



**Strong Foundations For
Our Youngest Children**

The BUILD Initiative is a multi-state partnership that helps states construct coordinated systems of early childhood learning, care, health, and family support to ensure that all young children from birth to age five are safe, healthy, and ready to succeed in school. BUILD serves as a catalyst for change and as a national resource on early childhood. As a partner in BUILD, Illinois receives grant money and technical assistance to support early childhood systems building.

This brief shares valuable lessons and strategies from Illinois' experience in pursuing a comprehensive school readiness policy. It also provides concrete examples of efforts to affect policy change in health and mental health systems. It is hoped that other states' early childhood leaders will consider adopting similar approaches and that funders of school readiness and children's health programs will find the Illinois experience to be instructive.

Including Health in a School Readiness Agenda: *Lessons from Illinois*

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School readiness encompasses all aspects of a young child's development – physical well-being and motor development, social and emotional development, cognition and general knowledge, approaches to learning, and language development.¹ However, state policy and systems efforts focused on young children often separate children's physical and mental health from their cognitive and language development. This is done despite the fact that learning begins at birth and development occurs across all aspects simultaneously in the earliest years.

Policymakers, advocates, and funders must join together to develop comprehensive school readiness policy agendas. Agendas that join health with early care and education recognize that children need to be both physically and mentally healthy to take full advantage of what preschool and kindergarten programs offer. Agendas that join children's language development to their social-emotional development recognize that infants and toddlers develop language and literacy skills through secure and responsive relationships with parents and other caregivers.² Addressing the comprehensive needs of children, as well as the interconnections of the programs and services required to meet those needs, maximizes the impact of improvement in any one area.

The BUILD Initiative has been a leader in the Early Childhood Systems Working Group³ that has developed a systems framework for early childhood that recognizes the importance of developing health, family support, special needs, and learning components of an overall early childhood system and the need that these components be coordinated with one another. The framework is shown below.

Early Childhood System



Many states have early care and education initiatives and there is increasing recognition of the importance of health in meeting initiative goals, but these initiatives typically do not include health as a part of their initiatives or include improvements in children’s physical and mental health as core to their success.

Illinois’ School Readiness Agenda ● ● ●

While health and early care and education efforts are often approached separately, they share a common vision – to promote the optimal development of young children and build a strong foundation for their future success in school and overall well-being.⁴ Advocates, policymakers, and funders in Illinois have pursued school readiness policy efforts that include health, as well as early care and education, based on the following:

- **Children rapidly develop in the first five years of life.** The first months and years of life are critical because development during that time sets a strong or fragile foundation for what follows. Research has shown that all the dimensions of early development are more closely intertwined than has been understood previously.⁵
- **Children’s learning and development are impacted by unmet health and behavioral needs.** Early care and education programs often have to address many young children’s unmet health concerns, such as earaches or toothaches, asthma, or hunger. For instance, children with dental pain not only cannot concentrate and learn, but they will naturally act out and require responses that take time away from other activities. In addition, early care and education programs often have to respond to children’s emotional distress, such as withdrawal, depression, or acting out, often the result of undetected or treated mental health issues and concerns or to family stress and lack of consistent home environments.⁶ Few teachers or staff members are equipped to respond. Recent research has found that three- and four-year-olds are expelled at three times the rate of children in grades K-12.⁷
- **Too many children currently miss out on health and developmental services.** Nearly 12 percent of all children and 20 percent of low-income children are uninsured.⁸ For those who do access health care, recent studies identified that many pediatric practices have reported difficulty in providing developmental services effectively.⁹ While there are exemplary primary care practices that provide both developmental surveillance and follow-up services to address developmental, behavioral, and environmental concerns, these remain exemplary and not routine practice.¹⁰

- **Parents trust health care providers.** Studies have shown that parents tend to direct concerns they have about their children to their pediatrician first.¹¹ Their concerns are not just about physical health, but encompass behavior, communication, and emotional well-being.¹² Further, there are strong and established guidelines developed through the American Academy of Pediatrics for responding to these concerns.¹³
- **The health care system is an important access point for reaching expecting families and families with infants and toddlers.** If families participate in all recommended well-child visits, they will see a pediatric provider 12 times during the first three years of a child’s life.¹⁴ Nearly ninety percent of all children under age five have a well-child visit at least annually, compared with fewer than one-third of children under age five being cared for in a formal child care setting.¹⁵ The health practitioner’s office is the only near-universal point at which young children see a professional who might identify social and developmental, as well as health, needs.
- **Early care and education programs often see young children and their families every day.** Approximately 60 percent of children under age five have working parents, and a significant number spend time in a formal early care and education setting part of the work week.¹⁶ This is more true for preschoolers than infants and toddlers, but it makes the case for addressing children’s health and mental health needs on a more continual basis than can be done through the health system and points to the importance of having linkages between health and early care and education.

No one system has sole responsibility for promoting children’s development. Policymakers, advocates, and funders must focus simultaneously on health and early care and education improvements and build partnerships between those efforts. This vision is the foundation for Illinois’ policy efforts, many of which have happened under the umbrella of the Birth to Five Project, Illinois’ BUILD Initiative.



State Efforts Have Focused on Five Strategy Areas ● ● ●

Efforts in Illinois have used a range of health strategies to improve children’s access to services and the quality of services that are connected to school readiness; other states may find this approach to be helpful. The strategies fall into five major areas:

1. Enhance maternal health through perinatal care
2. Improve access to health care for young children
3. Broaden well-child care beyond physical health
4. Promote children’s social and emotional health in all settings
5. Address children’s oral health



Strategies	Connection to School Readiness
Enhance Maternal Health through Perinatal Care	<p>Perinatal care refers to the services women receive during and after pregnancy. These services have significant effects on maternal and infant morbidity and mortality, as well as their future health and development trajectory.</p> <ul style="list-style-type: none"> • Mothers who have access to prenatal care are more likely to have healthy newborns and less likely to have premature or low-birth-weight babies who are at higher risk for poor health and developmental outcomes. And, mothers who receive good prenatal care are more likely to obtain future pediatric care for their young children.¹⁷ • Untreated depression during pregnancy is associated with increased risks of preterm delivery¹⁸ and low birth weight, as well as newborns having poor growth, increased risk of infection,²⁰ and higher levels of indeterminate sleep.²¹ • Untreated postpartum depression can affect parenting skills and the quality of parent-infant interactions.²² These children are more at risk for exhibiting emotional, behavioral, linguistic and cognitive problems when they are older.²³
Improve Access to Health Care	<p>Health insurance helps cover the costs of preventive and treatment services. Children who have health insurance are more likely to:</p> <ul style="list-style-type: none"> • Consistently access well-child and preventive health services • Receive treatment for chronic or acute health conditions that could affect their development • Attend school and participate in early learning activities²⁴
Broaden Well-Child Care Beyond Physical Health	<p>Children who receive developmentally-oriented primary care are more likely to receive services that will promote development, identify potential problems early, and prevent illnesses that may lead to physical or developmental problems, IQ deficits, learning disabilities, and/or behavioral problems. Consistent access to quality pediatric services leads to better school attendance and participation in early learning activities.²⁵ Such services include:</p> <ul style="list-style-type: none"> • Anticipatory guidance and response to developmental questions and concerns • Comprehensive developmental screening²⁶ with objective tools • Lead poisoning screening and vision and hearing screening • Timely immunizations²⁷ • Advice and support regarding reading, talking, and singing to children, including providing books through such programs as Reach Out and Read • Referrals to developmental, early learning, and/or early intervention programs and services
Promote Children’s Social-Emotional Health in all settings	<p>Healthy social-emotional development gives children the capacity to experience, regulate, and express emotions; form secure relationships; and learn from their environment.²⁸ Nurturing relationships help young children develop trust, compassion, curiosity, cooperation with others, and persistence for challenging tasks. Children who cannot relate well to others, trust adults, or become motivated to learn, will not be able to take full advantage of early learning experiences.²⁹ As parents and providers promote their children’s social-emotional health, typical services that support their efforts include:</p> <ul style="list-style-type: none"> • Social-emotional screening with objective tools • Mental health consultation and training for early childhood providers • Available intervention and treatment services for children under five
Address Children’s Oral Health	<p>Oral disease still afflicts the majority of children in the U.S. and access to services is limited across the United States. Oral disease can lead to impaired speech development, inability to concentrate on early learning experiences, and absences from school or child development programs. Children with chronic dental pain are unable to focus, are easily distracted, and may have difficulty completing school activities.³⁰</p>

The Role of Policymakers, Advocates and Funders ●●●

Private funders' understanding of and commitment to the broad school readiness agenda in Illinois has led them to support a range of activities, including research, policy development, advocacy, pilot projects, and coordination of initiatives. Overall, they have helped to build the depth and expertise of Illinois' early childhood community, leverage large public investments for young children, and bring about significant policy and systems changes.

Since 1998, the Birth to Five Project—funded initially by the Robert Wood Johnson Foundation and currently by the BUILD Initiative—has brought public and private stakeholders together to address the health and early care and education needs of at-risk children, under age five, in Illinois. The Project identifies trends, maps available programs and services, ascertains gaps and barriers, and makes policy recommendations. Its strategies include administrative and legislative advocacy, pilot projects to develop program enhancements and innovations, and workforce development. Through these activities the Project has catalyzed policy and system changes, and developed strong public leadership at the state agency level on behalf of children under five.

The following examples illustrate the problems Illinois identified, the strategies used to address these problems, and the accomplishments to date.

Enhancing Maternal Health through Perinatal Care ●●●

The problem:

Through the Birth to Five Project's analysis of national and state data, maternal health and its impact on young children's health and school readiness moved to the forefront. National reports in the late 1990s highlighted Chicago's poor birth outcomes (behind both New York City and Los Angeles) and Illinois' high percentages of infant deaths and low birth-weight newborns. Between 1990 and 2000, the rate of premature infants in Illinois increased by more than six percent; and 25 percent of pregnant Medicaid recipients were smokers. In



addition, it is estimated that every year 18,500 to 37,000 new mothers in Illinois suffer from perinatal depression. Smoking, mental illness, poor nutrition, and periodontal disease during the perinatal period were negatively affecting the health and well-being of women and children in Illinois, likely leading to detrimental outcomes for children and expensive interventions for the state.

The strategies:

Illinois has raised the visibility of maternal health, its connection to young children's development, and the need to improve access to perinatal care. Several public and private initiatives within Illinois have led to state Medicaid policy changes, increased availability of consultation and training for providers, and promising pilot projects.

Medicaid policy changes have included (1) a medical home initiative to make sure children have access to consistent preventive care, and (2) significant reimbursement changes that promote access to and the delivery of quality comprehensive care, such as:

- Pay providers for performance based on reimbursement data
- Increase funding for targeted prenatal case management to expand services
- Increase reimbursement for nurse-midwives
- Expand access by adding nurse practitioners as independent providers
- Add perinatal depression screening as an approved reimbursable service under the mother's or child's insurance

Illinois' state Medicaid agency also has financially supported the University of Illinois at Chicago's psychiatric consultation line and training on perinatal mental health for primary care providers. Since 2004, more than 5,000 health care providers have been trained to screen, assess, and treat perinatal depression.

The state Medicaid agency has implemented two pilot projects in Chicago to inform future program enhancements. With the support of the Illinois Children's Healthcare Foundation and Steans Family Foundation, Medicaid has an interconceptional care pilot in four communities with the poorest birth outcomes targeting case management services to women who have experienced a fetal or neonatal loss, or had a low-birth-weight infant. Additionally, the Michael Reese Health Trust is supporting the state Medicaid agency's pilot in four African American communities that have the highest rates of infant deaths by testing outreach strategies to reach high-risk mothers.

The process:

Illinois' Birth to Five Project convened a Child Health and Development Committee that developed recommendations in response to the Project's analysis of trends of poor birth outcomes and infant mortality. The committee found that better allocation of state Medicaid funds for perinatal services could improve birth outcomes, and that comprehensive care could save millions of dollars in the reduction of medical interventions during labor and delivery, hospitalizations, and long-term care. This group's effort, in addition to the national reports about Chicago, enabled advocates and policymakers to propose legislation that would require the state Medicaid agency to improve birth outcomes, reduce the need for neonatal intensive care services, and promote perinatal health among Medicaid-eligible women and children.

When the legislation became law in 2003, the state Medicaid agency convened a Perinatal Task Force, consisting of 29 stakeholders, to develop recommendations to meet the law's requirements. Their initial plan was presented in 2004, with progress reports scheduled for every two years. After convening the Perinatal Task Force, the state Medicaid agency came together with the state human services agency, other state policymakers, advocates, key health and early childhood stakeholders, and private funders to implement the plan, resulting in the recent progress.

A recent report from the Milbank Memorial Fund has confirmed the value of Illinois's work and the particular benefits of strengthening perinatal care services and, in particular, supporting nurse midwives and nurse practitioners in providing prenatal care services – both in improving birth outcomes and in providing cost-effective care.³¹

Improving Access to Health Care ● ● ●

The problem:

National research found that uninsured children are 70 percent less likely to receive medical care for simple conditions like ear infections, and 30 percent are less likely to receive medical attention when injured.³² Another report found that 59 percent of uninsured children had not seen a doctor for any well-child visit in the previous year.³³ Lack of consistent or responsive health care increases children's risk for health conditions that impact their development and their ability to participate in early learning experiences.³⁴ This research created a sense of urgency; 250,000 children in Illinois were uninsured, and more than half of those children came from working and middle-class families that could not access affordable insurance.

The strategies:

A program called All Kids was implemented in July 2006. Through this program, Illinois children under age 18, regardless of income, health, or immigration status, now have access to health insurance. All Kids is funded by Medicaid, S-CHIP, state general revenue funds, and families' monthly premiums and co-payments based on income. The state's original goal was to enroll 50,000 new children in the first year. 94,000 children were enrolled in less than a year; the program was immediately popular and clearly needed. This was largely accomplished by the state's partnership with community-based organizations, such as early care and education programs, in a Technical Assistance Program (TAP), to ensure that as many eligible children and families enroll as possible. Community-based organizations are reimbursed for every application that is completed. This payment has been invaluable for keeping outreach and enrollment as part of early care and education services and has contributed to the high enrollment numbers. Sixty percent of applications for All Kids come from application agents as part of the TAP program, and those agents have a 90 percent success rate enrolling families. In addition to All Kids, Illinois has expanded health insurance for parents up to 185 percent of the federal poverty line. One of the key features of All Kids is its message that Illinois offers coverage to all children and not just those meeting income guidelines. The result has been that many families, who actually do qualify for public coverage, seek out the program who otherwise would not have felt they were eligible or who were concerned about accepting public support.

The process:

In 2006, Illinois created All Kids, building on the political will and the work that had been established over a number of years. As part of the Robert Wood Johnson Covering Kids and Families Initiative, the Illinois Maternal and Child Health Coalition had been receiving funding to lead a broad effort to expand health insurance coverage and improve access for eligible families. The Coalition worked for years to enlist



leaders in health, education, government, faith, and social services to reach out and educate families on how to access insurance, advocate for improvements in the application process, and institutionalize enrollment procedures around the state. The Coalition also has been a vocal advocate for expansion of coverage. Additional national and local funders include the Visiting Nurses Association and the Michael Reese Health Trust.

Broadening Well-Child Care Beyond Physical Health ● ● ●

The problem:

In 2001 the American Academy of Pediatrics reported that 12 to 16 percent of children in the United States have developmental or behavioral disorders, and more than half go undetected until children enter school. This under-detection eliminates the possibility of early intervention, and untreated delays can significantly impede children's healthy development.³⁵ Like other states, Illinois faced problems with its delivery of preventive health services to young children and its inadequate attention to children's behavioral and developmental needs. In response, Illinois conducted a study and found that only 39 percent of primary care providers used a published, standardized developmental screening tool, even though clinical judgment detects fewer than 30 percent of children with delays and disabilities.³⁶ These findings, along with comments from parents in focus groups that they wished pediatricians could spend more time discussing social-emotional and behavioral issues, propelled developmental screening to the top of the Birth to Five Project's priorities.

The strategies:

Illinois' state Medicaid agency has made policy changes to promote the quality of well-child care and help providers overcome barriers to incorporating developmental services into their practice. These changes allow services performed during well-child visits to be billed separately, which increases the total amount primary care providers receive per child visit. The state Medicaid agency also has added developmental screening, social-emotional screening, and perinatal depression screening, as approved reimbursable services during well-child visits. The inclusion of depression screening of parents is based upon extensive medical research that shows that children with depressed parents are more likely to experience mental health issues themselves and to receive less nurturance and support in their own healthy development. Illinois has been a leader in securing Medicaid funding for depression screening for parents within the child's Medicaid coverage.

In addition, several organizations came together to establish the Enhancing Developmentally-Oriented Primary Care project (EDOPC) in 2004 in order to offer training and technical assistance to primary care providers. Topics include developmental, social-emotional, perinatal depression, autism, and domestic violence screening and referral, and a range of developmental issues such as temperament, discipline, sleeping, and toilet training. Since 2005, more than 3,000 physicians, nurse practitioners, nurses, and other providers from private and residency practices, federally qualified health centers, and hospitals have participated.

Due to these policy changes and training opportunities, the number of Medicaid-enrolled children under five who received a developmental screening from 2004 to 2007 doubled, and the number of women screened for perinatal depression is more than five times higher in 2008 than 2005.

The process:

In 1995, Advocate Health Care in Chicago became one of the first Healthy Steps sites, a practice-based model funded by The Commonwealth Fund to encourage a more in-depth dialogue about child development between parents and physicians and improve well-child services. In 1999, the Birth to Five Project's Health and Development Committee explored how to bring the Healthy Steps model into other health care settings in order to promote the comprehensive development of children under three. The resulting Enhancing Developmentally Oriented Primary Care Project (EDOPC) ensures that (1) the training and technical assistance is offered to a broad audience of health providers, (2) a learning collaborative for federally qualified health centers exists, and (3) the leaders of residency and training programs in the state are brought together to discuss how the content of these trainings can be incorporated into their programs.

As EDOPC was being formed, the state Medicaid agency, in partnership with the Ounce of Prevention Fund, received a grant to participate in The Commonwealth Fund's Assuring Better Child Health and Development project (ABCD II). The Michael Reese Health Trust and The Commonwealth Fund have supported Illinois' participation in ABCD II, including the five-state consortium. Illinois' project developed training on social-emotional and perinatal depression screening. It also conducted a pilot project to assess the necessary steps a pediatric or family physician practice must take to incorporate screening. As a result of this project, the state Medicaid agency made several policy changes to decrease the barriers to incorporating screening into well-child visits.

Addressing Children's Social-Emotional Health ● ● ●

The problem:

In a series of focus groups with parents and providers throughout Illinois, sponsored by the Birth to Five Project, parents said they could not find counseling services for themselves or their young children. Early childhood providers said they needed information about how to handle challenging behaviors to reduce expulsions, and how to refer the few children who needed more specialized services. Other findings also were compelling – the national Early Childhood Longitudinal Study found that children who have social-emotional problems when they enter kindergarten fare significantly worse in their academic and social development through first grade than children who have only cognitive or language delays.³⁷ The Illinois Unmet Needs Research Project revealed that 62 percent of infant and toddler programs lacked adequate mental health services and that 42 percent of child care programs have asked families to withdraw their infants and toddlers because of social-emotional problems.³⁸ Clearly, social-emotional health was a key system gap in Illinois.

The strategies:

Illinois has addressed the social-emotional needs of children birth to five through the forums of the Birth to Five Project and Illinois Children's Mental Health Partnership. Public and private stakeholders across these two forums have coordinated their efforts to recommend policy changes, offer consultation and training to providers, and increase the availability of mental health services. For instance, six state agencies have invested in early childhood mental health:

- **Education:** Since the inception of Preschool for All in 2006, the General Assembly has appropriated \$107 million (for a total of \$380 million) to expand early education, which now includes mental health consultation to preschool settings that serve three- and four-year-olds and child development programs that serve at-risk infants and toddlers. The Illinois State Board of Education and the Irving Harris Foundation have collaborated to support the Erikson Institute, which provides the mental health consultation and training to these programs.



- **Child Care:** a consultation pilot project was started in 2003 in two sites, and due to its success, has expanded to all 16 child care resource and referral networks. The consultation services are decreasing the number of children disenrolled for behavioral or emotional reasons, and enhancing the providers' skills in promoting social-emotional health.
- **Early Intervention (Part C):** the state agency invests \$1.5 million annually in a social-emotional component, which includes staffing all 25 intake offices with social-emotional consultants.
- **Maternal and Child Health:** training was delivered to maternal and child health providers on social-emotional and perinatal depression screening and referral.
- **Mental Health:** the state agency has implemented a pilot project in twelve community mental health agencies to explore how to increase staff's capacity to provide treatment and consultation for children birth to age seven.
- **Child Welfare:** the state agency is creating policies and services to adequately respond to the needs of wards of the state. Two pilots offer Parent-Child Relational Therapy for children birth to five who have been exposed to trauma and the agency is exploring how to expand these therapeutic services statewide.

The process:

The initial grant from the Robert Wood Johnson Foundation in 1998 supported the Birth to Five Project's focus groups, which brought social-emotional health to the forefront of the Project's priorities, and enabled Illinois to include it in the broad school readiness efforts. Funding from the BUILD Initiative supports staff who collect data to show need, pull stakeholders together to develop consensus about priorities, plan, develop policy recommendations, and advocate for the implementation of policy recommendations and funding. These efforts led to the 2003 legislation that created the Illinois Children's Mental Health Partnership. The Partnership was charged with developing a state plan for a coordinated comprehensive children's mental health system from birth to age eighteen.

In addition to the Partnership, champions within state government have emerged through the Birth to Five Project's initial efforts and they have moved social-emotional development to the forefront. Eight state agencies that fund early childhood programs or services are currently implementing policy and program changes to promote social-emotional health, bringing policy and practice closer to research and best practice knowledge.

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Conclusion ● ● ●

Improving children's readiness for success in school involves a strong maternal and child health system that ensures pregnant women and children's medical needs are addressed, but it also requires that this system serve as a detector of and responder to other conditions that may place children's health and development at risk, often referred to as the social determinants of health. The health system also has to provide its expertise, through consultation and technical assistance, to other providers that see and work with young children and their families. Illinois not only has recognized the critical importance of ensuring children's health as a part of children's overall development; Illinois also has initiated a broad range of activities to develop a truly comprehensive and integrated approach to addressing children's healthy development that involves the health system as a key component.

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