The Race to the Top—Early Learning Challenge (RTT-ELC), jointly administered by the U.S. Departments of Education and Health and Human Services, is the latest federal opportunity for states to receive grants to transform education systems and improve achievement outcomes for children. Given extensive research on early brain development and the extraordinary influence the early years have on children’s future learning and their ability to succeed in school, this is a most welcome direction by the federal government (NSCDC 2007).

$500 million in total will be available for RTT-ELC through a competitive process, with awards of $50 to $100 million per state over four years, based on the population of low-income children. The application was released on August 23, and proposals are due October 19 with selections to be announced in December. To date, 36 states and the District of Columbia have indicated their intent to apply. (The application and further information is available at http://www2.ed.gov/programs/racetothetop-earlylearningchallenge/index.html)

HEALTH AS A KEY COMPONENT TO SCHOOL SUCCESS

The top priorities of RTT-ELC stress quality early learning and development programs and kindergarten entry assessments. Selection criteria include:

• successful state systems marked by past commitment, a governance structure for interagency coordination, and a budget showing how all available resources in the state will be used to support and sustain the proposed plan;
• high-quality accountable programs marked by a Quality Rating and Improvement System;
• promoting early learning and developmental outcomes through standards, comprehensive assessment systems, training, and family engagement;
• a great early child education workforce; and
• measuring outcomes and progress through kindergarten entry assessment.

Under the third priority, we see welcome attention to the health, behavioral, and developmental needs of high-needs children. Yet issues of overall children’s physical and mental health are at risk of being relegated to the sidelines without concerted efforts from those for whom children’s health is a priority.

It is imperative that any approach to school readiness focuses on all aspects of child development—physical, socio-emotional, and intellectual—from birth, if not before. Too often, the focus has been limited to cognitive skills. Important as that is, it is not sufficient. In a national survey of kindergartners, cognitive development alone accounted for only 6 percent of the children who lagged behind in kindergarten. Physical and mental health-related concerns—alone or in combination—accounted for the rest (Wertheimer et al. 2003).

If academic success is the goal, comprehensive systems of services and supports that include the promotion of healthy physical and socio-emotional development for all children are needed. Additionally, for those at high risk of poor developmental outcomes, the ability to identify problems and intervene as early as possible is also required.

ONE HEALTH FUNDER’S APPROACH

Health funders can and should play a key role in assuring that health is not an “also-ran” in their states’ efforts to promote academic success. Funders are in a position to encourage stakeholders and the general public to recognize that a child’s health is an important determinant of readiness to succeed in school, and to take steps to address it.

For example, the Children’s Fund of Connecticut, a public charitable foundation, is dedicated to ensuring that children in Connecticut have access to and benefit from a comprehensive, effective community-based health and mental health care system. The foundation works at the state and community level on improving policy and practice to support healthy child development.

The Children’s Fund, largely through the work of its subsidiary, the Child Health and Development Institute (CHDI), has taken an active role in advocating for inclusive early child-
hood systems that fully integrate health in their efforts. This is accomplished through a number of mechanisms, including the creation of resources for policymakers, practitioners, and community collaboratives; through joining forces with other funders in supporting community and state efforts; and advocating for state policy. This focus will continue as Connecticut prepares its application for RTT-ELC.

➤ A Framework and Tool Kit to Assist Communities – The Children’s Fund has supported the development of the following resources to help communities address the inclusion of health in a comprehensive early childhood system focused on school readiness:

- In 2009 CHDI published *A Framework for Child Health Services Supporting the Healthy Development and School Readiness of Connecticut’s Children.* It articulates the full continuum of child health services within the broader context of all sectors that serve children and families. Recommendations are designed to create a fully integrated system that coordinates early care and education, as well as family services and supports, with a comprehensive health care network to ensure optimal healthy child development and readiness for school success.

- As a companion to the framework, CHDI recently published *A Tool Kit for Integrating Child Health Services into Community Early Childhood Initiatives* to provide concrete tools that integrate these all-important health-related issues at the local level. The four-step process outlined involves:
  - determining the major child health issues experienced by young children in a community,
  - identifying and collecting health data consistent with a Results-Based Accountability framework,
  - engaging child health providers at the community level to be part of a collaborative process to promote school readiness, and
  - integrating child health into comprehensive community plans.

➤ Partnering with Other Funders – As a relatively small foundation, the Children’s Fund has found that some of our most effective efforts have resulted from partnerships with other funders:

- The Children’s Fund partners with the William Caspar Graustein Memorial Fund (WCGMF), a private independent foundation historically focused on quality early care and education in Connecticut. WCGMF supports up to 53 communities to develop and implement comprehensive early childhood plans through its Discovery Initiative. Children’s Fund dollars are contributed to support the inclusion of health issues (broadly defined to include oral and mental health in addition to physical health).

- Connecticut recently passed Public Act 11-181, *An Act Concerning Early Childhood Education And The Establishment Of A Coordinated System Of Early Care And Education And Child Development.* According to the law, the state will establish by July 2013 a “…coordinated system of early care and education and child development.” The legislation calls for philanthropy to partner with government to plan and implement the new system. In response, a group of funders created the Connecticut Early Childhood Funders Collaborative under the auspices of the Connecticut Council of Philanthropy. The collaborative is raising money to provide a match and to have direct input into the design of the system. The Children’s Fund is a founding member of the collaborative.

➤ Key Policy Issues – The Children’s Fund is actively involved in advocating for key policy issues that are necessary to support the child health system as a key component of school readiness. In Connecticut, these issues include:

- promoting access to pediatric medical homes that include developmental screening and surveillance and care coordination to link to specialty services and community supports for families,
- assuring health and safety in early care and education settings through a system of health and mental health consultation,
- developing and sustaining an early childhood mental health system, and
- developing a competency-based system of endorsement in infant mental health.

SUMMARY

RTT-ELC provides another opportunity for health funders to advocate for a comprehensive approach to early childhood development and school success that fully addresses the health and mental health needs of children. As in Connecticut, this can be done by providing resources and technical assistance to the state, as well as to communities; collaborating with other funders to have a seat at the table where decisions about the system development are being made; and advocating for the policies needed to build and sustain a child health system that can be fully integrated into a school readiness agenda.

SOURCES
