In their earliest years, children build the foundation for a lifetime of success. By the time little ones turn 5, they’ve formed cognitive, emotional, and social skills essential to their success as students, community members, and, eventually, contributors to our businesses and neighborhoods. Successful early development is so influential on lifetime academic, earning, and health outcomes that Greater Twin Cities United Way has embraced it as a key strategy in overcoming disparities.

Recognizing it is critical for children to be on track when they enter kindergarten, state law requires Minnesota schools to screen young children for vision, hearing, physical development and immunizations; thinking, language and communication skills; and social and emotional development. Huge benefit comes from this screening: According to the Minnesota Department of Education, 20 percent of Minneapolis screenings and 25 percent of St. Paul screenings reveal an issue, giving parents and caregivers vital insight to intervene early and help children develop. The earlier kids receive these screenings, the more time parents have to help. Age 3 is ideal.

But in the early 2010s, Greater Twin Cities United Way acknowledged a growing problem: Too many children were arriving at kindergarten unscreened. Many families were not aware of the screening mandate. At the same time, districts struggled to keep up with the demand for screening, therefore focusing resources on 4- and 5-year-olds. This kept them from proactively reaching out to parents of younger children. Screening rates were worse in lower-income districts, where children face the most barriers to educational success. This was a system-wide issue that no single school district or agency could solve in isolation.
With the goal of permanently increasing the number of children from under-resourced communities who receive screening, especially at the critical age of three, United Way launched Screen @ Three. The initiative connected educators, health care providers, and government agencies — from local to international — to build lasting collaboration to reach more kids. Today, thousands more children are getting connected to early intervention, sooner, to jump into school ready for success.

**SOONER IS BETTER**

Minnesota requires developmental screening by age five, and encourages districts to screen kids younger by providing higher reimbursement payments for screening three-year-olds. Earlier screening is:

- Better for children. Uncovering challenges early gives parents and providers time to support kids with the medical or therapeutic help they need to be ready for school.
- Better for schools. When kids enter kindergarten already on track, schools can focus on academic achievement rather than interventions to bring kindergarteners up to speed.

But screening early is a heavy lift, mainly for two reasons: For school districts, resources are scarce. And it’s hard for the formal K-12 school systems to connect with families when their children are years away from enrolling in kindergarten.

Scarce resources: Although screening is mandatory, districts are not funded at a rate that covers the full cost of outreach, screening, and connection to intervention. In practice, using time and resources to connect families to needed services distracts from the completion of more screenings — forcing a cycle of late screenings. In the 2013-’14 school year, 69 percent of greater Twin Cities 3-year-olds were not screened. In the lowest-income districts, 81 percent went unscreened. Screen @ Three was, in part, a strategy to reverse the spiral. Because the state reimburses schools at a higher rate for earlier screenings, any effort that could boost schools’ collective capacity to screen children earlier would simultaneously:

- Relieve pressure on schools to deliver catch-up interventions
- And increase revenue to districts, resulting in a cycle of growing sustainability

In the lowest-income districts, 81% of three-year-olds went unscreened.
Reaching families: Families who can benefit most from early screening — for example, recent immigrants or low-income households — are often the hardest to engage, because they tend to operate outside of mainstream channels. Their childcare provider may be a family member or other informal source, and they may rent housing outside of formal lease agreements. So they weren’t turning up in any of the usual places schools find children for screening. Parents from these families may even be apprehensive about interacting with government agencies. For some families, the first time they enter any kind of formal system is when their child enrolls in kindergarten. Forging new methods to engage hard-to-reach families requires efforts that go well beyond schools.

**BUILT FOR GROWTH**

United Way launched Screen @ Three in 2015 with these goals:

1. Increase the number of children screened.
2. Increase the number of three-year-olds screened.
3. Increase the percentage of children of color screened.
4. Increase the percentage of families following through on supports and resources after screening.

Importantly, United Way provided resources to convene stakeholders who, while facing the same challenges, do not normally have room in their budgets and schedules for collaboration, including disparate school districts and large healthcare providers.

To ensure purpose and accountability throughout the initiative, United Way adopted the ABCD framework, which has proven effective in building large scale, lasting systems changes that require:

- Cross-sector partnerships
- Population-level outcomes
- Rapid-cycle testing and continuous improvement
- Understanding complex, interdependent factors such as those that influence childhood success

**PARTNERSHIPS**

In total, United Way brought together 129 partners from across sectors to increase early childhood screenings, including these:

- 12 government agencies
- 4 school systems
- 16 nonprofits
- 10 health systems
- 49 early-learning programs
- 40 community clinics

100% participation among major health systems in our region
Four-year-old Senmiao came to her screening appointment at the Bloomington Public Schools with Mom, Dad and a Chinese interpreter. She only had a few words in English and was painfully shy.

Even with her family’s help, Senmiao refused to participate in the screening on the first attempt. Recognizing that Senmiao needed time to develop trust, screening staff suggested a weekly family-education class where parents and children stay together.

After a few weeks, a screener came to class for a couple of sessions to establish a relationship.

Senmiao was able to complete enough of the screening activities that the staff determined she was ready to join preschool.

“We were all holding our breath; we weren’t even sure she would get on the bus alone!” a staff member shared during a Screen @ Three learning session. But she did, and with the help of a great preschool team, Senmiao made progress and eventually gained the confidence to speak.

Screen @ Three has brought our community closer to a future where all children are ready to learn.

United Way found creative methods for schools to reach more families, and funded innovative work to build the needed connections. For example, dentists and pediatricians proved effective referral partners, as did nonaccredited child-care sources. While foreign governments might not seem like a natural partner in school readiness, the Mexican consulate’s relationships with immigrant households made it a valuable collaborator in reaching more families.

Organizations form connections based on a common interest in healthy kids, but health clinics and foreign consulates are not accountable for the kindergarten readiness of three-year-olds. So to make sure partnerships long outlast funding, Screen @ Three created staff trainings to enable consistent and sustainable processes.

Additionally, United Way invested in information technology to manage referrals and track children’s progress. The Screen @ Three team set up tools within the Institute for Healthcare Improvement website, so districts and partners can track consistent information across the system, measure how each intervention performs, and continually improve.

Teaming Up for Senmiao

Four-year-old Senmiao came to her screening appointment at the Bloomington Public Schools with Mom, Dad and a Chinese interpreter. She only had a few words in English and was painfully shy.

Even with her family’s help, Senmiao refused to participate in the screening on the first attempt. Recognizing that Senmiao needed time to develop trust, screening staff suggested a weekly family-education class where parents and children stay together.

“"We were all holding our breath; we weren’t even sure she would get on the bus alone!" a staff member shared during a Screen @ Three learning session. But she did, and with the help of a great preschool team, Senmiao made progress and eventually gained the confidence to speak.
RESULTS TO BE PROUD OF
Screen @ Three exceeded its goals by every measure. The overall number of children screened almost doubled, compared with the period before Screen @ Three, and the number screened at age three more than tripled. The number of children connected to needed services grew sixfold.

The Minnesota Department of Education’s data reflects the system-wide impact. Each of the four participating school systems have seen significant increases in the proportion of children screened by age three:

- Bloomington: +26%
- Hiawatha Academies: +26%
- Minneapolis: +31%
- Richfield: +43%

Note that this does not yet reflect the improvements achieved in the 2017-’18 school year, for which data is not yet available.

Remarkably, in just two years, Screen @ Three has brought our community closer to a future where all children are ready to learn by kindergarten.
Screen @ Three provided a wealth of learning that extends well beyond preparing children for kindergarten. To disrupt inequity, a funder such as United Way strives to find the right balance between driving a project and providing autonomy to partners. Tactics to achieve this balance included:

- **Investing in the right model, and the right people.** Cindy Hilyer was the innovator who adapted previous models into the approach that would become Screen @ Three. Cindy led important changes to screening processes at Minneapolis Public Schools, which she shared as a coach to other districts in the development of their own institutional innovations. The ability to identify a promising approach and support the on-the-ground leaders behind it, is an important role for a funder seeking large-scale impact.

- **Tactical flexibility, clear outcomes.** The overall goal was similar across all districts, and common measurements were used to track success and create accountability. But the diverse group of communities demanded flexibility. To honor the experience and knowledge in each locality, United Way outlined a menu of possible actions. No partner was expected to use all of them – they would pursue ideas they deemed most promising, toward shared targets.

- **Regular, meaningful communication.** United Way staff convened project leadership monthly, and was in frequent communication with individual partners between meetings. We also tracked outputs and outcomes monthly, providing information on the initiative's progress and opportunities to reveal needed changes in real time.

- **Learning together.** Pursuing change in multiple school systems simultaneously presented opportunities for simultaneous learning. United Way convened six intensive learning sessions to step back from regular monitoring and promote the constant self-improvement practices that make impact sustainable. Although United Way’s funding of this project has ended, the participating districts have agreed to continue meeting to learn from one another.

- **Overcoming resistance to change.** A common hurdle to changing complex and established systems can arise when new roles and responsibilities differ from engrained ways of doing business. Stakeholders must exhibit creative leadership in forging new relationships and improving processes. A coach with experience in change management and cohort learning kept our progress brisk.
NEXT STEPS
United Way is proud to have incubated this collaboration, and excited to support the continuation of Screen @ Three under the umbrella of a partner organization. We will pass the initiative to Generation Next, which specializes in collective impact as a mechanism to improve public education. Generation Next is particularly well suited to increase age-three screening numbers, expand to new district partners, and document and share effective screening practices. Screen @ Three's next phase also includes identifying and advocating for potential policy changes to solve the root causes of low early screening — for example, optimizing compensation rates or data-sharing regulations.

Screen @ Three is an example of how, with the faith and investment of generous donors, United Way can leverage its unique convening power and community expertise to ignite enduring systems change.

More broadly, United Way remains committed to innovating in education. Our new community impact strategy reaffirms education as a core anti-poverty investment, and we'll devote tens of millions of dollars in the next three years to educational outcomes in the greater Twin Cities. Additionally, we mobilize tens of thousands of volunteers and lead the MinneMinds and Start Early coalitions that advocate for policy change and critical resources to improve education for young children. This is all possible because of United Way's unique role in uniting diverse partners to create pathways toward prosperity for all youth in our region.

United Way remains committed to innovating in education.

Donor-Sparked, Community-Driven
In 2014, Women United, a Greater Twin Cities United Way giving community in which donors focus their impact on early-childhood success and women’s financial stability, made a strategic capacity-building investment in screening in Minneapolis and Saint Paul. This investment included funds for the Assuring Better Child Health and Development (ABCD) Learning Collaborative. The collaborative worked with cross-sector teams including school district staff, medical providers, and culturally specific organizations to improve screening and referral follow-through. Women United’s pilot served as a foundation for Screen @ Three.

Additionally, Generation Next, which partners closely with United Way and supports kindergarten readiness with early-childhood screening and follow-through services, significantly informed Screen @ Three. So it’s especially fitting that Generation Next will take the baton as the partner best-positioned to sustain the work.
These generous donors made visionary investments to launch Screen @ Three:

**INDIVIDUALS**
Bob and Gail Buuck  
Douglas* & Wendy Dayton Foundation  
Doug and Anne Hepper  
Phillip and Sherry Jaffe  
Ron and Renee James  
Michael and Julie McGlynn  
Glen* and Marilyn Nelson  
Renee and Randy Peterson  
John and Margie Wiehoff  
Saul Winton Fund  
Jeff and Sheri Wright  
Angus* and Margaret Wurtele  
Anonymous = 4

**CORPORATIONS AND FOUNDATIONS**
3M  
EY LLP  
Land O’Lakes  
Medtronic  
The Mosaic Company  
Pine River Capital Management  
Pohlad Family Foundation  
UnitedHealth Group

*Deceased