TOWARD BIGGER OUTCOMES
TAKING ON THE HEALTH DETERMINANTS OF EARLY SCHOOL SUCCESS
MOMENTUM IS BUILDING
The Campaign for Grade-Level Reading is at the midpoint of the decade-long commitment made in response to Early Warning’s Call to Action. When launched in 2010, the goal was to have at least 12 states and 24 communities increase by 100 percent or more the number of low-income children reading on grade level by the end of third grade. In June 2012, the GLR Communities Network was launched with 124 charter communities. It has grown steadily since then, as more communities organize local coalitions and complete Community Solutions Action Plans. By the summer of 2016, the number of communities had increased to more than 285, up from 167 at the end of 2014. The GLR communities are in 42 states, the District of Columbia, Puerto Rico and the U.S. Virgin Islands. Third-grade reading is literally, as well as figuratively, “on the map.”

ENSURING EARLY SCHOOL SUCCESS FOR LOW-INCOME CHILDREN: WHAT MOBILIZED COMMUNITIES MUST DO

• *Stop playing catch-up* by ensuring that fewer children start school so far behind.

• *End chronic absence* so that students don’t fall further behind during the school year.

• *Reverse the summer slide* to enable striving and struggling readers to make progress instead of losing ground.

• *Acknowledge and address health-related challenges* that prevent early academic success.

• *Help parents succeed* in their critical roles as brain builder, first teacher and tutor, strongest advocate and best coach.
Almost 100 of the more than 285 communities participating in the Grade-Level Communities Network are reporting progress toward at least one of the community solutions indicators: readiness, attendance and summer learning. These reports affirm a premise that undergirds many of the strategic choices of our Campaign for Grade-Level Reading: Once mobilized, the time, talent, energy and sweat equity present in local communities can make a meaningful difference in finding solutions for even the biggest problems. Furthermore, the number, detail and geographic distribution of those progress reports should serve as antidote to the paralyzing combination of cynicism, complacency and despair. For this reason alone, the progress reported is applause-worthy.

The applause morphs from celebration to exhortation when confronted by the distance between what it takes to “move the needle” and what is required to “close the gap” between children from low-income families and their more affluent peers. Double-digit gaps in reading proficiency persist and co-exist with good progress in every state and every GLR community, including those reporting the most progress. And it is this reality that drives our determination to pursue “bigger outcomes” for the next chapter of the GLR Campaign.

This more robust “bigger outcomes” strategy will build upon the successes we have to attain the results we want. “Bigger outcomes” will see us doubling down on readiness, attendance and summer learning; lifting up parent success and healthy child development as critical “determinants” of early school success; prioritizing children and families in public housing and vulnerable populations such as children in foster care; promoting systemic solutions to the data challenges; and employing technology and technology-enhanced platforms to assist with all of the above. We fully expect that each of these components will bring its own promise and pitfalls as we learn from and with the GLR communities and our partners as well as practitioners, researchers and experts.

The moral imperative to act is crystallized by the knowledge that action can make a difference.
And we are especially grateful to those local funders and leaders of exemplary programs who have raised their hands to join the learning and development expedition that is the forerunner to More Hopeful Futures, the next generation of the GLR Campaign’s proof points work. These funding and program partners are essential as we seek bigger outcomes through the “both/and” and “all of the above” approach captured by our bingo matrix.

“Doubling down,” “lifting up” and “prioritizing” are more recipe than menu — especially so regarding attention to parent success and healthy child development. Parents and caregivers are the first diagnosticians, first responders and first home health care providers. Moreover, their own health status and challenges are deeply intertwined with those of their children.

The myriad efforts of GLR communities to find, own and implement viable solutions to the readiness, attendance and summer learning challenges have illuminated how dependent all three are on the presence or absence of certain health conditions. The dependence is so great...
that the health markers are literally as well as figuratively “determinants” of early learning, early literacy and school success, especially in the early grades. Foreshadowed by the extensive literature on the social determinants of health, the community-level efforts have exposed the contours of a vicious cycle. Subpar school outcomes are key predictors of low socioeconomic status. The resulting social conditions account for much of the most consequential health disparities. The deleterious effects of a number of these health disparities on virtually all aspects of early learning predict the diminished outcomes that complete and perpetuate the cycle.

Common sense, reflective practice, the wisdom of lived experience and the research literature offer support for our bet that the prospects for improving student outcomes in the early grades can be enhanced by improving healthy child development in the early years. We now understand more deeply that the double-bottom-line effects of this aspect of our work — honing in the health issues that are most closely correlated with early school success — could prove a powerful intervention for one of the vicious cycles that sustain and nourish the intergenerational poverty we hope to disrupt.

This could be a big deal with far-reaching implications. But before we get too far ahead of ourselves, it is important to recall again the “no silver bullet” admonition. Our initiatives to “lift up” both parents and health will succeed best and contribute most when nested within a strategic context that is intentional about fostering the connectivity and synergies needed for sustainable scale.

Insofar as the health determinants of early school success are concerned, we see at least three major contributors to bigger outcomes and sustainable scale:

• Silo-busting “common enterprise networks” that create and reflect the vertical and horizontal alignment needed for joint planning, data sharing and “real time” feedback loops.

• Innovative fiscal tools to ensure access to predictable funding and the blending, braiding and leveraging of public resources, private investment and philanthropic dollars for impact.

• Durable leaders and institutions bringing dollars, local knowledge, earned credibility, influence and intellectual capital along with a commitment to serve as anchors and stewards of long-term change.
The focus on “bigger outcomes” will bring additional strategic priorities:

- Advocating for data-driven, technology-enhanced early warning and response systems that will allow timely identification of and intervention with children who are veering off the pathways leading to readiness, attendance and summer learning.

- Unbundling readiness, attendance and summer learning to allow more granular attention to the drivers of improved outcomes to accelerate scaling success by bundling proven and promising programs to enhance impact.

- Extending the collective impact framework to accommodate and support solutions design and development processes that capture the stored value of the GLR Network’s distributed strengths, experience and expertise.

In closing, it is important to note again that the single development of which we are most proud and most hopeful is that over 250 community foundations, family foundations, United Ways, public charities, corporate-giving programs and individual donors have stepped up to provide dollars, leadership and voice to early learning, early literacy and grade-level reading initiatives in their local communities and home states. And we have emerging evidence that some of these local funders are encouraging and inspiring institutions of higher education to channel their formidable reservoirs of intellectual, human and economic capital toward confronting the challenges associated with early school success. This is a development worth watching.

Ralph Smith
MANAGING DIRECTOR
OVERVIEW

The Campaign for Grade-Level Reading seeks to disrupt intergenerational poverty by investing in efforts to turn the curve at a particular point of inflection: grade-level reading proficiency by the end of third grade.
As Early Warning: Why Reading by the End of Third Grade Matters, the KIDS COUNT special report that marked the start of the GLR Campaign in 2010, noted, there is a strong link between failure to read proficiently by the end of third grade, ongoing academic difficulties in school, failure to graduate from high school on time and chances of economic success later in life, including individuals’ ability to break the cycle of poverty and the country’s ability to ensure global competitiveness, general productivity and national security. Yet an alarming number of children — 64 percent nationwide¹ and 79 percent of those from low-income families² — continue to fall short of the third-grade reading milestone. And that gap in reading proficiency between poor and more affluent children fuels the income gap.

We know that in order to close the gap and achieve the GLR Campaign’s goal of having significantly more children in low-income families able read proficiently by the end of third grade, three assurances are essential:

» QUALITY TEACHING for every child in every setting, every day — at home, in child care and early learning settings, and at school.

» LOCALLY OWNED SOLUTIONS to three community-level drivers of the reading proficiency gap:

  The school readiness gap: Too many children from low-income families begin school already far behind;

  The school attendance gap: Too many children from low-income families miss too many days of school; and

  The summer learning slide: Too many children lose ground academically over the summer months.

» A MORE SEAMLESS, OUTCOMES-ACCOUNTABLE SYSTEM of care, services and family supports for children from birth through third grade — one that is less fragmented, more aligned and operates along a continuous spectrum.

At the core of the “more seamless system” assurance is a commitment to ensure healthy early child development, defined as the equally important “physical, social/emotional, and
language/cognitive domains of development,” each interacting with the others and with “biological and environmental processes.” As Harvard University’s Center on the Developing Child states, “The emotional and physical health, social skills, and cognitive-linguistic capacities that emerge in the early years are all important for success in school, the workplace, and in the larger community.”

With the importance of children’s healthy development in mind, the GLR Campaign has developed three proxy indicators related to school readiness, school attendance and summer learning:

• Fewer children starting school with undetected, undiagnosed and untreated physical ailments; developmental delays and disabilities; social-emotional and behavioral challenges; and oral, vision and hearing impairments;

• Fewer children missing school and having their learning interrupted and disrupted by preventable and manageable health challenges such as asthma and tooth pain; and

• Fewer children experiencing the summer months as a high-risk period filled with major challenges to good nutrition, fitness and learning.

Common sense tells us that health matters to children’s school success — that children who don’t feel well or haven’t reached a critical developmental milestone might not perform as well as other kids in the classroom. The experiences of classroom teachers and school principals bear this out. Educators know all too well how students’ health conditions can disrupt teaching and interrupt learning. Children who can’t see well enough to make out words written at the front of the classroom, can’t hear well enough to understand what the teacher is saying and can’t forget their tooth pain or hunger long enough to concentrate have a hard time learning in school. Children with asthma will struggle to keep up if frequent attacks keep them out of school. And trauma or stress make meaningful classroom engagement difficult for some children and almost impossible for others.

The research literature lends considerable support to those observations and concerns by underscoring the connections between human development and academic success. “The basic architecture of the brain is constructed through an ongoing process that begins before birth and continues into adulthood. Simpler neural connections and skills form first, followed by more complex circuits and skills,” according to Harvard University’s Center on the Developing Child. “[The] connections that form early provide either a strong or weak foundation for the connections that form later.” Economists Gabriella Conti and James J. Heckman have found measurable evidence of healthy development’s impact on learning. And the National Association for the Education of Young Children declared in a 2009 position statement, “All the domains of development and learning — physical, social and emotional, and cognitive — are important and [closely] interrelated. Children’s development and learning in one domain influence and are influenced by what takes place in other domains.”
THE GLR CAMPAIGN ENVISIONS FOUR PILLARS OF ITS STRATEGY TO ADVANCE THE COMMITMENT TO HEALTHY CHILD DEVELOPMENT, AS FOLLOWS.
UNIVERSAL CHILD HEALTH INSURANCE

In 1998, an Institute of Medicine committee found that “insurance coverage is the major determinant of whether children have access to health care,” and that uninsured children are “most likely to be sick as newborns, less likely to be immunized as preschoolers, less likely to receive medical treatment when they are injured, and less likely to receive treatment for illnesses such as acute or recurrent ear infections, asthma, and tooth decay.”7 Other studies have verified that after enrolling in the Children’s Health Insurance Program, children’s unmet health needs fall by 50 percent or more8 and their routine health, dental and asthma care improves in terms of both access and quality.9,10,11 In two states, newly enrolled children who were in poor health also made “significant, sustained gains in their…ability to pay attention in class and keep up in school activities,”12 and missed fewer days of school due to illness or injury.13 Despite gains made under the Affordable Care Act, however, the United States is still far from ensuring that all children have health insurance.

NO child in America should be denied the chance to see a doctor when he or she needs one…It’s about our kids and our nation’s future. What could be more important than that? Former U.S. Sens. Hillary Rodham Clinton and Bill Frist, New York Times op-ed, February 12, 2015

Proportion of uninsured
U.S. children overall (under age 19):
6.2%

Proportion of uninsured
children who are living in poverty:
8.6%

A MEDICAL HOME FOR EVERY CHILD

A medical home is a health care setting that patients visit regularly for their primary care needs, building familiarity and consistency with care providers. Care typically is provided by a team of practitioners including physicians, medical assistants, nurses, nurse practitioners and care coordinators. The American Academy of Pediatrics (AAP) defines a medical home for infants and children as having well-trained primary care physicians who are known to the child and family, able to develop “a partnership of mutual responsibility and trust,” and able to help manage and facilitate all aspects of pediatric care.14 Medical homes are especially important for medically underserved children, who often have more “chronic conditions and economic, geographic, and psychosocial factors” that combine to aggravate medical problems.15

The medical home [is] a model of delivering primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective to every child and adolescent...Every child and youth deserves a medical home. American Academy of Pediatrics

Proportion of children nationally without a medical home: 46%  
Proportion of children in low-income families without a medical home: 64%

To meet the aspirations for children’s healthy development, GLR communities need a way to identify when children have health risks that will jeopardize their school success, sound the alarm and marshal the attention, support and action required to get them back on track. Developmental surveillance and screening, behavioral assessments and follow-up constitute the frontlines of an early warning and response system for the health determinants of early school success. The AAP describes surveillance as a continuous and cumulative process of listening to parents’ concerns about their child’s development, observing the child and documenting his or her development, and identifying risk and protective factors. Developmental screening uses a standardized, valid and reliable tool to examine a specific area of development more closely. The AAP and the Centers for Disease Control and Prevention recommend universal developmental screening at children’s 9-, 18- and 24- or 30-month well-child visits and any other time the family or clinician has concerns. Behavioral assessments examine children’s behavior and the underlying social, emotional, cognitive and/or environmental factors to understand the behavior’s triggers and consequences.

Screening and assessment results that raise concerns should trigger follow-up actions, including developmental and medical evaluations to identify a mild to moderate delay or a specific disorder(s), interventions and services, and regular monitoring if the health condition is chronic. Young children who have or are at risk of developmental delays but receive early intervention show improved outcomes across domains, “including health, language and communication, cognitive development, and social/emotional development.” Unfortunately, children who have no insurance and no medical home typically fall outside the surveillance system. Although developmental screening is required and/or supported by several major programs and regulations — including IDEA; the Child Health Insurance Program (CHIP); Medicaid’s Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit; Head Start/Early Head Start; and the Child Abuse and Prevention Treatment Act (CAPTA) — too few children currently are screened. And of the children who are screened, too few receive the follow-up services they need.

| Proportion of U.S. children aged 2–8 years with at least one mental, behavioral or developmental disability: 15.4% |
| Proportion of low-income children at high risk of developmental delays: 19% |

Sources: Centers for Disease Control and Prevention; National Survey of Children’s Health.
We encourage GLR states and communities to increase children’s prospects for early school success by improving the following health determinants that are closely associated with classroom learning.

### Reading Success by the End of Third Grade

- **More children learning in the summer**
  - **Summer food programs** keep kids healthy when school is out
  - **Physical activity** helps children pay attention and learn

- **Managing children’s asthma** helps them reduce absences
  - **Breakfast** in the classroom improves attendance and learning
  - Regular [oral health care](#) prevents lost learning time

- **More children attending school regularly**
  - **Screenings** catch developmental, hearing, vision and lead problems before they interfere with learning
  - **Social and emotional development** builds curiosity and supports learning
  - **Prenatal care** supports early brain development

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**The Health Determinants of Early School Success**
The research literature tells us that infants who experience good prenatal care and a healthy birth typically begin life with their physical and neurological growth on track, while those born too early, too small or exposed prenatally to toxins often have damage to their brain and other organs that can cause physical impairments, developmental delays and learning disabilities for years to come. Both preterm birth and low birth weight are linked to lower reading achievement in school. Moreover, crucial brain development also occurs during infancy — fueled by the “serve-and-response” nurturing of parents and caregivers, and in some cases diminished by interacting with a significantly depressed mother or other primary caregiver.

The basic architecture of the brain is constructed through an ongoing process that begins before birth and continues into adulthood. Simpler neural connections and skills form first, followed by more complex circuits and skills. [The] connections that form early provide either a strong or weak foundation for the connections that form later.  

Center on the Developing Child, Harvard University

<table>
<thead>
<tr>
<th>Proportion of preterm babies: almost 10%</th>
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<tr>
<td>Proportion of low birth weight babies among women at the lowest income level: 8%</td>
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<tr>
<td>Proportion of low birth weight babies among women at the highest income level: 4%</td>
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Environmental allergens can cause asthma, a condition that affects 6.3 million U.S. children, including more than 5 million children in low-income families.\textsuperscript{24} Environmental exposure to lead affects children’s brain development, resulting in lower IQ, reduced attention span and “increased antisocial behavior.”\textsuperscript{25} Mercury absorbed through air pollution or by eating mercury-contaminated fish can impair a child’s developing brain and nervous system, later causing shorter attention spans, poor fine motor function, slow language development, problems with visual-spatial abilities (such as drawing), memory problems,\textsuperscript{26} hyperactivity and loss of focus.\textsuperscript{27} Exposure to secondhand tobacco smoke creates respiratory problems and causes children with asthma to experience more frequent and severe attacks.\textsuperscript{28} Some pesticides have been linked to learning or developmental disabilities in children.

Dr. Mona Hanna-Attisha, Director, Michigan State University and Hurley Children’s Hospital Pediatric Public Health Initiative, and the researcher who discovered how Flint, Michigan’s drinking water was causing widespread lead poisoning

I feel that we’re in a state of emergency, because if we don’t intervene now, if we don’t throw everything at these kids now, we will see these lifelong, multigenerational consequences.

Sources: Centers for Disease Control and Prevention. www.cdc.gov/nceh/lead; www.cdc.gov/asthma/most_recent_data.htm
According to the U.S. Department of Agriculture, 15.8 million U.S. households — encompassing 13 million children — experience food insecurity at times during the year; that is, they lack adequate access to sufficient, safe, nutritious food to maintain a healthy and active life. Families living with food insecurity often avoid hunger by eating more easily available, less-expensive and filling foods that are less healthy, which undermines children’s nutrition. Children’s HealthWatch found that young children who experience food insecurity are almost twice as likely as other children to be in fair or poor health, two-thirds more likely to be at risk of developmental delays and more likely to have low reading performance and social skills.

For far too many people, and especially for those living in low-income communities and communities of color, healthy food is simply out of reach...Yet, these are the very communities that are driving the nation’s population growth and upon whom the country’s future will depend. Access to Healthy Food and Why It Matters: A Review of the Research, PolicyLink and The Food Trust, 2013

Number of food-insecure children in the U.S.:
13 million

Number who receive free lunch during the summer:
< 4 million

ORAL HEALTH

Early childhood dental caries, especially if left untreated, can result in: life-threatening infection; significant pain; chewing difficulty, leading to malnutrition and gastrointestinal disorders; poor speech articulation; poor sleep; and low self-esteem, social ostracism and poor school performance. Data on more than 58 million U.S. children and adolescents, collected through the Third National Health and Nutrition Examination Survey, showed that just 25 percent of children and adolescents — most of whom are from low-income African-American and Latino families — bear 80 percent of dental caries.

For that single child who is affected by poor oral health, who has a preventable oral illness and cannot readily access dental care, and who is distracted from learning and misses school, his or her opportunity is squandered and life trajectory is diminished. This is a problem that belies myth and truly matters. Edelstein and Reisine, 2015

Proportion who have had caries by age 5:
60%

Research shows us how prevalent vision and hearing problems are among young American children, especially those in low-income families, and explains how these impairments can lead to emotional and behavioral problems that interfere with learning and to excessive absence from school. Untreated vision problems can produce symptoms similar to ADHD, causing some children with vision problems to be misidentified as having a learning disorder, according to the American Optometric Association. According to the American Speech-Language-Hearing Association, hearing loss “causes delay in the development of receptive and expressive communication skills (speech and language); the language deficit causes learning problems that result in reduced academic achievement.”

Preschoolers depend on their vision to learn tasks that will prepare them for school. They are developing the visually-guided eye-hand-body coordination, fine motor skills and visual perceptual abilities necessary to learn to read and write. American Optometric Association

The earlier hearing loss occurs in a child’s life, the more serious the effects on the child’s development. Similarly, the earlier the problem is identified and intervention begun, the less serious the ultimate impact. American Speech-Language-Hearing Association

Proportion of U.S. children who have never seen an eye care professional:

35%

Adverse childhood experiences (ACEs) are potentially traumatic events, including physical, sexual and emotional abuse; physical and emotional neglect; domestic violence; and growing up in a family where there is mental illness, substance misuse, parental separation or divorce, or an incarcerated household member. Excessive trauma and stress during early childhood “disrupt[s] neurodevelopment and can have lasting effects on brain structure and function.” Under stress, the body releases cytokines (proteins) and cortisol and adrenaline (hormones), which permeate parts of the brain involved in learning. Unable to calm down, “children in this state have trouble paying attention, remembering things, and getting organized,” notes Dr. Pamela Cantor. These changes “undermine many of the cognitive skills and learning competencies on which cognitive growth depends and reduce the emotional well-being that children need to devote themselves to learning activities.” Those competencies include executive functioning skills, such as working memory, cognitive flexibility and inhibitory control, which enable children to regulate their own emotions, to hold information in mind while performing other mental tasks, to reason and solve problems, and to look at things from more than one perspective — all crucial for early school success.

The science is clear: early adversity dramatically affects health across a lifetime...The single most important thing we need today is the courage to look this problem in the face and say, this is real — and this is all of us.

Dr. Nadine Burke Harris, TEDMED 2014

Proportion of children from birth to age 5 with significant social-emotional disturbance:
9.5–14.2%

“Healthier Students Are Better Learners,” by Charles Basch, provides evidence for linking health and learning.

_Early Warning_ reports that low-income children have a higher incidence of health problems that interfere with learning.

GLR Campaign creates a Healthy Children Project Team

GLR Campaign hosts session at the Grantmakers In Health (GIH) annual meeting; Ralph Smith's essay entitled “Confronting the Health Determinants of School Success in the Early Grades: A Commentary from the Campaign for Grade-Level Reading” published in GIH newsletter (March)

Robert Wood Johnson Foundation makes the first of three grants to the GLR Campaign

GLR Campaign releases _Growing Healthy Readers: A Starter Kit for Community Coalitions_ at the Denver Grade-Level Reading/All-America City Awards Gathering (June)

GLR Campaign forms a Healthy Readers Advisory Committee

GLR Campaign submits a statement on the health determinants of early school success to the Robert Wood Johnson Commission to Build a Healthier America (May)

GLR Campaign adds health-related milestones for 2015 and 2016

The Irving Harris Foundation provides a grant to create a resource guide on social-emotional development, with help from the National Center for Children in Poverty (NCCP)
## SUPPORT FOR NETWORK COMMUNITIES 2012–PRESENT

<table>
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<tr>
<th>Year</th>
<th>Event/Activity</th>
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<tr>
<td>2014</td>
<td>GLR Campaign hosts a Breakfast Roundtable at GIH annual meeting (March)</td>
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<td></td>
<td>GLR Campaign publishes a Growing Healthy Readers infographic and seven Growing Healthy Readers Resource Guides (April)</td>
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<td></td>
<td>GLR Campaign recognizes the Beutner Family Foundation as a Pacesetter for Vision To Learn (June)</td>
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<tr>
<td></td>
<td>GLR Campaign hosts a discussion on health determinants of early school success at the National Civic League annual meeting (June)</td>
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<tr>
<td></td>
<td>GLR Campaign and NCCP facilitate the Connecticut Peer Learning Pilot on Social-Emotional Development and Early Literacy, with support from the Irving Harris Foundation, Children's Fund of Connecticut and the Grossman Family Foundation</td>
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<td></td>
<td>“Health Determinants of School Success” by GLR Campaign Senior Consultant Becky Miles-Polka is published in the National Civic Review (Winter 2014 issue)</td>
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<tr>
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<td>Ninety-six percent of GLR communities report implementing strategies to address the health determinants of early school success</td>
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<td>2015</td>
<td>GLR Campaign identifies specific health-related progress indicators in revised 2015/2016 milestones (January)</td>
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<td></td>
<td>GLR Campaign provides tools and resources to help communities take action on comprehensive screenings, follow-up and intervention (March)</td>
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<td></td>
<td>GLR Campaign publishes a Healthy Readers Innovation Brief (April)</td>
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<td></td>
<td>GLR Campaign recognizes the Virtual Dental Home and the Green &amp; Healthy Homes Initiative (Funder Huddle, April)</td>
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<td>More Hopeful Futures “road test” is announced, in partnership with 10 funder coalitions and more than 30 program partners and sector-leading organizations (June)</td>
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<td></td>
<td>Child Health and Development Institute of Connecticut, Inc., publishes Connecting Social and Emotional Health and Literacy: Critical for Early School Success, authored by GLR Campaign Senior Consultant Ann Rosewater (May)</td>
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<td></td>
<td>The Arkansas Campaign for Grade-Level Reading holds “Early Investment Strategies to Promote Healthy Growth and Development” convening (June)</td>
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<tr>
<td>2016</td>
<td>GLR Campaign holds “Building an Effective Early Warning System” Consultative Conversation on developmental screening, follow-up and intervention (February)</td>
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<td></td>
<td>GLR Campaign holds first national convening of More Hopeful Futures Funding Partners with a panel on Medicaid (April)</td>
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<td>GLR Campaign formalizes partnership with National Head Start Association to align efforts related to the health determinants (April)</td>
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<td></td>
<td>GLR Campaign informs the Joint HHS/ED Policy Statement on Health and Wellness Promotion in Early Childhood Settings (November)</td>
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As the Campaign for Grade-Level Reading looks to 2020 and beyond, we are cognizant of the reality that the foregoing assurances — universal child health insurance, a medical home for every child, effective early warning systems and mobilized communities attending to the health issues most deeply implicated in learning — cannot stand alone and must be nested within a more powerful set of strategies some of which still are emerging. This realization also propels our commitment to learn with and from local funders and program partners: to respect and privilege equally the reflections of practitioners, the wisdom of lived experience and the insights distilled by disciplined research; and to acknowledge the debt we owe to those who have been working on these issues for more than a century.

In 1918, the U.S. Children’s Bureau and Woman’s Committee on the Council of National Defense declared that “the health of the child is the power of the nation.” More than 90 years later, the country’s president reiterated that wisdom. “No child should be falling behind at school because he can’t hear the teacher or see the blackboard,” Barack Obama said in 2009 on signing the reauthorization of the Children’s Health Insurance Program. “I refuse to accept that millions of our kids fail to reach their full potential because we fail to meet their basic needs. In a decent society, there are certain obligations that are not subject to tradeoffs or negotiation.”

CONCLUSION
Endnotes


6. Ibid.


18 American Academy of Pediatrics. (n.d.)

19 American Academy of Pediatrics. (n.d.)


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MORE HOPEFUL FUTURES FUNDING PARTNERS — Arkansas Winthrop Rockefeller Foundation/Arkansas Campaign for Grade-Level Reading • Arizona Read On Arizona • California United Way California Capital Region • First 5 Santa Cruz County/United Way of Santa Cruz County • Colorado David & Laura Merage Foundation • Connecticut Coalition for New Britain’s Youth • Iowa Community Foundation of Greater Dubuque, Every Child/Every Promise • Mid-Iowa Community Action • United Way of Central Iowa • United Way of Story County • Massachusetts Irene E. & George A. Davis Foundation and The Funder Collaborative for Reading Success • Missouri Cerner’s First Hand Foundation and Turn the Page KC • New York Central New York Community Foundation in partnership with the Literacy Coalition of Onondaga County • Community Foundation for Greater Buffalo in partnership with Read to Succeed Buffalo • Say Yes Buffalo • Green & Healthy Homes Buffalo and Buffalo Promise Neighborhood • United Way of New York City/Read NYC • Texas United Way of San Antonio and Bexar County

MORE HOPEFUL FUTURES PROGRAM PARTNERS — AARP Experience Corps • Abriendo Puertas • Age of Learning/ABCMouse.com • California Library Association • Children’s Health Fund • Dollywood Foundation/Imagination Library • Early Learning Ventures • Families and Work Institute/Mind in the Making • 50 Fund — the legacy fund of the San Francisco Bay Area Super Bowl 50 Host Committee • First Book • Green & Healthy Homes Initiative • Jumpstart • LAUP • LENA Research Foundation • myON • The Pacific Center for Special Care at the University of the Pacific • Parents as Teachers National Center • Reach Out and Read • Reading Corps • Reading Partners • Ready Rosic • Scholastic • Talk With Me Baby • Too Small to Fail • Vision To Learn • YMCA of the USA

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