# SMART BEGINNINGS NRV
## STRATEGIC SYSTEMS BUILDING GOALS

### DATA CAPACITY BUILDING

Build a robust data inventory and perform analysis to support data-driven decision making and the work of early childhood programs.

### COLLABORATIVE STRATEGIC PLANNING

Develop all components of the comprehensive NRV early childhood success plan with active engagement from cross-sector stakeholders and collaborate with communities to create local strategic plans that leverage local relationships and resources.

### COMMUNITY EDUCATION & ENGAGEMENT

Grow awareness of the importance of early childhood and inspire action (advocacy and investment) throughout the region.

Engage communities in establishing cross-sector teams to guide the development, implementation, and evaluation of early childhood initiatives and innovations.

### PARTNERSHIP & RESOURCE DEVELOPMENT

Leverage partnerships and collaboratively develop resources to maximize the collective impact of early childhood programs and investments.

Develop strong cross-sector partnerships to reach, educate, engage, and support the success of more children and families.

### EARLY CHILDHOOD WORKFORCE DEVELOPMENT

Help develop and support a highly competent, credentialed, and competitively compensated early childhood workforce.

### FAMILY EDUCATION & ENGAGEMENT

Equip families with knowledge and resources to support their success, beginning prenatally, continuing throughout early childhood, and resulting in children ready for school and life.

### EARLY CARE & EDUCATION SYSTEMS BUILDING

Increase access to high-quality early care and education services that align with the childcare needs of NRV families.
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<tr>
<td>Nancy Bailey, Chair</td>
<td>Big Stone Gap Town Council Pathways (Family Preservation)</td>
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<td>Mike Robinson, Vice-Chair</td>
<td>Smyth County Schools</td>
<td>Marion</td>
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<tr>
<td>Kathi Roark, Secretary</td>
<td>Highlands Community Services Board</td>
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<td>Travis Staton, Treasurer</td>
<td>United Way of Southwest Virginia</td>
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<td>Chris Austin</td>
<td>Smyth County Dept. of Social Services</td>
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<td>Catherine Brillhart</td>
<td>Bristol Virginia City Council</td>
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<td>Eleanor Cantrell, M.D.</td>
<td>LENO WISCO Health District</td>
<td>Wise</td>
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<td>Rebecca Cardwell</td>
<td>Galax City Schools</td>
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<td>Tom Casteel</td>
<td>VA Dept. of Social Services - Western Region</td>
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<td>Melody Counts, M.D.</td>
<td>Cumberland Plateau Health District</td>
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<td>Kathleen Kilgore</td>
<td>Rooftop of Virginia, Inc.</td>
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<td>Kathi Kiser</td>
<td>Southwest Virginia Legal Aid Society</td>
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<td>Lydia Landis</td>
<td>Southwest Virginia Care Connection for Children</td>
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<td>Linda Midgett</td>
<td>People, Incorporated of Virginia</td>
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<td>Dan Minahan</td>
<td>Crutchfield Corporation</td>
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<td>Kimberly Sobey</td>
<td>Bland County Dept. of Social Services</td>
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Duane Miller, **Coalition Chair**, Smart Beginnings Appalachian Region
Rebecca Cardwell, **Coalition Chair**, Smart Beginnings Twin County
Kimberly Sobey, **Coalition Chair**, Smart Beginnings Wythe/Bland/Tazewell
Patty Warren, **Coalition Chair**, Smart Beginnings Virginia Highlands
Linda Midgett, **Committee Chair**, Public Awareness Committee
Mike Robinson, **Committee Chair**, Finance Committee

*United Way of Southwest Virginia serves as the fiscal agent and oversees operation of Smart Beginnings Southwest Virginia.*
A brief history:

In 2009, with funding from the Virginia Early Childhood Foundation (VECF), community leaders organized Smart Beginnings around the region. In 2013, four local coalitions – Smart Beginnings Appalachian Region, Smart Beginnings Virginia Highlands, Smart Beginnings Twin County, and Smart Beginnings Wythe Bland agreed with VECF to work together to form a regional coalition named Smart Beginnings Southwest Virginia. United Way of Southwest Virginia was named fiscal agent for the regional initiative. A regional leadership council was formed that worked with the local coalitions to create a system of collaboration for young children in the region. In that first year, all coalitions partnered with Smart Beginnings New River Valley to obtain funding to operate what is now called Virginia Quality, a program designed to support quality improvement among child care centers, preschools, and family childcare homes.

In 2015, VECF named United Way of Southwest Virginia as the fiscal agent for all Smart Beginnings funding for the region. As the regional leadership council developed long range plans for the future, members agreed that any future structure for the region should include the existing local coalitions as key components of the system. Members also agreed that regional committees might plan and oversee region-wide work on projects connected to the goals of Smart Beginnings while local coalitions would collaborate with those regional projects while also choosing local projects that are designed to help reach Smart Beginnings goals.

Working structure:

The Council envisions a regional Smart Beginnings structure similar to the chart below. The Regional Leadership Council will serve as the hub of the policy development and overall planning for the region while the local coalitions will focus on work in their own communities. Regional committees will work under the Council on the specific goals of the initiative.
FOUR GOALS FOR SOUTHWEST VIRGINIA

Goal I: Increase the number of children who have adequate pre-literacy skills by the time they enter Kindergarten.

Goal II: Increase the number of families who have access to high quality childcare and child development programs.

Goal III: Improve access to programs that benefit the health and well-being of young children.

Goal IV: Increase the community's understanding of the importance of investing in early childhood and promote actions that change policies and procedures that benefit young children.

Smart Beginnings Southwest Virginia Service Area

- APPALACHIAN REGION
- VIRGINIA HIGHLANDS REGION
- WYTHE/BLAND/TAZEWELL REGION
- TWIN COUNTY REGION
PLANNING FOR THE FUTURE
of Smart Beginnings Southwest Virginia

Strategic plans most often focus on what is to be accomplished and how. We want to start with the why: Why should there be a Smart Beginnings initiative for Southwest Virginia?

**WHY Smart Beginnings #1: The Young Children of Southwest Virginia**

“It is easier to build strong children than to repair broken adults.” – Frederick Douglass

Over the past twenty years, scientific research has confirmed what many parents and teachers have known all along: a child's first four years are not just precious but crucial. Those first years of development are crucial to later success in school and later success in life. Young children who do not receive appropriate stimulation and care early in life not only fall behind their peers, but the structure of their brain is physically altered in ways that interfere with their future development. Fortunately, research has also shown that when families receive support early in the child's life, that child can thrive. Harvard University has compiled and explained much of this important research at their website: [http://developingchild.harvard.edu/](http://developingchild.harvard.edu/).

Children's early years are also crucial to the economy and health of communities. When young children receive early quality care and education, they are more likely to be productive workers, they are less likely to have costly mental and physical health problems; they are less likely to become an economic drain on the community. Research points to children's early years as the very best time to invest in education and family support. It has shown that programs that support vulnerable families and programs that provide quality early education pay large dividends to our economy when those children grow to become the workers and citizens of our communities. Nobel prize-winning economist James Heckman describes much of this research at his website: [http://heckmanequation.org/](http://heckmanequation.org/).
This understanding about the importance of early healthy development led the Smart Beginnings Leadership Council to develop the following vision for our work: *Every child in Southwest Virginia is prepared for school, laying the foundation for workforce and life success.*

**WHY Smart Beginnings #2: The Communities of Southwest Virginia**

"Alone we can do so little; together we can do so much." - Helen Keller

There are many organizations and people throughout our region doing important work to support families as they raise their children and offering quality educational, health and social services. But to improve conditions for all children is a huge and complex task. No one organization can do it all. This is such an important task that we need the involvement of organizations beyond those that typically meet at the planning table. To make community wide improvements for young children, we need all those who care about young children as well as those who care for young children. A successful initiative to prepare children for school success requires the cooperation of parents and families, schools, child care providers, the faith community, higher education, businesses, and other community assets such as social services, medical providers, libraries, and civic organizations.

This type of cooperation and collaboration is not easy and requires its own support system. Many communities are finding that it requires a backbone organization to be the facilitator for the collaboration. That is why the Leadership Council chose the following mission: *To foster a community system that promotes the healthy development of children, 0-5, providing a foundation for school achievement, economic productivity, responsible citizenship, and successful parenting.*

**Our Region:**

As the communities of Southwest Virginia work together to promote the healthy development of children, we face many challenges.

**Challenges Include:**

- A very high poverty rate among families with young children – 34.8% of our children under 5 live in poverty.

*Source: US Census, 5 year average 2009-13*
Challenges Continued:

- Family violence – children are exposed to domestic violence, child abuse and neglect at much higher rates than the rest of Virginia;

Rate of Child Abuse Cases Compared to “Child At-Risk” Cases

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<thead>
<tr>
<th></th>
<th>Founded child abuse cases</th>
<th>“Child at-risk” cases</th>
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<tr>
<td>VA</td>
<td>5</td>
<td>27</td>
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<tr>
<td>SWVA</td>
<td>18</td>
<td>86</td>
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These rates are based on the child population of the Southwestern region or the entire state of Virginia per 1000 children. Source: Virginia Department of Social Services

Other Challenges:

- Children entering Kindergarten without the skills needed to succeed – our PALS-K (Phonological Awareness Literacy Screening) pass rate is lower than the rest of the state;
- Poor access to health care – the region's ratio of primary care doctors to the population is worse than the state. Many women start prenatal care after the first trimester, and there are only a handful of pediatric dentists in our region;
- A high incidence of drug, alcohol and tobacco use; and
- Lack of quality childcare – some counties have no licensed childcare (other than Head Start) while most have too few programs;

Strengths Include:

- Public schools that improve test pass rates from Kindergarten to 3rd grade;
- A history of agencies and people working together in their communities;
- A high rate of enrollment in public pre-schools and Head Start programs; and
- A wide variety of programs that support young children and their families.

To focus our energy and collaboration, Smart Beginnings Leadership Council proposes that our coalitions and initiatives focus on the following four goals.
Over the past year, we have asked how Smart Beginnings can best promote the region’s efforts for young children. Leaders throughout the region stressed the following actions:

- Support collaboration among agencies
- Connect parents to appropriate resources
- Communicate to the region:
  - about the needs of children
  - about the programs that are working
  - about resources available to families
- Collect and share data about needs and services
- Help bring new resources (funding) into the region
- Provide professional development for those that work with young children
- Advocate with a common voice for policies that will benefit young children and their families.

*The strategies for the four goals are based upon these key suggestions.*
FOUR GOALS FOR SOUTHWEST VIRGINIA

Goal I: Increase the number of children who have adequate pre-literacy skills by the time they enter Kindergarten.

Measures:
- Percentage of children passing the fall PALS-K test. The PALS-K test is an assessment of young children's knowledge of important literacy fundamentals that are predictive of future reading success. This assessment is given to all children entering public Kindergarten.
- Percentage of children passing the 3rd grade Standards of Learning (SOL) reading test. The 3rd grade SOL reading test is another strong predictor of success in school.

Baseline:
- In 2014, 83.0% of children in our region passed the Fall PALS-K test compared to 88.1% for the whole state. Pass rates in the region ranged from 70.0% to 91.7% with seven systems rates below 80%.
- In 2014, 71.4% of children in our region passed the 3rd grade reading SOL compared to 68.1% for the whole state of Virginia.

Target:
- By 2020, we expect that at least 88% of the region's children will pass their fall PALS-K assessment, with all systems achieving a pass rate above 80%. (This would cut the number of children failing the test by 30%.)
- By 2020, we expect that at least 75% of the region's children will pass their 3rd Grade Reading SOL test and that all systems will achieve a pass rate above 70%.

Strategies:
- Support the disparate early reading programs in the region;
  - Communicate the bright spots;
  - Help promote programs to parents;
  - Support local coalitions and community groups that operate reading programs;
  - Advocate for additional funding for programs and assist with resource development;
- Develop media messages about the importance of reading to children and other early literacy activities;
- Advocate for additional funding for Virginia Preschool Initiative (VPI) and Head Start;
- Initiate the Campaign for Grade Level Reading;
- Support Pre-K to Kindergarten transition programs; and
- Track and highlight county improvements in K-Pal scores.
- Promote the use of developmental screenings for young children by training providers to use screens and by raising awareness about the importance of early screening.
FOUR GOALS FOR SOUTHWEST VIRGINIA

Goal II: Increase the number of families who have access to high quality childcare and child development programs.

Measures:

- The number of licensed childcare slots compared to the number of children under five. This ratio will give us a sense of whether there is an adequate number of childcare facilities for families.
- The number of childcare programs participating in Virginia Quality, Virginia’s Quality Rating and Improvement System, in our region. The quality of childcare has been shown to be a strong factor in preparing children for success in school. Childcare programs that participate in Virginia Quality recognize the importance of quality care and are making an effort to improve their program.
- The number of childcare programs that reach levels 3, 4, or 5 in the Virginia Quality system. Childcare programs that reach levels 3, 4, or 5 are recognized as leaders in quality.

Baseline:

- In 2015 there were 4410 licensed child care slots and 19,466 children under age five in Southwest Virginia for a ratio of 4.41 to 1 (children per slot). In Virginia, that ratio was 2.52 to 1.
- In 2015 there were 66 programs that participate in Virginia Quality in SWVA. This is 40% of eligible programs. (There 694 participating programs in Virginia; 18% of eligible programs)
- In 2015 Virginia Quality is just beginning a 5 level quality assessment program.

Target:

- By 2020, the number of childcare slots available to families in SWVA will increase by 5%.
- By 2020, the number of childcare programs participating in Virginia Quality participating programs will increase by 20%.
- By 2020, thirty participating Virginia Quality programs will reach level 3, 4, or 5.

Strategies:

- Coordinate the Virginia Quality Program
  - Assist with grant applications to VA DSS, local DSS, and other funders
  - Support professional development opportunities across the region
  - Provide programs a range of resources and support for continuous quality improvement
  - Collect, analyze and disseminate program quality and child outcome data
  - Communicate best practices for high quality early learning
  - Help families make informed decisions about quality child development programs
- Advocate for additional funding for VPI and Head Start
- Support early childhood professionals to advance in their career
- Support local collaborations that increase licensed childcare and seek funding to support the start-up of new programs
- Track and highlight quality improvements of programs

Goal III: Improve access to programs that benefit the health
and well-being of young children.

Measures:

- The percentage of children under three who are provided early intervention services through Infant Toddler Connection of Virginia (ITC). These services are provided by the state’s community services boards to families of children who are not developing as expected. Early intervention has been shown to make a significant difference in assisting children in healthy development. It is important that these services begin early.
- The number of persons enrolled in Women, Infants, and Children (WIC) in the region. Research has shown that WIC improves the health of children and mothers in the program and helps prepare children for success in school.

Note: There are many important programs serving children. These two programs, WIC and ITC, provide good enrollment data on a regular basis and will be used as key markers indicating that the community is improving access to quality programs.

Baseline:

- In 2013-14, Cumberland Mountain CSB served 3.38% of children under three, DILENOWISCO served 2.89%, Highlands served 2.93%, and Mt. Rogers served 3.24%, all above the state rate of 2.8%.
- In February of 2015, the three Health Districts of SWVA served a total of 8,604 persons in the WIC program.

Target:

- By 2020, all early intervention programs in the region will serve at least 3.0% of children under 3 and all will have a higher service rate than the state.
- By February of 2020, the number of families enrolled in WIC in Southwest Virginia will increase by 15% from February of 2015.

Strategies:

- Develop and support a regional coalition of home visiting programs;
- Assist in resource development for home visiting programs;
- Support projects that facilitate inter-agency referrals;
- Promote the use of (Ages and Stages Questionnaire) ASQ and other developmental screening tools;
- Support the regional WIC coalition; and
- Track and highlight increased use of WIC and Early Intervention as well as other programs.

Goal IV: Increase the community’s understanding of the importance
FOUR GOALS FOR SOUTHWEST VIRGINIA

of investing in early childhood and promote actions that change policies and procedures that benefit young children.

Measures:
- Number of organizations that collaborate with Smart Beginnings
- Number of people registered for Smart Beginnings general constant contact e-mail list.

Baseline:
- In the fourth quarter of 2015 there were 67 separate organizations that participated in Smart Beginnings Coalitions and Leadership Councils.
- In November of 2015, there were 1,200 persons on Smart Beginnings Constant Contact list.

Target:
- By 2020, the number of organizations participating in Smart Beginnings coalition and committee meetings will have increased to 75.
- By 2020, there will be 1,800 persons on Smart Beginnings Constant Contact list.
- Each year Smart Beginnings will report on efforts and successes in improving policies and procedures that benefit young children and their families.

Strategies:
- Develop an annual public awareness campaign in coordination with Virginia Quality using a variety of media, including Facebook, Constant Contact, Website, social media, brochures, newspapers and TV;
- Include in the plan the promotion of increased access to beneficial programs, of quality early childhood programs, and of activities that promote early learning, as well as healthy development;
- Ensure that messages engage families from all income and literacy levels;
- Include in the plan messages that support partner agencies and programs;
- Build an advocacy agenda to influence public policy and community agencies to improve services to children; and
- Collect and use data that highlights improvements in reaching Smart Beginnings goals.
- Promote emerging literacy programs that encourage parents to read to their children
- Clarify and strengthen the regional and local early childhood leadership structures:
  - Recruit new leaders from a variety of fields;
  - Clarify roles of the regional leadership council, local coalitions, and working group and their relationships to one another; and
  - Clarify roles and responsibilities of members and officers of these groups.
The Virginia Early Childhood Foundation, which has provided the major funding for Smart Beginnings for the last five years, has awarded Smart Beginnings Southwest Virginia funding through 2017-18. This funding provides Smart Beginnings three years in which to establish sustainable funding for its work. The Leadership Council has developed a sustainability plan for the next five years.

- **The United Way of Southwest Virginia** has made a major commitment to Smart Beginnings. This fundraising plan depends upon this commitment continuing for the next five years. Smart Beginnings and United Way will work in partnership to raise the funds necessary for ongoing early childhood work. Smart Beginnings and United Way will work in partnership to raise the funds necessary to sustain the work of Smart Beginnings. We will count on United Way to continue their significant support while Smart Beginnings staff and volunteers will support the fundraising efforts of United Way.

- **Major donations:** United Way and Smart Beginnings will work together to identify individuals and corporations in the region that would be interested in supporting the mission of Smart Beginnings.

- **Fundraisers:** The regional coalition will help coordinate at least one region-wide fundraising event per year.

- **Sponsorships:** United Way and Smart Beginnings will develop an annual plan to seek sponsorships from corporations for specific Smart Beginnings events such as our regional conferences. We will also explore inviting sponsorships for our publications.

- **Civic groups:** We will continue to seek support from local civic groups, especially for specific projects.

- **Faith groups:** We will approach churches that have a history of regional giving for ongoing support of Smart Beginnings.

- **Grants:**
  - Smart Beginnings will continue to look for grants that fit our mission and that we can carry out on a regional basis.
  - Smart Beginnings will research, and when appropriate, apply for funding to national corporations that have a presence in the region.
  - Our staff and volunteers will, when appropriate, assist other organizations to apply for funding that relates to our mission and goals.
  - Smart Beginnings will continue our collaboration with the Virginia Early Childhood Foundation and work in partnership to respond to opportunities to bring additional resources to the region.

- **In Kind support:** We will take advantage of in-kind donations from media and other supporters.

- **Thinking ahead:** We will meet with and educate the staff and members of the Tobacco Commission so that, in future years we may approach the Commission for support of early childhood projects in Southwest Virginia.

- **Regional Partnerships:** We will explore ways that Smart Beginnings might perform regional coordination for a group of similar organizations and, in turn, those organization would provide "membership" support to Smart Beginnings. For example, some groups that might be amenable to a regional collaborative project: school districts, health districts, Departments of Social Services, Community Services Boards, Boards of Supervisors, Community Colleges, Head Start programs, Chambers of Commerce.
General Environment:

Smart Beginnings Southwest Virginia serves the thirteen counties and three cities of far southwest Virginia.

People not familiar with our region – an area about the size of Connecticut – might think our communities are much the same throughout the region since it is all part of Appalachia. The mountains are all beautiful and the ethnic makeup of the region is homogeneous (most counties are over 95% white). Yet, people who live here know that, just as vistas of the mountains differ from White Top to High Knob to Burke's Garden, the culture and economy differ from one community to another. The northern and western counties have been dominated by the coal industry since the 1880's. The fortunes of communities there have waxed and waned with the boom and bust of the coal business. In the eastern and southern counties, farming and small manufacturing have influenced economic development. In the past decades, most economic growth has occurred along or near the Interstate 81 corridor. Yet, even there, economic conditions have lagged compared to the rest of Virginia.

Southwest Virginia is predominantly rural; while the region makes up 15% of Virginia's area, it accounts for only 5% of the population. The region's economy has not kept up with the rest of the state. The median household income, at $34,670, is only 56% of the state's median income of $61,406. Unemployment rates here are consistently higher than the state's average. And the region's poverty rate is 60% higher than the state's rate (18.8% vs 11.7%).
Indicators of Risk Faced by Young Children in SWVA

Following are descriptions of some of the major risks to the healthy growth and development of young children. Research has shown that these factors diminish a child’s chances of arriving at school ready to learn. This report assesses the prevalence of these risks compared to Virginia as a whole or average.

Poverty Among Young Children

Poverty is a crucial factor in assessing the conditions of young children. While our region’s poverty rate is 60% higher than the state, it is significantly higher for very young children. 26.9% of all children in Southwest Virginia live below the poverty line. But for children under five it is even worse: 34.8% live below the poverty line. In SWVA, a kindergarten teacher can expect every third child to live with a family that cannot afford the basic essentials. In Bristol, the teacher can expect every second student that enters her class to be living in poverty. Such pervasive poverty makes it hard for the child, the family, and the teacher to succeed.

Poverty Rates in Southwest Virginia compared to the entire state of Virginia

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<tr>
<td>All Virginians</td>
<td>11.7%</td>
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<tr>
<td>Southwest Virginians</td>
<td>18.8%</td>
</tr>
<tr>
<td>All SWVA Children</td>
<td>26.9%</td>
</tr>
<tr>
<td>SWVA Children Under 5</td>
<td>34.8%</td>
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Source: US Census, 5 year average 2009-13

These statistics are so important to our assessment because young children are the most vulnerable to the damaging effects of poverty. A recent study by Duncan et al. (2010) found that the long-term consequences of economic adversity in childhood are worse the younger the child. The research showed that a $3,000-per-year lower family income in early childhood is associated with 17% lower productivity in adulthood, but lower income later in childhood appears to have little effect on later productivity. This adds to the understanding from recent brain research which tells that serious adversity early in life can weaken the architecture of the developing brain creating problems well into adulthood.
CONDITIONS FOR YOUNG CHILDREN IN SOUTHWEST VIRGINIA

As Harvard University's Center for the Developing Child explains:

"Poverty is important because economic disadvantage may have cascading effects on many aspects of family life. It constrains parents' ability to provide rich learning opportunities for their children and often forces parents to choose among lower-quality child care, which we know can compromise the relationships children need for healthy development. It can mean growing up in a neighborhood that's more dangerous and lacks the kind of community resources to which more affluent families have access. It can mean the burden of overtime work, multiple jobs, or a split-shift job that limits parents' interaction time with their children. It can lead parents to be one event or one sick child away from losing a job. These kinds of conditions can lead to high levels of stress in families' everyday environments, and such adversity can affect children's development."

The reasons why young children are the poorest among us are varied but one reason is straightforward: young children are poor because their young parents are poor. Young adults are often poor because our society does not value the work of those just getting started in employment. One crucial example: the minimum wage, at $7.25/hr, is 30% lower than it was in 1968 if we account for inflation. And 70% of minimum wage workers are between the ages of 16 and 34. Entry level jobs in SWVA are even more likely to be near-minimum wage. Young adults are better educated than in the past; yet they are more likely to be unemployed or underpaid for their work. Young parents are trying to raise children with significantly less income than parents of the 1950's, 60's, and '70's.

**Early Trauma Experienced By Young Children**

As mentioned above, new brain research has demonstrated that early trauma and toxic stress not only changes a child's emotional security but the actual architecture of that child's brain. Violence experienced in early childhood can have major long term consequences to a child's "executive function", the ability to maintain self-control and to delay gratification. Researchers are now reporting that this set of abilities plays a stronger role in a child's school and later work success than IQ or many other factors.

There are two types of family violence that adversely affect children: child abuse and domestic violence. The damages created by child abuse or neglect are easily understood; however, many still do not recognize that witnessing domestic violence can be just as traumatic for infants, toddlers, and pre-school age children.

The child abuse (foundered cases) rates in Southwest Virginia are significantly higher than the state. Virginia's rate of 3.3 per 1,000 children (est. 5 yr. average 2009-13) is reason for concern and action. The rates are generally three times higher, with some counties having rates five times the state rate. Our child abuse rates range from 2.9 (an outlier) to 17.4 cases per 1,000 children.
When young children witness violence in the home, they can experience trauma that results in long-term damage to their development, even changing the size of key parts of the brain. So, violence in the home is a major risk for young children even when that violence is not directed at the child. In 2003 the rates of domestic violence in Southwest Virginia were much higher than the rest of the state, nearly double. At that time, the regional domestic violence programs, law enforcement agencies, and legal aid developed a strong collaborative effort that had a significant impact on the rate of domestic violence. Rates dropped over the ten year period by 69%. The rate of domestic violence in our region is still higher than the state: 2.4 per 1,000 population vs 1.7 for the state. So, while interagency collaboration has helped reduce the incidence, domestic violence continues to be a threat to many children in SWVA.

Lack of Prenatal Care:

Important factors that influence a child’s health occur even before conception, with family planning and the health of the parents. One of the earliest indicators of community health is the percentage of pregnant women who begin health care in the first trimester of pregnancy. In 2013, 82.9% of Virginia women reported starting prenatal care in the first trimester of care. It appears that many jurisdictions in SWVA have a much lower rate.
Unfortunately, the data reported by the Virginia Department of Health is apparently inaccurate for counties/cities that border another state – where many residents give birth at hospitals in other states. So, it is difficult to draw any conclusions about access to early prenatal care in SWVA.

**Low birth weight:**

Children born with a low weight – below 5 ½ pounds – are at increased risk of health problems and developmental delays. Also, a high percentage of low weight births in a community is an indication that the health system is not working well for mothers and infants. In Virginia (5 yr. average from 2008-2012) 8.2% of births were low weight births. In SWVA, only three jurisdictions had rates below the state average while rates ranged up to 14.5%. Seven jurisdictions had rates above 10% which is ¼ higher than the state.

**Exposure to Toxic Substances:**

A major threat to young children's health is adult tobacco smoking. This is a double danger when adults smoke around children – first the child is exposed to second hand smoke which can cause cancer and asthma; second, the child is more likely to begin smoking and become an adult smoker. In Virginia 18% of adults smoke tobacco. The rate of use is higher in all jurisdictions of SWVA, as high as 33% in two counties.

Some children are also exposed to harmful substances during pregnancy. There is now a diagnosis for babies born with problems associated with exposure in the womb to tobacco, alcohol, and other harmful drugs: Neonatal Abstinence Syndrome or NAS. The Health Department keeps records of newborns diagnosed with this syndrome. Again, this is a double risk to children. First, the syndrome has been linked to low birth weight, developmental delays and other health problems. Secondly, a child with this diagnosis will likely be cared for by a mother who has an addiction or problem with substance abuse.

The number of newborns with NAS diagnosis has increased dramatically in the last ten years, from 113 in VA in 2003 to 493 in 2013. This is partly because it is a new, evolving medical diagnosis. But the rise does correspond with growing concern about substance abuse. And the rate of NAS diagnosis in SWVA has not only grown, it is much higher than the state as a whole. For the state, the rolling three-year rate was the highest ever at 3.8 per 1,000 births. In Southwest Virginia the rates ranged from 7.6 in the Mt. Rogers HD to 13.4 in the Cumberland Plateau HD to 20.8 in the LENOWISCO HD. This indicates that the prevalence of substance exposure in newborns is from two to five times the state’s rate.

**Neonatal Abstinence Syndrome Rates per 1,000 Births**

<table>
<thead>
<tr>
<th>Location</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Virginia</td>
<td>3.8</td>
</tr>
<tr>
<td>Cumberland Plateau</td>
<td>13.4</td>
</tr>
<tr>
<td>LENOWISCO</td>
<td>20.8</td>
</tr>
<tr>
<td>Mt. Rogers</td>
<td>7.6</td>
</tr>
</tbody>
</table>

Source: Virginia Department of Health
CONDITIONS FOR YOUNG CHILDREN IN SOUTHWEST VIRGINIA

SERVICES THAT ARE AVAILABLE TO SUPPORT YOUNG CHILDREN AND THEIR FAMILIES:

QUALITY CHILDCARE

Families in Southwest Virginia often have very few licensed programs to choose from when searching for childcare. In our region there are 4.4 children for every licensed childcare slot compared to 2.5 children for every slot in Virginia (Source: Childcare Aware and US Census) While the availability of childcare is limited throughout the region, some counties have no or very little licensed childcare at all. The licensing of a program addresses health, safety and structure, with little emphasis on quality. In 2013, Virginia expanded its quality childcare initiative, now known as Virginia Quality, to all of Southwest Virginia. Many childcare providers throughout the region have responded to the opportunity to “sign on” to improving the quality of their programs. At present 66 of the region's programs are enrolled in Virginia Quality. This represents 40% of the eligible programs in Southwest Virginia, over twice the 18% enrollment rate in the state.

PUBLICLY FUNDED PRE-SCHOOL

Since the 1960's, Southwest Virginia has had a strong history of providing Head Start services to the low income families of our region. When Virginia began its Virginia Preschool Initiative, school systems in SWVA took full advantage of the program so that nearly all schools serve the maximum number of children funded by the state. Between Head Start and VPI, nearly all low income families in SWVA now have access to pre-school.

HEALTH CARE

In rural areas, access to health care can be an issue simply because of the scarcity of doctors and dentists. The health department tracks the ratio of primary physicians to population (we can find no data only for children) and the ratio in Virginia is 1344 to 1. That ratio is higher in almost all jurisdictions in Virginia and goes as high as 3923 to 1 in Dickenson County. The disparity between Virginia and our region is even more dramatic for access to dentists. The ratio of dentists to population is 1611 to 1 in Virginia. Half our jurisdictions have ratios twice as great as the state, over 3,200 to 1, with the ratio going as high as 15,486 to 1. For young children the lack of pediatric dentists is even more dramatic. We know that there are only a handful of pediatric dentists and fewer that accept Medicaid.
CONDITIONS FOR YOUNG CHILDREN IN SOUTHWEST VIRGINIA

EARLY INTERVENTION

While developmental delays can have a critical effect on a child’s ability to succeed in school, they can often be ameliorated if addressed when a child is young. That is why access to early intervention services is so important. The state mental health system keeps track of the number of children receiving early intervention services through the local community services board (CSB) and sets a target for 2013-2014 that 2.88% of children under three be served. All of our region’s CSB’s served a higher percentage of children than the target and the state average.

Percentage of Children Served in Early Intervention

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Virginia</td>
<td>2.80%</td>
</tr>
<tr>
<td>Cumberland Plateau</td>
<td>3.38%</td>
</tr>
<tr>
<td>DILENOWISCO</td>
<td>2.89%</td>
</tr>
<tr>
<td>Highlands</td>
<td>2.93%</td>
</tr>
<tr>
<td>Mt. Rogers</td>
<td>3.24%</td>
</tr>
</tbody>
</table>

Source: Infant and Toddler Connection of Virginia

HOME VISITING

Home visiting programs have been shown to have a strong benefit to children in families made vulnerable by poverty and other stressors. There are a variety of home visiting programs in Southwest Virginia, including Comprehensive Health Investment Program (CHIP), Healthy Families, Resource Mothers, Baby Care and others. Most of these programs serve a few counties but are not available throughout the region (Baby Care, operated by the Health Department, is the exception). None of these programs has the funding to fill the need in their locality. For example, Healthy Families, one of the programs funded through the General Assembly has only one program in Southwest Virginia. That program tries to serve three jurisdictions with only funding for one home visitor. While there is no data on the number of families served by all of these programs, it is clear that they are not now able to meet the need in the region.

EMERGING LITERACY PROGRAMS

Local groups throughout the region have developed their own programs to promote early reading and other activities that help give young children the skills and interest they need to be successful readers. These include Reading Buddies in Bristol, Snack Read and Learn in Bland and Wythe Counties, and 100 B4 K in Tazewell. Other localities have adopted national models such as Imagination Library. Smart Beginnings is in the process of compiling a directory of all of these locally supported projects.

WOMEN, INFANTS, AND CHILDREN (WIC)

WIC is a USDA funded nutrition program operated by Virginia’s Health Districts. Research has shown that WIC improves the health of children and mothers; research has also shown that children who receive WIC are better prepared to learn when they enter kindergarten. Yet, since 2009, enrollment in this program has decreased in SWVA as well as the state. In 2013 USDA estimated that 17% of eligible pregnant women were unserved by WIC; in Southwest Virginia that estimate was 25-30% unserved. Smart Beginnings has led an effort to increase enrollment with some promising results.
Readiness for Kindergarten

The best measure we have for children’s readiness to learn and succeed in Kindergarten is the PALS-K test. This test is given in the Fall to all children entering Kindergarten in Virginia and is designed to measure word recognition and other “pre-literacy” skills. Children who score below a certain level are recognized as needing special intervention. In the Fall of 2013, 12.5% of Kindergartners statewide were so identified. The percentage of children needing intervention was even higher in most school systems in Southwest Virginia. The percentage ranged from 8.8% to 25.6%. All but two systems’ rates were higher than the state with eight of the systems having rates above 16% (25% higher than the state).

Children who do not pass the PALS-K test are likely to struggle to learn the basics of reading that are keys to success in elementary school. And children who are not reading proficiently by end of the third grade are much less likely to graduate from high school. We can track the percentage of children who do not pass their Standard of Learning (SOL) reading test as an indication of the percentage of children who do not have the basic skills to succeed in school. In Virginia 69% of third graders passed the third grade reading SOL. In Southwest Virginia, 71% of the third graders passed the SOL reading test.

When looking at the PALS-K scores and the 3rd grade SOL scores one thing becomes apparent. In Southwest Virginia, young children are entering Kindergarten unprepared to learn to read at a higher rate than Virginia as a whole. Yet, by the third grade, the percentage of children passing the reading SOL is comparable to the state average. This indicates that our region’s public schools are doing an extraordinary job helping our children – many of whom are at risk of failure – to learn to read. The school systems can do even better when a higher percentage of children enter Kindergarten prepared to learn.
Buckey Boone  
*Regional Coordinator*  
Smart Beginnings Southwest Virginia  
bboone@unitedwayswva.org  
276-525-4104  

Robin Grossman  
*Regional Manager , Southwest Virginia*  
Virginia Quality  
gr Grossman@unitedwayswva.org  
276-525-4102  

Uva Havens  
*Quality Improvement Coordinator*  
Virginia Quality  
uhavens@unitedwayswva.org  
276-525-4747  

Kristy Worley  
*Regional Specialist*  
Virginia Quality  
k worley@unitedwayswva.org  
276-535-4103