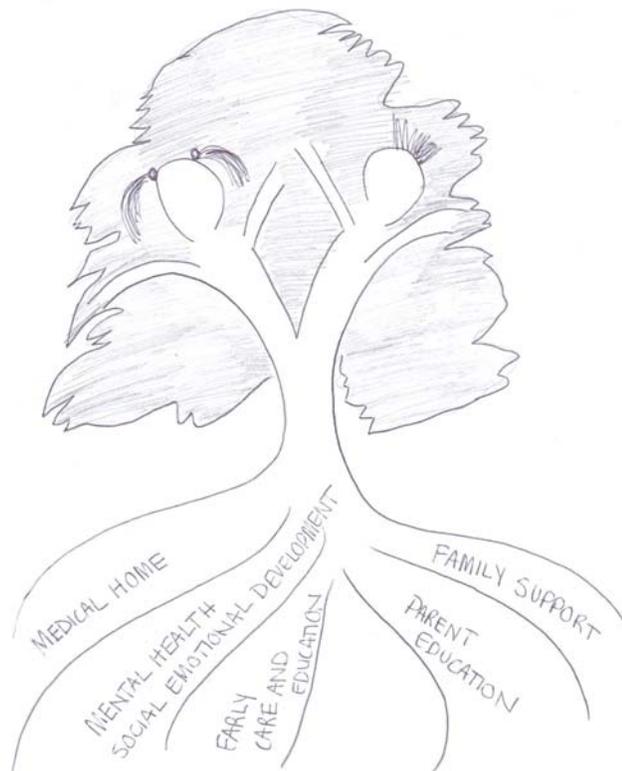




**2006  
Maryland Early Childhood  
Comprehensive Systems  
State Plan of Implementation  
Executive Summary**

**Growing Healthy Children**



**Giving Maryland children roots to grow...  
strong and healthy minds and bodies.**



## **Growing Healthy Children**

### **Maryland's Early Childhood Comprehensive Systems Plan**

The early childhood years, ages 0 to 5, are a critical stage of growth and development.

*Growing Healthy Children*, Maryland's Early Childhood Comprehensive Systems (ECCS) Building Initiative, is a statewide effort to strengthen Maryland's system of services for young children and families. This opportunity ensures the infusion of quality health systems throughout every state program and agency working with young children. Collaborations and partnerships between public, private, and community agencies are essential to ensuring that all children enter school healthy and ready to learn. *Growing Healthy Children* partners include all the state departments that administer programs serving young children, community based agencies, childcare providers, health care and mental health professionals, child advocates and parents of young children. These partners are working together to improve outcomes for children and families by building a coordinated, comprehensive system which addresses five critical components: access to health insurance and medical homes, social-emotional development/mental health, early care and education, family support and parent education. Each of the five critical components of early childhood systems development is also identified in the MCHB Strategic Plan and has become an integral part of Maryland's state early childhood health plan.

In 2003, Maryland received a three year planning grant- Early Childhood Comprehensive Systems (ECCS) from the federal Maternal and Child Health Bureau for building and implementing statewide early childhood comprehensive systems to support families and communities in their development of children healthy and ready to learn at

school entry. The Maryland Title V Agency has used this grant to partner with other child serving agencies and programs and develop a strategic plan for improving Maryland's early childhood health system. Over 500 Marylanders participated in the strategic planning phase to create a better system of services for children and families. We are now ready to transition into action and are well positioned to begin implementation of a statewide early childhood plan.

Maryland has had a long-standing commitment to public policy for young children. Recently, Maryland has seen an active commitment across stakeholders on specific policy for school readiness. This document presents *Growing Healthy Children*, Maryland's strategic plan for 2006-2008, beginning with an overview of the state of our youngest children in Maryland and followed by the plan's vision and mission statements and overview of the planning process and implementation plan.

### *Health of Maryland Children*

There are 368,612 children between the ages of 0 and 5 (8% of the total population) living in the state of Maryland. A long-standing policy of focusing on the well-being of young children has recently expanded to include readiness for entry to school. As one of the wealthiest states, measured by per capita income, Maryland has too many children entering school both unhealthy and unprepared to succeed at learning. The population of Maryland includes 35% minorities and 14% of the total population living in rural areas. Some positive health factor improvements were seen in the last Title V needs assessment, namely a decrease in teen birth rates and child death rates, decrease in child abuse (except in the rural areas of the eastern shore), more new mothers initiating breastfeeding, more children immunized on schedule and having access to health insurance. Yet, the state's first trimester onset of prenatal care has declined from 88% to 82.3% (Vital Statistics 2004).

Continued health disparities exist between Caucasians and African Americans. Selected statistical data (found in the section on core indicators of health) describe Maryland's early childhood population and unmet needs that could negatively impact school readiness. These indicators include infant mortality, low birth weight, poverty, asthma, lead poisoning/exposure, homelessness, abuse and neglect, mental health concerns and psychosocial issues.

In Maryland, African Americans have 1.2 times the asthma of Caucasians. African Americans are more likely to have asthma and chronic conditions associated with asthma because of access to quality health care, poverty and increased exposures to environmental factors associated with developing asthma (Asthma in Maryland 2004).

Exposure to lead is an important public health problem, particularly for young children. Eliminating blood lead levels (BLL)>10 µg/dL in children is one of the 2010 health objectives from the US Department of HHS. Maryland is actively working to eliminate lead poisoning by 2010 through the combined efforts of the Maryland Department of the Environment (MDE), the Lead Coalition, and CMCH. There is strong emphasis on screening and testing by health care providers plus home visiting and case management by the LHDs for children with blood lead levels>10 µg/dL.

The National Health and Nutrition Examination Survey (NHANES) survey, 1991-94 and 1999-2002, reveals that among subpopulations, the non-Hispanic blacks aged 1-5 years had the highest prevalence of elevated BLLs. Although NHANES is a nationally representative survey, the low prevalence of elevated BLLs does not allow stratification by more than one factor that might be related to exposure, such as race/ethnicity or age of residence. The Maryland Department of the Environment (MDE) preliminary data on BLL by race (2005), indicated that although there are more than 13% more whites than non-Hispanic blacks aged 1-5 years, there is an almost 33% higher incidence of lead poisoning/exposure among non-Hispanic blacks. Lead poisoning can affect many systems in a child's body including neurological impairment and ability to learn. Maryland plans to continue programs to identify lead hazards and children at risk for lead exposure, increase the number of children screened and tested at one and two years of age, and refer children for timely treatment and follow up in order to reach the Healthy People 2010 goal.

Major social issues, such as poverty, the inequitable distribution of societal resources, racism, substance abuse, homelessness, and changes in the family structure, unplanned pregnancies, and health disparities were identified by the National Center for Children in Poverty (2005) as factors that impede the assurance that all

children enter school healthy and ready to learn. The Title V Agency recognizes the need to broaden and integrate the role of health in child development and school readiness across the five critical components that form the basis of the state plan for early childhood comprehensive systems.

The Early Childhood Comprehensive Plan is entitled *Growing Healthy Children* to more accurately reflect the development and health processes as the intent of the plan. Through the *Growing Healthy Children* state plan, the Maryland Center for Maternal and Child Health (CMCH) seeks to further broaden the numbers and types of collaborative partners and to integrate comprehensive early childhood health systems through the earliest years. Data from the needs assessment, focus groups and planning activities identified factors impeding the development of a comprehensive early childhood system in Maryland and the capacity of CMCH to address these issues in the state plan. By identifying issues that limit the state's ability to ensure all children enter school healthy and ready to learn, Maryland is better positioned to know how to allocate resources and develop more effective intervention strategies. Additionally, the ongoing collaboration and support of state and private agencies and stakeholders will ensure that comprehensive health services are a cross cutting component of all early childhood support systems.

Maryland's early childhood health, education and child social service systems have worked together for over ten years to build early childhood systems that promote school readiness for all Maryland children. The following efforts and activities have helped boost school readiness from 49% to 60%:

- Increase resources to identify and treat children exposed to lead
- Infusing health into all committees and advisory councils working on issues surrounding young children
- Head Start
- Early Head Start
- Judy Centers
- Mandatory pre kindergarten programs
- Establishing all day kindergarten by 2008
- Increased resources to help English language learners
- Countdown to Kindergarten initiative to increase kindergarten readiness, and

- Decrease service gaps between preschool and kindergarten by moving the Office of Child Care to MSDE.

Despite these efforts, the advances in Maryland's school readiness are fewer than anticipated when compared to the Action Agenda's plan for 75% of all Maryland children to be fully ready for school by the 2006-2007 school year. Maryland has averaged about 2-3 % increase in school readiness per year (as indicated by the work sampling system scores from 2002-2003 through 2005-2006).

### *School Readiness*

In the Action Agenda for School Readiness, Maryland defines school readiness as "the state of early development that enables an individual child to engage in, and benefit from, primary learning experiences". For the past five years, every Maryland kindergarten pupil has taken part in a work sampling system that measures/rates school readiness. This system has been tested for reliability and consistency. School readiness reflects all the conditions and experiences a child has experienced from prenatal to school entry that affect the likelihood of successful school experiences. Utilizing this data helps determine what perinatal and early childhood practices and behaviors work and where gaps still exist.

The kindergarten work sampling from 2005-2006 indicates that the early childhood community and other partners are successfully reaching a larger number of young children and building the skills they need for kindergarten. The effect of their efforts is 60% of children are entering kindergarten fully ready to learn and better prepared to achieve a successful kindergarten experience. Disparities in school readiness still exist. The school readiness scores indicate that more girls than boys enter school ready to learn (66% to 55%) and that Caucasian and African American disparity in kindergarten readiness is >17%. Immigrant children with limited English proficiency have advanced beyond children in special education by 8% for the first time in the five year data collection. These children, however, continue to lag behind both Caucasian and African American entry level children. These results are not consistent across all counties and low-income families (school year 2002-03 to school year 2005-06) still lag far behind their standard income classmates.

There is a strong correlation between the health of young children and their ability to enter school ready to learn. The National Education Goals Panel states that in order to be ready for school all children need to: “experience high quality learning; have enough to eat and the ability to live in safe and stable neighborhoods; be able to see a doctor under any circumstance; have parents who are caring and attentive, armed with the support they need to be strong and capable caregivers; and attend schools prepared to receive children at school age.”

School Readiness data for 2005-2006 reveal only three of five Maryland children enter kindergarten ready to learn. National and federal efforts in the area of health education and welfare have called for providing integrated, comprehensive, culturally competent, targeted services to children. The Early Childhood Comprehensive Health System plan aims to integrate services and achieve multi- service early childhood and family support systems and achieve the goal of “Children entering school ready to learn”. Health indicators for Maryland’s children (Table 1) reveal areas of critical need that could benefit from additional financial and social resources, partnership collaboration, and public awareness:

- *Maryland’s Vital Statistics Administration reports in 2004 that of all infant deaths 14.9% were African American compared to 5.6% Caucasians.*
- During the same time period, 13.2% of low birth weight babies were to African Americans compared to 7.4% to Caucasians.
- Table 1 shows 1,811 children age 0-6 with elevated blood lead levels. This number is the unduplicated count for CY 2004, the latest available year of data. The definition of elevated blood lead in 2004 was  $\geq 20$   $\mu\text{g}/\text{dl}$ .
- Medicaid data of children enrolled in Medicaid- April 2006 show 4,195 (27%) children have no access to medical home.
- A total of 9% of children 0-5 in Maryland are without any health coverage because: their family income exceeds 300% of FPL (M-CHP eligibility) and their employer does not provide health insurance, immigration status prevents them

from eligibility for governmental programs, the families do not know they are eligible or “pride” prevents them from enrolling their children.

- 29% of low-income children between 2 and 5 years of age in Maryland are overweight or at risk of becoming overweight. (CDC PedNSS, 2002).

### *Health and School Readiness: A Blended Partnership*

Ages 0 to 5 are critical stages of growth and development. *Growing Healthy Children*, Maryland’s Early Childhood Comprehensive Systems (ECCS) Building Initiative, is a statewide effort to strengthen Maryland’s system of services for young children and their families. The Maryland Title V Program is using this process to strengthen partnerships with agencies that serve children and to develop new collaborations/partnerships with public, private, and community agencies that play an essential role in preparing all children healthy and ready to learn before they enter school. These partners include all the state agencies that administer programs for young children, community agencies, childcare providers, health care and mental health professionals, child advocates and parents of young children. They will be working together to improve outcomes for children and families by building a coordinated, comprehensive system, which addresses the five critical components:

- access to health insurance and medical homes
- social-emotional development/mental health
- early care and education
- family support
- parent education

Each of the five critical components of early childhood systems development is part of the MCHB Strategic Plan and has become part of Maryland’s state ECCS plan. The strategic planning phase included focus groups, surveys and input from a wide cross section of parents, educators and health professionals.

The culmination of three years of partnerships, collaborations and effort has resulted in the establishment of five state goals to improve the systems of care for children in Maryland. The goals, objectives and corresponding timelines can be on the following pages.



**Plan Vision**

Growing Healthy Children envisions safe and supportive communities where all Maryland children and their families thrive and every child arrives at school healthy and ready to learn.

**Plan Mission**

The mission of the Early Childhood Comprehensive System (ECCS) plan is to promote the development and sustainability of a comprehensive early childhood system continued through collaboration and partnership building in Maryland.