

Kindergarten Readiness Community Impact Plan



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OberlinKids

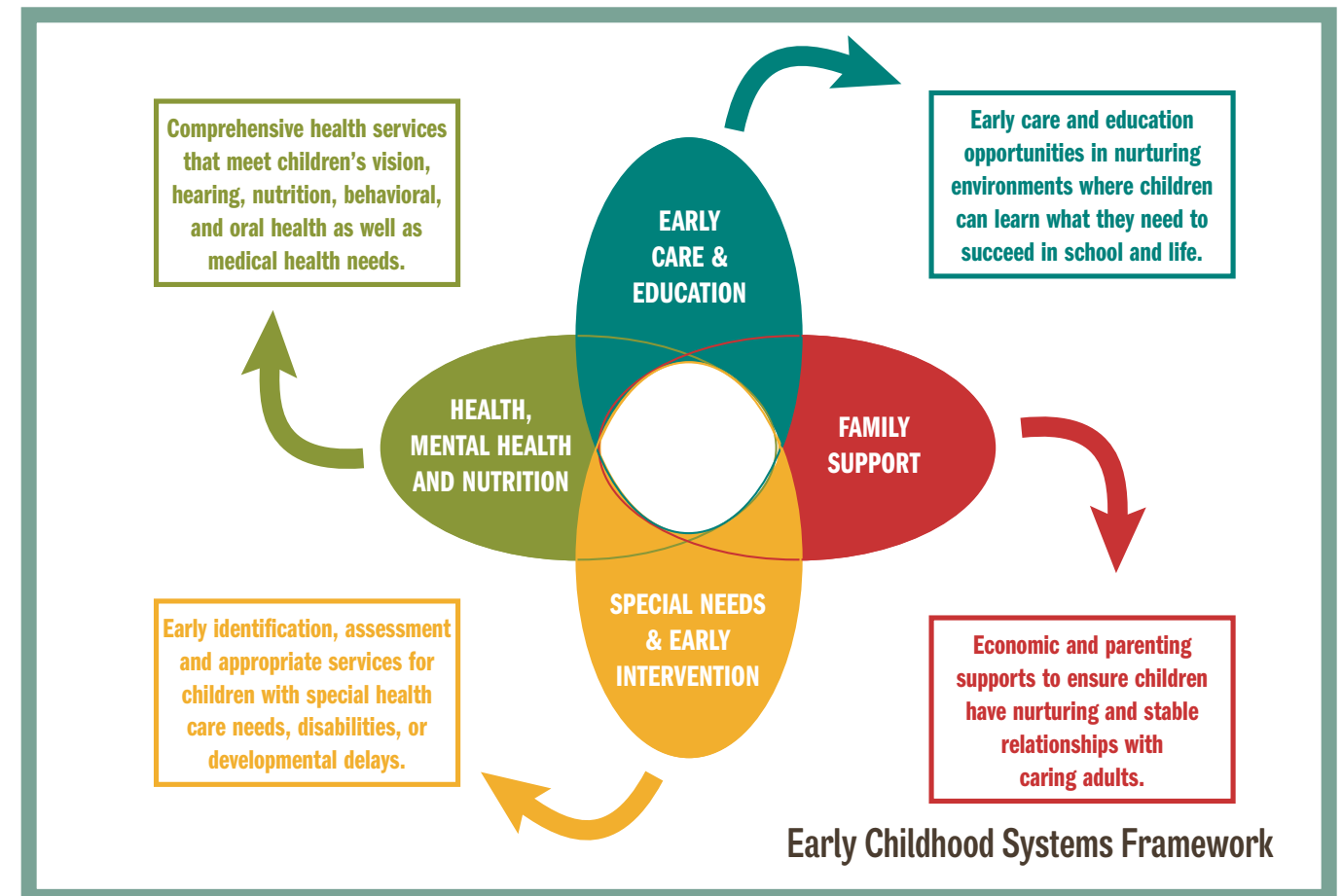
There are roughly 1900 days from the time a child is born until they enter kindergarten. Getting children ready for school is not easy. It involves ensuring they are not only academically ready for school but that they grow up in a healthy and supported environment and have positive experiences. It also involves making sure the parents are supported and the needs of the family are met.

The research is clear; the most critical time to impact a child's experiences and environments is from age birth through five, when the brain develops rapidly to build the foundation for success. Economist, John Heckman, Ph.D. states "A direct investment in a child's early development is complemented by investment in parents and family environments. Quality early childhood education from birth to age five, coupled with

parent-coaching, such as home visitation programs for parents and teen mothers, has proven to be effective and warrants more investment."¹

Federal Efforts

The kindergarten readiness system is complex. It involves multiple programs, policies, agencies and institutions at the local, state, and national level. In 2002, the Early Childhood Funders collaborative understood this complex system and the issue of programs operating in isolation without enough resources to meet the critical needs. As a result, the Build Initiative was created to bring together leaders from states to develop a plan for strategic early learning systems building. Ohio was one of the initial states and continues their participation with the Build Initiative.²



In 2005, the Early Childhood Systems Working Group (ECSWG), an independent, voluntary collaboration of leaders came together to discuss how national organizations could work together more effectively to support state system building efforts. BUILD serves as a member of the ECSWG.³ Together they developed a framework to describe the early childhood system.



Right now in Oberlin!

8286
Oberlin City Population⁶

425
estimated children
birth to age six

19.9%
of families live in
poverty⁶

54%
of children in the Oberlin
School District qualify for free
and reduced lunch

29%
children in Kindergarten – 2nd
grade received a
Reading Intervention
Monitoring Plan⁷

16.5%
identified students have an
Individual Education Plan
(IEP)⁷

The framework includes four components of the early childhood development system: family support; health, mental health, and nutrition; early care and education; and special needs/early intervention. The idea was that “optimal developmental outcomes for young children will be achieved when each component is fully developed and the four components or subsystems connect or align.”⁴ Ohio adopted this framework in 2007.

Statewide Efforts

It has been fourteen years since the BUILD Ohio Initiative began. Since then, a tremendous amount of work has been done to improve the system and outcomes for children. The Early Childhood Advisory Council, Governor’s Early Childhood Education Office, and Family and Children First Council’s were all developed in an effort to set state policy; coordinate programs, systems, and services; build community capacity; share accountability; and engage and empower families. In addition, almost \$100 million dollars in federal grants have been received and put toward early childhood initiatives.⁵

Local Efforts

Despite these efforts statewide, the local early childhood development system continues to struggle with the numerous public and private funding streams administered through different agencies with different guidelines. This systems lends itself to support organizations operating in isolation and competing over dollars. It also lacks linkage and coordination across systems and the capacity to meet all of the health and early childhood education needs of the children and to support families in Oberlin.

In 2011, a group of community members representing the City of Oberlin, schools, local government, nonprofit, and business sectors met to discuss how can we ensure all children enter kindergarten healthy and



ready to learn. This was not the first time community organizations came together to provide services to children and families. In fact, there is a strong history and spirit of collaboration in Oberlin. Despite this ongoing collaboration, organizations continued to operate in isolation.

Albert Einstein once said that the definition of insanity is “doing the same thing over and over again, but expecting different results.” The Oberlin community has committed to improving the outcomes for children and families by using a different approach for systems change. Fifteen community organizations from different sectors have committed to taking a collective impact approach toward school readiness. Together, we understand that no single organization in Oberlin, no matter how powerful or innovative, can ensure all children and families are healthy and ready to learn. Kindergarten readiness is a complex social problem, meaning there is not a known single answer or no single entity has the resources to bring about the change. The collective impact approach brings government organizations (social service, health), businesses, city, schools, and nonprofits together to work toward sustainable solutions for our children and families through shared vision, measurement, resources, and activities.

In 2012, the group formalized as OberlinKids. Initial discovery sessions included the participation of over 50 people from all systems and focused on defining our local system. The group utilized the framework developed by ECSWG to guide the discussion and create a comprehensive plan.

In 2013, the United Way of Greater Lorain County funded the OberlinKids. The OberlinKids Steering Committee provides leadership of process and oversight of collaborative’s goals and strategies. Advisory groups were created to support the writing of the outcomes and strategies. The group’s effort were centered around the domains the early childhood system: **early care and education, health, promotion and outreach** and **early intervention**. Together, OberlinKids will work with one another to change the system of kindergarten readiness in Oberlin to improve long lasting outcomes for our children and families.

EARLY INTERVENTION

GOAL: Ensure the early identification, assessment, and delivery of services for children with special needs, disabilities, or developmental delays prior to entering kindergarten.

Why is this important?

This indicator measures the collaborative's ability to refine/create a system to ensure a seamless service delivery system. It is defined as:

1. the percentage of children who receive annual developmental screenings.
2. the percentage of children receiving further assessment in a timely manner, and
3. the percentage of children receiving services in a timely manner.

It is important because a child's growth is more than just physical; a child's development can be followed by how they play, learn, speak, move, and behave. Sometimes children do not reach these milestones as a result of a developmental delay. A developmental delay is not something a child will likely "grow out of" on their own. The earlier the services begin the greater the likelihood that the effects of the delay will be lessened prior to the child entering kindergarten.

A 2011 study published by the American Academy of Pediatrics identified that almost fourteen to seventeen percent of young children (birth-five) are thought to be at risk of a developmental disability.⁸ Less than half of these children are identified before starting school. During this time, the unidentified children could have received support for the delay and may even have entered kindergarten more prepared.

Current Data – What is it telling us?

In Oberlin, Lorain County Children and Family First Council reported that there is currently >1% of children birth – three receiving Early Intervention services from Help Me Grow.⁹ Oberlin City Schools report that 14% of preschool children have been identified as having a developmental delay and are receiving specialized services.



Strategy 1
Educate families on the importance of early screening, identification, and services.

Strategy 2
Ensure access to free, universal, developmental screenings, further assessment, services, and care coordination for all children under five residing in the Oberlin School District.

EARLY CARE & EDUCATION

GOAL: Ensure access for all children in Oberlin to high quality early learning and education experiences.



Strategy 1
Develop quality indicators for home and center based programs to ensure consistency in quality systems.

Strategy 2
Develop a mentoring system that will provide support to licensed home and center based programs working to implement and maintain the quality indicators.

Strategy 3
Educate parents on importance of high quality programming.

Strategy 4
Ensure access for children not enrolled in high quality home or center program to free, high quality programs and play based activities.

Strategy 5
Implement a researched based home based program for children and families not enrolled in high quality center preschool programs.

Why is this important?

This indicator measures Oberlin based licensed early learning home and center based programs ability to provide high quality programming to young children. It is defined as

1. the percentage of center based and home care providers that meet the OberlinKids quality standards,
2. the percentage of children enrolled in the OberlinKids Home Based program,
3. the percentage of children enrolled in a high quality early learning center for at least one year.

It is important because teachers in high quality programs are educating our youngest children at a time when their brains are developing at their most rapid pace. These early years lay the foundation for all future development and learning, preparing children for success in school and beyond. When children receive quality care and education, they are more likely to enter school prepared to be successful. When they do not, they are at risk for entering school already behind, and often fall further and further behind.

Children who attend high quality preschool programs score higher on mathematics and reading assessments in the elementary grades; gain critical non-cognitive, or "soft skills," needed for success in school; are less likely to need special education services; are less likely to be retained; and are more likely to graduate from high school than children who do not attend such programs. The impact is particularly powerful for children from low-income families or those at risk for school failure who, on average, start kindergarten 12 to 14 months behind their peers in pre-reading and language skills.

Current Data – What is it telling us?

Currently thirty-three percent of licensed home care providers in Oberlin have a one star rating by the Step Up to Quality Program. Sixty percent of centers are rated high quality, receiving a three, four, or five star with the remaining forty percent having a one star or working toward a one star.¹⁰ Help Me Grow offers Home Visiting programming to families that meet the three conditions: first time mothers, child under the age of six months, and under 200% federal poverty level. No data was available on the number of children enrolled in this program in Oberlin.

PROMOTION & OUTREACH

GOAL: OberlinKids is the “go to” when anyone in Oberlin thinks of kids.

Strategy 1

Develop a marketing plan to increase awareness of OberlinKids.

Strategy 2

Develop and implement a community wide OberlinKids enrollment strategy.

Strategy 3

Develop and implement services aligned to engage and meet the needs of OberlinKids families.

Why is this important?

This indicator measures the collaborative’s ability to market and recruit parents and their children into the program and the communities willingness to support our efforts. It is defined as:

1. the percentage of referrals to OberlinKids
2. the percentage of children enrolled, and
3. the percentage of family engagement.

It is important because OberlinKids’ goal is to ensure all children enter kindergarten healthy and ready to learn. Organizations, businesses, and community members need to work together to ensure parents are made aware of the programming provided by OberlinKids. If systems are not created to enroll children into the program, they may not obtain the services, programming, or resources needed to support their child in getting ready for kindergarten.

What is the data telling us?

OberlinKids has enrolled 64% of the children ages birth to kindergarten.

HEALTH

GOAL: Ensure all children enter kindergarten healthy.

Lead Screening

Why is this important?

This indicator measures the collaborative’s ability to identify children with high lead levels and get those children treatment in order to avoid an adverse impact to learning. It is defined as:

1. the percentage of children enrolled in OberlinKids whose parents answered “yes” to any lead screening question and have had their lead tested.

Exposure to lead can result in a variety of effects upon neuropsychological functioning including deficits in general intellectual functioning, ability to sustain attention on tasks, organization of thinking and behavior, speech articulation, language comprehension and production, learning and memory efficiency, fine motor skills, high activity level, reduced problem solving flexibility, and poor behavioral self-control.¹¹

Current Data – What is it telling us?

At least 4 million households have children living in them that are exposed to high levels of lead. There are approximately half a million U.S. children ages 1–5 with blood lead levels above 5 micrograms per deciliter ($\mu\text{g}/\text{dL}$), the reference level at which CDC recommends public health actions be initiated.¹² The goal of all lead poisoning prevention activities should be to reduce children’s blood lead levels below 10 $\mu\text{g}/\text{dL}$. If many children in the community have blood lead levels $>$ or $=$ to 10 $\mu\text{g}/\text{dL}$, community-wide interventions (primary prevention activities) should be considered by appropriate agencies. Interventions for individual children should begin at blood lead levels of 15 $\mu\text{g}/\text{dL}$.¹³

Vision

Why is this important?

This indicator measures the collaborative’s ability to identify children needing further vision evaluation and support them in obtaining services (glasses, patch, etc.) in order to enter kindergarten with corrected vision. It is defined as:

1. the percentage of children ages 3–5 enrolled in OberlinKids who had a vision screening by a trained professional.

Vision problems have been shown to adversely affect students’ ability to function and enjoy learning. Children with myopic vision have trouble reading blackboard notes or other classroom presentation materials. Children with hyperopic vision have trouble reading or



doing any kind of close work. Amblyopia, or lazy eye, is decreased vision in one or both eyes due to abnormal development of vision in infancy or childhood and is

Strategy 1

Incorporate early childhood mental health, lead, vision, hearing, dental, immunizations, prenatal care, breastfeeding, asthma/allergy, participatory guidance (food, physical activity, sleep), maternal smoking screening into the OnTrack for Kindergarten program to identify, educate, refer, and follow up with children and families.

Strategy 2

Evaluate and identify pediatric providers’ system for entering data into IMPACT Statewide Immunization Information System (SIIS) for lead, vision, hearing, educate, and develop solutions to ensure data is entered on an ongoing, consistent basis.

Strategy 3

Develop and implement a system to educate and support parents on the importance of early childhood mental health, vision, hearing, lead, dental, screenings in early years, preconception health, preventing unwanted pregnancies, early prenatal care, second hand smoke, chronic health conditions, breastfeeding, smoking cessation, physical activity.

Strategy 4

Develop policies to support breastfeeding in workplaces in Oberlin and/or where OberlinKids mothers work.

Strategy 5

Evaluate the early childhood mental health system to identify barriers and duplication of services.

the leading cause of vision loss amongst children. Early treatment leads to successful outcomes.¹⁴

Current Data – What is it telling us?

Nationally, 4% of children 6–72 months of age have myopia or nearsightedness, 21% of children 6–72 months have hyperopia or farsightedness and 23% of children have no health insurance to cover vision care.¹⁵

Data from Oberlin Kindergarten screenings indicate that in

- 2014–15 - 83 K students were screened, 81 passed, 2 referred, 2 had completed follow-up
- 2015–16 - 77 K students were screened, 73 passed, 4 referred (completed referrals not known)



Hearing

Why is this important?

This indicator measures the collaborative's ability to identify children needing further hearing evaluation and to support them in obtaining services in order to enter kindergarten with corrected hearing. It is defined as:

1. the percentage of children, newborn, and ages four and five, enrolled in OberlinKids who had a hearing screening by a trained professional.¹⁶

Studies have shown that early diagnosis of hearing loss is crucial to the development of speech, language, cognitive, and psychosocial abilities. Treatment is most successful if hearing loss is identified early, preferably within the first month of life. Research suggests that

those who have hearing impairment and get intervention have better language skills than those who don't.

Ohio mandates infant hearing screenings prior to the infant's departure from the hospital. In addition, it also requires that preschoolers attending a school-based program shall be screened each year they are enrolled in preschool.

Current Data – What is it telling us?

Every day in the United States, approximately 1 in 1,000 newborns (or 33 babies every day) is born profoundly deaf with another two to three out of 1,000 babies born with partial hearing loss, making hearing loss the number one birth defect in America.¹⁶

Dental Screening

Why is this important?

This indicator measures the collaborative's ability to identify children needing further dental evaluation, and treatment in order to enter kindergarten with healthy teeth. It is defined as:

1. the percentage of children one year of age who received a screening by a pediatric provider for oral health to determine risk for dental issues.

Tooth decay (cavities) is one of the most common chronic conditions of childhood in the United States. Untreated tooth decay can cause pain and infections that may lead to problems with eating, speaking, playing, and learning. Data indicates strong link between school performance, quality of life, and success later in life and dental health.¹⁷ Dental care remains the number one unmet healthcare need among poor Ohio adults and among children across all income levels.¹⁸

Current Data – What is it telling us?

About 1 of 5 (20%) children aged 5–11 years have at least one untreated decayed tooth.¹⁷



Immunizations

Why is this important?

This indicator measures the collaborative's ability to identify children who need immunizations and support them in obtaining them in order to enter kindergarten with all required immunizations. It is defined as:

1. the number of children who have received the required immunizations, according to the Ohio Department of Health, to enroll into kindergarten.

This indicator is important because a child with a vaccine-preventable disease can be kept out of early learning programs. A prolonged illness can take a financial toll because of lost time at work, medical bills, or long-term disability care. In comparison, getting vaccinated against these diseases is a good investment and usually covered by insurance.

Current Data – What is it telling us?

Per the data as assessed at Eastwood Elementary School fall 2015 - 2014–15 class - out of 83 students enrolled in K, 79 had up to date immunizations, 0 with exemptions with four that needed nursing intervention to complete kindergarten requirements.

Per the data - 2015–16 class - out of 57 students enrolled in K, 53 had up to date immunizations, two with exemptions with two that needed nursing intervention to complete kindergarten requirements.

Prenatal Care

Why is this important?

This indicator measures the collaborative's ability to increase pregnant mom's ability to have a healthy birth and child. It is defined as:

1. the percentage of pregnant women who visit the Obstetrician prior to their 13th week of pregnancy and throughout entire pregnancy.
2. the percentage of pregnant women diagnosed with gestational diabetes who enter a diabetes prevention program.

In order to have the best possible outcome for mother and child, early prenatal care is essential. Even before a woman conceives, she can be given folic acid, checked for immunity to rubella and blood type, as well as advised about smoking, drinking alcohol, and eating a healthy diet. Once a woman is pregnant, prenatal visits to a healthcare provider will include examinations to determine the health of the mother and developing fetus.¹⁹



Current Data – What is it telling us?

Ohio data shows that 71.6% of expectant moms in Ohio had prenatal care prior to their 13th week of pregnancy in 2014.²⁰

Chronic Health Conditions (Allergy/Asthma/Seizure)

Why is this important?

This indicator measures the collaborative's ability to identify children needing further evaluation and treatment for chronic health conditions such as allergies, asthma, seizures. It is defined as:

1. the percentage of children in OberlinKids who have been screened and referred for further evaluation for chronic health conditions.

Low-income children generally have asthma prevalence rates 2–3 times higher than other children. While there is an association between being diagnosed with asthma and school absenteeism, the nature of the relationship is unclear. Improved school attendance among children with asthma is associated with school-based asthma care and with effective asthma care from a healthcare professional. Effective asthma control generally reduces nocturnal symptoms that might disturb a child's sleep. Improved sleeping patterns are associated with improved school performance.

Current Data – What is it telling us?

According to the 2013 Behavioral Risk Factor Surveillance System, 4.3% of Ohioan children 0–4 years and 10.3% of children 5–14 years were diagnosed with asthma.^{21A}

5.8% of Eastwood Elementary School students reported asthma diagnosis in 2016. 5.5% of Oberlin School students across all grades have reported asthma diagnosis in 2016.

Breastfeeding

Why is this important?

This indicator measures the collaborative's ability to increase the length mothers breastfeed their child. It is defined as:

1. the percentage of mothers in OberlinKids who breastfeed their child for the first six months.

Breastfeeding is the preferred method of providing infant nutrition and promoting infant health. Infants who are not breastfed have increased risk for Sudden Infant Death Syndrome (SIDS), necrotizing enterocolitis (NEC), ear infections, and GI infections. They may have higher risk for developing obesity. Mothers who do not breastfeed are more likely to develop type 2 diabetes, osteoporosis, breast and ovarian cancers, and may take longer to return to their pre-pregnancy weight.

Breastfeeding benefits for mother and infant are greatest when exclusive breastfeeding is sustained for the recommended six months, followed by continued breastfeeding as complementary foods are introduced, with continuation of breastfeeding for one year or longer.^{21B} If 90% of infants were breastfed exclusively for the recommended six months, the US would save \$13 billion per year and prevent an excess 911 deaths.²²

Current Data – What is it telling us?

Breastfeeding rates remain below *Healthy People 2020* goals of 81% initiating breastfeeding and 60% exclusively breastfeeding for six months,

Women who are less educated, black, or receiving Medicaid services have lower rates of breastfeeding in Ohio. 2014 Ohio data indicates that 70.1% of women have ever breastfed, 42.1% breastfed for six months, 21.6% breastfed at 12 months.²³

Physical Activity

Why is this important?

This indicator measures the collaborative's ability to make an impact on a child's health and self-esteem. It is defined as:

1. the percentage of children who participate in at least 60 minutes amount of physical activity per day.

Physical activity is part of a healthy lifestyle that is crucial to maintain a healthy weight for body and mind. It promotes healthy growth and development, helps kids achieve and maintain a healthy weight, and provides an opportunity for children to make friends. Children who exercise are more likely to be at a healthy weight



and remain at a healthy weight as they get older. Kids who exercise feel better about themselves and are happier. Children are facing overweight and obesity at an alarming rate, even before starting school. Excess weight at a young age puts children at risk for overweight and obesity in adulthood as well as a number of related diseases including heart disease, diabetes, and certain cancers. Beyond the physical risks for disease, excess weight can cause depression and feelings of isolation in children.²⁴

Current Data – What is it telling us?

In Ohio, almost 16% of children ages 2–5 are overweight or obese and the number jumps to about 35% in third grade. According to the National Center for Health Research, kids under the age of six watch an average of two hours of screen media a day.²⁵ According to the Institute of Medicine, children who are in front of a screen more than two hours per day are at a greater risk of becoming overweight or obese, inactivity, decreased metabolic rate, and have increased snack consumption.

Medical Home

Why is this important?

This indicator measures the collaborative's ability to support a comprehensive approach to providing and high quality primary care to all children. It is defined as:

1. the percentage of children enrolled in OberlinKids who have a regular pediatric provider and the number of those providers who utilize a medical home approach to service delivery.

Research shows that access to and utilization of a pediatric medical home is associated with increased rates of childhood immunizations, increased rates of well-child visits, increased likelihood to have had height, weight, and blood pressure checked, decreased amount of outpatient sick visits, decreased rate of inappropriate use of antibiotics, and improved health outcomes and health status.²⁶

Current Data – What is it telling us?

No data is available on the number of children in Oberlin who have a medical home.

Early Childhood Mental Health

Why is this important?

This indicator measures the collaborative's ability to identify children needing further early childhood mental health services. It is defined as:

1. the percentage of children enrolled in OberlinKids who have had an early childhood mental health screening.



There are many factors that positively influence the development of a child's overall mental health. Positive factors such as biology, sustained secure

relationships with caregivers and peers, opportunities for proper amount physical activity, nutritious meals, adequate amounts sleep, and frequent access to developmentally appropriate learning experiences all positively impact the development of a child's mental health. Incidental or repeated exposure to traumatic experiences, poverty, unstable housing, transiency, household dysfunction, feelings of fear or worthlessness or abuse and/or neglect, exposure to alcohol or drugs, violence and a variety of other events adversely affects the child's mental health development.²⁸

Young children who have untreated mental health issues tend to have lower achievement in the academic setting, higher rates of participation in acts of drug abuse and crime, less access to long-term or stable foster care placements.²⁹

A mental illness is a condition that affects a person's thinking, feeling or mood. Such conditions may affect someone's ability to relate to others and function each day. Each person will have different experiences, even people with the same diagnosis. Recovery, including meaningful roles in social life, school and work, is possible, especially when you start treatment early and play a strong role in your own recovery process.

Current Data – What is it telling us?

Half of mental health conditions begin by age 14, and 75% of mental health conditions develop by age 24. The normal personality and behavior changes of adolescence may mimic or mask symptoms of a mental health condition. Early engagement and support are crucial to improving outcomes and increasing the promise of recovery.³⁰

16% of young children are diagnosed with some psychiatric disorder (ADHD 3.3%, Disruptive Behavior Disorder 8.4%, Depression 2.1%, Anxiety Diagnosis 9.4%, Any 16.2%, Behavioral Impairment 12.1%), not even including those who don't get screened.³¹

1 in 3 children with ADHD Diagnosed before 6, increase from 8–11% from 2003–2011. They indicated that the first line of treatment for 4–5 year olds is behavior management training and only 25% treated with medication.³¹

Tobacco Exposure & Cessation

Why is this important?

This indicator measures the collaborative's ability to support mothers and other family members to smoking before, during pregnancy, or after childbirth. It is defined as:

1. the percentage of pregnant mothers and those who live in the same household with the pregnant mother or child who smoke.

It is important because there is no safe level of exposure to tobacco smoke.

During pregnancy: Cigarette smoking during pregnancy has been identified as one of the most significant factors contributing to poor pregnancy outcomes. Smoking during pregnancy increases the likelihood of any of the following: miscarriage, premature delivery, stillbirth, and/or low birth-weight. Sudden Infant Death Syndrome (SIDS) is the sudden, unexplained, unexpected death of an infant in the first year of life. SIDS is the leading cause of death in otherwise healthy infants. Secondhand smoke increases the risk for SIDS. Women who quit before or during pregnancy can reduce or eliminate these risks.³²

After childbirth: Secondhand smoke is the combination of smoke from the burning end of a cigarette and the smoke breathed out by smokers. Secondhand smoke contains more than 7,000 chemicals. Hundreds are toxic and about 70 can cause cancer. Chemicals in secondhand smoke appear to affect the brain in ways that interfere with its regulation of infants' breathing. Infants who are exposed to secondhand smoke after birth are also at greater risk for SIDS. Thirdhand smoke is residual tobacco smoke contamination that remains after the cigarette is extinguished.³² Children are uniquely susceptible to both secondhand and thirdhand smoke exposure because as their bodies grow and develop they are more susceptible to environmental factors.

Current Data – What is it telling us?

Lorain County stats:

- Moms who smoked in three months prior to pregnancy in 2015: 24.94%,
- Moms who smoked during the first three months of pregnancy: 18.09%,
- Moms who smoked in second 3 months of pregnancy: 15.7%,
- Moms who smoked in final 3 months of pregnancy: 14.96%³³
- Smoking during pregnancy results in more than 1,000 infant deaths annually in the US.³⁴

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Steering Committee Members

Jennifer Harris, Ph.D.
Oberlin Early Childhood Center

Sue Alig
Oberlin City School District

Cynthia H. Andrews
Oberlin Community Services

Sara Warner, MPH, CPH
Lorain County General Health District

Christine Mutasik-Plas
United Way of Greater Lorain County

Advisory Group Members

Sue Alig
Oberlin City School District

Cynthia H. Andrews
Oberlin Community Services

Ryan Aroney
United Way of Greater Lorain County

Heidi Corso, MSW, LISW-S
OhioGuidestone

Jenny Dodge
Child Care Resource Center

Heather Fraelich
OberlinKids

Janet Haar
Oberlin Business Partnership

Jennifer Harris, Ph.D.
Oberlin Early Childhood Center

Marilyn Hill
Lorain County General Health District

Jeni Hoover
Kendal Early Learning Center

Natalie Karn, MSN, RN
Lorain County General Health District

Jenn Keathley
OberlinKids

Barb Kowalski, RN, BSN
Lorain County General Health District

Bailey Kuschner
United Way of Greater Lorain County

Katherine (Kat) Mastro, MS
Lorain County General Health District

Doug McDonald, M.D.
Lorain County Health & Dentistry

Cindy Modie, M.Ed, RN
Lorain County General Health District

Christine Mutasik - Plas
United Way of Greater Lorain County

Melissa A. Myers-Fischer
Lorain County Children and Family First Council

Joanne Rahn
Oberlin Early Childhood Center

Liz Rogel
Oberlin City School District

Sara Warner, MPH, CPH
Lorain County General Health District



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