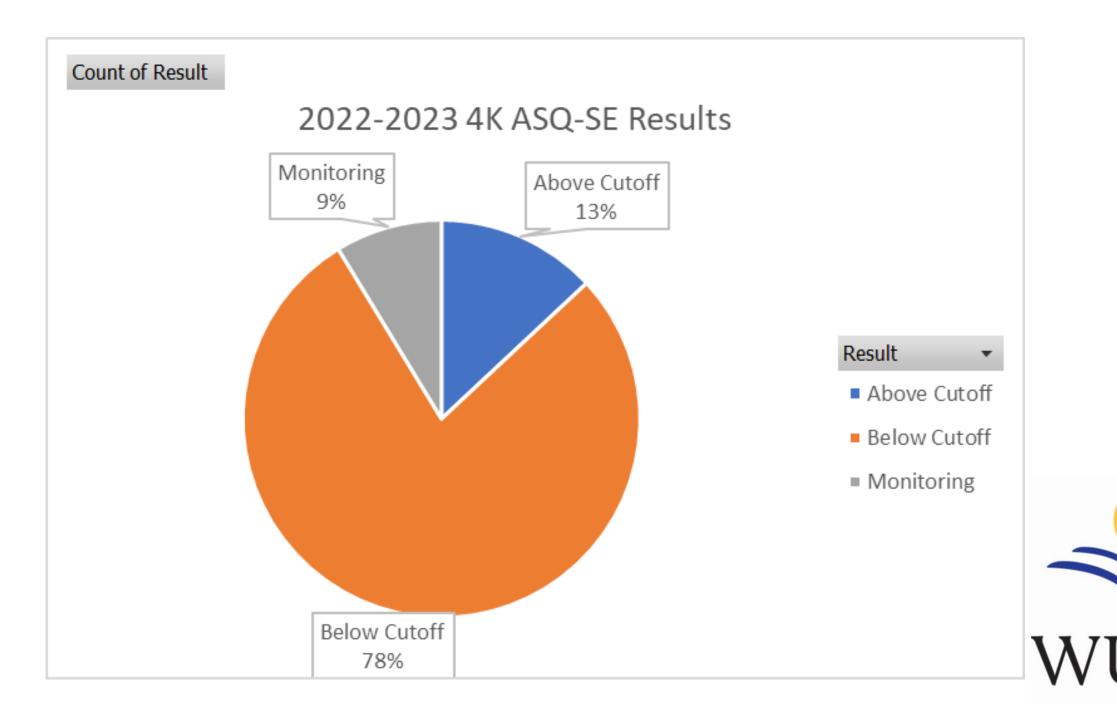
ML Learners	Percent in need of Urgent Intervention in Early Literacy Skills
WUSD 4K Program	19%
NO WUSD 4K Program	50%

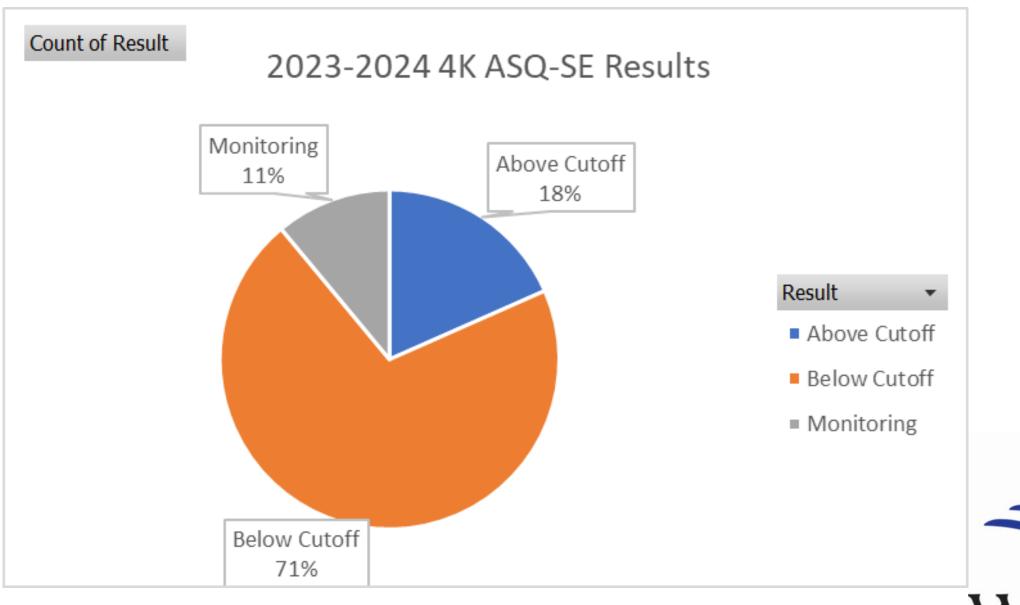
Students with Disabilities	Percent in need of Urgent Intervention in Early Literacy Skills
WUSD 4K Program	27%
NO WUSD 4K Program	54.5%

WUSD Special Ed Referrals for Youngest Learners











What is the WUSD Equity Strategy?

- Expand Pyramid coaching to all 4K classrooms
- Expand Pyramid coaching into Early Childhood classrooms
- Expand engagement with Multilingual Learners and their families
- Expand inclusive early childhood opportunities to support students with disabilities



How will we do this?

- ➤ 0.5 FTE 1.0 FTE Early Childhood Pyramid Coach/Coordinator Position
- > 0.5 FTE Funded through
 - WI DPI School-Based Mental Health Services State Funding
 - Federal Preschool Grant funding (Special Education)
 - Opportunity for community partners to collaborate with district and potentially expand position to 1.0 FTE



Main Roles and Responsibilities

- Pyramid Model Internal Coach for Early Childhood and 4K
- Expansion of Pre-School Options for Inclusive 3-Year-Old Programming
- Network with community to enroll all eligible children, especially children who are English Language Learners or Students with Disabilities
- Support Teachers with Student Behavioral Concerns



Questions?



Upcoming GLR Learning Tuesdays Webinars:

LEARNING LOSS RECOVERY CHALLENGE

"Innovative Approaches to Teacher Recruitment & Retention Across Rural & Diverse Regions" Tuesday, June 11, 3:00 - 4:30 pm ET/12:00 - 1:30 pm PT

BIG BETS WORKING

"Beyond Parent-Teacher Conferences: Partnerships That Maximize Student Learning" Tuesday, June 18, 3:00 - 4:30 p.m. ET/12:00 - 1:30 p.m. PT

PARTNER WEBINAR

"Early Childhood Workforce: Where and How Can Al Support?" Tuesday, June 25, 3:00 - 4:30 p.m. ET/12:00 - 1:30 p.m. PT





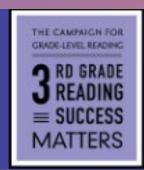
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