

# Quality of Life and Well Being for All Young Children in Maryland

*Working to Improve Access to Quality Programs and Support for All Young Children Prenatal Through Age Five*



# Babies Born Healthy:

## *A Comprehensive Approach to Improving Birth Outcomes*

- \* While birth outcomes and other perinatal health indicators have improved during the last 10 years, the improvement has slowed and in some cases is reversing.
- \* The Babies Born Healthy Program has initiated and expanded services for Maryland's women, mothers, and infants to improve birth outcomes, with a strong emphasis on preconception health.
- \* Additional preconception health services are necessary to turn the curve and improve birth outcomes, especially reducing the instances of unplanned pregnancies.

## *Infant Mortality Rate by Race, Maryland 1997 to 2006*

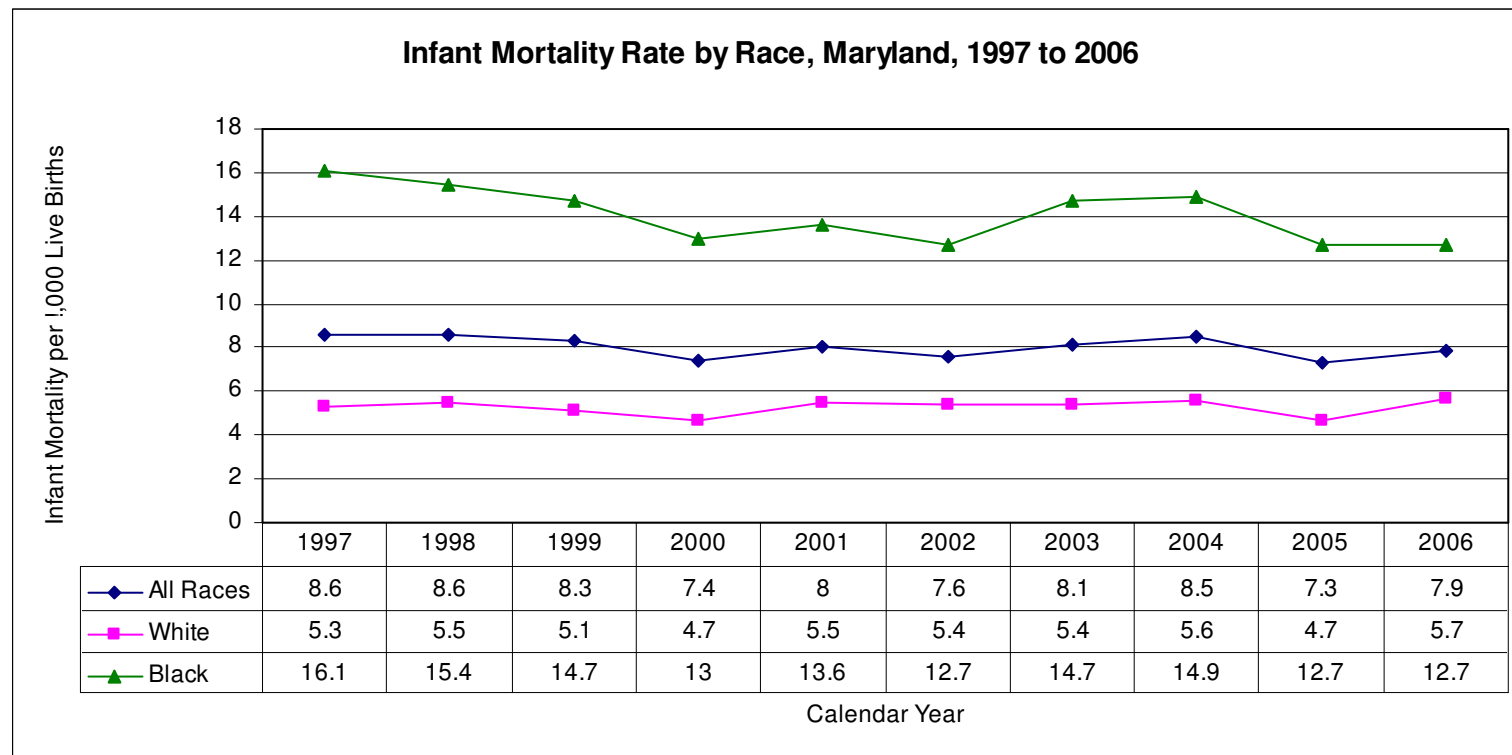
For all races, the infant mortality rate has improved by 8 percent from 1997 to 2006, with 613 infant deaths in 2006;

The Black infant mortality rate has improved by 21 percent from 1997 to 2006, however the Black infant mortality rate remains two times greater than the White infant mortality rate; and

Most of the improvements in infant mortality occurred between 1997 and 2001, with a 7 percent improvement among all races and a 15 percent improvement among Black infants.

Comparatively, between 2002 and 2006, all races worsened by 4 percent and Black infants had zero change.

## Infant Mortality Rate by Race, Maryland 1997 to 2006



## **Babies Born Healthy:** *Focus Areas for Improving Birth Outcomes*

The Babies Born Healthy Program works to ensure that all Maryland babies are born healthy and have the chance to grow and flourish.

The statewide approach to improving birth outcomes provides services or enables access to quality services during four phases of a woman or child's life:

- \* Preconception/Interconception Health- Before/between births
- \* Prenatal Care- During the pregnancy
- \* Neonatal Safety- Immediately around the time of birth
- \* Post-Neonatal Support- After birth/Infancy

## ***What Has Maryland Done to Ensure Healthy Babies?***

- Expansion of Medicaid eligibility, beginning in 1989;
- Teen pregnancy prevention projects beginning in 1990;
- Federal Healthy Start project initiated in Baltimore City in 1991;
- Establishment of the State Commission for Infant Mortality Prevention in 1992;
- Expansion of family planning services statewide in 1994 and 1996;
- Voluntary perinatal standards of care for hospitals in 1995;
- Perinatal Outreach programs to provide consultation for high-risk obstetrics within the community in partnership with the academic centers beginning in 1999.

# Babies Born Healthy– Future Planning

- Based upon Maryland data and national literature, improving birth outcomes requires a strong focus on preconception health, especially a reduction of unintended pregnancy, because healthy babies begin with a healthy woman and a planned pregnancy.
- Adolescents are at the greatest risk for unintended pregnancy. Reducing pregnancy among adolescents requires access to clinical services, community support, and appropriate education.
- All women should have a reproductive health life plan that specifies their intent regarding if and when to plan a pregnancy, and all women need the resources and education to implement their reproductive health life plan.

# Babies Born Healthy– Future Activities

## Enhance teen pregnancy prevention efforts

- Providing additional reproductive health services in communities with high teen birth rates, especially among Hispanic adolescents
- Supporting community programs and education for teenage women and men after the birth of their first child to reduce the instance of subsequent teen births
- Promoting a comprehensive abstinence-based educational message to reduce pregnancy among teens

## Strengthen the access to and quality of reproductive health services

- Securing stronger public-private partnerships throughout the State to provide additional reproductive health services for women in need
- Providing local health departments necessary resources to cover the increased costs of supplies and staffing, which further strengthens the infrastructure
- Expanding the Perinatal Collaborative to ensure the continued emphasis on quality improvement for obstetric services in Maryland hospitals

# *Healthy Kids – Maryland*

- In Maryland, the preventive care, well-child component of the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program is known as the **Healthy Kids Program**.
- Preventive health care services allow for early identification and treatment of health problems before they become medically complex and costly to treat.
- Standards for the Healthy Kids Program are developed through collaboration with key stakeholders such as the **Department of Health and Mental Hygiene, (DHMH) Family Health Administration, the Maryland Chapter of American Academy of Pediatrics, the University of Maryland Dental School, and the Maryland Department of the Environment.**

## ***Healthy Kids – Maryland***

The mission of the Maryland Healthy Kids/Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT) is to promote access to and assure availability of quality health care for Medical Assistance children, teens and young adults less than 21 years of age.

# *Healthy Kids – Maryland*

- The goal is to provide appropriate practice-based performance improvement assessments and targeted interventions to enhance the quality of health services delivered by Medicaid providers to eligible recipients less than 21 years of age.
- The **Maryland Healthy Kids Program** and **DHMH** offer services to **EPSDT** providers including training and support services provided by nurse consultants, and free vaccines through the Vaccines for Children Program.

# Maryland Model for School Readiness

- 1995 the National Goals Panel recommended that States find a way to determine that children were entering school ready to learn.
- Maryland's goal was to establish a large scale assessment system to look at outcome indicators to determine whether children were entering kindergarten programs with the necessary skills for success, and to develop early learning standards that would ensure quality programs for all young children.

# Maryland Model for School Readiness

- Beginning as a pilot project in 1996 using the Work Sampling System (WSS) in half of the Maryland school systems;
- MSDE customized the WSS to 30 assessment indicators across seven domains of learning:

Personal and Social Development

Language and Literacy

Mathematical Thinking

Scientific Thinking

Social Studies

the Arts

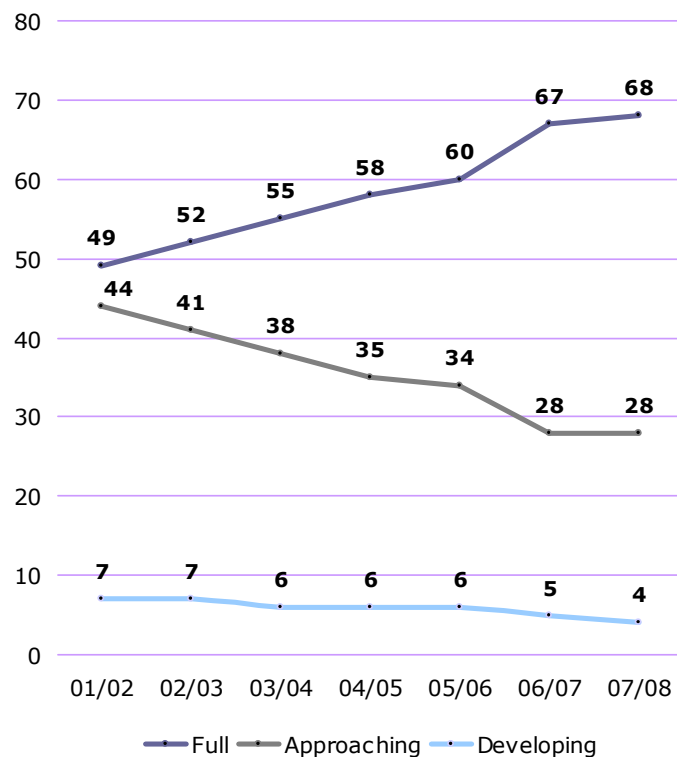
Physical Development and Health

## Maryland Model for School Readiness

- In school year 2001-2002 during the first quarter of the kindergarten year, all MD children were assessed on the 30 indicators.
- Assessment information was reported to the State for analysis and reporting to the State legislature. The assessment has continued over the last seven years with impressive results.

# Maryland Model for School Readiness

Summary of Results, School Years 2001/02 to 2007/08



## ***Impressive progress.***

68% of Maryland kindergartners are fully ready for school, a 19-point statewide increase in school readiness since 2001/02 and a 1-point increase since 2006/07.

## ***Significant gains for those most in need.***

4% of Maryland children need considerable support to do kindergarten work, a 3-point reduction in the past 7 years.

Source: Maryland State Department of Education

# What works to improve results for children in Maryland?

- High quality standards for children, teachers and programs;
- Professional development and training for all Early Care and Education providers;
- Credentialing program for child care providers;
- Community outreach and public engagement campaigns (i.e. Countdown to Kindergarten)
- Collaborative work between State agencies to improve child well-being;
- Placing the responsibility for all Early Care and Education with the MD State Dept. of Education.