Born to Thrive
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Food Insecurity

• Definition: Lack of access to enough food to fully meet basic nutritional needs at all times, because of lack of resources.

• Replaces the term Childhood Hunger

• Measured by asking questions like:
  – Do you worry that your food will run out before you get money or food stamps to get more?
  – Did the food you bought not last, and you didn’t have money to get more?
Why care?

• **In children**: Associated with iron deficiency anemia, developmental delay, acute illnesses, increased hospitalizations, more frequent school absences, poorer academic achievement, great likelihood of suspension and repeating a grade, higher risk of emotional and behavioral problems, obesity.

• **In adults**: Associated with poorer health, poor compliance with medical care, hospitalizations, obesity, depression and anxiety.
How common is Household Food Insecurity?

• In US, 20% (1 in 5) of families with children
• In Minnesota, 10.6 % of families with children
• In Hennepin County, 14.4 %
• In my patient population – families with kids birth to 3, 35%

“I’ll let them eat before I eat, and then whatever’s left over I’ll eat.”
Mother of a child treated at Hennepin County Medical Center
Where are the youngest and most vulnerable children?
2007-2014

• 4672 low income children, birth to 3 years
  – Who looks after your child on a regular basis?
    • 75.5% are with a stay at home parent
    • 6 in childcare center, preschool, EI, Headstart
    • 6 with relative that lives with them
    • 6 with relative who lives separately
    • 3.5 with non-relative friend, neighbor, nanny
    • 1.5 brought to work or school with parent
    • 0.5 with family childcare provider
A View Towards a Better Future

- Protect and Improve SNAP access and benefits
- Consider the whole family, adults must be healthy to parent well
- New approaches to food distribution – schools, childcare, hospitals, clinics, meal home delivery, & more
- Food industry role
- Employment support
• 446 Licensed Providers
  • 204 (41%) Family/Home
  • 242 (48%) Center
Nutrition Best Practices and Barriers
Foods at Early Care and Education Programs

- Serve low fat foods: 35%
- Serve low sugar foods: 32%
- Serve low sodium foods: 21%
- Serve only whole grains: 22%
- Serve at least 1 FV: 53%
Foods at Early Care and Education Programs

- Serve low fat foods: 23%
- Serve low sugar foods: 32%
- Serve low sodium foods: 32%
- Serve only whole grains: 30%
- Serve at least 1 FV: 17%

Keys:
- Purple: Already doing
- Light gray: Not doing, but would be easy to do
Beverages at Early Care and Education Programs

- Offer water freely: 70%
- Serve nonfat milk: 51%
- Serve low/no sugar drinks: 60%
- Serve 100% juice: 63%

Already doing
Beverages at Early Care and Education Programs

- **offer water freely**: 7%
- **serve nonfat milk**: 18%
- **serve low/no sugar drinks**: 13%
- **serve 100% juice**: 10%

Legend:
- **Purple**: Already doing
- **Gray**: Not doing, but would be easy to do
CACFP Kudos

Providers in CACFP were more likely to:

• Serve fruits/vegetables
• Never serve sugary drinks
• Attend high quality nutrition training
• Provide nutrition education
• Shop at farmer’s markets
• Have an onsite garden
PHYSICAL ACTIVITY BEST PRACTICES AND BARRIERS
Physical Activity at Early Care and Education Programs

- Limit inactive time to less than 30 min: 55%
- Limit tv, video and computer time to 60 min/day: 66%
- Provide activities for special needs children: 35%
- Provide physical activity at least 2x/day: 52%
- Provide at least 60 min of activity/day: 62%

Limit tv, video and computer time to 60 min/day
Provide physical activity at least 2x/day
Physical Activity at Early Care and Education Programs

- Limit inactive time to less than 30 min: 12%
- Limit TV, video, and computer time to 60 min/day: 7%
- Provide activities for special needs children: 10%
- Provide physical activity at least 2x/day: 9%
- Provide at least 60 min of activity/day: 7%

Already doing
Not doing, but would be easy to do
Activity Best Practices - Barriers

- Weather: 82%
- Cost of equipment: 53%
- Lack of indoor space: 47%
- Lack of clothing: 32%
- Lack of equipment: 25%

- All
- Center
- Family
Training Needs

- Effective ways to engage parents: 73%
- Fun/easy nutrition curriculum: 71%
- Low cost healthy foods: 70%
- Low cost indoor/outdoor activities: 68%
- Fun/easy activity curriculum: 65%
- Fit it all within the day: 63%
- Effective ways to get kids to eat: 58%
- Ways to role model activity: 54%
- Ways to role model healthy eating: 48%

Providers want training
Stakeholder Priorities

• Evaluations of existing programs
  • Implementation
  • Connect to child outcomes
  • Menus versus feeding style?

• Parent engagement
  • Head Start, Parents as Teachers, Providers Choice models

• Access to healthy foods (rural)
  • Food Hubs
  • Cooperative buying
Stakeholder Priorities

• Learning collaborative-Mentoring programs
  • CDC, Nat’l Early Care and Education Learning Collaborative models

• Special populations
  • Immigrants, rural programs

• Expanded partnerships/consistent messaging
  • Hospitals, clinics, health care provider training programs
Thank you

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Promoting Positive Child Health and Developmental Outcomes:

Screening, Referral and Linkage to Services for Young Children in Minnesota

December 9, 2014
Meredith Martinez, MPH
Minnesota Department of Education
What is screening?

• A quick and simple check of how children are growing and developing
  • Uses standardized tools
  • Identifies child strengths and skills
  • Allows for finding more subtle concerns
  • Identifies potential health or developmental problems in young children that need more evaluation

• Screening is not an IQ test, label, diagnosis or placement test!
Developmental & Social-Emotional Screening, Referral, and Linkage Systems: *What’s happening at the state level?*

• **Collaboration:**
  • *Minnesota Department of Health*
    • Maternal Child Health: ECCS, home visiting, C&TC
    • Children and Youth with Special Health Needs
  • *Minnesota Department of Education*
    • Early Learning Services
  • *Minnesota Department of Human Services*
    • Early Childhood Mental Health
    • Child Care
    • Child Welfare
    • Medicaid
  • *Office of Early Learning* (MDE, MDH, DHS)
  • Others
Developmental & Social-Emotional Screening Programs in Minnesota
(oversimplified, not all-inclusive, and not drawn to scale)
Coordinating and Connecting for Developmental & Social-Emotional Screening – A More Cohesive System
MN Early Childhood Comprehensive Systems (ECCS) Grant

• 3 year federal HRSA grant: 2013 - 2016

• Focus on developmental and social-emotional screening, referral, and coordinated systems

• Builds on ABCD, Race to the Top, and previous MN ECCS and Prenatal to 3 work

• Interagency effort: MDH, MDE, DHS
  • Cross sector involvement in input and planning
MN ECCS grant goals

Promote healthy development

Promote early detection & intervention
- Expand screening & referral in health care & child care
- Support RTT online screening initiative
- Coordinate training on development, screening, referral

Coordinate across sectors
- Explore centralized access point for existing services
- Explore data systems to communicate across sectors
Explore system enhancement

• Connect children, families and providers to existing programs and resources

• Explore *National Help Me Grow* system
  • More comprehensive than Minnesota’s current Help Me Grow initiative
  • Upstream focus: Connect to services that promote healthy development – even if not eligible for special education services
What is Minnesota’s Help Me Grow?

• Brand used throughout the state to inform all about where/how to make an early intervention referral for children with possible developmental delays

  Referrals can be made by phone or online:
  www.helpmegrowmn.org

  Or
  1-866-693-4769(GROW)

• If eligible, a child can receive services through their school district to support their development

• Parents, doctors, child care, family, friends, and anyone else concerned with a child’s development can make a referral
Minnesota HMG vs. National HMG

MDE connects kids to local school district for early intervention services

Central intake to connect kids to a variety of needed services & supports
### What we have vs. What we could have

<table>
<thead>
<tr>
<th></th>
<th>Minnesota HMG</th>
<th>National HMG</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Purpose</strong></td>
<td>Referral for early intervention services</td>
<td>Referral to <em>full array</em> of child development &amp; health resources – to the point of connection</td>
</tr>
<tr>
<td><strong>Eligibility</strong></td>
<td>Must meet Part C or Part B eligibility criteria</td>
<td>N/A – universal access for at-risk</td>
</tr>
</tbody>
</table>
| **Components**   | • Central access point  
                    • Outreach to families & providers                                          | • Central access point with telephone care coordination  
                    • Outreach and education for healthcare providers  
                    • Outreach & networking for community  
                    • Data collection                                                           |
| **Funding**      | Part C funding (MDE)                                                          | Interagency effort                                                            |
Assumptions

The National Help Me Grow System

• Children with developmental/behavioral problems are *eluding early detection*
  • Early detection systems are missing children that have developmental/behavioral concerns

• Many *initiatives* exist to provide services to young children, their families

• A *gap* exists between child health and child development/early childhood education programs

• Children and their families would benefit from a *coordinated, region-wide system* of early detection, intervention for children at developmental risk

From the National Help Me Grow Center