

children: 1-2-3

a community inquiry on creating early learning success



**a report to those who have
children, care for children, or
were once children**

Spring 2012



Jacksonville Community Council Inc.



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executive summary

In 2008, JCCI began a conversation about babies' basic needs. In 2011, that conversation had expanded to explore how babies in our community can truly thrive. In these pages, we have focused our attention on the period of most rapid brain development, from birth through age three, and the impact of early learning experiences on future success. Newborns, infants, and toddlers are vulnerable and rich with developmental potential. However, in Duval County, at least 30 percent of children entering kindergarten are not passing the test that shows they are prepared for school learning; 30 percent of our third graders are not passing the FCAT; and 30 percent of our high school students are not graduating on time.

By the time children reach kindergarten, if we have let the birth-through-three educational opportunity sail by, school becomes remediation. Success in kindergarten and beyond must begin with a safe, stimulating, responsive babyhood that literally shapes gene expression and brain structure for the better. Academic—and life—success requires successful brain development, healthy cognitive and physical, emotional, social, and mental development—each of which reinforces the other—from the very start. The window of opportunity opens with a newborn's first breath.

Some well-meaning parents scatter the hottest blinking, beeping "learning" toys around a toddler, which is about as likely to facilitate learning as rubbing books about car repair on your forehead is to teach you how to change your transmission. If a baby does not receive responsive attention, brain growth is actually stunted. Developing brains require cuddling, eye contact and live two-way conversation—your words and their coos or babble—stories, and play.

We know not to let a teething toddler gnaw on a vintage crib rail because lead paint causes brain damage. We also know to put newborns to sleep on their backs because successful campaigns have taught us that doing so lowers risks of Sudden Infant Death Syndrome. How do we know whether to question a popular parenting book—or a pediatrician—advising letting a three-month-old "cry it out" for the 4 a.m. feeding, flooding the baby with brain-damaging stress hormones, impairing the baby's stress response system? Navigating a rocky sea of well-intentioned but often ill-informed advice and marketed materials is challenging, and habitual "I know best" mindsets can be problematic.

Likewise, well-intentioned policies target "at-risk" families but have waiting lists or miss the many families who do not meet established criteria. We know better, so we have to do better to move our community's "bell curve"—in which a third of our community is failing at living productive lives, most are just getting by, and only a few are excelling—to a rising wave of learning outcomes, skewed toward true school readiness by kindergarten—and therefore, through to graduation and out into the workforce. We must better educate our health and child care professionals, parents and caregivers, policymakers, and community members. We must promote coordination of academic and training resources for higher standards of professional development in children's services and provide access to the best information available to parents, caregivers and healthcare providers.

Through philanthropic and public funding, an awareness campaign, partnerships between local institutions and nonprofit agencies, an independent children's services council, and an independent advocate for children's issues, we can support policies and practices that create a collaborative system of care addressing the whole child's development. It is time for our community to become a place where all newborns, infants, and toddlers thrive. Jacksonville can become a child-friendly city, a community dedicated to creating the rising tide that lifts all boats, steering our children toward but lifelong success. We can all be thriving.

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Introduction

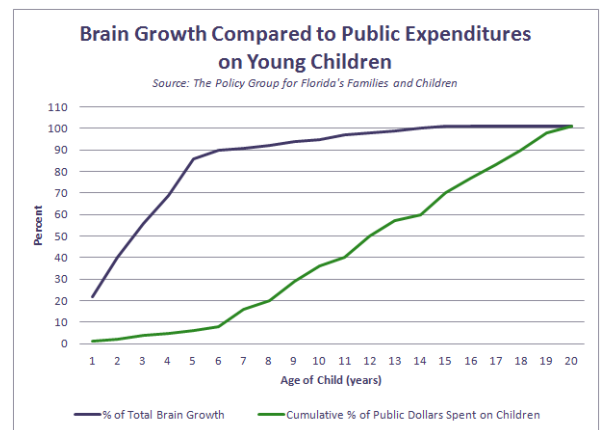
The first three years of brain development provide a foundation for all the learning that will take place during a child's school years and beyond. Healthy brain development during the first three years of life optimizes a child's ability to learn, process information, and develop relationships. Interactions with parents, caregivers, and other children influence the development of cognitive, social, and emotional skills, strengthening or weakening the developing child's brain structure. When children go to school, those who have difficulty interacting with others are at a distinct disadvantage.

Brain development requires plentiful stimulation, including talking, playing, and reading with children, which creates connections (synapses) between neurons (nerve cells) in the brain. These connections influence everything from the ability to recognize letters and numbers to controlling emotions and building strong relationships. Most brain development occurs in the first year: as many as 1,000 trillion synapses form in the first eight months. After the first birthday, pruning (elimination of less-used synapses) occurs more quickly, and by age 10 a child has roughly 500 trillion synapses, the same as the average adult. Early experiences dramatically affect synapse formation and loss as the brain only retains frequently used connections and neural pathways; it's a "use it or lose it" operating principle.

What happens in a child's formative years can limit a child's promise. Healthy brain growth depends on the interplay of good nutrition, uninterrupted sleep, active movement, and a child's sense of consistency in a non-toxic, low stress environment. The brain's lifelong ability to reorganize neural pathways based on new experiences, even in the worst of circumstances, means many children can overcome negative experiences that lead to learning deficits. However, the birth-to-three window of rapid brain development provides the best opportunity to ensure that children reach their most promising potential.

During these critical first years, families are particularly vulnerable. The emotional, physical, and financial stress of young children can overwhelm parents, especially with the challenges associated with sleep deprivation, time off work, childcare provider selection, doctors' orders, conflicting advice from friends and family, and other children's needs. These issues can be made more complex when parents are suffering from mental health issues, caring for special needs children, dealing with divorce, living in poverty, suffering abuse, or managing other family difficulties.

From 2008 to 2011, between 30 and 40 percent of the children who entered public kindergarten in Duval County were not able to master the basic concepts necessary for early learning success in kindergarten, an indication of their having missed critical learning milestones as infants/toddlers. The *Children: 1-2-3 Inquiry* explores the years before children enter kindergarten and how the Jacksonville community can help foster learning success for all children from birth. It assumes, as mounting scientific evidence shows, that the quality of parenting, life experiences, and childcare infants and toddlers receive is crucial to their overall success in later years.



Rearing Successful Learners

Both biological capacity (the innate ability to learn) and what children learn from their environment equally influence a child's future opportunities for educational and personal success. Impoverished circumstances limit access to services, information, networks, and material goods, but neither poverty nor wealth alone can determine which children will falter academically. Children who thrive will have had relationships with caring adults, access to informed healthcare providers, safe homes, and communities in which their basic needs are met.

"Down to our very core—the chemical structure of our DNA and the action of our genes—we are shaped by the cumulative balance between supportive versus stressful relationships and experiences.

From feeding to reading, every interaction with a growing child is an educational opportunity that holds the potential for building protective factors that enable positive educational and social-emotional development."

"Low Riding Genes" by Peter Gorski

Findings



A Focus on Whole Child Development

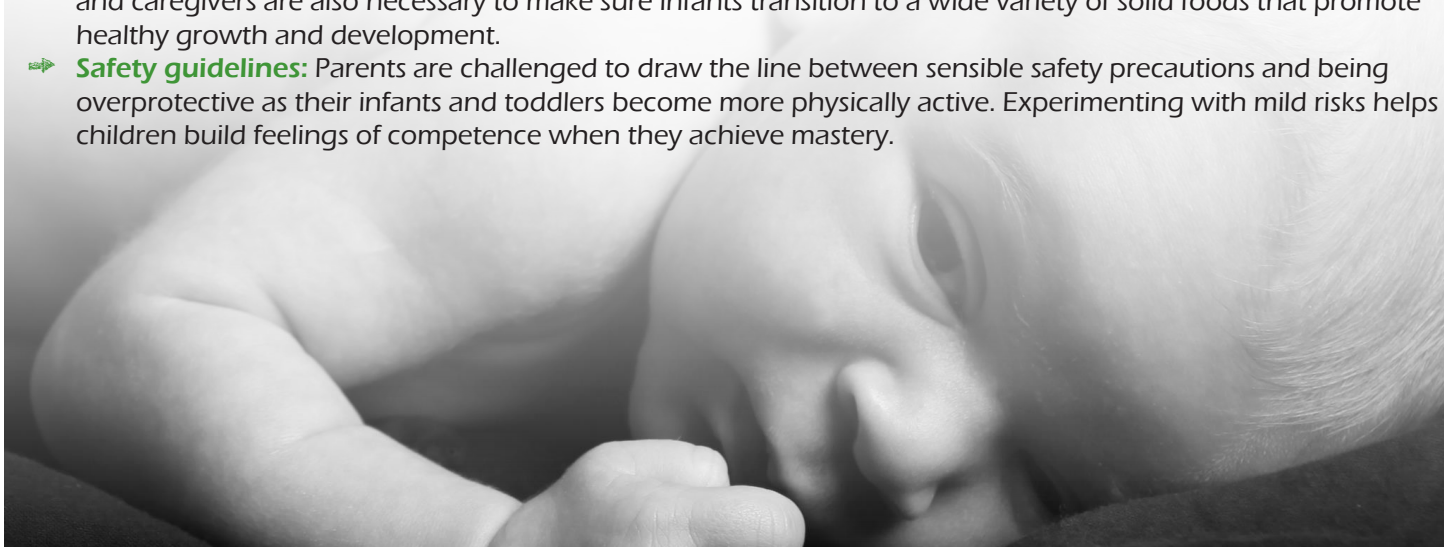
Whole Child Development consists of several interrelated dimensions, including physical, social, emotional, cognitive, and language development, each of which influence the other and all of which are developing simultaneously. Progress in one area affects progress in others, and when something goes wrong in any one of those areas, it impacts all the other areas. For example, children who are malnourished are not able to focus their energy on learning, and children with learning problems frequently have a poor self-image and low self-esteem. Successfully raising a child means taking the whole child into consideration and giving attention to the child's entire body of needs.

Physical development

From birth, babies seek to explore their world. They are eager to move their eyes, mouths, and bodies toward people and objects that are interesting and comforting. Infants/toddlers are born practicing skills that move objects and people closer to them while they also use their bodies to move toward what interests them. As children grow, their determination to command their physical space continues to grow as well.

Physical development involves mastery of:

- ➡ **Fine-motor skills:** For young children, these involve the small muscles of the body that enable writing, grasping small objects, and fastening clothing. These skills involve strength, muscle control, and dexterity. Using crayons, stringing beads, and doing puzzles are examples of ways to help children develop fine-motor skills and hand-eye coordination.
- ➡ **Five senses development:** Hands-on activities allow children to develop all their senses: sight, touch, hearing, smell, and taste. Children learn to compare the way different objects look, sound, feel, and smell, which influences their cognitive abilities. The ability to see and hear are especially important for learning since good hearing is essential to language development, and sight is critical for learning to read.
- ➡ **Illness and infection:** Seeing a healthcare provider for scheduled visits and keeping immunizations up to date defends against sickness, as do simple precautions like good hygiene. Of equal concern are stressful situations that damage the developing body and brain, reducing a child's ability to thrive and causing long-term health problems.
- ➡ **Large motor skills:** To develop properly, children must move their large muscles in the arms, legs, torso, and feet. As children grow, space for energetic, noisy play allows them to practice skills that develop upper body strength such as throwing, pulling, and swinging. Lower body strength is developed through crawling, walking, running, and jumping.
- ➡ **Nutrition:** Healthy eating habits begin at birth. The choice to breastfeed or use formula is the first nutritional choice that parents make for their children. The American Academy of Pediatrics states that breastfeeding helps reduce the risk of infection and illness, from ear infections to leukemia. Time and attention from parents and caregivers are also necessary to make sure infants transition to a wide variety of solid foods that promote healthy growth and development.
- ➡ **Safety guidelines:** Parents are challenged to draw the line between sensible safety precautions and being overprotective as their infants and toddlers become more physically active. Experimenting with mild risks helps children build feelings of competence when they achieve mastery.





Findings

Social and Emotional Development

Social and emotional milestones are often harder to pinpoint than signs of physical development. This area emphasizes skills that build emotional attachment, and increase self-awareness and self-regulation. Research shows that social skills and emotional development - reflected in the ability to pay attention, make transitions from one activity to another, and cooperate with others - are important precursors to school readiness. Children's emotional lives also set the course for overall health and the ability to learn.

Social and emotional development relies on:

- ➡ **Behavior modeling:** Observing positive behaviors helps social and emotional development. Praising children for following cues and using pleasantries like "please" and "thank you" reinforces good behavior. Equally, it is important to help children recognize the sense of satisfaction that comes from acting on their own to get along well with others.
- ➡ **Choices and limits:** Parents and caregivers assist in the drive toward independence and self-assertion by maintaining limits as needed and promoting independence when possible. Children also grow when given the chance to choose among several options, which enhances their sense of self and the ability to reason. Learning to cope with disappointments, delays, and setbacks is also a critical part of developing a healthy, balanced mental attitude.
- ➡ **Cooperation versus Competition:** Working with others for the good of the group is more important for infants/toddlers than attempting to defeat others. Play is one way in which children can learn how to work with and support a team. Typically, young children find cooperation less frustrating and more satisfying than competition. Competitive activities are more appropriate for older children.
- ➡ **Empathy:** Children learn from their own experiences that words can hurt, and that name-calling, teasing, or excluding others affects how people feel. Children want to be treated justly, but they do not always understand how to treat others the same way. Parents and caregivers can model considerate behavior and enforce rules that apply to all for treating others well.
- ➡ **Self-control:** Future success at school and in life depends on children learning to express their emotions without hurting themselves or others, or damaging property. Parents and caregivers can teach children self-control by encouraging and modeling behaviors like expressing one's feelings without giving in to negative or violent actions.
- ➡ **Sharing:** A climate of kindness and generosity promotes good feelings about oneself and others, which is the root of social competency. Responding to the needs of children who have disabilities provides excellent opportunities for children to share from the heart.
- ➡ **Trust building:** Trust has its roots in infancy, which manifests when babies are cared for by emotionally and physically responsive adults who consistently meet the child's basic needs. As children grow, trust is built by maintaining orderly routines and consistent rules in a warm and caring environment so that children understand expectations and anticipate consequences. Adults who maintain their self-control also invite trust because children learn to predict their caregiver's responses. It is also important for routines, rules, and tasks to be appropriate for the child's age and abilities.

findings



Cognitive and Thinking Skills Development

From the beginning, babies are active and engaged learners gathering and organizing information. These milestones highlight children's progress in developing perceptual and thinking skills. They learn in the context of important relationships, so parents are uniquely able to help their children develop learning and thinking skills (understanding that every family situation is different, we recognize that this role may be filled by a family member or other caring adult in a child's life). Other caring adults, including grandparents, caregivers, and teachers/childcare workers, can help as well.

Cognitive and thinking skills depend upon relationships with family, opportunities for sensory experiences, and an understanding of individual learning needs.

- ➡ **Learning differences:** Children learn in different ways and at different rates. In some instances, this may be due to normal variation, hearing or vision problems, emotional issues, or developmental delays. When a child is struggling to learn, parents should discuss options for assistance with their health care provider.
- ➡ **Problem solving:** Children become able, creative problem solvers when they are encouraged to come up with their own ideas and are allowed to try a variety of solutions. Asking questions in ways that provoke children to think for themselves and listening to the child's answers with genuine respect builds their confidence.
- ➡ **Teaching through experiences:** Trips to new places offer children opportunities for learning that stimulate their sense of wonder and curiosity. Even places that are boring to adults can hold a child's interest. Hands-on experiences are especially exciting because children can use their senses to explore new settings.
- ➡ **Teaching through relationship building:** Children's thinking and reasoning skills emerge when parents and children seek out answers to questions and problems together. Helping children develop a healthy self-image also impacts their ability to learn. Knowing their personal value helps children solve problems and approach intellectual challenges with confidence.

Child Development Milestones: Birth to Three Years

Birth to 3 months

- Lifts head and chest when on stomach
- Moves arms and legs easily
- Follows movements by turning head side to side
- Easily takes a breast or bottle and sucks well
- Startles or cries at sudden loud noises
- Looks at you, watches your face
- Makes gurgling or cooing sounds
- Smiles in response to your smile or talking
- Quiets easily when comforted

3 to 6 months

- Plays with feet when on back
- Lifts head and chest with weight on hands
- Rolls from stomach to back and back to stomach
- Plays with hands by touching them together
- Reaches for a toy
- Picks up a toy placed within reach
- Turns head toward sounds
- Makes lots of different sounds
- Laughs out loud
- Tries to show likes and dislikes

6 to 12 months

- Pulls self up to stand with some help
- Sits without help while playing with toys
- Transfers objects from one hand to the other
- Feeds self finger food
- Imitates waving bye-bye
- Lets you know needs with motions and sounds
- Copies speech sounds
- Takes turns while playing with adult
- Understands simple questions
- Knows parents from strangers

12 to 18 months

- Walks alone
- Picks up small objects (raisin size)
- Puts objects in and dumps them from containers
- Puts one object on top of another
- Feeds self with a spoon
- Holds and drinks from a cup with help
- Points to several things or pictures when named
- Adds words in addition to 'mama' or 'dada'
- Asks for things using words

18 months to 2 years

- Walks up and down stairs holding adult hand
- Scribbles
- Moves body in time to music
- Puts two words together ('more juice')
- Begins to ask questions ('juice?', 'up?')
- Feeds self a sandwich, taking bites
- Takes off shoes and socks
- Looks at a story book with pictures with an adult
- Makes simple choices among toys
- Mimics another child's play

2 to 3 years

- Walks well, runs, stops, steps up, and squats down
- Stacks more than two objects
- Uses spoon and cup without help
- Follows two-step directions ("Get the book and put it on the table")
- Names five to six body parts
- Takes part in a conversation
- Answers simple questions
- Points to or names objects when told their use
- Helps with simple tasks (picking up toys)

Communication and Language Skills Development

Within a few short years, newborns progress to toddlers able to engage in conversation. Young children have many ways to communicate, including sounds, gestures, facial expressions, and body language. Parents should meet these attempts with similar efforts; known as "serve and return". Once children begin to master language, they can express their wants, needs, and feelings. A good command of language (listening and speaking) is recognized as an essential component for healthy development, as is the ability to think logically and creatively. All of the important adults in children's lives, especially parents, play an important role in helping young children develop verbal language skills and build a solid foundation for later reading and writing.



Findings

Three key findings from recent research support the need for parents to simply talk to their children.

1. A child's IQ and language abilities are relative to the amount parents speak with them.
2. Academic successes at ages nine and 10 is linked to the amount of talk they hear from birth to age three.
3. Advanced children talk significantly more with adults than children who are not as advanced.

Communication and language skills are dependent upon the variety and frequency of words used as well as listening skills and familiarity with print materials.

➡ **Gaining literacy:** Before children learn to speak they learn to listen and use nonverbal cues such as infant sign language. The ability to read and write is also an essential part of language learning. To achieve literacy, children must first acquire basics, like awareness of sounds that make up language, the ability to rhyme, and familiarity with letters and printed words. Reading to children builds these literacy skills, while talking about those stories and having them turn the book's pages - pointing to words and pictures—promotes literacy.

➡ **Talking with babies and children:** Exchanges of sounds, gestures, or expressions lay the groundwork for conversation and help babies develop the sense of give-and-take that underlies secure relationships. Children know they are heard when parents and caregivers listen and respond attentively. Speaking slowly and distinctly, and repeating words and phrases along with using varied voice tones and pitches help children learn to speak.

Safe and Nurturing Families

Ideally, all children will be born into and grow up in homes with caring adults who have the financial resources, emotional intelligence, intellect, and social capital to advocate for their children and provide them with access to a wide range of positive intellectual, social, and community experiences. In reality, few families at any point along the socioeconomic continuum have all of these qualities in equal measure at any given time.

Families that are able to positively affect the cognitive, emotional, and social growth of their children are able to meet their own needs and those of their children. If, for example, parents are not able to provide for their infant's/toddler's most basic physical needs, then that child may be susceptible to illness, mental distress, or death. When parents and their children are rooted in an unsafe or unstable family or neighborhood the mental and physical stress, along with the inability to access needed services due to fear or deficits in knowledge or funds, can be debilitating.

Whatever parents are experiencing directly impacts their children's opportunities to have their needs met. When parents fail to properly care for their own needs at any point along the hierarchy of needs it creates limitations that impact the healthy development of their children. For example, if parents cannot manage their own social needs, then their children will experience the negative fallout that comes when adults are disconnected from loving, caring, or respectful relationships. A parent in this situation may become less confident and find it challenging to engage in life-affirming pursuits. Infants and toddlers with unmet needs often have parents with similar shortfalls.

On the other hand, when a family's protective factors are established and nurtured (parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and the social and emotional competence of children) the likelihood of abuse and neglect is diminished.

Parents' Hierarchy of Needs

Self-Actualization: Time for thinking, reading and creating.

Esteem: Confident parenting. Respect from family, friends and spouse/partner.

Social Needs: Close friends and family who offer love and acceptance. Support and affection from spouse/partner. Adequate adult interaction.

Security: Physical and emotional safety. Financial stability. Experience and/or education to draw upon.

Physical Needs: Sleep and healthy food.

Child's Hierarchy of Needs

Self-Actualization: Hobbies, language, and creative pursuits.

Esteem: Encouragement. Protection from bullying and discrimination. Respect from parents, teachers and peers. Positive discipline. Life skills.

Social Needs: Unconditional love. Loving interactions with caregivers. Room to explore and play. Interactions with peers.

Security: Adult caregivers who offer protection from danger. Being above the poverty line. Access to health care. Free from abuse and neglect.

Physical Needs: Healthy (age appropriate) food, shelter, sleep and human touch.

Findings



Focusing on what infants and toddlers need to thrive

Care in the “Fourth Trimester”

Human babies need the first three months of life, or “fourth trimester,” to give their brain and central nervous system the time needed to mature because they are born neurologically unfinished and require a nurturing environment to protect and encourage the developing sensory pathways. The newborn’s brain is immature; it is only about 25 percent of its adult weight at birth, while most other mammals are born having 60 to 90 percent of their adult brain size. Compared with other mammals, human infants are much more fragile and vulnerable at birth. Babies are born with three basic reflexes: sucking, swallowing, and breathing. Babies cannot fully lift their heads, keep warm, or feed themselves. Newborns need responsive attention, including physical contact, verbalization, and interactive caregiving to promote emotional attachment.

The “fourth trimester” is also a critical time for families as old routines give way to new responsibilities and methods of interacting. To transition babies from the womb to the world, families and caregivers must provide a nurturing environment. For example, first-time parents must determine how to take care of their newborn along with managing their new identities as “mother” and “father”. Families with multiple children are making adjustments as well, including addressing new sibling dynamics and increased demands on time and financial resources.

Consistent and encouraging relationships

At all ages, but from birth through three years old in particular, children benefit when their parents and caregivers are reliable and optimistic, and provide age-appropriate stimulation. During these first years of life, children learn whether or not adults (parents, family caregivers, childcare workers, and others) will meet their needs. A crying baby who is never picked up or a child who is not spoken to soon learns that attempts to reach out to adults can be a hit or miss event. These low-sensitivity interactions delay brain development and infant/toddler socialization. Children in these situations learn that adults may be unreliable at best and untrustworthy at worst. Furthermore, the ability to form emotional attachments is damaged, which may affect a child’s sense of well-being and ability to work cooperatively later in life. Without forming the proper attachments, a child’s ability to learn suffers.

All children from birth through age three benefit from parents and caregivers who have developmentally appropriate expectations and believe that every child can learn. Less than optimal caregiving coupled with reduced learning opportunities will reduce a child’s opportunity to thrive. On the other hand, attentive adults will enhance learning and likely pick up on signs of a possible developmental problem and be able to seek timely help. The first 36 months of a child’s life are, in some ways, a race against time when a significant developmental





Findings

delay is present. Parents and caregivers are the best advocates for a child in need, if and when there may be a developmental concern. If a problem is identified and appropriate intervention is begun early, many developmental concerns can be fully addressed, and children with the most serious challenges will have far better outcomes than if problems go undetected and untreated.

Healthcare providers supporting children and families

Parents often talk to their children's caregivers and childcare providers about reaching important learning and developmental milestones, but healthcare providers are the professionals with whom many parents consult with on a regularly scheduled basis to talk about healthy development. Pediatricians and other medical providers can help parents make connections between physical health and healthy development in order to mitigate and avoid developmental delays. For example, chronic ear infections are a health problem that can diminish a child's ability to learn. When the Eustachian tubes are blocked, a toddler's hearing is diminished; this may affect a child's ability to learn language. Parents who are aware of this connection can work with and seek assistance for their child to prevent language delays. Also, some vaccines recommended for infants and toddlers can prevent diseases such as meningitis and chicken pox that can cause permanent sensory, physical, and/or neurological impairment.

According to the *Journal of Pediatrics*, well-baby visits average 20 minutes or less, which is often too short to address the particular needs of some parents. Due in part to poor insurance reimbursement policies and parents unknowingly focusing on superficial issues, some elements of the discussion between parents and their child's doctor are missed, such as behavioral health issues and the relationship between physical health and positive child development. Time to diagnose developmental concerns in motor and social development may be limited with short visits as well. The early intervention window is small, if and when there might be a developmental concern.

Some resource speakers observed that too few pediatricians consistently use developmental screening tools to assess the health of their patients. Many providers report using clinical, nonstandardized methods to monitor early development, while about one-fourth consistently use standardized screening. Doctors may take a "wait-and-see" approach before recommending treatment even when a child's developmental milestone is teetering at the cusp between on-time and delayed. At the same time, some parents can hinder early treatment by refusing to face the reality that their children are not developing on-time and declining to heed the doctor's advice. For several years, the field of pediatric health care has advocated universal screening during infancy and toddlerhood for cognitive and physical delays so that children receive therapeutic intervention in a timely manner.

Family health, particularly parents' mental health, is important when considering that children do best when they grow up in a safe and nurturing home. Screening in the pediatrician's office for parental stress has been suggested as a way to reach parents who have no need to regularly visit their personal physicians in the months after their baby is born. For example, a new mother visits her obstetrician within 6 weeks of the baby's birth, but she may not visit again for a year. If the mother is suffering from maternal depression, it may go undiagnosed. Left untreated, this illness can cause children to suffer social and emotional delays. Some pediatric practices use self-administered maternal screening tools that require less than five minutes to complete. While these tools cannot replace mental health screening, their use is one way for pediatricians to start an awareness-raising conversation or refer mothers to behavioral specialists. Alternatively, while pediatricians' offices may be a logical place for parent mental health screening, these doctors can not prescribe medication and are not reimbursed for treating adults.

To better manage the health needs of children and their families, in alignment with their social and emotional needs, the Family Medical Home concept has been advanced as a best practice to provide integrated clinical care. Patients' medical records are housed with one physician who manages the family's health care needs and takes responsibility for arranging care with other qualified professionals. This includes care at all stages of life: acute care, chronic care, and preventive services. The Medical Home concept is practiced in Duval County: All foster children have a Medical Home via Kids 'N Care Health Center, a partnership between the Duval County Health Department (DCHD), the Department of Children and Families (DCF), the University of Florida, Family Support Services (FSS), and Children's Medical Services (CMS).

findings

Services for Children and their Families

Several Jacksonville organizations provide services to local families and their newborns, infants, and toddlers. These organizations serve a fraction of children from birth through age three who might benefit from intervention or family support services. At any given time, there are 48-52,000 children under age four in Jacksonville – approximately 12–13,000 babies are born every year. All of these children are vulnerable due to their rapidly developing brains which heighten their sensitivity to adverse circumstances, such as parental detachment, neglect, poverty, or abuse. (Read more about vulnerable children on page 15)

According to agencies responding to an informal JCCI survey, the leading reason for not serving more children is lack of funding. The source of funding is primarily public funds – local, state, and federal taxpayer dollars. A limited number of agencies also receive funding from donations, grants, and client fees. Accessibility to federal funding is a particularly difficult issue in Florida – states can refuse federal funding or opt not to provide required matching funds. For example, since the Affordable Care Act passed in 2010, Florida has turned away or decided not to pursue millions of dollars in grants that support families based on political arguments regarding the constitutionality of the law.

Agency	Infant/Toddler Focus Area	Clients in 2011 (Birth to Age 3)	Funding Sources	Eligibility for Service	Barrier to Serving More Clients
Child Guidance Center	Behavioral Health	255	Jacksonville Journey, Family Support Services, Medicaid, Federal and State assistance, and discounted fees	Eligibility varies by program, but includes service restrictions based on zip codes and the need for referrals	Funding and client access to transportation
Children's Home Society - Teen Parenting Program	Parent Support/ Foster Care	17	State contracts, United Way, and private donations	Pregnant or parenting women in foster care	Inability to expand
Early Learning Coalition of Duval County	Childcare/ Family Support	3,000	Child Care Development Block Grant (Federal funds)	Working parents who meet income qualifications	Funding
Episcopal Children Services - Early Head Start (EHS)	Childcare/ Family Support	244	Federal funding and community support	Primarily children from families with incomes below 100% of poverty line	Funding
Family Support Services of North Florida	Parent Support/ Education	3,500	Department of Children and Families	Families separated by DCF or would be without immediate intervention	Funding
Healthy Families Jacksonville	Parent Support/ Abuse Prevention	518	Ounce of Prevention Fund and City of Jacksonville	Primarily children from low-income zip codes in families at-risk for abuse or neglect reports	Funding
Jacksonville Urban League - Early Head Start (EHS)	Childcare/ Family Support	85	Federal funding and community support	Primarily children from families with incomes below 100% of poverty living in zip code 32209	Funding
Nemours	Healthcare	26,735 <i>includes children living outside Jacksonville</i>	Private insurance, Medicaid, Nemours Foundation, charitable contributions, and self payment	Any child under age 19	Funding
Northeast Florida Healthy Start Coalition	Family Support	5,331	State General Revenue and the Healthy Start Medicaid waiver	Universal screen for pregnant women and newborns	Funding
Vision is Priceless	Vision Screening/ Glasses	3,715	Grants, private donations, and some discounted fees	Children ages 3–18 whose families meet financial guidelines and lack access to other resources	Funding

Source: Agency provided information. Note: This is not an all-inclusive list. There are many other agencies serving newborns, infants, and toddlers locally.



Findings

Support services to improve the quality of life for families, including federal programs for housing and food assistance, necessarily focus on families with low household incomes. Most local service providers restrict services to low-income families as well. Furthermore, there are programs that require families to live in specific zip codes or neighborhoods to access services. For example, Healthy Families Florida is a nationally accredited home visiting program for expectant parents and parents of newborns who are experiencing stressful life situations. According to the organization's website in 2012, the programs in Jacksonville serve 605 families in 17 of Duval County's approximately 50 zip codes.

On the other hand, Florida's Healthy Start Initiative, which was signed into law in 1991, is one of the few providing universal access. All of Florida's pregnant women and newborn infants are screened to identify those at-risk for poor birth, health, and developmental outcomes. During the birth certificate process at the hospital information is collected to screen for risk factors, including NICU admission, low birth weight, infant transferred within 24 hours of delivery, mother's marital status, Medicaid coverage, race, no father named on birth certificate, tobacco use, no prenatal care, and maternal age. Each of these risks are scored. Jacksonville Infants scoring "4" or more are referred to the Northeast Florida Healthy Start Coalition and subsequently contacted by a case manager. Healthy Start is voluntary; parents can refuse screening or refuse participation when offered. Of note, the Healthy Start infant screen is also used to identify families potentially eligible for the Healthy Families and Early Head Start programs in Jacksonville. The range of Healthy Start services available to pregnant women, infants and children up to age three include:

- ➡ **Information and referral**
- ➡ **Comprehensive assessment of service needs in light of family and community resources**
- ➡ **Ongoing care coordination and support to assure access to needed services**
- ➡ **Psychosocial, nutritional, and smoking cessation counseling**
- ➡ **Childbirth, breastfeeding, and parenting support and education**
- ➡ **Home visiting**

In addition to the service providers mentioned in this section, there are other agencies that provide direct services to infants/toddlers and their families, including but not limited to the Duval County Health Department (healthcare), Early Steps (developmental screening), Hope Haven Children's Clinic (behavioral health), Jacksonville Speech and Hearing Center (developmental screening), United Way of Northeast Florida (parent education), and Wolfson's Children's Hospital (healthcare).

A Whole Community Response to Whole Child Development

Moving toward a child-development system of care

The Jacksonville community is home to several agencies that work for the benefit of infants/toddlers and their families (see page 11). While there is general agreement that local agencies work well together to serve the community's children, collaboration is hindered by restrictions placed on funding, outcomes reporting, data sharing, and the ability to track and monitor service provision from birth. Knowing which agencies and resources are attached to children along with understanding how programs and funding have impacted children's development can lead to greater accountability, leveraging of resources, and incentives for partnership.

Though local agencies work cooperatively, the inquiry committee was advised that human and social services agencies also have a tendency to focus heavily on the financial survival of their organizations rather than elevating the work of the entire sector, which leads to working in silos. The constant fight to protect agency funding can create tensions among child-serving agencies, which degrades relationships and the promise of working collaboratively. One speaker suggested that focusing on all children, rather than at-risk children alone, along with prioritizing funding toward early interventions, might encourage greater collaboration.

findings



At the state level, programs serving infants/toddlers are fragmented; however, the creation of the Florida Children and Youth Cabinet in 2007, for the purpose of ensuring interdepartmental collaboration, was an attempt to solve this problem. At present, those agencies that provide health, early learning, and family support services are not united under one governing body. Childcare centers are overseen by the Department of Children and Families, early childhood education/pre-kindergarten is managed by Florida's Office of Early Learning, K-12 education is managed by the Department of Education, and children's health matters are directed by the Florida Department of Health. Each of these areas – early learning, pediatric health, and primary education – are inextricably linked, and a child's failure in any of these areas has long-term individual, familial, and societal impacts.

Building a child development system of care starts with creating an accepted framework for discussing, acting, and implementing strategies that:

- ⇒ **empower parents to attend to the developmental needs of their children;**
- ⇒ **require communities to develop standards for addressing the health, education, and economic needs of children;**
- ⇒ **use dialogue, technology, and metrics to connect providers, children and families;**
- ⇒ **unite existing structures in support of families and children, including the cooperation of funders and the integration of delivery systems, while creating new structure where needed (see the ZERO to THREE diagram on page 14).**

In addition to reframing how communities address children's issues, allocate resources, and collaborate to provide services, these efforts allow communities to decide upon a common set of goals for children and early childhood literacy. This is a key concern in Jacksonville, where voters failed to pass legislation for a dedicated funding stream to support children's initiatives in 1990, making the Jacksonville Children's Commission the only children's services council in Florida that does not have an independent funding source. (See page 23 for additional details.) According to one speaker, this shows that Jacksonville has not consistently prioritized children in public policy, particularly what is best for the long-term health and welfare of all children.

Frameworks for building a child-development system of care

A successful start in life is ensured when children have mental and physical health, family support, and access to early learning. Programs and services that address these areas are only as strong as the infrastructure that supports them. Over the course of this inquiry, four strategies were presented for shaping communities so that the needs of children and families are met and children have an opportunity to meet their highest potential.

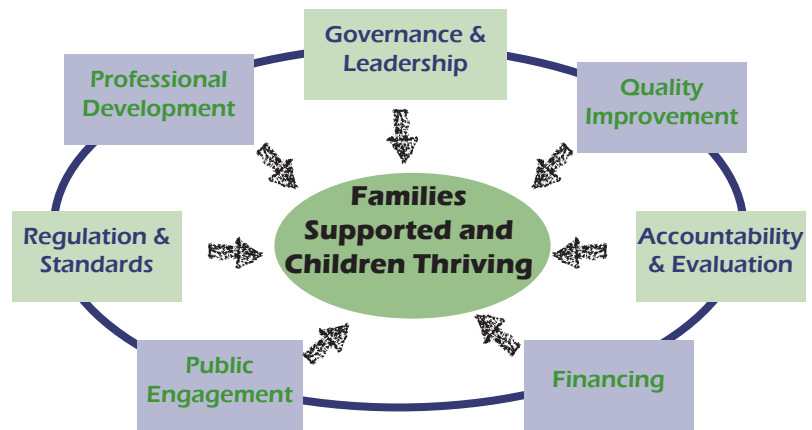
- ⇒ **A 21st Century Investment Strategy - UCLA Center for Healthier Children, Families and Communities & the National Center for Infancy and Early Childhood Health Policy:** School readiness depends on the capacity of families to support their children's emotional, physical, and cognitive development before they enter school. Building such capacity requires that critical supports are widely available so that parents have the time, energy, ability, and resources to be actively and effectively involved in their children's daily lives. These supports include quality childcare and preschool, health insurance and well-trained health care providers, family-friendly employers, parenting classes, and early intervention programs for at-risk families. Such supports also require political will and investment in building community systems for families with young children, promoting education of parents and young children, enhancing maternal and child health care services, and encouraging the private sector to implement practices that support families with young children.



Findings

➡ **Convention on the Rights of the Child - United Nations Children's Fund (UNICEF):** UNICEF's mission is to advocate for the protection of children's rights, to help meet their basic needs, and to expand their opportunities to reach their full potential, guided by the provisions and principles of the Convention on the Rights of the Child as agreed upon by world leaders in 1989. The Convention, which has not been adopted by the United States, is a legally binding instrument that spells out the basic human rights of children everywhere: "the right to survival; to develop to the fullest; to protection from harmful influences, abuse and exploitation; and to participate fully in family, cultural and social life." The four core principles of the Convention are non-discrimination; devotion to the best interests of the child; the right to life, survival and development; and respect for the views of the child. The rights focus on human dignity and holistic development of every child. A Child Friendly City implements the Convention on the Rights of the Child at the local level, which in practice means that children's rights are reflected in policies, laws, programs, and budgets. In a Child Friendly City, children are active agents; their voices and opinions are taken into consideration and influence decision making processes.

➡ **Early Childhood Development System for States - ZERO TO THREE:** Newborns, infants, and toddlers need good health, strong families, and positive early learning experiences. They benefit most from a system built through a collaborative framework for policy agenda and infrastructure design that support a comprehensive range of interrelated programs that honor the choices of all families and serve the needs of their children.



Source: "Putting the pieces together for infants and toddlers", ZERO TO THREE

➡ **Whole Child Florida (WCF) – The Lawton Chiles Foundation:** Employed in Brevard, Flagler, Gadsden, Jefferson, Leon, Martin, Madison, Manatee, Taylor, and Volusia counties in 2012, the Whole Child Florida (WCF) philosophy utilizes strategic planning, web-based technology, performance measurement, and public engagement to build communities where everyone works together to make sure children thrive. According to WCF, the successful nurturing and development of all children requires an approach that:

- starts before conception;
- provides continuous support to parents;
- is grounded in the family;
- considers the physical, economic, social, cultural and spiritual environment in which the child lives;
- creates a "no wrong door" culture where service providers are committed to building collaborative service delivery networks instead of competitive, single- strategy agencies and institutions;
- builds a partnership across all societal sectors that impinge on the lives of children; and
- provides state and local government funding to ensure fairness, equity and consistent outcomes.

Promising practice: A local system of care for juvenile mental health

In September 2010, the Jacksonville Children's Commission received a \$9 million, six-year grant from the Substance Abuse and Mental Health Services Administration to transform mental health services for children in Duval County. The funds will be used to establish a replicable and sustainable system of care that will integrate mental health and primary care services for youth and families. The populations of focus are children from birth to age 23 who are involved in the juvenile justice, homeless, child welfare, and subsidized adult day care systems. These children and young adults will receive diagnostic and treatment services if they have been diagnosed as or meet the criteria for developing SED (Severe Emotional Disturbance). The grant will use a strengths-based approach that enhances the capacities of individuals to deal with their own challenges. Matching funds were provided by Family Support Services and the Early Learning Coalition of Duval. Other stakeholders from the community have also partnered with the Commission to ensure community collaboration and accountability. At the end of 2011, a strategic plan, project goals, baseline metrics, and a governance board were established.

Findings

All Children and Families are Vulnerable

Jacksonville is a diverse community with many children from all backgrounds who thrive, as well as substantial numbers of children who are considered at-risk or vulnerable. Jacksonville's predominantly African American Health Zone 1 is often used as the focus for poverty and need in Jacksonville. As a result, a great deal of funding has been directed to the six zip codes in this Health Zone (32202, 32204, 32206, 32208, 32209, and 32254). Yet pockets of vulnerability exist all over Duval County, including more racially balanced neighborhoods within high-income zip codes.

In 2010, The Kirwan Institute was commissioned and funded by the Jessie Ball duPont Fund to assist the Jacksonville Children's Commission in understanding child well-being in Duval County through opportunity mapping and analysis. This exercise revealed that Duval County has a wide range of neighborhoods that are considered "very low," "low," and "moderate" when measuring education, health/environmental, and neighborhood opportunity. This mapping project was also instrumental in showing a decline in opportunity for children living in many of Jacksonville's Westside neighborhoods from 1990 to 2009, indicating a need for additional resources. The Children's Commission responded by funding new after school programs in that area.

Without community-wide access to programs and services, many families and children who need or would benefit from support are denied services. In the example above for instance, had funding been available to monitor all neighborhoods or provide after school programs for all children from 1990 to 2009, then perhaps the loss of opportunity for at least one generation of children would have been halted during that 19-year period. Providing supportive family and children's services based on income and geography alone assumes that all families in low-income neighborhoods lack resources, while families with higher incomes do not suffer set-backs or traumas. Adverse childhood experiences and parents who cannot meet their children's needs happen within families regardless of race, ethnicity, and access to economic resources.

Identifying Duval County's vulnerable children is traditionally based primarily on socioeconomic data that identifies high concentrations of poverty using proxy data - household income, receipt of Medicaid, and the age and education of the mother. Less emphasis is placed on how well children from birth through age three are responding to their environments because there are few universal assessments and therefore a lack of local data for this group of children. Monitoring childhood development in Florida does not begin in earnest until children enter the state-sponsored voluntary pre-k program at four years old. While it is generally accepted that poverty impacts children and it is easy to discern where these children live, it is more difficult to determine how and where young children are impacted by other factors that have less to do with income, including divorce, non-parent caregivers, unemployment, neglect, and abuse.

Newborns, Infants, and Toddlers

Children from birth through age three are at risk for exposure to a wide range of influencing factors, some developmental and others environmental, that can limit their potential. The fact that brain development occurs more rapidly in the first three years of life than all other periods in human development makes every infant and toddler particularly vulnerable. Every child develops in the same way biologically; what differs is who rears those children and in what conditions. Any deficit or trauma can change the trajectory of a young life in an instant. Parents, caregivers, childcare providers, and policy makers have only recently come to terms with early brain development science focusing on the critical nature of a child's first three years.

Many of the inquiry's presenters made it clear that Jacksonville's vulnerable children are located in every neighborhood. Speaker Peter Gorski stated that 10-20 percent of children are born unable to achieve specific early learning outcomes due to cognitive disability; therefore 80-90 percent of a community's children should be thriving and prepared when they enter kindergarten. Instead, only 60-70 percent of children are ready for kindergarten. This data aligns with the reality that 30-40 percent of children in Duval County are not prepared for public kindergarten.



Findings

The level of learning readiness is not readily available for children who attend private kindergartens. Dr. Gorski also proposes that poor children have worse overall outcomes, but due to their higher population numbers, the middle class contains the greatest number of vulnerable children.

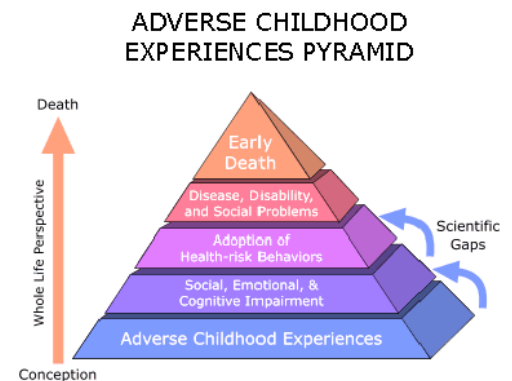
In British Columbia, Dr. Clyde Hertzman's Early Development Instrument cautions against assuming that children with low vulnerabilities are not at-risk for later difficulties in the classroom. Of the children who showed no risk factors when assessed in kindergarten, 20 percent still failed to meet numeracy standards, and 24 percent did not meet reading standards by the time they reached fourth grade.

Adverse Childhood Experiences

When children experience abuse, neglect, and other familial dysfunction the result can be toxic stress, which can lead to a lifetime of mental and physical impairment. These Adverse Childhood Experiences (ACE) make newborns, infants, and toddlers susceptible to later social, emotional, and cognitive impairments that - even with intervention - may hinder their later success at school and in life.

According to the Centers for Disease Control, 50 percent of adults fall victim to at least one ACE during their childhood.

- ➡ **Recurrent physical abuse**
- ➡ **Recurrent emotional abuse**
- ➡ **Sexual abuse or contact**
- ➡ **Alcohol and/or drug abuser in the household**
- ➡ **Incarcerated household member**
- ➡ **Chronically depressed, mentally ill, institutionalized, or suicidal family member**
- ➡ **Mother is treated violently**
- ➡ **One or no parents**
- ➡ **Emotional or physical neglect**



Source: ACE Study, Centers for Disease Control

Data regarding Jacksonville children from birth through age three is scarce; however, the 2011 Florida Facts compiled by the national advocacy group ZERO to THREE, provides some insight into the rate at which the Florida's children are impacted by ACE as well as other factors that may cause physical, social, emotional, and cognitive delays. For example:

- ➡ **10 percent of children live with unemployed parents**
- ➡ **36 percent of children live with a single parent**
- ➡ **67 percent of children have at least one risk factor known to increase the chance of poor health, school, and developmental outcomes**
- ➡ **51 percent of infants and toddlers live in low-income families**
- ➡ **10 percent of young children do not have health insurance**
- ➡ **16 percent of children under age three experience frequent change of residence**
- ➡ **36 percent of children entering foster care are under age three**
- ➡ **31 percent of Florida's maltreated children are under age three**
- ➡ **28 percent of children are determined to be at moderate or high risk for developmental or behavioral problems**

findings



Children Born into Poverty

Childhood poverty comes with a lifetime of consequences. No matter how upwardly mobile poor children become in adulthood, poverty is imprinted biologically, and the effects persist over a lifetime.

The one attribute that children living in poverty have in common is they live in low-income households. Where they live, what they look like, their mother's level of education, and their parent's marital status can differ. According to the Florida Department of Health's Birth Inquiry System, from 2008 through 2010, 39,241 children were born in Jacksonville. Among this cohort of children – currently under the age of four - 3,600 to 19,000 are particularly vulnerable based on the following data, which is indicative of poverty.

- ➡ **48 percent of children were born to single mothers (18,895).**
- ➡ **9 percent of children were born to teen mothers (3,694).**
- ➡ **48 percent of all births were paid for by Medicaid (18,686).**
- ➡ **20 percent of children were born to adult women who had not earned a high school diploma (7,955).**

Delving more deeply into this data reveals that vulnerability is not always easy to pinpoint. From 2008 through 2010, 23 percent of all Medicaid-paid births can be attributed to families in Health Zone 1. However, 14,921 equally vulnerable children were born in other communities across Jacksonville, and those children and families are in need of services as well. Some of these newborns, infants, and toddlers will be served by intervention programs because they live in so-called at-risk communities, but too many will be denied access because they live in more socioeconomically stable neighborhoods. The stability of families is not always consistent with the social or economic status of the neighborhoods where they live.

Often race is used as a proxy, some speakers say unfairly so, to measure poverty and wealth. In Duval County, from 2008 through 2010, 45 percent of the children whose births were paid for by Medicaid were White (8,442), 55 percent were Black or other (10,203). Because the number of minority children's births paid for by Medicaid is greater, it is intuitive to locate services for young children in low-income, minority communities. However, the strategy for serving poor, White newborns, infants, and toddlers is less clear. Another unknown is how well Jacksonville's other children are coping, because 52 percent of the community's infants were not born into poverty, which does not preclude them from experiencing cognitive, social, economic, or familial deficits.

Developmental Delays

Children with special needs reflect a different type of developmental vulnerability, which occurs across all socioeconomic levels and ethnicities. These are children with conditions such as autism, intellectual disability, learning disabilities, physical or sensory disabilities, and significant emotional or behavioral disturbance. As noted earlier, prevalence estimates vary significantly depending on definitions used, but typically range from about 10 to 20 percent of all young children. In some cases these problems are evident or known at birth, particularly when the disorder may be diagnosed prenatally through genetic or ultrasound assessment, or has significant physical features identifiable at birth, such as spina bifida or Downs syndrome. In other cases these problems only become evident with time. The level of severity is highly variable, spanning from profound mental and/or physical disability to mild language delay or learning disability.

Several current public health practices are highly beneficial in preventing disabilities in some cases, and identifying problems at the earliest possible stage in other cases. Throughout Florida there are mandated, universal newborn screenings for selected medical conditions known to lead to severe disabilities or death if not detected and treated very early. Examples include phenylketonuria (PKU) and congenital hypothyroidism, which if left untreated during infancy will result in severe, irreversible mental disability. Florida also mandates newborn hearing screening to identify children with hearing loss from the earliest possible stage, as hearing loss is treatable, and the best outcomes occur when the problem is detected early. Mandated screening for all children is an approach that alleviates the need to "spot" young children with special needs through less efficient and less accurate methods, delaying beneficial intervention and choosing selected children over others.



Findings

Disparities-Based Decision Making or Universal Access

Jacksonville has several neighborhoods where children are particularly at-risk, specifically, those neighborhoods where the public schools are low performing, adults have low levels of educational attainment, and unemployment rates are high along with other challenges. Greater investment in early education and family support services (i.e., job training, parenting classes, etc.) can be beneficial in these communities, but such interventions do not completely address structural barriers such as limited access to quality housing, health care, childcare, transportation, and education that limit opportunity and mobility in at-risk neighborhoods.

Furthermore, investments like early education and family support are not always equity based, nor do they consider community or family assets, capacity, and resiliency. Equitable investment in particular requires remedies that provide children and families with what they need to achieve better outcomes, rather than offering one-size-fits-all approaches that do not address root causes. For example, a parent's inability to climb out of poverty or secure quality childcare may have nothing to do with job skills or poor parenting, and everything to do with not having a car or reliable public transportation.

Moving from a disparities-based system that serves vulnerable children based on the socioeconomic status of their family or neighbors towards a population-based (universal) approach is a means of supporting the mutually beneficial interests of all individuals, children, and families. Implementing such an approach depends on community consensus and the political will of elected officials.

The list below is speaker Peter Gorski's reasoning for choosing a universal approach for service delivery over one reliant on population disparities.

- ➡ **The health and well-being of each person depends on the condition of all people, not certain groups.**
- ➡ **It is not possible to predict individual life course based on group risk factors alone.**
- ➡ **The cost burden of case-finding and treatment is high. The process of choosing and monitoring the right individuals for the right program or service may be less cost effective than serving every person who would benefit.**
- ➡ **It is a sign of moral weakness that a community accepts unequal outcomes by serving one group over another that is just as needy.**

Accessing High-Quality Childcare

Relatively few public resources are spent on children during the first three years of life when the brain is growing at its fastest pace. This is the period in a child's life when funding will have the greatest impact on his or her physical, social, emotional, cognitive, and language development. At the same time, experts agree that high quality childcare makes a great impact on all children, especially the most socioeconomically vulnerable. Less clear is how communities should define and regulate quality care, especially in a childcare marketplace with varying price points and providers who have different business plans and childcare agendas. Jacksonville has many quality childcare options for newborns, infants, and toddlers. However, parents and caregivers are constrained by availability, affordability, and convenience, which can trump quality depending on a family's social and economic circumstances.



findings

Importance of high-quality childcare

On average, newborns, infants, and toddlers in the United States spend 30 hours a week in relative, non-relative, or center-based care. This means they are staying with a relative, a neighbor, or attending a childcare program because their parents work during the day. At least 50 percent of Jacksonville's infants and toddlers spend a great deal of their waking hours outside their parents' care. For those parents who choose to care for their child at home, the new brain research and its implications are important. Those parents need to understand how their child's brain develops and what in term of language, learning, and behavior.

Similar to parents caring for their own children, many relatives and childcare workers in Jacksonville need to understand the new brain research and its implications. High-quality childcare is based on this body of research and involves lots of talk, "serve and return," and responsive care giving. A correlation exists between high-quality childcare, rates of grade promotion, and on-time high school graduation. According to a University of North Carolina-Chapel Hill study, poor children who get high-quality childcare as early as infancy reap long-lasting benefits, including a better chance at a college degree and steady employment.

High Quality Childcare: Availability and Accessibility

Of the 987 total childcare providers in Duval County - including private schools, childcare centers, faith-based providers, Family Childcare Homes, Early Head Start/Head Start, and extended day programs - 775 currently have a School Readiness contract allowing for the distribution of grants for working, student, and low-income parents to make childcare more affordable. The Early Learning Coalition of Duval renews School Readiness contracts based on how well a child care center scores on the ITERS (Infant/Toddler Environmental Rating Scale) and ECERS (Early Childhood Environment Rating Scale). ITERS is specific to the care of newborns, infants, and toddlers through 30 months. The scale contains 39 items that form seven subscales. (See the appendix for a complete list.)

Providers scoring below a "4" in 2011-2012 on the combined ITERS/ECERS assessment are offered an improvement plan, including coaching to improve the quality of their centers in order to continue the school readiness contract with the ELC. Through the joint efforts of the Jacksonville Children's Commission, Episcopal Children's Services, and the ELC, 325 centers have received training assistance since 2008.

Childcare Providers in Duval County

987 providers	57 percent – Centers or private schools
	32 percent – Family Childcare Homes
	11 percent – Public school extended day programs

Source: Early Learning Coalition of Duval County 2012

The ELC also manages the Guiding Stars of Duval program, which rates the quality of a childcare center's learning environment in five domains. (See the appendix for a complete list.) Joining Guiding Stars is voluntary, and participants consistently exceed state licensing requirements; however, the \$7.6 million budget caps the program's reach to less than one-third of children enrolled in paid care in Jacksonville. Of the 161 centers that participate in Guiding Stars, 39 centers have earned "4" stars and 33 centers have earned "5" stars. The Guiding Stars assessment is conducted every three years.

Success By 6, a United Way initiative in Duval, Nassau, Baker, and Clay counties also provides grants to attend high-quality early learning centers for three and four year olds living in families earning incomes between 135 and 200 percent of the federal poverty level In 2011 that equates to \$30,172 to \$44,700 for a family of four. The Jacksonville Children's Commission also provides emergency childcare grants to homeless families.



Findings

Childcare centers may also obtain accreditation by at least 14 national agencies as a testament to their quality. Well-known accrediting bodies include but are not limited to: Association of Christian Schools International, National Accreditation Commission, National Association for the Education of Young Children, and the National Early Childhood Program Accreditation. The frequency of assessment, cost for accrediting consideration, and criteria for measuring quality may differ. While accreditation can be a signal of high-quality, parents and caregivers may have limited information about the accrediting body and its processes for measuring quality.

Private Businesses and the Public Good

The characteristics of high-quality childcare, as outlined by Florida State University in the appendix on page 34, may be outside the realm of possibility for many providers. Almost all childcare providers are small, privately-owned businesses. While many strive to provide quality experiences to their students, others may simply offer parents a safe place to leave their children during work hours. Implementing quality measures, such as hiring and paying degreed staff to work with children can be costly to businesses that in addition to serving their clients (children and families), must also make a profit in order to keep their doors open. Consider as well that many childcare centers operate their infant and toddler programs at a loss, due in part to guidelines that require low child-to-teacher ratios.

Available Childcare Slots for Infants and Toddlers

Infants & Toddlers (up to age 3) living in Duval County	35,724
Total Infant & Toddler childcare slots available in Duval County	12,662
Infant & Toddler School Readiness subsidized slots available in Duval County	9,858
Note: This is a subset of the 12,662 total slots available in Duval County	

Source: Early Learning Coalition of Duval County 2011

Eighty-six percent of Jacksonville's children enrolled in a childcare facility attend a licensed center; however, Florida's licensing requirements are minimal and are primarily health and safety-based. (See the appendix listing the requirements). When visiting a licensed facility, parents and caregivers may observe the best or worst possible childcare settings. They may see childcare workers on the floor, playing with children in a guided, focused interaction, or they may see disengaged workers paying little attention to the children in their care. Similarly, some childcare centers employ childcare workers/teachers with minimal education and training, while others employ workers with advanced degrees and extensive specialized training.

Licensure alone does not determine the level of quality within childcare facilities. In fact, in order to become a childcare worker in Florida only 40 hours of training are required, which is far less than the 240 hours required to become a nail technician.

Since 1999, when the Florida Legislature established coalitions around the state to improve the learning experiences of young children, the ELC of Duval has invested public dollars in efforts to improve quality. These efforts are not easy because government mandates on private industry have a tendency to flounder, go without implementation, or create political tensions because businesses must find a way to pay for those mandates by raising prices, serving fewer clients, or reducing expenses, including wages. If childcare centers are required to meet lower child-to-teacher ratios, hire highly skilled workers, continuously train staff, and provide social services, this might increase the price of childcare for parents and lower wages for workers. Staff attrition within childcare centers is especially problematic in infant and toddler classrooms because the curriculum emphasizes relationship continuity with adult caregivers. In Florida, approximately 40 percent of the early education workforce is new each year.

In spring 2012, the Florida legislature passed a bill that would have reduced ELC's expenditures on quality improvement. This government shift towards the needs of private enterprise can have unintended consequences. Governor Rick Scott vetoed the bill, preserving local investment in a quality rating and improvement system.

findings

The Cost of Quality

According to the 2010 American Community Survey 1-Year Estimate, 51.6 percent of three- and four-year-olds were enrolled in nursery or preschool in Duval county. The Census did not provide data on the number of children two years old and younger enrolled in a nursery, preschool, or a childcare center. However, over 60 percent of Florida mothers with two year olds are working. The demand for infant and toddler childcare is great and sometimes pricey. Childcare, no matter the setting, comes with costs, but not always quality.

U.S. Average Out-of-Pocket Childcare Expenses

	Relative	Non-Relative	Center
Infants	\$4,133	\$5,955	\$6,100
Toddlers	\$3,280	\$5,901	\$5,405
Preschoolers	\$2,743	\$4,680	\$3,897

Source: NIEER Preschool Policy Brief, 2009, Does Preschool Education Policy Impact Infant Toddler Care.

Childcare centers that charge the highest fees may be able to hire well-trained workers and pay their caregivers/teachers the best wages, which impacts quality, but those higher fees limit access to higher-income families. Consider the following:

- ➡ High quality childcare can cost providers approximately \$15,000 per child annually, which effectively removes high-quality care from the choices available to low-income families.
- ➡ Jacksonville's federally funded Early Head Start (EHS) programs spend approximately \$10,000 per child, which includes costs for social, health, and human services, plus in some cases community-building events that promote parent socialization. However, the number of slots is limited, and only low-income families in specific Jacksonville neighborhoods qualify for EHS.
- ➡ The childcare grants provided by the Early Learning Coalition of Duval (ELC) to working and student families are \$3,300 per child, which may not completely cover the retail price of child care.
- ➡ In order to hire teachers with bachelor's degrees, a childcare provider's wage expenditures could increase by more than 300 percent. Currently, the beginning wage for childcare workers in Jacksonville is \$8.40 per hour, according to the Florida Department of Economic Opportunity. A new Duval County Public School teacher, who is required to hold a bachelor's degree, can expect to earn \$25.97 per hour.

Making provisions to educate all two year olds or all three year olds would mean an early learning experience akin to Florida's existing voluntary, universal pre-kindergarten program for four year-olds. However, in addition to the cost of basic caregiving, there is also a cost for quality. In a model dominated by private businesses, individual families – those who can afford it – bear those costs for infant and toddler care. In universal, system-of-care models, like many of those outside the United States, the cost for childcare, early education, and interventions are borne by the community (taxpayers) for the benefit of all. For public consensus for a universal approach to child care, communities must agree that early learning is beneficial for all children, be willing to invest, and demand that policy makers and elected officials commit to systemic change.

Child Care Costs & Family Incomes	Florida	United States
Average, annual fees paid for full-time care for infant	\$7,965	\$4,620 - \$18,773
Average, annual fees paid for full-time care for infant in a family child-care home	\$7,129	\$4,620 - \$11,940
Median annual family income of married-couple families with children younger than age 18	\$72,396	\$78,245
Cost of full-time care for an infant in a center, as percent of median income for married-couple families with children younger than age 18	11%	7.2% - 15.7%
Median annual family income of single parent (female-headed) families with children younger than age 18	\$25,782	\$24,244
Cost of full-time care for an infant in a center, as percent of median income for single parent (female-headed) families with children younger than age 18	30.9%	25.4% - 52.5%

Source: The National Association of Child Care Resource & Referral Agencies, 2011 Child Care in the State of Florida <http://www.nacrra.org/randd/data/docs/FL.pdf>



Findings

Barriers Families Face in Accessing High Quality Childcare

Families can face many obstacles in the search for quality childcare, including cost, lack of information, geographical limitations, availability of care during non-traditional work hours, transportation, and waiting lists.

- ➡ The cost of high quality childcare is cost prohibitive for many low and middle income families.
- ➡ Some parents are not knowledgeable about how to choose a quality childcare center. They may rely on recommendations from friends or the center's licensing status, which are not always reliable measures of quality.
- ➡ Residency requirements (zip code and neighborhood) and federal poverty guidelines limit many parents from participating in subsidized childcare programs. This is particularly true for middle income families who do not qualify for childcare grants or Early Head Start and cannot afford expensive private programs.
- ➡ Full-day and after-hours childcare services are necessary for many working parents, which limits the availability of choices.
- ➡ Transportation limitations affect parents' childcare choices, which are influenced by proximity to work or home.
- ➡ Capacity is not an issue in all programs, but for others, waiting lists are exceptionally long. This is especially an issue for childcare programs that accept infants.
- ➡ Other than finding another provider that may be more costly or less convenient, parents have few options to access "better childcare" when their current provider is not meeting expectations or high quality standards.

Advancing Communities: Investment, Metrics, and Advocacy

Understanding children and their families in relation to the communities in which they live is a starting point for educating parents, providing relevant services, and securing greater investment from political and community leaders. Florida's counties are in the unique position of being able to control public investment for children's services. Still, it is not an easy task to convince voters to tax themselves to provide services for children. Only eight counties in Florida have had the community support and political will to do this. Collier County is an example of a community where a concerned group of leaders banded together to fund children's services using private dollars. Though the Jacksonville Children's Commission does not have a dedicated funding stream, the agency has served the community's children and families well through a combination of government and private funding. Efforts to mobilize communities to serve children more effectively can be a long-term effort that requires vision, coalition building, clear messaging, and targeted expectations.

The availability of data about children from birth through age 3 in Jacksonville can support community mobilization efforts. Various organizations, including JCCI, the Health Planning Council of Northeast Florida, Florida Institute of Education, and the Jacksonville Children's Commission collect data about the community's children and families as well as the social and economic conditions of the community in general. However, whether or not the right data about children is being collected is arguable. Finding current local data about children younger than five years old can be challenging. Canada's Early Development Instrument (EDI) provides one model for connecting kindergarten readiness to the environmental influences that affect learning prior to children entering school.

findings

Investment in Children and Families

The Jacksonville Children's Commission and Florida's Children's Services Councils

Florida is the only state in the United States where a community has the power, by law, to create an agency investing solely in children. These children's services councils cannot directly fund programs in schools, and they cannot fill holes left by other funders. Their money has to be additional, local dollars secured from public and private sources. Of Florida's sixty-seven counties, ten have a children's services council. One of them, Lake County, established an Advisory Board for their County Commissioners. Another, Duval County, decided to make a children's services council that is dependent on City government. The remaining eight counties have an independent children's services council.

A dependent special district, which is what the Jacksonville Children's Commission has been since it was created by Mayor Austin in 1994, allocates a portion of the City's General Fund to children. Each year the Jacksonville City Council and the Mayor come to a consensus on a list of priorities for City dollars—they come up with an annual budget. Several resource speakers made an obvious statement: children do not vote, nor do they have the means to raise a political voice when budgets are being negotiated. Only adult voters can do that because they pay taxes. Resource speakers frequently observed that when children's issues are placed beside many other community priorities, the political process does not serve children well.

An independent special district, which has been established in several large, urban Florida cities, is funded differently. Independent districts dedicate a portion of their ad valorem taxes to children. A tax rate is negotiated and each year the children's services council can count on that rate; when property values are high, the revenue is high. When property values are low, revenue is low.

In the months during which the committee met, Mayor Alvin Brown proposed changes to the Jacksonville Children's Commission. His plan connects several city services such as parks and recreation to children's services. Other city departments and divisions such as mental health support and veterans services could be linked to children's services through Mayor Brown's reorganization plan. Committee members observed that such a plan does not promote independence from political prioritizing within City government. The plan removes governing authority of the Children's Commission from a Board of Directors and places it within the Mayor's Office.

Florida's Children's Services Councils

Florida's Children's Services Councils	2011-12 CSC Dedicated Ad Valorem Tax Rate	2011-12 Projected Local Tax Revenue	Per Capita Funding
Children's Services Council of Broward County	0.4860	\$60,801,037	\$35
Children's Board of Hillsborough County	0.6733	\$29,610,066	\$24
Children's Services Council of Martin County	0.3813	\$6,028,978	\$48
The Children's Trust Of Miami-Dade (See additional details on page 24)	0.5598	\$89,642,580	\$36
Children's Services Council of Palm Beach County	0.7674	\$93,372,123	\$71
Children's Services Council of St. Lucie County	0.5501	\$6,764,431	\$35
Children's Services Council of Okeechobee County	0.3060	\$445,852	\$11
Children's Services Council of Lake County	Dedicated General Revenue Funding - Advisory Board		
Juvenile Welfare Board – Children's Services Council of Pinellas County	0.8804	\$44,738,232	\$49
Jacksonville Children's Commission	n/a	\$19,384,287	\$22

Source: Jacksonville Children's Commission



Findings

Promising practice: Securing public support for children's services

In the late 1980s, recognizing that the needs of children in Miami-Dade County exceeded the resources and support systems available, a group of citizens spearheaded a drive to address the problem. Using the Florida statute to create a children's services council, the group generated a two-part referendum in 1988 that voters declined to fund.

A decade later, retired Miami Herald publisher David Lawrence, Jr. spearheaded a new, better-funded campaign, and in September 2002 voters approved an independent taxing district, a dedicated funding source, for children entitled "The Children's Trust." The vote was 2-1 in favor. One key difference between the 1988 and 2002 campaigns was that the latter emphasized a commitment to all Miami-Dade children, while still clearly recognizing that some children are more at risk and therefore need more help.

A "sunset provision" required that the initiative be revisited within five years for voter approval. That vote took place on August 26, 2008 and despite a difficult economic climate, Miami-Dade voters decided in overwhelming numbers - 86 percent - to reauthorize The Children's Trust. This reauthorization campaign required that Lawrence raise \$1.5 million in private funds to launch a public relations campaign to reach Miami-Dade residents of all social, economic, racial, ethnic, and political backgrounds. The promise to all residents is the Children's Trust will collaborate with its partners to achieve results in four goal areas: Children are healthy physically and emotionally; supported by safe, nurturing families and communities; ready to succeed when entering school; and succeeding in school and society. Dedicated funding does not ensure superior outcomes for children, but it provides an opportunity to serve children without periodic budget competition with other human services needs in the community.

Revenues from taxes are based on one-half (.5) mill property tax. An individual with a homestead property assessed at \$200,000, minus the \$50,000 homestead exemption, would pay \$75 a year to fund the Children's Trust in Miami-Dade County.

Promising practice: Dedicated private funding for children's programs

The Naples Children & Education Foundation (NCEF) was established in 2001 with the vision of making a profound and sustaining difference in the lives of children in Collier County. The founders created the Naples Winter Wine Festival in order to meet NCEF's mission to support programs that improve the physical, emotional, and educational lives of underprivileged and at risk children. Since its inception, the festival has raised over \$107 million. Annual grants and collaborative, strategic initiatives have impacted over 35 non-profit agencies and the lives of more than 150,000 children.

In June of 2005, following a very successful auction at the 2004 wine festival, NCEF trustees engaged the Lastinger Center for Learning at the University of Florida to perform an independent study regarding the needs of children

findings

in Collier County. The eight-month study, the first of its kind for Collier County, identified significant gaps in the following service areas: early learning, afterschool care, and dental and medical health. The study's findings were used to help NCEF trustees make informed philanthropic decisions, with the goal of erasing the gaps identified in the report.

The Collier County children's study has enabled the NCEF to make a broad range of investments in early learning, such as funding the NCEF Childhood Development Center, which serves 108 children. The Center is also used as a teacher resource center where continuing education classes are offered to childcare providers. NCEF supports the health of pregnant women and babies, through its partnership with Florida State University's College of Medicine, which led to building a primary care clinic in Immokalee. NCEF also funds local businesses that provide either onsite childcare or childcare benefits to low- and moderate-income employees through participation in the Child Care Executive Partnership, a public/private initiative administered through the Florida Department for Economic Opportunity.

Promising practice: Population Based Metrics

Canada has placed a great deal of emphasis on measuring children's healthy development and school readiness due in part to the Canadian government's establishing a National Children's Agenda in 1999. The Early Development Instrument (EDI) is an assessment that kindergarten teachers use to observe their students shortly after the school year begins. Each assessment takes 15 – 20 minutes per child, during which the teacher rates each student across five domains, similar to the whole child development areas (see page 5): social competence, physical health and well being, emotional maturity, language and cognitive development, and communication.

The EDI is not designed as an evaluation of each child. Instead, the results are aggregated for all children in a given school or geographic community to measure how well children are developing in response to the community in which they live. While the assessment is done in kindergarten, the data gathered provides valuable insight into how children have been impacted by their communities from birth.

In British Columbia, the Human Early Learning Partnership has implemented the EDI in every school district in the province, incorporating the results into an Atlas of Child Development. Colored maps depict information about median family income, ethnic diversity, available child care spaces, hospital utilization rates, and other variables relevant to young children's environments.

The maps also help researchers identify communities that have the greatest success at nurturing children across socioeconomic levels. The data can be used to compare communities with the same socioeconomic profile to analyze why some are more resilient than others. Comparing dissimilar communities also allows researchers, community members, and policy makers to determine where there are gaps in services and inequitable distribution of resources.

The EDI is also used as a community mobilization and engagement tool to drive system change at the neighborhood level. The EDI provides insight on where young children have strengths and weaknesses, which guides local program development. Intersectorial Coalitions (local governance organizations) are charged with examining the EDI data to determine what can be done to support more desirable outcomes. For example, if the community's scores reflect vulnerability in physical development, Coalition members will focus on the availability and lack of resources that support that domain. Coalition members will also focus on the barriers that prevent equitable access to high quality programming in that domain, such as lack of social trust, language barriers, and access to public transportation. Strong Intersectorial Coalitions are well positioned to influence public policy and secure funding at the provincial and national

level because they are keenly aware of their communities' needs, assets, and liabilities.



Findings

Five hundred interventions have been deployed in British Columbia as a result of EDI measures. Examples include full-day kindergarten programs, family support programs in a third of the elementary schools, and reduced class sizes. In one community with a heavy immigrant influx, a new multicultural family community center led to a significant drop in EDI domain vulnerability scores (from 48 percent to 20 percent). The EDI serves as both an assessment and an evidence-based tracking tool for community change.

Investing and administering the EDI costs approximately \$35 per student. The teacher “buy out” time spent training and administering the EDI accounts for 85 percent of these costs. Management and coordination account for approximately 10 percent of the EDI cost, while analyzing, mapping, and displaying data accounts for five percent. Longitudinal data suggests that the EDI is a worthwhile investment. A \$6 return on investment has been shown for every \$1 spent on interventions informed by the EDI. The EDI is widely used in Canada and Australia. At least three communities in the United States (King County, Washington and Orange County, California and Hillsborough County, Florida) have used the EDI.

Advocacy and Social Marketing that Foster Early Learning Success

Creating environments where all children, starting at birth, are provided an opportunity to be successful learners begins with adults: parents, caregivers, childcare providers, health and human services, and others who have a stake in healthy childhood development. In many instances parents are the best actors for creating those best environments, and in other instances the appropriate actors are policy makers, providers, philanthropists, or elected officials. The basis for bringing about desired changes is information framed in a way that resonates with the target audience and motivates them to act. This is the essence of social marketing, which is defined as applied communication strategies that change behavioral goals for the betterment of individuals and society. Social marketing extends beyond social networking, which is the use of internet-based platforms to communicate ideas and information. Social marketing is also far removed from the advertising used by non-profit organizations to encourage program participation.

Effective social marketing strategies incorporate peer-to-peer buy-in and interaction. For example, it may take parents speaking directly to other parents and encouraging them to hold their crying babies to promote healthy brain development through touch, rather than listening to a well-intentioned grandmother’s outdated advice about “spoiling babies” by picking them up when they cry. Succinct, clear, and compelling messages are more likely to reach the intended audience as well. Consider the difference between these two messages: “Tobacco is a bad habit that can be dangerous” and the more compelling “Tobacco is more addictive than heroin, and it kills one in three users.” Social marketing may also use counter-marketing techniques that question the status quo or warn against specific behaviors using alarming images or information.

The Social Marketing Strategy

Change Opinions ➡ Change Attitudes ➡ Change Behavior ➡ Change Culture

Source: Dewey and Associates, Tampa, Florida

An effective social marketing campaign can complement lobbying efforts targeting government officials, and advocacy efforts directed towards political, economic, and social institutions. Lobbying has evolved into a profession dominated by subject matter experts, lawyers, and marketing professionals, but ordinary citizens can lobby as well - though most community-based change endeavors are advocacy efforts. Once stakeholders are identified, advocates must develop a call to action, have a consistent message, use local case studies, and garner public support using social and traditional media.

Advocacy efforts are influenced by economic conditions, political and social realities, conflicting policies at different levels of government, and election cycles. However, building relationships with current and future decision makers who have a connection with an issue, such as early childhood development, can overcome these barriers.

findings



Promising practice: A social marketing campaign to reduce infant mortality

The Northeast Florida Healthy Start Coalition's (NEFHSC) Black Infant Health Community Council (BIHCC) worked with a local marketing firm to develop and manage a social marketing campaign aimed at educating community members and changing behaviors in Jacksonville's Health Zone 1 with the goal of reducing the infant mortality rate (the rate at which children die before their first birthday). This undertaking was due in part to a recommendation from JCCI's Infant Mortality Inquiry Committee that read as follows:

"The Black Infant Health Community Council of Duval County should lead a sustained effort to engage and mobilize the black community to address the problem of black infant mortality in Jacksonville. The council along with partners, such as the African American Sororities and Fraternities, and faith-based groups should initiate communication, awareness and education programs in predominantly black neighborhoods, which have the highest infant mortality rates based on the example of the community focus groups conducted by JCCI in the Black Infant Health Initiative community meetings"

The Request for Proposals sent to communications firms that detailed the key elements for implementing a social marketing campaign, including preliminary research on community attitudes about infant mortality. Most importantly, the NEFHSC/BIHCC wanted to "increase awareness of infant mortality in Jacksonville and promote positive behavior change based on qualitative and quantitative research."

The contract awardee designed the project so that community members helped hone the "sound" (messages) and "look" of the campaign (logos, collateral, and posters). The community focus group participants also gave the communications firm a better understanding of infant mortality in Health Zone 1 communities. The firm used this information to craft a campaign that catered to the sensibilities of the target audience.

Traditional advertising for the campaign – Make a Noise, Make a Difference (MANMAD)– included drive-time radio messages on urban radio stations and preshow movie theater ads. Two major community events were held as well: the Family Reunion for Our Future Festival and Health Fair, and the Pink and Blue Empty Stroller Parade commemorating every local child who died before age one. Young families, young single adults, and older adults from the target community attended. Educational institutions, merchants, health care providers, community groups, and legislators in Health Zone 1 provided support, sponsorship, and volunteers. In a grassroots education component, NEFHSC staff and volunteers trained community peer leaders and conducted infant mortality information workshops for seniors, women, men, and teens from different socioeconomic backgrounds across Health Zone 1.

Duval County Health Department surveys conducted before and after the MANMAD campaign indicate that community awareness improved dramatically. The infant mortality rate also declined from 7.1 in 2008 to 5.8 in 2010. Among Jacksonville's Black residents, the IMR declined from 13.9 to 11.7 over the same period. While MANMAD was not the sole cause for the drop in the infant mortality rate, the campaign was one of many contributing factors. MANMAD also represents a community education and engagement effort within a targeted community in response to a public health threat that impacts families and their children during the first year of life.



conclusions

Conclusions express the value judgments of the committee, based on the Findings.

All children are vulnerable to conditions that threaten healthy childhood development

- ➡ Caring for infants during the first 90 days of life postpartum is just as critical as the nine months babies spend in the mother's womb. Adequate nutrition and parent-child interaction, including language are especially important during this Fourth Trimester, which is the foundation for healthy development through age three.
- ➡ All families with newborns, infants, and toddlers face challenges, but not all families have access to resources and support to help overcome those challenges. By default, the Jacksonville community has assumed that ONLY high-risk, low-income families in certain neighborhoods are vulnerable. There is both a scientific and moral imperative for providing services to all vulnerable children, no matter who their parents are or where they live.
- ➡ All newborns, infants, and toddlers have the right to live in a community willing to invest in and sustain conditions that allow children to reach their fullest potential. This includes making sure the needs and perspectives of children are voiced and respected separately from those of their parents and caregivers.
- ➡ Salient information is not reaching new parents at the same rate as targeted marketing efforts that promise early learning success with the purchase of the "right" toys, books, videos, or electronic devices. At the same time, parents are also dealing with well-meaning family members promoting traditions that can run counter to best practices and scientific findings regarding optimum social, emotional, physical, and intellectual development.

Healthy brain development is fundamental for early learning success

- ➡ The first three years of a child's life provide adults with a once-in-a-lifetime opportunity to influence the brain architecture of children. A generation of children can be transformed today if parents and caregivers commit to passionately talking, playing, and reading with their children every day to enhance their physical, social, emotional, and cognitive development. Such efforts are eased when parents and caregivers live in communities that support families so that they have the time, energy, ability, confidence, resilience, and resources to be actively and effectively involved in their children's daily lives.
- ➡ Public policy is not consistently tied to early brain development science or evidence that childhood development is a holistic rather than fragmented process. As a result, much too little funding is allocated to children from birth through age three. Existing child-serving structures operate in silos where children's physical health, social and emotional well-being, and early education needs are treated as separate, independent concerns, further divided by geography or economic status.

Investment in early learning and childhood development builds stronger communities

- ➡ The Jacksonville community has all the necessary components to build a complementary learning model that serves young children and families, but funding, infrastructure, community consensus, and political will are not yet aligned.
- ➡ Investing early in childhood development, well-being, and learning is a solid human development strategy with long term societal benefits. Early intervention is infinitely more cost effective than future remediation and the ROI (return on investment) for quality early learning is much greater than later investments in curative strategies such as behavior management and dropout prevention for older children and teens at the primary and secondary level.

Complimentary Learning Model



conclusions



- ➡ Local investment in children is moving in the wrong direction – Jacksonville’s children require more investment, rather than less. The consistent erosion of public dollars allocated for newborns, infants, and toddlers also reflects competing political interests and a lack of awareness about rapid brain development in the first three years of life among elected officials and the general community.
- ➡ Approximately 80 percent of funding is directed to 20 percent of the community’s children. Public investment is concentrated on programs and services for children in specific zip codes, neighborhoods, and heavily dependent on household income. Public funds should be spent serving the needs of all children, particularly during the first three years of life. The overall scarcity of funding for children has necessitated prioritization where only certain children receive needed help. More money is needed to meet the real need.
- ➡ Communicating with parents and caregivers so they are motivated to act in the best interest of newborns, infants, and toddlers to apply healthy brain development and whole child development best practices has failed locally. These practices have failed because there is not a framework, strategy, or mechanism that reaches a broad array of adults who rear, care for, or serve children. This includes parents, caregivers, childcare providers, and decision makers.
- ➡ Public policy does not always reflect what is best for children because they have neither political clout nor an independent advocate at the local or state level. The Jacksonville Children’s Commission, for example, was a worthy local experiment, but is not a “pure” Children’s Services Council. Without self-governance and dedicated funding, the Commission will continue to be politicized and in jeopardy of being underfunded, reorganized or even dismantled at the whim of the City’s executive and legislative branches.

Early learning success is not possible without a focus on whole child development

- ➡ During the first three years of a child’s life parents and caregivers should be concerned with the “whole child”, placing equal emphasis on physical, social, emotional, cognitive, and linguistic development. Successfully reaching milestones in each of these developmental areas provides the foundation for becoming a productive member of the community. Arguably, too much emphasis has been placed on future academic achievement when considering the components for creating high-quality experiences and environments for newborns, infants, and toddlers, which are heavily dependent on building trusting, warm relationships.
- ➡ In order to engage in successful personal interactions and develop healthy relationships, newborns, infants, and toddlers need loving and nurturing parents and caregivers. The seminal relationships between children and adults establish the basis for social and emotional development. When those primary relationships are warm and positive, children develop the social skills, self-regulation, and emotional security necessary to communicate and interact well with their peers and adults, fostering the ability to learn.
- ➡ Parents and caregivers who enthusiastically speak with and react to their infant’s/toddler’s attempts at verbal and non-verbal communication drastically improve the odds of positively impacting their child’s healthy brain development, and ability to learn language and communicate effectively. These are the precursors to later success in life, relationships, and school. Academic success, achievement, and IQ are all attributable to the amount of interactive talk infants/toddlers experience from birth to age three.
- ➡ Like childcare providers, healthcare providers are a critical non-familial group able to provide families with valuable, knowledgeable insight on healthy infant/toddler development. Unfortunately, the relationships between healthcare providers and families can suffer from short or infrequent well-baby visits at the healthcare provider’s office. In other instances parents are using the emergency room or vaccination clinic for their children’s healthcare, which are not designed to focus on childhood development. Still, regardless of frequency or quality of care, in some cases parents have too little knowledge or power to properly question their child’s healthcare provider about critical developmental concerns.



conclusions

All children deserve consistently high-quality care

- ➡ All children deserve, but are not afforded, an opportunity to receive high quality childcare because such care is not widely available, affordable, or discernible for newborns, infants, and toddlers. Instead too many children are being warehoused rather than prepared for early learning success. Furthermore, consensus does not exist on the definition of quality among parents, providers, state regulators, or elected officials. There is a specific disconnect between parents and those who manage and regulate the childcare market since “quality” can be cost prohibitive, hard to recognize, and measured by multiple public and private interests using varying assessment methods.
- ➡ At a time when the human brain is most malleable and sensitive to positive and negative influences, at least 50 percent of the community’s newborns, infants, and toddlers spend their waking hours in childcare centers, many with questionable degrees of quality due in part to workers who are low paid, undertrained, and poorly evaluated, leading to high rates of staff attrition. All of which have a negative impact on the brain development of newborns, infants, and toddlers who lose an early opportunity to form critical bonds with caring adults while in childcare.
- ➡ Parent engagement is a key component of quality within childcare centers and provides families with an avenue to gain valuable perspective on their individual child’s development. Engagement also empowers parents and caregivers to question the quality of the center when the provider does not offer information about developmental milestones, and provides an avenue to hear concerns and interact with staff to find solutions for improving their child’s progress. These interactions begin a pattern of parental behavior that sets the stage for future interactions with K-12 educators.
- ➡ Childcare costs can demand a substantial amount of a family’s annual budget ranging from 11 to 31 percent in Florida. However, programs designed to offset costs for low-income parents do not completely cover the cost of childcare, such programs are not typically available to parents who are unemployed and seeking work; and many middle-income and working class parents will not qualify because their earnings alone, rather than other needs, make them ineligible. At the same time, need in the community exceeds the availability of funds for childcare assistance, creating long waiting lists.

Recommendations

Recommendations are based upon the study's Findings and Conclusions, and address what is required to create change in the Jacksonville community.

Create and maintain an environment where all newborns, infants, and toddlers thrive.

Jacksonville has an array of excellent child-serving providers, but only some of them serve children from birth to age three, and many of them only serve children identified as having risk factors such as living at or near the poverty line. All children have both potential and vulnerability in the most critical window of brain development, from birth to age three, and it is time to seal the gaps in services and knowledge and establish Jacksonville as a Child Friendly City, as defined by UNICEF.

Because the birth-to-three window is so critical, we need to bring together agencies and organizations to implement common goals and quality standards and practices. Data sharing and information access are essential in establishing a birth-to-three system of care, which would not only coordinate providers to ensure that those children and families needing targeted interventions would receive them, but that others who would not normally know about available services could access them. A coordinated dissemination of published materials would help parents, caregivers, and childcare professionals learn how to achieve the best outcomes for our children.

In a Child Friendly City, babies are born into a community that is ready to support and nurture their potential and success, backed by policy and funding. Our community does not have an independent child advocate or an autonomous authority addressing the needs of all children. Both are vital for ensuring that all newborns, infants, and toddlers in the community receive what they need to develop their social, emotional, and intellectual brain pathways for optimum school preparedness and life success.

1. Build a collaborative system of care serving all of the community's newborns, infants, and toddlers:

THE PLAYERS Center for Child Health at Wolfson Children's Hospital should convene a broad range of funders and stakeholders to form the working group that creates the birth-to-three system of care in Duval County. Building a system of care includes:

- implementing common practices, goals, and quality standards for serving children and families;
- creating a unique "common child identifier" and aligning data using the Ages and Stages Questionnaire to demonstrate return on investment and outcomes through improved coordination, greater efficiency, and more accountability; and
- establishing a single-entry point for parents and caregivers to access services for their children and obtain information regarding brain development, whole child development, and early learning.

2. Strengthen the role of the philanthropic community to support early learning and childhood development:

Jacksonville's philanthropic community in a collective and strategic partnership, led by The Community Foundation, The Chartrand Foundation, and United Way of Northeast Florida should work together to purposely fund early learning and childhood development initiatives in accordance with this report.

3. Enhance local health care delivery systems to better address the developmental needs of newborns, infants, and toddlers in addition to supporting their parents:

The Jacksonville Area Hospital Council Inc. should direct the effort to integrate optimal whole child development practices into existing treatment and community health practices for newborns, infants, toddlers, and children. Specific considerations include:

- identifying practices currently used by hospitals to educate new parents about healthy development and supplement that work;
- increasing access to pediatric health services through hospital-based and/or neighborhood clinics;
- promoting the expansion of the medical home model in Duval County to integrate health, education, and childhood development for all children from birth through age three; and
- facilitating the implementation of Healthy Start infant screening and appropriate home visiting referrals offered through Healthy Start, Healthy Families, Early Head Start, and the Nurse-Family Partnership.

Recommendations

4. **Create an independent advocate to champion the needs of newborns, infants, and toddlers:** The working group formed as a result of Recommendation #1 should develop or identify an organization to house an independent office (or “ombudsperson”) representing the interests, needs, and rights of children in the public sphere unencumbered by political allegiances or government affiliations. The advocacy agenda should include support for:
 - ▶ state and local funding sufficient to ensure Jacksonville children’s healthy development;
 - ▶ evidence-based practices that promote healthy brain and whole child development;
 - ▶ a local system of good governance committed to creating a Child Friendly City; and
 - ▶ policies that strengthen early learning centers, including those professionalizing the childcare industry.
5. **Restructure our children’s services council on the model of the Children’s Trust:** Following the model of the Children’s Trust in Miami, Duval County’s voters must initiate and approve a referendum to establish a special independent taxing authority to provide a more consistent source of local funding to serve children in Duval County through public investment.

Educate the whole community - Parents, Providers, Policymakers, and the Public

We need community-wide saturation of the crucial knowledge of newborn, infant, and toddler development. A community-wide marketing campaign is required to create a shift in cultural attitudes among family, childcare professionals, medical care providers, and policy makers from a “we know what’s best” mindset to a hunger for innovative tools to foster optimum whole child learning. Without credible information, many of us are missing key opportunities or actually stunting intellectual and social-emotional growth through well-intended but misinformed efforts. Parenting and caregiving, programming, and policy must all support what brain science says is necessary for newborns, infants, and toddlers to build and reach their potential.

6. **Implement a marketing campaign focusing on early brain and whole child development:** The Early Learning Coalition of Duval with support from Jacksonville’s philanthropic community should contract with an established marketing/public relations firm to develop a multi-faceted campaign that educates parents, providers, and the public about early brain and whole child development for the purpose of demonstrating measurable increases in public awareness and behavior change in families. The campaign should:
 - ▶ engage families with newborns, infants, and toddlers as well as expecting parents;
 - ▶ apply strategies that prompt legislators and decision makers to act in the best interest of newborns, infants, and toddlers; and
 - ▶ use media, materials, outreach practices, and technologies accessible to the majority of the community.
7. **Educate childcare providers and use public and private dollars to support excellence in the field:** The Early Learning Coalition of Duval and the Jacksonville Children’s Commission should augment current efforts to educate childcare professionals and compensate centers that exceed expectations by:
 - ▶ creating a professional development system that uses outcomes-driven training based on information about early brain development and whole child development so childcare professionals have demonstrated knowledge caring for newborns, infants, and toddlers;
 - ▶ continuing the development of an articulated system that allows childcare professional to convert CEUs (continuing education units) to college credits;
 - ▶ establishing public private partnerships to reward early learning centers according to their quality assessment scores using a tiered system that rewards top performers; and
 - ▶ advocating for continued public and private support of valid, reliable assessments of infant-toddler classroom quality with appropriate follow-up support and funding.

Recommendations

8. **Increase collaborations with academia and those serving newborns, infants, and toddlers:** The University of North Florida, Florida State College at Jacksonville, Jacksonville University, Edward Waters College, and other institutions of higher education operating locally should increase community outreach and collaborations to:
 - develop educational opportunities for (current and future) medical professionals providing prenatal, childbirth, post-partum and pediatric care; and
 - support and promote excellence in education and training for childcare and child-serving professionals, including the conversion of CEUs to college credit.
9. **Provide easy access to information about early childhood development to all Jacksonville parents and caregivers:** The Early Learning Coalition of Duval, the Duval County Health Department, the Jacksonville Children's Commission, Jacksonville Kids Coalition members, and United Way of Northeast Florida each publish information and collateral materials that answer questions and educate parents about healthy brain development, social and emotional health, developmental screening, quality childcare, physical well-being, and cognitive development applicable to children from birth through age three. These organizations should work together with the Jacksonville Public Library and local media to develop a process for broadening the dissemination of information to the parents of newborns, infants, and toddlers.



appendix

What is Quality Childcare? Theory, Licensing, and Assessments

Best Practice: Theory

Licensed programs following appropriate health and safety practices: A license ensures that the facility complies with basic health and safety requirements.

Well-trained staff in early childhood development: Competent caregivers/teachers are critical to creating an environment where children are able to learn best.

Developmentally appropriate environments: Infants/toddlers have areas aside from older children that offer a variety of play settings that cater to their needs and preferences rather than the caregivers.

Small groups with optimal ratios: The recommended group size is six to eight infants per adult, but the best interactions occur when there is one adult for every four infants. This fosters strong relationships and fewer distractions for learning.

Primary caregiving and continuity of care: Children flourish when they have close relationships with caring adults. Optimally, having one primary caregiver from entry into childcare until the child is three years of age or older is important to a child's emotional development.

Active and responsive caregiving to support children's development: Caregivers guide, teach, and intervene when appropriate based on knowledge of the child.

Curriculum and individualized programming: Caregivers develop an overall plan for each day, individualizing activities, materials, and schedules according to the developmental stage of each child based on curriculum and observations. Abilities, as well as disabilities, are discovered as caregivers routinely observe and assess each child.

Support of emerging language and literacy: Caregivers promote the development of language by listening to and talking with the child. Books and other print materials are available throughout the center, and opportunities for shared reading time, plus singing and play are used to promote literacy.

Family involvement and cultural continuity: Center practices reflect the values, beliefs, and culture of the children's families and their communities. Caregivers communicate regularly with families, welcome parents into the classroom, and organize special events that include the child's family members.

Comprehensive support services: Childcare cannot meet all the needs of young children and their families; linkages with community agencies are essential to provide a medical home, mental health and social services, and therapeutic interventions.

Source: Florida State University's Center for Prevention and Early Intervention Policy

Requirement to Provide Care: Licensing

Operator/Director Requirements:

- ➡ Good moral character based upon a Level 2 screening standards, as provided in Chapter 435.04, F.S.
- ➡ Must be at least 21 years of age.
- ➡ Must complete the Department's 40-clock-hour introductory child care training as evidenced by passage of a competency exam.
- ➡ Must complete 10-hour annual in-service training.
- ➡ Must complete 0.5 continuing education unit or 5 clock hours of approved training in early literacy and language development birth to 5 years of age.
- ➡ Must complete specialized training in serving children with disabilities within 5 years after employment.
- ➡ Must have a director credential prior to issuance of license.

Employee Requirements:

- ➡ Good moral character based upon a Level 2 screening standards, as provided in Chapter 435.04, F.S.
- ➡ Must be at least 18 years of age to be left unsupervised.
- ➡ Must complete the Department's 40-clock-hour introductory child care training as evidenced by passage of a competency exam.
- ➡ Must complete 10-hour annual in-service training.
- ➡ Must complete 0.5 continuing education unit or 5 clock hours of approved training in early literacy and language development birth to 5 years of age.
- ➡ At least one staff member with a valid certificate of course completion in first aid training and infant/child CPR must be present at all times both onsite and on field trips.

Capacity Requirements:

- ➡ Indoor Square Footage—35 sq. ft. per child (20 sq. ft. if child care facility was licensed by October 1, 1992 and has continued to be licensed).
- ➡ Outdoor Square Footage—45 sq. ft. per child outdoor play area (Outdoor play area shall be calculated for a minimum of 1/2 the licensed capacity, excluding children under one year of age).
- ➡ Adequate number of toilet and wash basins available for the number of children in care.

Staff-To-Child Ratios:

- 1:4 Infant
- 1:6 One year old
- 1:11 Two year old
- 1:15 Three year old
- 1:20 Four year old
- 1:25 Five and older

Source: Department of Children and Families, Child Care Facility Fact Sheet

appendix



Measuring Quality: Assessments

Provided below are the 39 **ITERS-R (Infant/Toddler Environment Rating Scale)** subscales that are assessed by evaluators

- | | | |
|--|---|---|
| 1. Space and Furnishings <ul style="list-style-type: none">1. Indoor space2. Furniture for routine care and play3. Provision for relaxation and comfort4. Room arrangement5. Display for children | 4. Activities <ul style="list-style-type: none">15. Fine motor16. Active physical play17. Art18. Music and movement19. Blocks20. Dramatic play21. Sand and water play22. Nature/science23. Use of TV, video, and/or computer24. Promoting acceptance of diversity | 6. Program Structure <ul style="list-style-type: none">29. Schedule30. Free play31. Group play activities32. Provisions for children with disabilities |
| 2. Personal Care Routines <ul style="list-style-type: none">6. Greeting/departing7. Meals/snacks8. Nap9. Diapering/toileting10. Health practices11. Safety practices | 5. Interaction <ul style="list-style-type: none">25. Supervision of play and learning26. Peer interaction27. Staff-child interaction28. Discipline | 7. Parents and Staff <ul style="list-style-type: none">33. Provisions for parents34. Provisions for personal needs of staff35. Provisions for professional needs of staff36. Staff interaction and cooperation37. Staff continuity38. Supervision and evaluation of staff39. Opportunities for professional growth |
| 3. Listening and Talking <ul style="list-style-type: none">12. Helping children understand language13. Helping children use language14. Using books | | |

Source: Environment Rating Scales Institute (ERSI)

Guiding Stars incorporates data from ITERS and ECERS as well as the evaluator's observations.

Learning Environment: Considers health and safety standards, classroom environment, the daily schedule and interactions between adults and children.

Staff Qualifications and Professional Development: Teachers with high levels of formal education and specialized early childhood professional preparation are more likely to engage in warm, positive interactions with children, offer richer language experiences, and create more high-quality learning environments.

Ratios and Group Size: Children are best served and learn more in small group settings with experienced early childhood professionals who have time to plan for children's individual development. The younger the child, the more individualized the programming must be for quality outcomes.

Curriculum: A well-articulated curriculum guides teachers so they can provide children with experiences that foster growth across a broad range of developmental and content areas.

Program Operations:

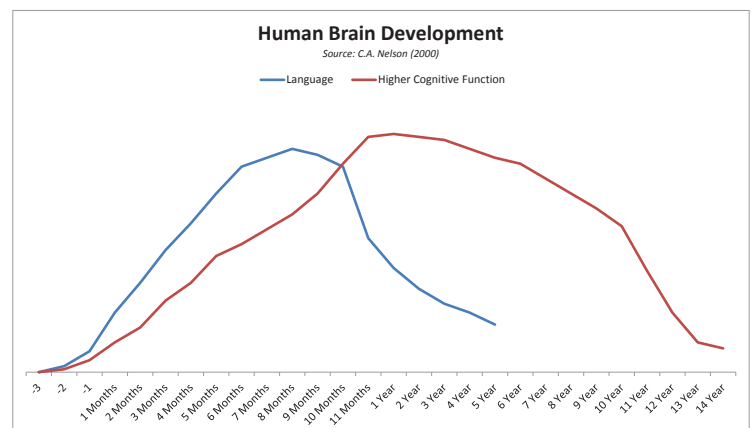
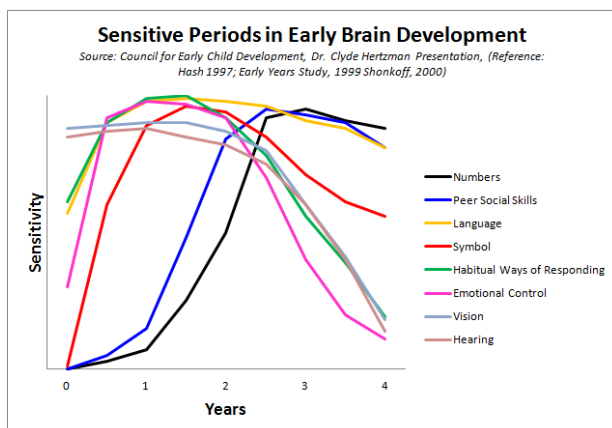
Staff and Administration: High turnover rates diminish the quality of care for children. Efforts should be geared towards retaining high quality staff through compensation. Teachers should be compensated in relation to their training, experience and responsibility.

Family Engagement: To support and promote a children's optimal learning and development, programs need to recognize the primacy of children's families; establish relationships with families based on mutual trust and respect; and support and involve families in their children's educational growth and invite families to fully participate in the program

Source: Early Learning Coalition of Duval. Note: ECERS is the Early Childhood Environment Rating Scale.

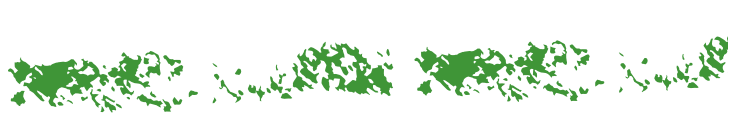
reference materials

- ➡ A 21st Century Investment Strategy for America's Children
www.healthychild.ucla.edu/Publications/Documents/21st%20Century%20Investment%20Strategy%200800.pdf
- ➡ Addressing Maternal Depression: Opportunities in the Pediatric Setting www.chdi.org/impact-maternaldepression
- ➡ Adverse Childhood Experiences (ACE) Study www.cdc.gov/ace/index.htm
- ➡ American Academy of Pediatrics www.aap.org
- ➡ Child Friendly Cities www.childfriendlycities.org
- ➡ Early Childhood Education for All: A Wise Investment <http://web.mit.edu/workplacecenter/docs/Full%20Report.pdf>
- ➡ Early Development Instrument www.offordcentre.com/readiness
- ➡ Early Head Start National Resource Center www.ehsnrc.org
- ➡ Florida Birth Inquiry System www.floridacharts.com/FLQUERY/Birth/BirthRpt.aspx
- ➡ Florida's Children's Services Councils www.floridacsc.org
- ➡ JCCI's 2008 Infant Mortality Study www.jcci.org/jcciwebsite/documents/08%20infant%20mortality.pdf
- ➡ Kids Count - The Annie E. Casey Foundation www.kidscount.org
- ➡ Mapping Child Well-being in Duval County, FL
www.coj.net/departments/childrens-commission/docs/full_report_2011_0324_final.aspx
- ➡ Meaningful Differences in the Everyday Experience of Young American, "The Hart & Risley Study"
www.lenababy.com/Study.aspx
- ➡ National Association for the Education of Young Children www.naeyc.org
- ➡ Newsweek Special Edition (Spring/Summer 1997): Your Child From Birth to Three
- ➡ THE PLAYERS Center for Child Health at Wolfson Children's Hospital
www.wolfsonchildrens.org/programs-services/programs/theplayerscenter/Pages/default.aspx
- ➡ The Chicago Longitudinal Study www.waisman.wisc.edu/cls
- ➡ The Whole Child - ABCs of Child Development – PBS www.pbs.org/wholechild/abc/index.html
- ➡ UNICEF Convention on the Rights of the Child www.unicef.org/crc
- ➡ Whole Child Florida www.wholechildflorida.org
- ➡ Zero to three: National Center for Infants, Toddlers, and Families www.zerotothree.org



Resource Speakers

- ➡ Juanita Arnold, Assistant Director, Healthy Families Florida
- ➡ Dr. Barbara Brigety, Program Manager for Early Head Start, Jacksonville Urban League
- ➡ Amy Buggle, Executive Director, DLC Nurse and Learn
- ➡ Dewey Caruthers, CEO, Dewey & Associates
- ➡ Dr. Allison Cato, Assistant Professor of Psychology, Mayo Clinic and Program Director Neurocognitive Clinic at Nemours Children's Clinic
- ➡ Lilli Copp, Director, Florida Head Start State Collaboration Office
- ➡ Ed Feaver, Director, Whole Child Project for the Lawton Chiles Foundation
- ➡ Dr. Cheryl Fountain, Executive Director and Professor of Education, Florida Institute of Education at the University of North Florida
- ➡ Dr. Jeff Goldhagen, Professor and Chief, Division of Community Pediatrics, UF College of Medicine – Jacksonville
- ➡ Dr. Peter Gorski: Chief Health and Child Development Officer, The Children's Trust, Miami.
Former Director of the Lawton and Rhea Chiles Center for Healthy Mothers and Babies and Professor of Public Health, Pediatrics and Psychiatry at the University of South Florida
- ➡ Dr. Carolyn Herrington, Professor of Educational Policy and Director, Educational Policy Center at Learning Systems Institute at The Florida State University
- ➡ Dr. Clyde Hertzman, Director of the Human Early Learning Partnership (HELP), College of Interdisciplinary Studies at the University of British Columbia (UBC); Canada Research Chair in Population Health and Human Development and Professor in the School of Population and Public Health at UBC
- ➡ Deno Hicks, Managing Partner, Southern Strategy Group
- ➡ Christine Lester, Senior Consultant, Baptist Health
- ➡ Linda Lanier, Executive Director/CEO, Jacksonville Children's Commission
- ➡ Linda Levin, Executive Director for ElderSource, Northeast Florida's Agency on Aging
- ➡ Susan Main, Executive Director, Early Learning Coalition of Duval County
- ➡ Dr. Kofi Marfo, Director, Professor of Educational Psychology, University of South Florida Department of Psychological & Social Foundations
- ➡ Matt Moore, State Infant/Toddler Network Coordinator, Florida Office of Early Learning
- ➡ Mary Nash, Curriculum Developer, Jacksonville Children's Commission
- ➡ Marsha Oliver, CEO, O. Communications
- ➡ Laurie Price, CEO, Hope Haven Children's Clinic and Family Center
- ➡ Dr. Kate Stowell, Executive Director, The Policy Group For Florida's Families & Children
- ➡ Evelio Torres, President and Chief Executive Officer, Early Learning Coalition of Miami-Dade and Monroe Counties
- ➡ Dr. Ann Usitalo, Assistant Professor, Pediatrics, University of Florida College of Medicine
- ➡ Renee Bea Walton, F.A.I.R Coordinator, Duval County Public Schools



about us

Every day JCCI is driven by the bold idea that together we can build a better community. We bring people together to **learn** about our community, **engage** in problem solving, and **act** to make positive change.

JCCI was created in 1975 as a result of the Amelia Island Community Planning Conference to examine community issues by bringing together a broad cross-section of the population. In its 38 years, JCCI has provided a forum and a structure through which groups of informed, concerned citizens have made a difference in public policy decisions. When enough people care to act, the course of an entire city can change.

People meet at JCCI to learn from each other. Participants get a flash of insight, and everyone, at some point, has an “a-ha!” moment. Hundreds of people read our reports, blogs and results. We publish local research for everyone in Northeast Florida. Ask a question, and together we can find an answer!

Policy makers, leaders, residents, and people who want to be better informed come to our events. We can analyze the most recent information together because it’s presented in a way that everyone understands. Be an informed voice and make your voice heard through JCCI. When we come together around an issue, we can create lasting change for our community.

Our volunteers make long-lasting improvements in Northeast Florida. They learn more than just how to speak to powerful people. Our volunteers become leaders themselves, inspiring others, finding solutions and getting results!

We invite you to learn more about your community, engage with a variety of community change-makers, and explore the impacts our volunteers have made on the community and join us in one of our current initiatives. You can learn more about why JCCI has been a vital part of this community for nearly 40 years at www.jcci.org.

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OUR WORK

Year	Topic	Chair	Year	Topic	Chair
1977	Local Government Finance	Robert Davis	1991	Positive Development of Jacksonville's Children	Henry H. "Tip" Graham
1977	Housing	Thomas Carpenter	1992	Long-Term Financial Health of the City of Jacksonville	Mary Alice Phelan
1977	Public Education (K-12)	Robert W. Schellenberg	1992	Young Black Males	Chester A. Aikens & William Scheu
1978	Public Authorities	Howard Greenstein	1993	Planning for Northeast Florida's Uncertain Military Future	David L. Williams
1978	Strengthening the Family	Jacquelyn Bates	1993	Public Education: The Cost of Quality	Royce Lyles
1979	Citizen Participation in the Schools	Susan Black	1994	Reducing Violence in Jacksonville Schools	Dale Clifford
1979	Youth Unemployment	Roy G. Green	1994	Jacksonville Public Services: Meeting Neighborhood Needs	Michael Korn
1979	Theatre Jacksonville	Richard Bizot	1995	Teenage Single Parents and their Families	Afesa Adams
1979	Civil Service	Max K. Morris	1995	JAXPORT: Improvement and Expansion	Jim Ade
1979	Planning in Local Government	I.M. Sulzbacher	1996	Creating a Community Agenda: Indicators for Health & Human Services	Bruce Demps
1980	Capital Improvements for Recreation	Ted Pappas	1996	Leadership Meeting Community Needs	Bill Brinton
1980	But Not in My Neighborhood	Pamela Y. Paul	1997	Improving Public Dialogue	Jim Crooks
1980	The Energy Efficient City	Roderick M. Nicol	1997	Transportation for the Disadvantaged	Cathy Winterfield
1981	Coordinating Human Services	Pat Hannan	1997	Children with Special Needs	Virginia Borrok
1981	Higher Education	R.P.T. Young	1998	The Role of Nonprofit Organizations	Sherry Magill
1982	Disaster Preparedness	Walter Williams, Jr.	1998	Incentives for Economic Development	Henry Thomas
1982	Teenage Pregnancy	Mari Tebrueggen	1999	Improving Adult Literacy	Edythe Abdullah
1982	Downtown Derelicts	Earle Traynham	1999	Arts, Recreation and Culture in Jacksonville	Ed Hearle
1983	Mass Transit	David Hastings	2000	Affordable Housing	Bill Bishop
1983	Indigent Health Care	Linda McClintock	2000	Improving Regional Cooperation	Jim Rinaman
1984	Jacksonville's Jail	Eleanor Gay	2001	Services for Ex-Offenders	Dana Ferrell Birchfield
1984	Growth Management	Curtis L. McCray	2001	Growth Management Revisited	Allan T. Geiger
1985	Visual Pollution	Doug Milne	2002	Making Jacksonville a Clean City	Brenna Durden
1985	Minority Business	Jack Gaillard	2002	Beyond the Talk: Improving Race Relations	Bruce Barcelo & Brian Davis
1986	Private Devliery of Public Services	George Fisher	2003	Neighborhoods at the Tipping Point	Randy Evans
1986	Mental Health and Drug Abuse Services for Children and Youth	Flo Nell Ozell	2003	Public Education Reform: Assessing Progress	J.F. Bryan, IV
1987	Child Day-Care Services	George W. Corrick	2004	Town & Gown: Building Successful University-Community Collaborations	Audrey McKibbin-Moran
1987	Infrastructure	Joan Carver	2004	Public Education Reform: Eliminating the Achievement Gap	Bill Mason
1988	Local Election Process	Jim Rinaman	2005	River Dance: Putting the River in River City	Ted Pappas
1988	School Dropout Prevention	Gene Parks	2006	Attracting and Retaining Talent: People and Jobs for the 21st Century	Adrienne Conrad
1989	Reducing the Garbage Burden	Jack F. Milne & James L. White III	2007	Air Quality	A. Quinton White, Jr.
1989	Independent Living for the Elderly	Roseanne Hartwell	2008	Infant Mortality	Howard Korman
1990	Future Workforce Needs	Yank D. Coble, Jr.	2009	Our Money, Our City: Financing Jacksonville's Future	J.F. Bryan, IV
1990	Philanthropy in Jacksonville	Juliette Mason	2011	Recession Recovery...and Beyond	Elaine Brown
1991	Adequate Water Supply	Russell B. Newton, Jr.			

Community Works...works!

Community Works, the consulting arm of JCCI, serves communities that need assistance in developing a neutral convener role, engaging people in meaningful change efforts, and/or measuring progress towards a shared community vision.

The strength of **Community Works** is in building capacity in communities to create positive change. We emphasize diverse participation, shared interaction, data driven decision making, along with consensus building.

Learn more about **Community Works** at www.communityworks.us.com.

Children: 1-2-3 Inquiry



**COMMUNITY
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children:
a JCCI community inquiry on creating
early learning success



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