

Health and Development On Track, Beginning at Birth

All children have a healthy start

Measured by:

- **Percent of babies born weighing more than 2500 grams.** Infants born weighing less than 2,500 grams (5.5 pounds) are at greater risk for physical and developmental problems than infants of normal weight. Children who are born at a low birthweight are at higher risk for long-term illness or disability and are more likely to be enrolled in special education classes or to repeat a grade.

Influenced by:

- **Percent of adults with health insurance.** A high health insurance penetration rate among adults makes for a healthier population. Women with health insurance are more likely to get timely and adequate prenatal care.
- **Percent of pregnant women who receive on-time prenatal care.** Early, comprehensive prenatal care increases the likelihood that a child will be born healthy. Mothers who receive good prenatal care are less likely to have preterm or low birthweight infants and are more likely to obtain regular pediatric care for their young children.
- **Percent of pregnant women who do not use substances (tobacco, alcohol, drugs).** Prenatal drug or alcohol exposure can place the fetus at risk for a variety of negative outcomes, including low birth-weight, poor coordination, problems with learning, and delays in mental skills during toddler years.
- **Rate of births per 1000 girls aged 15-19.** Parental age is significantly related to child well-being. Children born to teen mothers are more likely to be born low birthweight, suffer poor health, and have lower levels of cognitive and educational attainment, lower levels of academic achievement, and higher levels of behavioral problems than children born to mothers age 20 and over.

Children have access to healthcare

Measured by:

- **Percent of Medicaid-enrolled children receiving regular well-child visits.** Well-child visits provide an opportunity to monitor children's physical and behavioral health and development, provide age-appropriate guidance to parents, and screen for maternal depression. Lack of health care or delays in treating children's health problems can negatively affect cognitive, emotional, behavioral, and physical development, sometimes with lifelong consequences.

Influenced by:

- **Percent of children with health insurance.** Children with health insurance are more likely to access primary health care services that can prevent health problems or address existing chronic or acute health conditions. Lack of health insurance can affect a child's school attendance and ability to participate in school activities.
- **Percent of parents with health insurance.** When parents have health insurance coverage, children are more likely to get covered, stay covered, and access needed healthcare services. Parents also are healthier and can better support children's development.
- **Availability of pediatricians, family physicians and dentists (particularly those who accept Medicaid).** Access to pediatricians, family practice physicians and dentists is critical for monitoring children's health and referring to specialists as needed. Many rural areas lack sufficient doctors and dentists who accept Medicaid, which limits access to adequate medical care for children from low-income families.

All children are physically and emotionally healthy

Measured by:

- **Percent of parents reporting their children's health is excellent or good.** Parents' self-reported health status of their children strongly correlates to their children's actual health, particularly at a young age. Healthy children are better able to engage in experiences crucial to the learning process.

Influenced by:

- **Percent of children ages 19-35 months who are fully immunized.** Receipt of timely, age-appropriate immunizations usually indicates that a child has access to regular medical care. Late or missing immunizations can result in preventable illnesses that can lead to long-term physical and developmental problems.
- **Percent of parents reporting they have a particular place to take their children for medical care (i.e., medical home).** Children with a regular medical care provider are more likely to receive prompt and appropriate care for acute and chronic conditions, as well as continuing preventive care. Consistent care ensures monitoring of and familiarity with children's health over time, awareness of the family, and also may avoid delayed diagnosis of health and developmental problems, worsening of existing conditions, and the occurrence of preventable conditions. Children without a regular medical provider are less likely to have timely immunizations.

Measured by:

- **Percent of children whose height and weight falls into expected ranges.** When children are not within their expected height and weight ranges, they may be suffering from malnutrition, impairments in the caregiver-child relationship, or chronic illness. Being obese or underweight in infancy or early childhood can have long-term health and social consequences.

Influenced by:

- **Percent of children over age 6 who are physically active for 60 minutes/day 5 days/week.** Regular physical activity is important for overall health and development, helps children maintain a healthy weight, and creates healthy habits for the future. Students who are physically active tend to have better grades, school attendance, cognitive performance, and classroom behaviors.
- **Percent of children who eat the recommended dietary guidelines of fruits and vegetables.** Good nutrition is critical for overall health and optimal learning and development. Eating a balanced diet sets children up for a lifetime of healthy eating. Lack of adequate consumption of specific foods, such as fruits, vegetables, or dairy products, and deficits of specific nutrients are associated with lower grades and higher rates of absenteeism and tardiness among students.
- **Percent of mothers who exclusively breastfeed for six months.** Breastfeeding has both physical and emotional benefits for infants. Breastfeeding has a range of protective effects including decreasing the incidence and/or severity of respiratory, ear, and digestive infections, and diabetes; it may reduce the incidence of sudden infant death syndrome, and allergic reactions. Breastfeeding promotes frequent tender physical contact between mother and infant and also may be related positively to children's cognitive development.

Measured by:

- **Percent of children exhibiting self-regulation, good interpersonal skills, and no behavior problems.** Emotional health and social competence enable children to participate in learning and form good relationships with teachers and peers. Research is increasingly finding that self-regulation and social-emotional health are one of the most critical building blocks for children's learning.

Influenced by:

- **Percent of children screened for social-emotional needs, identified with social-emotional needs, referred for behavioral health services and receive behavioral health services.** A standardized pipeline of early and accurate screening, identification, referral and treatment of behavioral health needs is critical to ensuring children's good social-emotional health.

Measured by:

- **Percent of children without untreated tooth decay.** Tooth decay is the most common chronic childhood disease. Untreated dental problems can lead to secondary physical illness, delay overall development, compromise school attendance and performance, and interfere with psycho-social functioning.

Influenced by:

- **Percent of children who have seen a dentist in the past year.** Many childhood dental diseases, along with their negative consequences, can be prevented by providing early and comprehensive dental services to children; pediatricians are uniquely situated to facilitate access to needed dental care through referrals.

All children reach appropriate developmental benchmarks

Measured by:

- **Improvement with early intervention services.** Without appropriate supports and services in the early years, children with special educational needs are less likely to be ready for school and are at higher risk for poor educational outcomes.
- **Oral language skills at 24, 36, 48 and 60 months.** Oral language skills (listening comprehension, and oral language vocabulary) are important foundational literacy skills, and early language proficiency is a key predictor of school success. Early literacy skills, like size of vocabulary, are good predictors of children's reading abilities throughout their educational careers. Language and literacy skills enable children to develop cognitive skills and knowledge and to interact effectively with peers and adults.
- **Kindergarten Entry Assessment (KEA).** Research shows that it is critical to intervene early in order to address delays in any of the five domains of child development: physical health and motor development, social-emotional development, language and literacy, and cognition and approaches to learning. The KEA assesses key domains of child development.

Influenced by:

- **Percent of children screened for developmental delays, identified with developmental delays, referred for Early Intervention services, and receive Early Intervention services**
Access to developmental screening and assessment throughout infancy and early childhood allows problems to be identified early and appropriate intervention to be delivered.

All of the risk factors represented in this framework are further impacted by the underlying realities of poverty, racial inequities and unmet social-emotional needs of children, parents and other caregivers.

Sources

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Supported and Supportive Families and Communities

All children have safe, stable, nurturing relationships with their caregivers

Measured by:

- **Rate of investigated/assessed child abuse or neglect.** Child abuse and neglect are linked to language deficits, reduced cognitive functioning, social and behavioral difficulties, and attention deficit disorders. The incidence of child abuse and neglect is reduced when protective factors (such as social support, high quality reliable out-of-home child care, access to treatment of depression, and decent housing) are strengthened and risk factors (such as poverty, social isolation, absence of supportive adults, and violence in the home or neighborhood) are ameliorated.
- **Warm, responsive parenting - parent report of talk/play and family meal sharing.** The opportunity to form secure attachments with sensitive, nurturing caregivers is critical to children's cognitive and social-emotional growth. A lack of a warm, positive relationship with parents/caregivers increases the risk that children develop major behavioral and emotional problems, including substance abuse, antisocial behavior, and juvenile delinquency.
 - **Talking to children** plays a direct role in building their vocabularies and strengthening their early literacy skills. A "word gap" between children from low-income and middle-income families predicts gaps in academic achievement.
 - **Frequent family meals** have been associated with achievement of developmental milestones like vocabulary growth, academic achievement, overall better health, and positive behavioral outcomes.

Influenced by:

- **Percent of parents screened for depression at well-child visits, identified with depression, referred for services, and receive services for depression.** Parents who are depressed experience feelings of sadness, stress, inability to sleep, and other symptoms that can compromise their ability to parent their children effectively. Young children with depressed mothers are more likely than other children to demonstrate social-emotional and behavior problems, difficulties in school, trouble with self-control, poor peer relationships and aggression. Mothers suffering from depression are less likely to interact with, play with or read to their children.
- **Percent of parents who abuse substances.** Children prenatally exposed to drugs and raised in homes with ongoing parental drug use are more likely to display problems with cognitive development when compared with prenatally drug-exposed children raised in drug-free environments.

Measured by:

- **Parent-reported frequency of reading to child.** Reading to children promotes a child’s cognitive and emotional growth and strengthens parent-child bonding. A positive correlation exists between regular parental book reading and young children’s language development, early reading achievement, and school readiness.

Influenced by:

- **Percent of students reporting 25 or more books in their home.** Access to print materials improves children’s reading skills. Children’s book distribution and ownership programs were shown to have positive behavioral, educational, and psychological outcomes. According to research, a child whose home has 25 books will, on average, complete two more years of school than would a child from a home without any books at all.

All children live in families that have the knowledge, skills and social supports to support children’s optimal development

Measured by:

- **Percent of new mothers reporting access to sufficient social supports.** Services and supports that help families obtain basic necessities and that enhance protective factors all contribute to children’s overall well-being and increase families’ abilities to deal with a range of issues. Families connected to supportive networks and services are strengthened in their parenting and better able to expose their children to activities and educational opportunities that will help them succeed.
- **Percent of parents reporting sufficient knowledge of child development and parenting skills.** Parents with greater knowledge of child development and parenting skills better support their children’s early learning and development.

Influenced by:

- **Percent of births to mothers with at least a 12th grade education.** Children of mothers with at least a high school education tend to have better school readiness, better health, increased likelihood of finishing school, more supportive home learning environments, and more parent involvement in their schools.
- **Availability of in-home visiting, parent education, and family preservation programs, and rate of parents who participate in those programs.** Factors such as poverty, low education and family stress can compromise the quality of parent-child relationships by limiting opportunities for stimulating and responsive interactions, provision of emotional support, and exposure to activities that can enrich children’s health, knowledge and skills. Family support programs can increase family engagement and parents’ knowledge of child development; improve parenting skills; provide work supports; help families access health and nutrition services, job training, or treatment for substance abuse; and reduce parental stress.

All children live in families that are economically secure

Measured by:

- **Percent of families with children living above 200% of FPL.** Child poverty is linked with a range of negative outcomes including diminished academic achievement, more health problems, lower nutrition, and lower overall well-being. Children from extremely poor families tend to have lower cognitive skills including reading, problem solving, and concentration ability, and experience greater developmental losses during the non-academic year.

Influenced by:

- **Percent of children living in families that make a living wage.** Caregivers who do not make a living wage may work full-time and still be unable to keep their families out of poverty.

Measured by:

- **Percent of children in a school district who are not homeless (McKinney-Vento).** Homeless children develop more slowly and may develop serious emotional problems. They are more likely to get sick, have mental health problems, have academic problems, be victims of violence, exhibit delinquent or aggressive behavior, be behind academically and have social and emotional issues that result in poor academic performance, behavior problems and depression.

Influenced by:

- **Percent of children with housing stability (family has not moved more than once in past 12 months).** Residential mobility affects children's social capital and ability to learn because of disruptive absences from school, discontinuity of teaching styles, and insecure social relationships. Families that move frequently may be less successful at developing social ties and may be unfamiliar with available resources to help their children.
- **Percent of families who spend less than 30% of income on housing.** Families with high housing costs are more likely to go without other basic necessities in order to pay for rent and utilities. High housing costs can increase the likelihood of frequent moves and doubling up with family members or friends.

All children live in safe, toxic-free, economically-viable communities that support children and families

Measured by:

- **Rate of reported violent crimes.** Exposure to community violence is associated with negative outcomes for children, including reduced behavioral and social competence. Repeated exposure to violence threatens children's physical, intellectual, and emotional development.

- **Percent of adults reporting block is safe for children to play outside.** Perceived neighborhood safety affects child development because it affects parents' willingness to use available resources such as parks, libraries, and children's programs. When parents feel connected to their neighborhood, their children benefit from community resources and collective socialization opportunities.
- **Percent of children living in census tracts with poverty levels below 30%.** Children growing up in neighborhoods with high rates of poverty are more likely to attend under-resourced and low-performing schools; have fewer playgrounds, parks and libraries; and have less access to high quality early education programs. Poor children in poor neighborhoods have lower test scores than poor children in middle class neighborhoods.
- **Percent of children found to have blood lead levels below 5 µg/dL.** Children with elevated blood lead levels are more likely to have a lowered IQ and behavioral problems, academic failure, need for special education services and increased risk of juvenile delinquency. Elevated blood lead levels in the early years are associated with intellectual impairments, attention and behavioral problems, and lower achievement in school.

Influenced by:

- **Percent of children screened for elevated blood lead levels.** Early detection of lead exposure, when followed by intervention, can prevent long-term damage. Children living in poverty have higher blood lead levels and are more likely to experience adverse effects than do other children because of the higher lead levels in their environment and because of the interaction of lead exposure with other risk factors, especially poor nutrition.

Equity, economic security, and social-emotional health of children and families are foundational conditions that impact all child and family outcomes reflected in this framework.

Sources:

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High Quality Birth-to-Eight Learning and Education

All children have access to high-quality, developmentally appropriate, culturally competent birth-to-eight programs with highly qualified professionals

Measured by:

- **Percent of all children birth through five enrolled in regulated childcare.**
- **Percent of young children attending accredited or high quality (5-star rated) early childhood programs (centers and family homes).**

Children who attend a high quality early education program are better prepared for school—academically, socially and emotionally. Economically disadvantaged 3- and 4-year-old children who participate in high-quality preschool programs have better school achievement, social skills and behavior than children who do not participate in a preschool experience or who are enrolled in a low quality program. Children in higher quality programs have more advanced language and pre-math skills, more advanced social skills and warmer relationships with their teachers. Elements of quality include well-trained and well-compensated teachers, language-rich classroom environments, small group sizes, low staff-child ratios, low staff turnover rates and practices that involve and support parents.

Influenced by:

- **Percent of early childhood teachers and administrators with post-secondary early childhood education, by degree (associate, bachelor's).** Early care and education programs (including preschool programs, center-based child care programs and family child care homes) with highly qualified staff are more likely to produce positive outcomes for children's learning and development. Research shows that preschool teachers with at least a four-year degree and specialized training in early childhood are more effective and more actively engaged with the children they teach. Research on the qualifications of teachers and caregivers working with young children demonstrates associations between high-quality environments for young children and qualifications that are specific to early childhood (for example, a degree in an early care and education or an early childhood-related field).
- **Percent of estimated eligible children under age six receiving child care subsidies.** Families rely on child care to enable them to work and to provide the early education experiences needed to prepare their children for school. The high cost of child care puts quality care and early education out of reach for many families, particularly low-income families. Access to child care subsidies helps families afford higher quality child care and improves continuity of child care.
- **Percent of families paying 10 percent or less of income on child care.** Families that must spend a large portion of income on child care often cannot afford high quality, or regulated, care. Spending more on child care may mean that children's other needs are going unmet.

Measured by:

- **Percent of students meeting expected growth as measured by the text reading comprehension (TRC) section of MClass assessments (K-3).** Student growth in reading over the course of a school year is a proxy measure for quality of the learning environment, leadership and teaching.

Influenced by:

- **Percent of K-3 teachers and elementary school principals with early childhood/child development-specific knowledge and competencies.** Principals and teachers trained in child development and how children learn oral and written language are best equipped to teach children to read. Teachers who provide both instructional and emotional support improve children's academic outcomes. Improving the quality of teachers narrows race- and income based achievement gaps: a child in poverty who has a good teacher for five years in a row makes learning gains large enough, on average, to close completely the achievement gap with higher income students.
- **Percent of students with access to programs in their native language.** Early education and K-3 environments and that are culturally competent honor the values, traditions, and languages of children from all backgrounds in order to engage children, communicate with parents, and engage parents in their children's education, which has been shown to improve children's educational outcomes.

All children attend early learning programs and schools consistently

Measured by:

- **Percent of children with regular attendance at child care or early education programs (0-5) and school (K-3).** Children, particularly those with multiple risk factors, benefit from regular attendance at a high quality early education program where they learn to work on tasks independently and follow directions. Child care settings also provide opportunities to identify warning signs and to establish good attendance and learning habits. Consistent school attendance in the early grades helps boost children's academic learning, achievement, and motivation. Early chronic absenteeism is associated with lower academic achievement, truancy in middle school, school dropout, delinquency, and substance abuse. When children miss a substantial number of school days, it is more difficult for them to learn to read and to acquire other crucial academic skills. The educational experience of regularly attending children may also be adversely affected when teachers must divert their attention to meet the learning and social needs of chronically absent children when they return to school.
- **Percent of children with school continuity during the past school year.** Consistency and stability in early child care and education affects children's social competence, behavioral outcomes, cognitive outcomes, language development, school adjustment, and overall child well-being. Frequent school changes during the early grades (K-3) are associated with retention in grade, behavioral problems, lower academic achievement, and lower high school graduation and college completion rates.

Many of the factors that influence school attendance and continuity are included under the Health and Family/Community goal areas.

All children learn in environments that are safe, promote a positive climate, and support social-emotional development

Measured by:

- **Percent of children suspended (0-8) or expelled (K-3) from programs and school.** School discipline policies that result in students losing instructional time can cause students to fall behind and be retained in grade. Research has shown that racial and ethnic minorities and students with disabilities are disproportionately affected by school discipline policies that focus on suspensions and expulsions, and that the disproportionality begins as early as preschool.
- **Percent of children promoted to next grade level.** A large body of research suggests that students retained in the early years achieve at lower levels, are more likely to drop out of high school, and have worse social-emotional outcomes than similar students who are promoted.

Influenced by:

- **Percent of children attending schools that systematically involve child care programs/families before school transition.** A smooth transition into kindergarten forms the basis for later academic achievement and success. Children experience a smoother transition when they enter school when there is coordination among schools, early childhood programs, and parents. When schools have a systemic relationship with parents and early childhood programs, the open communication promotes greater problem solving, language development, and learning among children. Family engagement during the preschool years can set the stage for engagement in school in the early grades and beyond.
- **Percent of schools integrating social-emotional strategies.** Students show better academic and social-emotional outcomes when they learn in positive school climates, where they feel safe, connected and engaged.
- **Percent of teachers who receive professional development on children's mental health, including trauma.** The warmth and support of the caregiver in a child care setting influences the development of important capabilities in children, including greater social competence, fewer behavior problems, and enhanced thinking and reasoning skills at school age. Birth-to-eight teachers trained on issues around trauma are better positioned to provide safe and effective learning environments for children with social-emotional needs.
- **Percent of teachers working with special populations, including English language learners and children with disabilities, who receive specific training/coaching for these populations.** All children, regardless of background characteristics, benefit from high-quality birth-to-eight care and education experiences, but children from diverse backgrounds could need, in addition, some specialized supports in early childhood settings to maximize their ability to benefit from these experiences. Studies of existing pre-service and other professional development opportunities indicate that issues related to poverty, diversity, children who are dual language learners, and children with special needs are not adequately addressed in teacher training and professional development.

Equity, economic security, and social-emotional health of children and families are foundational conditions that impact all child and family outcomes reflected in this framework.

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