BUILDING BETTER BEGINNINGS

Building Better Beginnings for Maryland's Children

A Brief

Building Better Beginnings for Maryland's Children: Maryland's Prenatal-to-Three Equity Report characterizes the extent to which Maryland has achieved an equitable prenatal-to-three (PN-3) system of care. An equitable PN-3 system of care supports all expectant families and families with young children so they can develop their full potential.[1] Such a start is essential because early life experiences are formative inputs to adults' educational attainment, health status, and economic self-sufficiency.[2,3,4]

Equity is a core value for the Building Better Beginnings (B3) initiative. We acknowledge that certain populations have historically been and are currently treated unjustly.[1] We define equity as the "just and fair inclusion into a [community] in which all can participate" and thrive.[5] Achieving equity requires elimination of systemic barriers (e.g., poverty, racism, discrimination) and their consequences such as lack of access to quality health, education, and family supports.[6]

Maryland's young children are racially, ethnically, and culturally diverse. Among children under 6, about one in eight Maryland children live in households with incomes below the federal poverty level. Although the percentage of Maryland's children living below poverty is far below the national average (12.9 % vs. 20.2%), profound disparities exist. The state has a nearly three-fold difference in poverty by race—7.4 % for white children vs. 18.2% for American Indian/ Alaskan Native and 21.1 % for Black/ African American children.

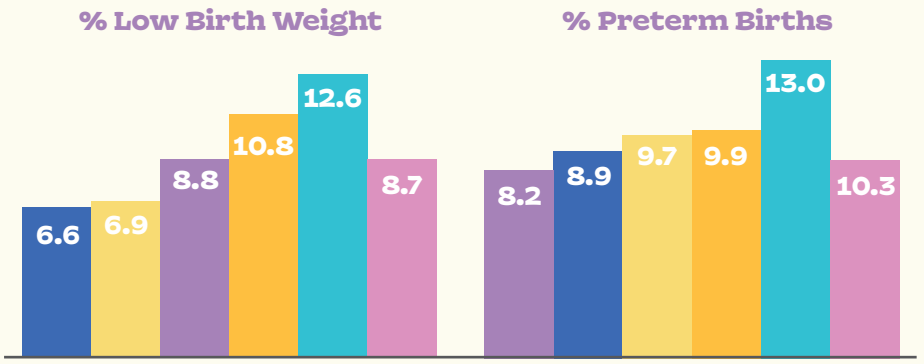
Maryland experiences profound disparities by jurisdiction and by race/ethnicity with regard to birth and educational outcomes. For birth outcomes in Maryland, indicators for Black, Indigenous, and people of color are far worse than those reported statewide.

Maryland also reports a two-to-three-fold difference in infant mortality for Black (non-Hispanic) vs. Asian or Pacific Islander and White Infants (9.3 per 1000 live births vs. 3.3 and 4.1 deaths per 1000 live births). Less than half (47%) of children assessed in Maryland demonstrate kindergarten readiness across four learning domains and no counties meet the long-term goal of more than 64% of children demonstrating readiness.

We observe variability in these health and education outcomes and also in receipt of services across jurisdictions in ways that often are not explained by underlying population characteristics such as the geographic distribution of children living in poverty. While not unique to Maryland, these disparities are essential to recognize and address

About Building Better Beginnings

Maryland's Building Better Beginnings (B3) initiative *aims to expand high-quality services available for expectant families and families with children birth to age 3 who are living at or below 200% of the Federal Poverty Level.* B3 is a collaborative effort supported by the Pritzker Children's Initiative and led by Maryland Family Network. Our work is conducted in partnership with Key Leaders from three state agencies that oversee early childhood programs along with local agencies, nonprofit organizations, and academic institutions. *The Key Leaders leverage their early childhood expertise and diverse perspectives from around the state, on behalf of B3, including public policy, program, service delivery, and research.*



to improve population health and achieve equity. The PN-3 period is a critical time for promoting child development and for achieving equity. An equitable beginning to life is essential because early disparities, although not determinant of lifetime health trajectories, decrease the likelihood that children and families receive the services they need and desire to reach their full potential.

Our analyses lead to the following six recommendations:

1. **Build public awareness** about the achievement of equity for the prenatal-to-three population in Maryland, including both the current status and lessons learned from past and ongoing related efforts.
2. **Engage diverse stakeholders and community members** in planning and developing solutions to promote equity.
3. **Compile and disseminate sources of support** (e.g., workforce training, available services, leadership training, and compensation for parents) to facilitate addressing equity within and across sectors and organizations.
4. **Identify resources to support and monitor progress** in achieving equity through biennial prenatal-to-three equity reports.
5. **Encourage organizations to systematically collect and review race and ethnicity data,** and to the extent possible, standardize demographic data categories to allow comparisons across sectors, to promote statewide alignment, and to assess the extent to which equitable outcomes are achieved.
6. **Future reports should incorporate information about individuals eligible for services,** to the extent data are available, to enhance understanding about numbers of children and families receiving services.

We look forward to continued partnerships with Maryland's stakeholders for expanding high-quality services for expectant families and families with children birth to age 3. Such partnerships are essential for promoting the health, development, and well-being of all of our prenatal-to-three population and for achieving equity, especially for those who are historically discriminated against, living in under-resourced communities, and ignored by power structures.

Methods

Twenty-four indicators describe Maryland's PN-3 population and assess progress in achieving equity in 3 broad areas: high-quality prenatal and early childhood care and services to support health and development (Healthy Beginnings); comprehensive services that promote maternal health, infant and toddler development, and family well-being (Supported Families); and high quality, affordable infant-toddler child care and early learning experiences (High-Quality Early Care and Learning). Data are disaggregated by race/ethnicity and jurisdiction when available. Disaggregated data can illuminate gaps in service delivery and inform the next steps to address inequities and to deconstruct barriers for families and children most in need.

[1] National Association for the Education of Young Children. Advancing equity in early childhood education: a position statement of the National Association for the Education of Young Children. April 2019. Accessed June 28, 2021. https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/resources/position-statements/naeycadvancingequitypositionstatement.pdf

[2] Heckman J, Pinto R, Savelyev P. Understanding the mechanisms through which an influential early childhood program boosted adult outcomes. *Am Econ Rev.* 2013;103(6):2052-2086. doi: 10.1257/aer.103.6.2052

[3] Campbell F, Conti G, Heckman JJ, et al. Early childhood investments substantially boost adult health. *Science.* 2014;343(6178):1478-1485. doi: 10.1126/science.1248429

[4] Havnes T, Mogstad M. No child left behind: subsidized child care and children's long-run outcomes. *Am Econ J Econ Policy.* 2011;3(2):97-129. doi: 10.1257/pol.3.2.97

[5] Glover Blackwell A. The equity manifesto. PolicyLink. Updated 2018. Accessed August 16, 2021. https://www.policylink.org/sites/default/files/pl_sum15_manifesto_FINAL_2018.pdf

[6] Braveman P, Arkin E. Orleans T, Proctor D, Plough A. What is health equity? Robert Wood Johnson Foundation. May 1, 2017. Accessed August 16, 2021. https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html