

The Wellbeing of Infants and Toddlers in the Adirondacks

Second edition, 2021



**ADIRONDACK
BIRTH TO THREE
ALLIANCE**

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The Well-Being of Infants and Toddlers in the Adirondacks

Second edition, 2021 | researched and written by Bob Frawley

The Adirondack region has a compelling interest in the development of its youngest citizens. Infants and toddlers represent the future of the Adirondacks and research and practice show a strong link between healthy development during the early years of childhood and success later in life.

The Adirondack Birth to Three Alliance recognizes the importance of the first 1,000 days of life and was established to facilitate greater regionwide collaboration to improve childhood outcomes.¹ The Alliance is working to bring the resources of all programs and services for young children and their families together in helping to fulfill the promise of today's children to become healthy, thriving, and contributing members of the Adirondack community. The Alliance focuses on three goal areas: Healthy Children, Strong Families, and High-Quality Early Learning. In each area, the Alliance pursues strategies to strengthen and expand services to meet the needs of young children and their families. The strengths of the Alliances are rooted in the following goals and assumptions:

- Greater collaboration across counties and programs will reach more children and families across our large, rural area.
- Greater reach ensures that diverse populations are being served.
- Improved connections and resources are needed to effectively meet the sometimes-multiple needs of children and families.
- Better connections between supports and services are more effective and more efficient.

But how do we know what services are most needed by families? What is the status of infants and toddlers, and their families now and how will we know if child and family well-being is improving over time?

This data report, developed by the Birth to Three Alliance, helps to answer these and other questions about our community. It expands upon an earlier 2017 report that presented data for three counties – Clinton, Essex, Franklin – using data sets from 2015. With more recent data sets and two additional counties, this report is meant to paint a picture of the health and well-being of young children and their families across Clinton, Essex, Franklin, Hamilton and Warren counties, as well as the Mohawk land of Akwesasne – encompassing the majority of

¹ The Adirondack Birth to Three Alliance is focused on meeting the needs of children and families living within the Adirondacks including the Mohawk land of Akwesasne. Because data is not available exclusively for the Akwesasne, we rely on Franklin County data to capture this area. This is done in recognition that a significant portion of the Reservation lies outside of our region and country.

the population living within the Alliance's catchment area.² This report uses primarily 2019 data to get an understanding of the current situation and to look at trends between 2015 and 2019. To aid in this trend analysis, where possible, the author has located 2015 data for Hamilton and Warren counties.

As was true of the initial report, this report includes both population data, such as the number of children birth to three in the region and number of children with low birthweight, and program data, such as the number of children enrolled in early childhood education programs. Where available and meaningful, it includes comparisons to data for the state (labeled New York State), and the area of the state outside New York City (labeled Rest of State). It focuses on key indicators of child and family well-being that the Alliance hopes to positively influence. Also provided are a few demographic indicators, such as the number of children in poverty, that help to show the complexity of the problems we are trying to address. This is done with full awareness that many of these indicators are not likely to change over a short period of time. Building an effective and efficient system of services and showing the impact of that system on the lives of children and families will take time.

Throughout this report, there are instances where infants and toddlers in the Adirondacks fare better than their peers in the rest of the state and instances where they fare worse. For example, young children in the Adirondacks are more likely to receive their recommended child well-being visits with their pediatrician, and more likely to suffer from obesity, be a subject of an abuse and neglect petition, and more likely than their peers living in areas of the state outside of New York City to be living in poverty.

If we want all Adirondack children to be successful in school and life, it is imperative that we build off the strengths of the region, while addressing the weaknesses.

Effect of the Pandemic on Child and Family Well-being

The pandemic has caused significant issues for children and families (i.e., loss of income and child care services, health and mental health issues, etc.) and while some data exist on the extent of those problems, much of the indicator data in this report are not available for that period. There is as much as a two-year lag for many indicators particularly those related to health care. For that reason, the effects of the pandemic on children and families are not discussed here.

² The Adirondack Birth to Three Alliance is focused on meeting the needs of most young children residing within the Adirondack region including those children living in northern Warren County. Because most data are not available below the county level, the data in this report is for the entirety of Warren County.

Section I: Demographics

The Adirondack Region, which includes Clinton, Essex, Franklin, Hamilton, and Warren counties, is home to 235,802 people. Of those, approximately 6,850³ (2.9%) are under three years of age. On average, 2,280 are born each year in these five counties. Residents in the region are predominately white (over 90%). Approximately, four percent of residents are Black, three percent are Hispanic, two percent are Native American, and two percent are another race/ethnicity (mostly Asian). Approximately, 6,978 children birth to 17 years of age live at or below the federal poverty level (18%).

Percent of Population by Race/Ethnicity ⁴						
Race/Ethnicity	Clinton	Essex	Franklin	Hamilton	Warren	NYS
Total Population	80,487	36,883	50,022`	4,416	63,994	19,453,561
White alone, percent of total population	92.2%	94.5%	84.1%	96.2%	95.5%	69.6%
Black or African American alone, percent(a)	4.4%	2.8%	6.4%	1.1%	1.5%	17.6%
American Indian and Alaska Native alone, percent(a)	0.4%	0.5%	7.6%	0.3%	0.3%	1.0%
Asian alone, percent(a)	1.4%	0.8%	0.5%	0.8%	1.0%	9.0%
Native Hawaiian and Other Pacific Islander alone, percent(a)	Z	0.1%	Z	0.1%	Z	0.1%
Two or More Races, percent	1.5%	1.4%	1.4%	1.5%	1.8%	2.7%
Hispanic or Latino, percent(b)	3.0%	3.0%	3.6%	2.0%	2.8%	19.3%
White alone, not Hispanic or Latino	90.0%	92.3%	81.7%	94.5%	93.3%	55.3%

³ The estimated county populations of children birth to three are Clinton 2,399; Essex 1,125; Franklin 1,443, Hamilton 81, Warren 1,808.

⁴ US Census <https://www.census.gov/quickfacts/fact/table/US/PST045219>

The percentage of children 17 years of age and younger living in poverty (i.e., at or below the federal poverty level) residing in New York State has declined between 2015 and 2019. New York State has seen a decline of 4.1% in the number of children living in poverty since 2015, while the Adirondacks saw a decline of 3%. The percentage of children in poverty in the Adirondacks remains higher than the rest of state (18.2% vs 14.9%)⁵. As is true for New York State and the rest of the country, the median household income in the Adirondacks has risen by 6 - 9% between 2015 and 2018. However, the region continues to lag the state average for median income and the rest of the United States (Clinton \$55,178, Essex \$56,196, Franklin \$51,696, Hamilton \$57,552, Warren \$59,813, New York State \$66,323, and the United States \$63,998).

Percent of Children Birth to 17 Years Age Living at or Below the Federal Poverty Level ⁶								
Year	Clinton	Essex	Franklin	Hamilton	Warren	ADKs	ROS	NYS
2015	20.5	19.3	26.2	19.4.	17	21.2	17.3	22.3
2019	16.8	17.1	25.1	17.7	15	18.2	14.9	18.2

Median Income ⁷						
Year	Clinton	Essex	Franklin	Hamilton	Warren	NYS
2015	\$49,930	\$52,788	\$47,923	N/A	N/A	\$59,269
2018	\$55,178	\$56,196	\$51,696	\$57,552	\$59,813	\$66,323

Key Facts: The percentage of children in poverty remains higher than the rest of state (18.2% vs 14.9%) and the median income in the Adirondacks continues to lag other areas of the state and the nation.

Section II. Healthy Children

The foundation for a healthy childhood begins during and even before pregnancy. A pregnant person’s preconception health plays an important role in determining the pregnancy outcome for herself and her baby. After delivery, new parents need to continue to practice healthy behaviors for themselves and their children. Preventive measures such as immunizations, developmental screenings, and well-child visits with their pediatrician promote the overall well-being of children. By and large, except for rates of receiving early prenatal care and the level of childhood obesity, children in the Adirondacks fare as well or better than their peers in other areas of the state in terms of indicators of health and well-being.

⁵ New York State Kids Well-Being Indicators www.nyskwic.org

⁶ New York State Kids Well-Being Indicator Project (KWIC) www.nyskwic.org

⁷ US Census <https://www.census.gov/quickfacts/fact/table/US/PST045219>

Early Prenatal Care⁸ (Prenatal Care-Births to Pregnant People Receiving Early (First Trimester) Prenatal Care)

The rate of pregnant people in the Adirondacks obtaining early prenatal care has declined slightly since the last period and is now lower than the statewide percentage (74.5% vs 75.2%). In 2012-2014, 75.6% of pregnant people across the Adirondacks received early prenatal care. In the most recent period that percentage declined slightly more than one percent (74.5%). Only Clinton County (83.9%) exceeded the state percentage of 75.2%. Crucial development occurs very early in pregnancy and the earlier prenatal care is received the greater the benefit it provides.

Percent of Births to Pregnant People Receiving Early (1st Trimester) Prenatal Care								
Period	Clinton	Essex	Franklin	Hamilton	Warren	ADKs	ROS	NYS
2012-2014 ⁹	87.7	73.7	70	65.6	66.1	75.6	75.1	73.7
2014-2016 ¹⁰	83.9	71.4	69.3	69.1	72.6	74.5	N/A	75.2

Key Fact: The percent of pregnant people obtaining early prenatal care across the Adirondack region has declined slightly since the last period, while the state percentage has increased by 1.5%.

Child Health Insurance Coverage (Percent of children under 19 years of age who have health insurance).

The Adirondack region is fortunate that nearly 97% of its children under 19 years of age have some form of health insurance. This represents a slight increase since the last time the data were published (2012) and mirrors the increase statewide. This is important because health insurance coverage has been found to be positively associated with children’s use of health services. Compared to uninsured peers, children who have health insurance coverage are more likely to have a regular source of medical care, receive health care when they need it, and have fewer unmet health care needs. (Lewitt, Bennett, and Behrman 2003).

⁸ Prenatal care involves visits to a health care provider and usually include a physical exam, weight checks, and providing a urine sample. Depending on the stage of the pregnancy, health care providers may also do blood tests and imaging tests, such as ultrasound exams

⁹ New York State Kids Well-Being Indicator Project (KWIC) www.nyskwic.org

¹⁰ New York State Community Health Indicator Reports (CHIRS) https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=/EBI/PHIG/apps/chir_dashboard/chir_dashboard&p=it&ind_id=lb21

Percent of Children Under 19 Years of Age Who Have Health Insurance ¹¹						
Period	Clinton	Essex	Franklin	Hamilton	Warren	NYS
2012	95.0	93.6	91.7	90.6	95.1	95.0
2013-2017	97.1	96.7	96.1	98.5	97.2	97.4

Key Fact: Nearly 97% of Adirondack children under 19 years of age have some form of health insurance.

Well-Child Visits¹² (Percent of children birth to 15 months with recommended number of well-child visits in government-sponsored insurance programs (Medicaid and Child Health Plus)

Adirondack children birth to 15 months also have high rates of receiving their recommended number of well-child visits. Nearly 90% of Adirondack children receive their recommended number of well-child visits as compared to 80.1% statewide. Receipt of well-child visits helps to ensure that children who have physical or mental disabilities or other childhood health conditions are identified as early as possible. While the county percentages have changed since the initial report, the regional percentage has remained stable.

Percent of Children Birth to 15 Months with Recommended Number of Well-Child Visits in Government-Sponsored Insurance Programs (Medicaid and Child Health Plus) ¹³							
Period	Clinton	Essex	Franklin	Hamilton	Warren	ADKS	NYS
2015	90.3	89.5	86.3	N/A*	94	N/A	80.2
2016	93	88.5	82.9	N/A*	94	89.5 ¹⁴	80.1

*Population size too small

Key Fact: Nearly 90% of Adirondack children receive their recommended number of well-child visits as compared to 80.1% statewide.

Childhood Immunizations (Percent of children with complete (i.e., 4:3:1:3:3:1:4) immunization series - aged 19-35 months)

¹¹ NYS Prevention Agenda Dashboard https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p51.htm

¹² Health care checkups at ages 2 weeks, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months.

¹³ County Health Indicator Reports

https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=/EBI/PHIG/apps/chir_dashboard/chir_dashboard&p=ctr&ind_id=Cg113%20&cos=9

¹⁴ The calculation of the regional percentage included Washington County

There is significant variability in the receipt of the full childhood immunization series for children living in the Adirondacks. Children residing in Clinton, Franklin and Warren counties either surpass or on par with their peers in other areas of the state in receiving the recommended immunizations between 19 and 35 months of age. Children residing in Essex and Franklin are less likely to receive their full immunization series than their peers in other areas of the state. It's important to note that the significant decrease in immunization rates in Hamilton County from 2016 (87%) in 2016 vs 2018 (45.5%) is probably an anomaly due to the small size of the population. Receiving the recommended series of immunizations is important because vaccines protect children and adults from illness and death by once common diseases such as polio, measles, and diphtheria.

Percent of Children with Complete (i.e., 4:3:1:3:3:1:4) Immunization Series - Aged 19-35 Months ¹⁵						
Period	Clinton	Essex	Franklin	Hamilton	Warren	NYS
2016	76	64.2	59.5	87	80.3	64.6
2018	88.3	52	63.3	45.5	95.4	64.1

Key Fact: The percentage of Adirondack children receiving their full immunization series varies considerably (45.5% to 95.4%) across the region.

Early Intervention Participation (Percent of children birth to three years of age served by the Early Intervention Program)

For the most part, the percentage of Adirondack children served by the Early Intervention Programs are in line with the state percentage (4.2%) and much higher than the national percentage (2.8%). This indicates that the Adirondacks is doing a good job of identifying and referring children with developmental delays and disabilities. The lower rate of service provision in 2018 in Franklin County is indicative of the lack of service providers available to serve children in that county. The lower rate of service provision in Hamilton is likely due to the low numbers of children in that county; however, the lack of early childhood education programs in the county that might identify children with delays or disabilities earlier may also be a factor.

¹⁵ NYS Prevention Agenda Dashboard https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/p51.htm

Percent of Children Birth to Three Years of Age Served by the Early Intervention Program ¹⁶						
Period	Clinton	Essex	Franklin	Hamilton ¹⁷	Warren	NYS
2015	4.92	3.2	3.1	0.0	4.6	4.0
2018	6.6	4.1	2.6	1.6	4.9	4.2

Key Fact: For most of the counties in the Adirondacks, the percentage of children served by the Early Intervention Program is in line with the state average and higher than the national percentage indicating that Adirondack counties are doing a good job of identifying and referring children with developmental disabilities and delays.

Childhood Obesity (Percent of obese (95th percentile or higher) children aged 2-4 years participating in WIC)

The percentage of obese children participating in the Women Infant and Child Nutrition Program in most of the Adirondack counties has declined between 2015 and 2017. Except for Clinton County (12.1, the percentage of Adirondack children (aged 2-4 years) is higher than the statewide average (13.9). This is important because being overweight or at-risk of being overweight as a child can pose long lasting negative health effects.

Percent of Obese (95th percentile or higher) Children Aged 2-4 Years Participating in WIC ¹⁸						
Period	Clinton	Essex	Franklin	Hamilton	Warren	NYS
2015	17.1	17.3	17.8	15.9	16.1	13.7
2017	12.1	16.5	18.1	N/A*	14.7	13.9

* Population size too small

Key Fact: Except for Clinton County, the obesity rate for children participating in the WIC program in Adirondack counties is higher than the statewide average.

¹⁶https://www.health.ny.gov/statistics/community/infants_children/early_intervention/local_program_performance/clinton.htm

¹⁷ The small birth to three population in Hamilton County can result in significant swings in percentage of the population served in the Early Intervention program.

¹⁸ NYS Prevention Agenda Dashboard
https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=/EBI/PHIG/apps/dashboard/pa_dashboard&p=ch

What the Adirondack Birth to Three Alliance is doing to Improve Child Health and Development

- **Distributing New Parent Kits** through partners in the health and social service sectors, such as birthing hospitals, county health departments, Catholic Charities, obstetricians, and pediatrician offices to pregnant women and families or caregivers of newborn children. These tote bags contain educational materials, children's books, parenting books, and other resources to support positive parent child interactions and provide information about giving birth to and raising young children including what to do when your child gets sick. In 2020, we distributed over 1,500 New Parent Kits across the region.
- **Developing relationships with primary health care practices** across the region to better connect these practices to the network of family supports, human services, and early childhood education programs and services available to young child and families in their community.
- **Promoting literacy** in partnership with Literacy Volunteers of Clinton, Essex and Franklin counties to enroll families in the Imagination Library, which provides one free book per month to enrolled children, and through Reach Out and Read, an evidence-based family literacy program for pediatricians and their patients. Read Out and Read provides a free children's book at each well child visit up to the age of five.
- **Advocating for the expansion of Healthy Steps in additional Adirondack pediatric practices.** Healthy Steps strengthens pediatric practice by including a developmental specialist to assist the medical professionals in conducting developmental screenings, reviewing results with the parents, offering suggestions for enhancing their child's development, and making referrals to needed services.
- **Advocating for changes in the Early Intervention and Preschool Special Education programs.** The sooner a child with a developmental delay or disability is identified and provided services, the more likely it is to ameliorate the condition or help the child and the family adapt to the delay or disability. Many communities across the state lack a sufficient supply of therapists to meet the needs of children with delays or disabilities; this shortage is particularly acute in rural communities and is especially a problem in the Adirondacks. To address these issues, the BT3 alliance is active in statewide advocacy efforts to increase reimbursement rates and other measures to increase the supply of therapists in the region.

Section III. Strong Families

Families and the role that parents play in a child’s early life are the foremost influential factors on development. Thus, the presence of strong families that provide a consistent and supportive relationship is vital to the healthy development of children. There are several indicators (shown below) that children and families in the Adirondacks do less well economically than children and families in most other areas of the state outside of New York City. Economic stress is well known to greatly impact the ability of parents to address other issues in their lives including providing the care and attention that children need.

Children in Poverty (Percent of children birth to 17 years age living at or below the federal poverty level)

As was true for the state, the percentage of children living in poverty in the Adirondacks decreased across the region and in each of the five counties during the last 4 years. However, the percent of children in poverty across the Adirondack region remains significantly higher than the counties in the state outside of New York City (18.2% vs 14.9%). Just more than a quarter of children residing in Franklin County (25.1%) reside in poverty, the sixth highest rate of counties located outside of New York City. To live in poverty is to not have enough income to meet basic needs such as food, shelter, and clothing. A family’s income can impact children’s physical, health, cognitive abilities, school achievement, and behavioral and emotional outcomes. (Engle, Black, 2008).

Percent of Children Birth to 17 Years of Age Living at or Below the Federal Poverty Level ¹⁹								
Period	Clinton	Essex	Franklin	Hamilton	Warren	ADKs	ROS	NYS
2015	20.5	19.3	26.2	19.4.	17	21.2	17.3	22.3
2019	16.8	17.1	25.1	17.7	15	18.2	14.9	18.2

Key Fact: While equivalent to the state percentage, the percentage of Adirondack children living in poverty is higher than the average percentage of counties outside of New York City.

Children Living in Deep Poverty (Percent of children under 6 in families living at or below 50 percent of the federal poverty level)

In New York State, Franklin County ranks 2nd (18%) and Clinton County ranks 6th (14%) in having the highest percentage of children under age 6 living at or below 50% of the federal poverty level. Those percentages equate to approximately 520 children in Franklin and 672 in Clinton County. This compares to 9% for the state as a whole or approximately 127,000 children.

¹⁹ New York State Kids Well-Being Indicator Project (KWIC) www.nyskwic.org

“For a single mother with two young children, deep poverty means surviving on an annual income of less than \$9,669.²⁰ A recent analysis found that blood levels of lead, a toxin linked to serious learning and behavior problems, were three times higher for children in deep poverty compared to children in poverty.²¹ The parents of children in deep poverty had higher rates of self-reported health and mental health conditions and parenting stress than parents of children in poverty, and were less likely to see their child as ‘flourishing’ (i.e., showing behaviors such as smiling, curiosity, and affection). Other research suggests that families in deep poverty often do not receive the public benefits for which they are eligible, such as Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance to Needy Families (TANF), leaving them without even basic supports.”²²

Percent of Children under 6 in Families Living at or Below 50 Percent of the Federal Poverty Level						
Year	Clinton	Essex	Franklin	Hamilton	Warren	NYS
2012-2016 ²³	16	12	16	4	6	11
2018 ²⁴	14	9	18	3	4	9

Key Fact: Franklin County ranks 2nd and Clinton County ranks 6th in having the highest percentage of children under age 6 living at or below 50% of the federal poverty level.

Median Household Income (The midpoint of all incomes arranged from lowest to highest)

As is true for New York State and the rest of the country, the median household income in the Adirondacks has risen by 6 to 9 percent between 2015 and 2018. However, the region continues to lag behind the state average for median income and the rest of the United States (Clinton \$55,178, Essex \$56,196, Franklin \$51,696, Hamilton \$57,552, Warren \$59,813, New York State \$66,323, and the United States \$63,998).

Median Household Income ²⁵						
Year	Clinton	Essex	Franklin	Hamilton	Warren	NYS
2015	\$49,930	\$52,788	\$47,923	N/A	N/A	\$59,269

²⁰ U.S. Census Bureau, Poverty thresholds, <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html>

²¹ Ekono, M., Yang, J., & Smith, S. (2016). Young Children in Deep Poverty. New York: National Center for Children in Poverty, Mailman School of Public Health, Columbia University.

²² Smith, S., Granja, M.R., Nguyen, U. (2017) New York State Profile of Young Children in Deep Poverty. New York: National Center for Children in Poverty, Mailman School of Public Health, Columbia University.

²³ National Center for Children and Poverty, “Young Children in Deep Poverty in New York State – “County Data - 2018”

²⁴ National Center for Children and Poverty, “Young Children in Deep Poverty” 2020, special request

²⁵ US Census <https://www.census.gov/quickfacts/fact/table/US/PST045219>

2018	\$55,178	\$56,196	\$51,696	\$57,552	\$59,813	\$66,323
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Key Fact: Median incomes for each of the counties in the Adirondacks trail the state median income by \$6,000 or more.

Children and Youth Receiving Supplemental Nutrition Assistance Program Benefits

(number and percent children/youth ages birth-17 years receiving benefits)

Between 2015 and 2019, the percentage of children enrolled in Supplemental Nutrition Assistance Program (SNAP) has decreased in all areas of the state. Children in the Adirondacks, however, are more likely to be receiving SNAP benefits than children in most other areas of the state outside of New York City (21.3% vs. 18.1%). SNAP, formerly the Food Stamp Program, is a federally funded entitlement program designed to increase the food purchasing power of low-income households to a level that allows these households to purchase a nutritionally adequate diet. This is important because the number and percent of children receiving food stamps measures the extent to which children live in families that require governmental assistance to meet their needs.

Percent of Children and Youth Receiving Supplemental Nutrition Assistance Program Benefits ²⁶								
Period	Clinton	Essex	Franklin	Hamilton	Warren	ADKs	ROS	NYS
2015	23.2	16.7	24.2	13.2	19.4	21.3	20.4	25.8
2019	19	15.7	21	9.0	16.3	18.1	16.8	21.5

Key Fact: While the percentage of children enrolled in SNAP has decreased across the state, children in the Adirondacks remain more likely to be receiving benefits than children in most other areas of the state.

Food Insecurity (Percent of children living in households experiencing food insecurity)

Children across the Adirondacks are more likely to experience food insecurity than children in the state as a whole. Approximately 20% of children living in Clinton (20.3%), Essex (18.6%) and Franklin (22.6%), Hamilton (22.3%), and Warren (18.6%) experience food insecurity vs. 16.9% statewide. Household food security is defined as having access at all times to enough nutritious food for an active and healthy life, whereas insecurity results whenever access to adequate foods is uncertain. Household food insecurity is a concern because of its association with adverse health and developmental outcomes for children. The inability to access enough food can also lead to emotional and psychological stress and negatively affect the overall sense of well-being that exists within a household.

²⁶ New York State Kids Well-Being Indicator Project (KWIC) www.nyskwic.org

Percent of Children Living in Households Experiencing Food Insecurity						
Year	Clinton	Essex	Franklin	Hamilton	Warren	NYS
2015 ²⁷	21.9	20.2	24.7	18.5	18.2	19.4
2018 ²⁸	20.3	18.6	22.6	22.3	18.6	16.9

Key Fact: Children in the Adirondacks are more likely to experience food insecurity than children statewide.

Food Insecure Children Likely Ineligible for Federal Food Assistance (The percentage of food insecure children in households with incomes above 185% of the federal poverty level who are likely not income-eligible for federal nutrition assistance)

A significant percentage of children who are food insecure live in families whose income (185% of poverty or above) makes them likely ineligible for federal nutrition assistance. The rates for Adirondack counties are Clinton (25%), Essex (21%), Franklin (12%), Hamilton (6%), and Warren (12%). Except for Franklin, which experienced a slight increase, there were percentage decreases in the other counties and across the state. These percentages tend to be high in communities where the cost of housing greatly reduces the amount of money remaining for food. This may explain why the percentage in Franklin County is low in comparison to percent of children living at or below poverty and consequently eligible for assistance. Household food insecurity is associated with adverse health and developmental outcomes for children. The inability to access enough food can lead to emotional and psychological stress, which negatively affect a household’s overall sense of well-being.

Percent of Food Insecure Children in Households Who are Not Likely Income-Eligible for Federal Nutrition Assistance						
Year	Clinton	Essex	Franklin	Hamilton	Warren	NYS
2015 ²⁹	30	32	12	16	36	33
2018 ³⁰	25	21	15	6	12	25

Key Fact: A significant percentage of children (6-25%) in the Adirondacks, who are not likely income-eligible for federal nutrition assistance, have experienced food insecurity.

Child Abuse and Maltreatment - Children and Youth in Indicated Reports of Child Abuse and Maltreatment (Rate per 1,000 children)

The rate of Adirondack children involved in indicated cases of child abuse and maltreatment is less than their peers in many other areas of the state. The rate per 1,000 of unique children involved in an indicated report (meaning that at least one allegation was substantiated) is

²⁷ Feeding America <http://map.feedingamerica.org/county/2015/overall/new-york>

²⁸ Feeding America <http://map.feedingamerica.org/county/2018/child/new-york/county>

²⁹ Feeding America <http://map.feedingamerica.org/county/2015/overall/new-york>

³⁰ Feeding America <http://map.feedingamerica.org/county/2018/child/new-york/county>

significantly less for the Adirondacks (21.3), than statewide (27.5), and the area of the state outside New York City (23.7). The rates for each geographic area have decreased since 2015. For New York State, the rate of children involved in an indicated case of child abuse and neglect has decreased from 28.4 in 2015 to 27.5 in 2019. During the same period, the rate for the rest of the state decreased from 24.3 in 2015 to 23.7 in 2019, while the rate for the Adirondacks decreased from 26.7 in 2015 to 21.3 in 2019. Research has shown that persistent stress resulting from child maltreatment for young children can disrupt early brain development and impair development of the nervous and immune response systems.³¹

Children and Youth in Indicated Reports of Child Abuse and Maltreatment (Rate per 1,000 children) ³²								
Period	Clinton	Essex	Franklin	Hamilton	Warren	ADKs	ROS**	NYS
2015	25.1	20.4	43	29.5*	19	26.7	24.3	28.4
2019	18.9	17.6	29.4	43.5*	19.4	21.3	23.7	27.5

* Rates are not stable when the number is less than 20

Key Fact: The rate of Adirondack children involved in indicated cases of child abuse and neglect has declined by 20 percent between 2015 and 2019.

Prenatal and Postnatal Home Visiting (Number and percent of families who receive a nurse home visit prior to and/or after their child is born)

Approximately 20 to 25 percent of all families in the Adirondacks receive nurse home visits prior to and/or after their child is born. Anyone who has had a child knows that there are times when you have doubts and questions. The Adirondacks are fortunate that each county has public health nurses who visit pregnant women and families with newborn children to answer questions and make sure families are aware of and connected to the community resources they need. This is an important service because knowing that skilled nurses are available to answer questions when a problem arises helps a new parent feel confident and supported. Unfortunately, due to declining state and federal funding, county nurse home visiting programs only serve a small proportion of pregnant women and families with newborns and that percentage has decreased since 2015.

³¹ Shonkoff, J. and Garner, A. “The Lifelong Effects of Early Childhood Adversity and Toxic Stress” Pediatrics January 2012, VOLUME 129 / ISSUE 1.

³² New York State Kids Well-Being Indicator Project (KWIC) www.nyskwic.org

Number and Percent ³³ of Families Who Receive a Nurse Home Visit Prior to and/or After Their Child is Born ³⁴					
Period	Clinton	Essex	Franklin	Hamilton	Warren
2015	396/57%	78/33%	102/22%	NA	66/14%
2019	149/21%	55/23%	69/14%	19/86%	188/ 34%

Key Fact: Approximately, 20 to 25% of all parents in the Adirondacks receive nurse home visits prior to and/or after their child is born.

Comprehensive Home Visiting (Number of vulnerable families³⁵ receiving comprehensive home visiting services)

Of the approximately 6,000 children birth to three years of age living in the Adirondacks, 1,100 of them are living in poverty (28.2%). Of these, only 341 (30%) are receiving comprehensive home visiting services, which is an 8% increase in families receiving services since 2015, but still far below the need. While there is no silver bullet for ending childhood poverty and its associated negative health, educational, and child welfare impacts, evidence-based comprehensive home visiting programs for vulnerable pregnant women and families with a newborn comes close. Comprehensive home visiting refers to a constellation of supports that serve to strengthen vulnerable families with young children by meeting with families in their homes and directly providing or connecting them with a range of community resources, depending on their needs. Comprehensive home visiting services have proven benefits for all participating family members, including improved birth outcomes for newborns; increased high school graduation rates for children; increased workforce participation and lower rates of welfare dependency of parents; and reduced instances of child maltreatment in families.

Number of Vulnerable Families Receiving Comprehensive Home Visiting Services ³⁶					
Period	Clinton	Essex	Franklin	Hamilton	Warren
2015	101	72	51	0	24
2019	112	106	56	0	67

³³ Percentages are approximations based on the average birth rate as reported by New York Vital statistics <https://www.health.ny.gov/statistics/chac/perinatal/county/2014-2016/>.

³⁴ Program records, special data requests for each county.

³⁵ Vulnerable families refer to families who are either living below the federal poverty level, at-risk of child abuse and neglect, or struggling with mental health issues.

³⁶ Child Care Council of the North Country program records, special data request

Key Fact: Only 341 (30%) of the children living in poverty in the Adirondacks are receiving comprehensive home visiting services.

Family Resource Centers (Number of families participating in family resource center activities)

Family Resource Centers exist in three communities across the region (Plattsburgh, Malone, and Tupper Lake), with a fourth under development in Saranac Lake. These centers are not accessible to a majority of families for a variety of reasons, including travel distances. Of the approximately 19,000 families with children under the age of 18 in the Adirondacks³⁷, only 781 families (4%) have benefitted from their services.

A Family Resource Center is a warm and welcoming place in the community where any family member can go and connect with other families as a regular part of day-to-day life. There are no eligibility requirements, but a range of family supports are generally offered including: evidenced-based parent education classes, child development activities, parent-to-parent support groups, health information, and referrals to other community resources. Family Resource Centers are unique in their approach: they build upon families' strengths and capacities, serve as a community hub, work for positive social change, and offer help without stigma. Family Resource Centers are especially valuable in rural areas where there are few opportunities for networking, and social isolation of parents with young children can have negative consequences on children.

Number of Families Participating in Family Resource Center Activities ³⁸					
Period	Clinton	Essex	Franklin	Hamilton	Warren
2015	553	0	142	0	0
2019	562	0	219	0	0

Key Fact: Only 781 families across the Adirondacks benefit from family resource services.

Parenting education participation (Number of families participating in parenting education)

In 2019, only 182 Adirondack families out of approximately 17,000 (1%) households with children received parenting education. Factors that lead to low participation include a lack of knowledge about the program, concern that needing parenting education means they are bad parents, lack of transportation, etc. Children do not come with an owner's manual and

³⁷ Census Reporter: Table B11005 <https://censusreporter.org/data/table/?table=B11005>

³⁸ Child Care Council of the North Country Program data, special data request.

the knowledge and skills needed to raise healthy, happy children are not something that everyone is born with, nor are they handed to parents before they leave the hospital with their new child. Evidenced-based parenting education supports families by helping them master the skills needed to raise healthy and happy children and help ensure children function well at home and school. This is important because parents who feel confident in addressing the needs of their children will be less stressed and more able to keep their children healthy, safe, and ready to start school with the cognitive, social, and emotional skills needed to learn.

Number of Families Participating in Parenting Education ³⁹					
Period	Clinton	Essex	Franklin	Hamilton	Warren
2015	79	78	102	0	NA
2019	126	12	37	0	7

Key Fact: Only 182 Adirondack families made use of evidence-based parenting education.

What the Adirondack Birth to Three Alliance is doing to Strengthen Family Supports

- Promoting and disseminating communications materials to bring awareness to the parenting messages of The Basics and Talking is Teaching resources, videos, texting program, printed materials, and social media posts. These resources provide guidance on the importance of positive interactions with young children and offer helpful tips to help new parents support their child’s development.
- Supporting the development of a cadre of parent educators certified to provide evidence-based parenting education through “Nurturing Parenting” and other evidence-based parenting education programs.
- Working with primary health care providers, Healthy Steps Specialists, and others to promote the benefits of parenting education and home visiting services.
- Supporting home visiting program expansion across the region.
- Partnering with Prevent Child Abuse New York to facilitate coordination among home visiting programs across the larger North Country region to increase public awareness of their services and expand professional development opportunities.
- Investigating opportunities in Saranac Lake and other communities for increasing the number of Family Resource Centers and the availability of evidence-based parenting education.

³⁹Child Care Coordinating Council of the North Country program data, special data request

Section IV. Early Learning

While parents remain children's earliest and most important teachers, the significance of early care and education services including center and family-based child care, Early Head Start and Head Start, and Universal Prekindergarten Programs, continues to grow as parents of young children spend more time in the workforce and seek enriching opportunities and care for their children. The arrangements that families make for their children vary tremendously. No matter the setting, high-quality early childhood education that promotes healthy development is critical. The research is clear that a child's day-to-day experiences affect brain development, and these early experiences influence their development and carries through to success in school and life.

Child care capacity (Number of licensed and registered child care programs by type and capacity; 2017 data)

There are 4,711 regulated slots in early childhood education programs available to children in the Adirondacks.⁴⁰ This represents a decrease of 586 slots from 2017 to 2019, or a reduction of 11%. The most significant loss of slots was in family child care (296 slots) and child care centers (261 slots). Of the 4,711 slots that were available in 2019, 1,960 slots were in Clinton County, 615 were in Essex, 998 were in Franklin, 40 were in Hamilton and 1,098 were in Warren. The majority of early childhood education capacity in each county is found in center-based child care centers (2,026 slots). The remaining slots are in family child care programs (837 slots) and group family child care (1,154 slots).

With approximately 11,000 children birth to age five living in the Adirondacks the present child care capacity is only sufficient to serve at most 43 percent of the population. But that does not tell the whole story because some communities have far more capacity than others. More population dense communities such as Plattsburgh, Saranac Lake, Lake Placid, and Malone have many more slots per child than more rural, less densely populated areas. Approximately 80 percent of the census tracts across the region are considered child care deserts meaning there are three or more children per available child care slot. Access to early childhood education programs is important in that it allows parents to work knowing that their child is safe and, if that care is in a high-quality program, they can rest assured that that the child's developmental needs are being met.

⁴⁰ Regulated slots refer to the capacity of center-based, family and group family child care programs regulated by the NYS Office for Children and Family Services. State child care data systems only track capacity, so information on actual enrollment is unknown. In addition to child care programs, center-based Early Head Start, Head Start, and Prekindergarten programs operated by community-based organizations are also licensed as child care programs. Prekindergarten classrooms operated in and by school districts are not licensed as child care centers and those slots are not included here. Early Head Start services in the Adirondack region are mostly provided via home visits so they are also not included in this chart.

Regulated Child Care Program Slots								
Location	Family Child Care		Group Family Child Care		Center-based Child Care		Total	
	Programs	Slots	Programs	Slots	Programs	Slots	Programs	Slots
Clinton County								
2017 ⁴¹	53	424	39	617	18	1,024	110	2,065
2019 ⁴²	48	383	39	618	17	959	104	1,960
Essex County								
2017	29	218	10	154	11	280	46	588
2019	18	144	11	168	11	303	40	615
Franklin County								
2017	35	280	14	224	15	624	64	938
2019	20	160	13	208	15	630	48	998
Hamilton County								
2017	2	16	2	32	0	0	4	48
2019	1	8	2	32	0	0	3	40
Warren County								
2017	25	195	9	136	16	1,073	50	1,404
2019	18	142	8	128	12	828	38	1,098
Adirondacks Total								
2017	144	1,133	74	1,163	60	3,001	278	5,297
2019	105	837	73	1,154	55	2,720	233	4,711

Key Fact: The Adirondack region lost nearly 600 child care slots between 2017 and 2019, limiting capacity to serve less to than 43 percent of children six weeks to five years of age in regulated child care.

⁴¹ NYS Office of Children and Family Services Child Care Demographics Report
<https://ocfs.ny.gov/main/reports/2017-NY-Child-Care-Demographics-Report.pdf>

⁴² NYS Office of Children and Family Services Child Care Facility Information System

Child Care Subsidies (Average number of children receiving child care subsidies)

Many low-income working families and families on federal Temporary Assistance for Needy Families (TANF) are eligible for government-funded child care subsidies that help parents pay for child care services. The Center for Law and Social Policy (CLASP) estimates that about 657,900 children are eligible for child care subsidies in New York. This includes children ages 0-12 living in families under 197% of the federal poverty level with all available parents working.⁴³ Statewide, only 96,039 received subsidies, approximately 30 percent of the potentially eligible population. Child care subsidies are funded by the Child Care and Development Block Grant that blends federal child care and TANF funds with state funding. Each county receives an allotment based on population and the number of children and families living in poverty. In the Adirondacks in 2019-20, 419 children received child care subsidies, including 131 in Clinton County, 44 in Essex County, 139 in Franklin County, one in Hamilton, and 104 in Warren. The number of children receiving subsidies decreased significantly in each county and across the state between 2015-16 and 2019-20, which is likely due to an upswing in the economy.

Average Number of Children Receiving Subsidized Child Care								
Period	Clinton	Essex	Franklin	Hamilton	Warren	ADKs	ROS	NYS
2015-16 ⁴⁴	169	51	213	5	256	694	39,181	111,335
2019-20 ⁴⁵	131	44	139	1	104	419	33,757	96,039

Key Fact: Only 30 percent of eligible children in New York State receive child care subsidies.

Unregulated Child Care (Number of children receiving subsidies who receive care in unregulated settings)

Parents receiving child care subsidies have the choice of who provides care. While many parents use their subsidy to pay for care by a regulated provider, others use the subsidy to pay for care provided by a relative or friend. Such care is exempt from licensing and regulation if the provider cares for no more than two non-relative children. Families in rural areas tend to use unregulated care more than more densely populated communities and, in the Adirondacks, nearly half of all child care subsidies are used in unregulated settings. The use of unregulated care may be due to parent choice, with a preference for care by a friend or family member but can also be an indicator of availability of regulated programs. In some

⁴³ Center for Law and Social Policy, special data request.

⁴⁴ NYS Office of Temporary and Disability Assistance 2016 Legislative Report <https://otda.ny.gov/resources/legislative-report/2016-Legislative-Report.pdf>

⁴⁵ NYS Office of Temporary and Disability Assistance 2020 Legislative Report <https://otda.ny.gov/resources/legislative-report/2020-Legislative-Report.pdf>

cases, regulated care cannot accommodate parents who work nights and/or weekends, or there are not enough open slots available. Unregulated care does not have the safeguards that regulated care has. Regulated care programs are more likely to have the capacity to provide higher quality services.

Number of Children Receiving Subsidies Who Receive Care in Unregulated Settings						
Period	Clinton	Essex	Franklin	Hamilton	Warren	Total
2017 ⁴⁶	24	19	101	3	100	247
2020 ⁴⁷	33	32	91	0	53	209

Key Fact: In the Adirondacks, nearly half of all child care subsidies are used in unregulated settings.

Prekindergarten program enrollment (Number of children participating in school district administered prekindergarten programs)

There are nearly 1,000 four-year old children being provided prekindergarten programming administered by public schools and either operated by the public school themselves or a community-based program that the school district contracts with to provide the program in either the public school or elsewhere in the community. This number represents approximately 45% of the eligible population. In addition, there are 72 children enrolled in three-year-old prekindergarten in four school districts. Programs operated by school districts in school buildings are not required to be licensed as a child care center. Approximately, 45% of prekindergarten slots are operated in this way, so including these slots (450 in the Adirondacks) to the overall number of available child care slots presents a more accurate view of early childhood education capacity in the Adirondacks. Research demonstrates that high-quality early childhood education programs lead to positive developmental outcomes. The addition of prekindergarten funding to the mix of child care, Early Head Start and Head Start programs supports regionwide efforts to prepare children for success in school.

⁴⁶ NYS Office of Children and Family Services Child Care Demographics Report <https://ocfs.ny.gov/main/reports/2017-NY-Child-Care-Demographics-Report.pdf>

⁴⁷ NYS Office for Children and Family Services special data request

Prekindergarten Program Enrollment ⁴⁸						
Period	Clinton	Essex	Franklin	Hamilton	Warren	Total
2018-19 School Year	346	223	244	0	N/A	813
2020-21 School Year	415	176	289	0	125	1,003

Key Fact: Nearly 1000 four-year-old children are provided prekindergarten services in the Adirondacks, approximately 45 percent of the eligible population.

Head Start program enrollment (Number of children participating in Head Start)

Head Start programs serve children and families living at or below 100% of the federal poverty level. Enrolled children 3 to 5 years of age and their families are provided a mix of services such as home visiting or classroom learning. Each program provides high-quality early childhood education, parenting education, and related family support services. Program enrollment has decreased from 844 in 2015-16 to 748 in 2018-19, nearly a 12% decrease. These changes are primarily due to the expansion of prekindergarten programs across the region. This has resulted in fewer eligible four-year-old children being available for Head Start services and Head Start converting slots into Early Head Start slots.

Cumulative Head Start Enrollment by Race/Ethnicity								
County	Year	White	Black	Latinx	Native American	Asian	Other/Bi-Racial/Multi-Racial	Total
Clinton and Franklin ⁴⁹	2015-16	356	5	N/A	1	1	29	392
	2018-19	268	6	8	0	3	23	308
Essex	2015-16	132	2	2	0	0	3	139
	2018-19	113	4	9	2	1	0	129
Hamilton	2015-16	0	0	0	0	0	0	0
	2018-19	0	0	0	0	0	0	0
St. Regis Mohawk Tribe	2015-16	0	0	0	69	0	0	69
	2018-19	0	0	0	68	0	0	68
Warren	2015-16	208	1	9	0	1	23	242
	2018-19	196	3	13	0	4	28	244
Total	2015-16	696	8	11	72	2	55	844
	2018-19	577	13	30	70	7	51	748

⁴⁸ NYS State Education Department Office of Early Childhood special data requests

⁴⁹ Because both Clinton and Franklin are served JCEO under a single grant the numbers of children served are combined for reporting purposes

Key Fact: Head Start programs serve approximately 750 children from low-income families across the region. This represents a decrease of nearly 100 children between program years 2015-2016 and 2018-19.

QUALITYstarsNY program participation (Number and percent programs participating in QUALITYstarsNY)

QUALITYstarsNY is New York’s early childhood education program quality rating and improvement system. It was developed by the state Early Childhood Advisory Council in partnership with the NY Early Childhood Professional Development Institute to serve as a continuous quality improvement system that supports programs and providers to achieve program standards that have been shown to result in positive outcomes for children. Research has shown that parents whose children are in high-quality early care and education programs are more productive, take fewer days off, and are more likely to advance in their careers.⁵⁰ Currently in the Adirondack, 32 regulated early childhood education programs and providers or 14% participate in QUALITYstarsNY.

Number and Percent of Programs Participating in QUALITYstarsNY ⁵¹						
Period	Clinton	Essex	Franklin	Hamilton	Warren	Total
2017	5/5%	7/15%	5/7%	0	0	17/6%
2020	9/8%	8/20%	8/16%	0	7/18%	32/14%

Key Fact: 32 programs or 14% of all programs in the region participate in QUALITYstarsNY.

QUALITYstarsNY child participation (Number and percent of children attending programs participating in QUALITYstarsNY)

Approximately 26% of all children six weeks to five years of age are served in regulated early childhood education programs participating in QUALITYstarsNY. This is important because programs that participate in QUALITYstarsNY work to meet standards that have been shown by the research to lead to positive outcomes for children. Decades of evaluative research has shown that children who experience high-quality early childhood education do better in school, are less likely than their peers who did not participate in such a program to become involved in the juvenile and criminal justice system, have lower rates of teen-age pregnancy, are more likely to graduate from high school, and have higher incomes.⁵²

⁵⁰ Shellenback, K (2004). *Child Care and Parent Productivity*. Linking Economic Development and Child Care Project, Cornell University. <http://government.cce.cornell.edu/doc/pdf/ChildCareParentProductivity.pdf>.

⁵¹ New York Early Childhood Professional Development Institute, special data request

⁵² Lawrence J. Schweinhart, PhD. The High/Scope Perry Preschool Study Through Age 40: Summary,

Number and Percent of Children Participating in QUALITYstarsNY ⁵³						
Period	Clinton	Essex	Franklin	Hamilton	Warren	Total
2017	431/27%	173/18%	172/16%	0	0	776/15%
2020	406/21%	158/25%	324/32%	0	315/29%	1203/26%

Key Fact: Currently, just over 1,200 children (26%) are enrolled in programs participating in QUALITYstarsNY

Education attainment of early childhood educators (Degrees and credentials of staff of early childhood education programs)

The Aspire Registry was created by the state Early Childhood Advisory Council and the New York Early Childhood Professional Development Institute, which continues to manage the registry. The Aspire Registry supports early childhood educators by providing complete records of employment, educational attainment, and ongoing professional development. In so doing, it serves as an important tool for the ongoing profession development of the early childhood education workforce. Currently, participation is voluntary outside of New York City where it is required. There was a ten-fold increase in Aspire participation by early childhood educators in the Adirondacks between 2016 and 2020 (84 vs 844). This represents a growing percentage of the early childhood education workforce in the region participating in Aspire.

Of the 844 registered on May 16, 2020, less than half (399) have had their education records verified. Of these, 268 (67%) possessed a degree or a credential beyond a high school diploma. This included 49 with a Career Development Associates Credential (CDA); 32 with some college coursework; 46 with associate’s degrees; 77 with bachelor’s degrees; nine with some graduate coursework and 55 with master’s degrees. Education, certifications and degrees of staff are the single most important factor in the quality of service.

Conclusions, and Frequently Asked Questions (High/Scope Press 2004)

⁵³ New York Early Childhood Professional Development Institute, special data request

Educational Attainment of Early Childhood Educators ⁵⁴						
Education	Clinton	Essex	Franklin	Hamilton	Warren	Total
High School Degree						
2016	13	1	1	N/A	N/A	15
2020	46	18	24	1	38	127
Child Development Credential (CDA)						
2016	10	2	0	N/A	N/A	12
2020	19	3	12	0	15	49
Some college coursework						
2016	0	4	2	N/A	N/A	6
2020	12	5	8	1	6	32
Associates Degree						
2016	2	2	1	N/A	N/A	5
2020	16	8	13	0	9	46
Bachelor's Degree						
2016	6	2	0	N/A	N/A	8
2020	41	15	6	0	15	77
Some graduate coursework						
2016	1	2	0	N/A	N/A	3
2020	4	3	0	0	2	9
Master's Degree						
2016	3	1	1	N/A	N/A	5
2020	15	18	11	1	10	55
Total registered (Number of early childhood educators registered)						
2016	50	25	9	N/A	N/A	84
2020	280	241	165	4	154	844
Education Verified (Documentation of educational attainment submitted and verified)						
2016	35	14	5	N/A	N/A	54
2020	154	73	74	3	95	399

Key Fact: Of the 399 early childhood educators who have registered in Aspire and had their education verified, 132 (33%) possess at least a bachelor's degree.

Credentialed trainers (Number of credentialed trainers)

The New York State Association for the Education of Young Children has established the Training and Technical Assistance Professional Credential to formally recognize the value of and specialized knowledge, skills, and attitudes necessary for those who provide community-based training to early care and education programs and providers. The credential provides a standard of quality for early learning training and represents a level of professional achievement for trainers and technical assistance providers. There are currently seven trainers in the Adirondacks who have received the credential.

⁵⁴ New York Early Childhood Professional Development Institute, special data request

Number of Credentialed Trainers ⁵⁵						
Period	Clinton	Essex	Franklin	Hamilton	Warren	Total
2017	2	0	1	0	N/A	3
2020	1	2	1	0	3	7

Key Fact: There are seven credentialed early childhood education trainers in the Adirondacks.

Number of staff trained in the Pyramid Model

The Pyramid Model is a conceptual framework of evidence-based practices for promoting young children’s healthy social and emotional development. Building a strong foundation for social-emotional development is an important task of early childhood. Developing skills needed to interact positively with adults and peers during early childhood years ensures children have the skills and experiences they will need to begin school ready to learn. The NYS Early Childhood Advisory Council has brought Pyramid Model Training to New York State and has established a cadre of trainers statewide to implement the training and coaching to support professionals, programs, and families. In the Adirondacks between 2019 and 2020, 87 early childhood educators received the training and three programs (The Saint Regis Mohawk Tribe Early Childhood Learning Center, the St. Agnes School, and ACAP Early Head Start and Head Start programs) have worked toward achieving program fidelity.

Number of People Receiving Pyramid Model Training (per training session/complete set of modules) ⁵⁶								
Counties	Year	White	Black	Latinx	Native American	Asian	Other	Total
Clinton	2019	6	0	0	0	0	0	6
	2020	7	0	0	0	0	0	7
Essex	2019	15	1	1	0	0	0	17
	2020	9	1	0	0	0	0	10
Franklin	2019	12	1	1	15	0	1	30
	2020	6	0	0	1	0	0	7
Hamilton	2019	1	0	0	0	0	0	1
	2020	1	0	0	0	0	0	1
Warren	2019	1	0	0	0	0	0	1
	2020	7	0	0	0	0	0	7
Grand Total	2019-20	65	3	2	16	0	1	87

⁵⁵ NY Early Childhood Professional Development Institute Aspire Workforce Registry, special data request

⁵⁶ ibid

Key Fact: 87 early childhood educators received Pyramid Model training during 2019 and 2020.

What the Adirondack Birth to Three Alliance is doing to improve early childhood education

The Adirondack Birth to Three Alliance is implementing several strategies to improve early childhood education in the Adirondacks, including:

- Increasing the number of child care programs and providers across the region participating in QUALITYstarsNY, a quality improvement rating system for New York State. Hiring a regional Quality Improvement Specialist allowed for greater recruitment, onboarding, and star rating of local programs.
 - Connecting Adirondack Foundation's Small Grants for Small Children initiative to support child care centers and home-based providers by offering grant funding to help with critical needs such as enrichment materials, updates to outdoor space, professional development opportunities, and literacy projects.
 - Advocating with partners for government funding to help low-income working families afford the cost of child care and to create a pipeline of providers – recognizing child care as critical to economic growth and prosperity.
 - Supporting the provision of Pyramid Model training across the region to ensure that more early childhood educators are equipped to address the social-emotional development needs of the children in their programs.
 - Increasing awareness of and training about recognizing and addressing childhood trauma.
-

Appendices

31-32 Birth to Three Alliance Overview

33-34 Healthy Children Data Highlights

35-36 Strong Families Data Highlights

37-38 Early Learning Data Highlights



The **Adirondack Birth to Three Alliance** brings together key stakeholders to support early childhood initiatives. Our cross-sector, multi-county coalition works to ensure our region has **strong families, healthy children,** and **high-quality early learning.**

Our Vision

All young children are healthy, learning, and thriving with families who are fully supported through services and resources essential for success in school and life.

Our Mission

Create a regional structure to design, promote and amplify strategies that support a comprehensive and sustainable early childhood system.

We are committed to positively impacting children birth to three years of age.

Our Partners



Active in Clinton, Essex, Franklin, Hamilton, north Warren counties, and the Akwesasne Mohawk Territory

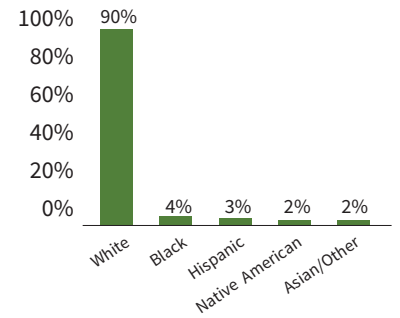
Demographic Snapshot for the Adirondacks

Percentage of children under 3 years old

6,850 individuals or **2.9%** of the total population (235,802 individuals)



Race/Ethnicity



Median Income



Children 0-15 Months with Recommended Number of Well-Child Visits

Enrolled in Government-Sponsored Insurance Programs (Medicaid and Child Health Plus)

89.5% of children versus **80.1%** in New York State (NYS)



Children Enrolled in SNAP Benefits



Percentage of Children in Poverty



Our Strategy

These are some of the ways that the Adirondack Birth to Three Alliance improves early childhood education.

Strong Families



Mobilizing workforce development agencies to push for funding to offset the high costs of child care for low-income, working families.



Supporting new parents with parenting education courses, new parent kits for pregnant mothers and families with newborns, and other multimedia resources.



Supporting initiatives to expand and strengthen refundable tax credits for families.

Healthy Children



Advocating for measures to increase the supply of therapists trained to work with preschool students with developmental delays and disabilities.



Expanding infant mental health services through regional partnerships.



Increasing funding to reduce child abuse and neglect and help families move out of poverty.

High-Quality Early Learning



Increasing the number of providers participating in QUALITYstarsNY to help them meet program standards for higher performance.



Advocating for policies that would support an increase in funding for child care subsidies to expand access to high-quality, affordable child care.



Connecting child care providers to critical resources including funding, curriculum, space, and training opportunities.

To learn more or join the Adirondack Birth to Three Alliance, visit adirondackbt3.org or call 518.523.9904.



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Start Small, Learn Big Every Step of the Way

Supporting Healthy Children

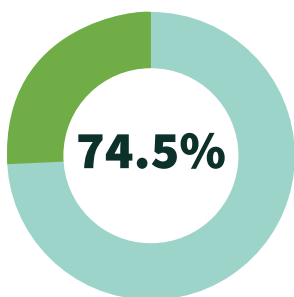
A mother's health during the prenatal stage is foundational for the long-term health outcomes of a young child. In order for all Adirondack children to be successful in school and life, it is critical that we build upon the strengths of the region, while addressing the challenges and finding solutions.



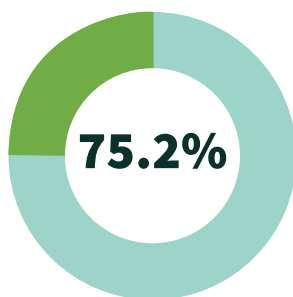
The rate of Adirondack women obtaining early prenatal care has declined in recent years, **bringing it below the statewide percentage, while the number of well-child visits exceeds the state average.**



Mothers with Prenatal Care in the First Trimester



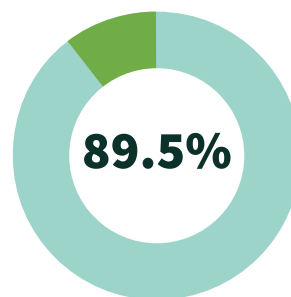
Adirondacks
Region



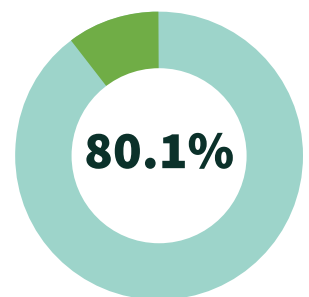
New York
State

Percentage of Children with Recommended Number of Well-Child Visits

Children 0-15 months enrolled in Medicaid and Child Health Plus



Adirondacks
Region



New York
State



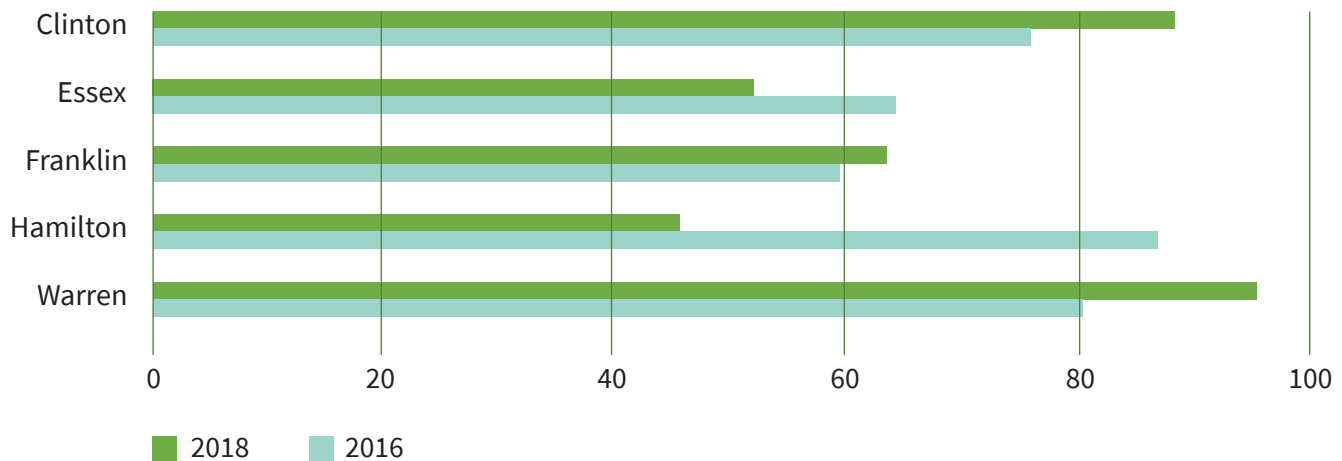
Disparities in Immunizations for Children 19-35 months

Young children in the region lag behind in immunizations, which makes them more susceptible to contracting chronic and life-threatening diseases.

Essex, Franklin and Hamilton counties have lower vaccination rates in comparison to the region. Rates vary considerably from **45.5% to 95.4%** across the region.



Immunization Rates by County



Children 0-3 Years Old with Disabilities and Developmental Delays Served through Early Intervention

3 out of 5

counties in which the Birth to Three Alliance is active are near or in line with the New York State average of **4.2%**

While the number of children served through early intervention services is on par with the state, **Adirondacks lacks a sufficient supply of therapists** to adequately meet the needs of children with delays or disabilities, **especially in rural communities.**



To read the *Infants and Toddlers Wellbeing in the Adirondacks* report, visit adirondackbt3.org.





ADIRONDACK
BIRTH TO THREE
ALLIANCE

Every Child Deserves the Best Possible Start in Life

SUPPORTING STRONG FAMILIES



Parent and caregiver engagement during the early years of a child's life is the foremost influential factor on their child's development. Thus, the presence of strong families that provide a consistent and supportive relationship are vital to the healthy development of children. In order for Adirondack children to flourish in life, we must ensure that families thrive socially and economically.

Economic stress can greatly impact the ability of parents to provide the care and attention that children need.

Poverty

CHILDREN LIVING IN DEEP POVERTY AT OR BELOW 50% OF THE FEDERAL POVERTY LEVEL

Franklin County ranks **#2**

and

Clinton County ranks **#6**

compared to all other counties in the state



18%

Franklin County

14%

Clinton County

Every county's median household income in the Adirondacks



= \$6,000 less

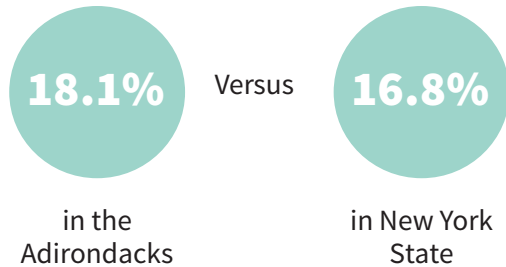
than New York State's median income



Food Security

CHILDREN RECEIVING SNAP BENEFITS

Children in the Adirondacks are more likely to be receiving SNAP benefits than most other areas of the state except New York City.

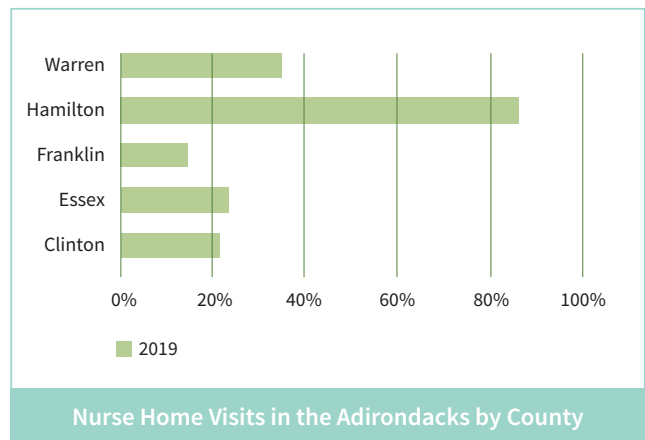


The percentage of food-insecure children is likely higher because they live in households with incomes above **185%** the federal poverty level, thus not qualifying for SNAP benefits.

Disparities in Prenatal and Postnatal Home Visits

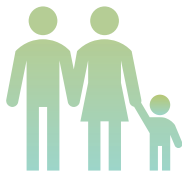
Approximately 20-25% of all parents in the Adirondack region receive nurse home visits.

Home visiting builds on each family's strengths and addresses family's challenges by connecting them to helpful community resources.



Engagement in Family Resource Centers

781 families benefit from family resource services.



3 With only three family resource centers in the region, access is extremely limited.



The three communities across the region include (Plattsburgh, Malone, and Tupper Lake), with a fourth under development in Saranac Lake.

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The First Three Years of Life are Especially Critical for Brain Development

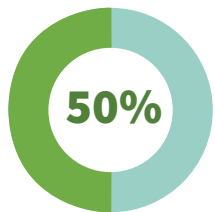
HIGH-QUALITY LEARNING



Early experiences influence children's brain development, overall health and their success in school and life. Investing in the early education sector helps sustain our local workforce ensuring parents have enriching opportunities and high-quality early care for their children.

Economic stress can greatly impact the ability of parents to provide the care and attention that children need.

Child Care



Nearly 1/2

of all child care subsidies are used in unregulated settings

30%

of eligible children in the state receive subsidies



We must work together to help more families receive support.



Nearly 600 child care spaces were lost

in the region between 2018-19



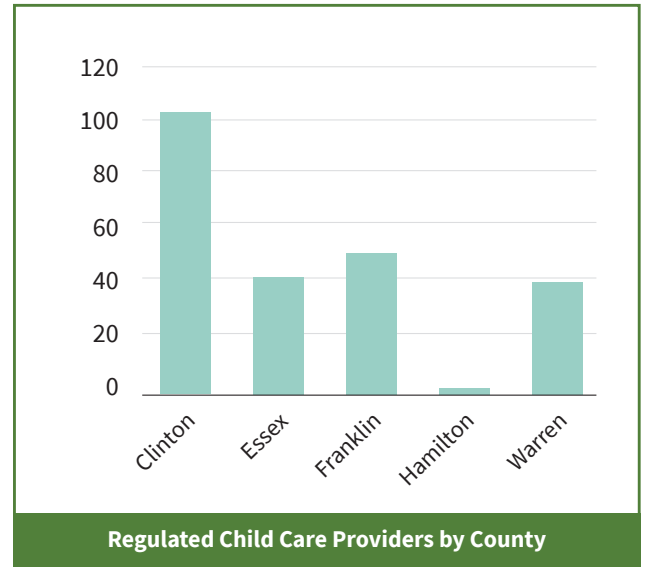
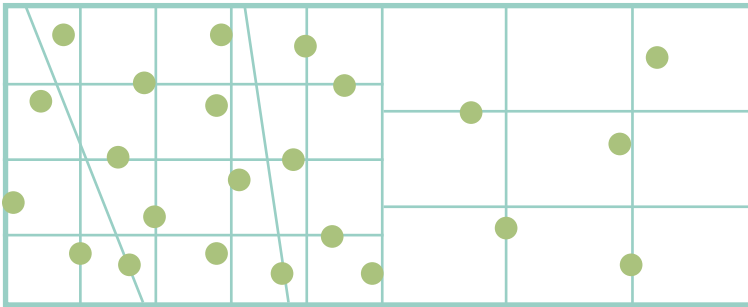
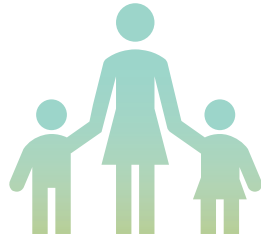
The region serves less than **43%** of children 6 weeks to 5 years of age in regulated child care.

80%

80% of census tracts across the region are child care deserts where there are 3 or more children per regulated child care slot

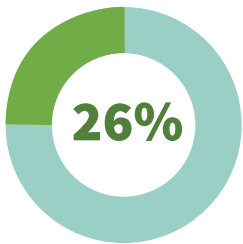
Disparities in Child Care Providers by County

Population dense communities have many more child care slots than rural areas.



QUALITYstarsNY

30% of eligible children in the state receive subsidies, signaling the need to work together to help more families receive support.



of all children of child care age participate in QUALITYstarsNY programs.



QUALITYstarsNY helps child care providers meet program standards for higher performance.

To read the *Infants and Toddlers Wellbeing in the Adirondacks* report, visit adirondackbt3.org.

About the author

Robert G. Frawley, MA, worked for 32 years at the NYS Council on Children and Families where he served as a research scientist, policy analyst, and Deputy Director. He has focused his work on building comprehensive and coordinated systems of services to better meet the needs of young children and families. This has included participating on and leading several statewide initiatives including serving as co-chair of the Early Childhood Comprehensive Services Planning Initiative and the NYS Early Childhood Advisory Council.

Since his retirement in 2015, Bob has continued his work in early childhood systems building. He is a member of the Early Childhood Advisory Council's Steering Committee and co-leads work on analyzing the funding needed to support a high-quality system of services. He was the main writer/editor of the Social-Emotional Development Guidance Document developed by the Early Childhood Advisory Council and Early Intervention Coordinating Council's Joint Task Force on Social Emotional Development. He is also an active volunteer and member of the Steering Committee of the Adirondack Birth to Three Alliance, Board Member and Treasurer of the NYS Association of Infant Mental Health, and a member of the Board of Directors and Chair of the Public Policy Committee of Hunger Solutions NY.

Acknowledgements

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