Ensuring healthy development of children in South Carolina
April 28, 2015 – General meeting
Call-in: 1-888-289-4573
Access Code: 4398724
10:00 - 10:15: Welcome, introductions and relevant announcements – Graham Adams
10:15 - 10:25: Why are we talking about child development today? – Christine Turley
10:40 - 11:40: Accelerating Improvement in South Carolina – Moderated by Maggie Michael and Jim Reynolds
11:40 - 12:00: Top 10 recommendations for shared alignment – Moderated by Christine Turley

Evaluation
## South Carolina Common Agenda

<table>
<thead>
<tr>
<th>Improve the health of moms and babies from pre-conception to the first year of life</th>
<th>For all</th>
<th>At a lower per-capita cost</th>
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<td>Improve the health of children and foster the conditions to enable future healthy decisions</td>
<td>Everyone with the same probability of attaining the best health status, independent of gender, race, sexual orientation, neighborhood, ethnicity, educational attainment, or socioeconomic status</td>
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<td>Prevent chronic disease through the promotion of better nutrition and exercising habits</td>
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<td>Improve the access to high quality primary care that allow patients to have better quality of life</td>
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<td>Improve the access to holistic and appropriate care for people with behavioral health conditions</td>
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Literacy and well-child visits

• Literacy has a direct link with the use of preventive health services; and significant direct relationship with knowledge of smoking, contraception, HIV, hypertension, diabetes, asthma and post-op care.

• The National Institute of Child Health & Human Development considers reading failure a national public health problem.

• In South Carolina 2 in 10 children are not reading at grade level in third grade. With significant disparities by income level and school district.

• Well-child visits assess and track a child's physical, behavioral, developmental and emotional status as they grow. It is one of the best opportunities to optimize child development.
Our Collective Goals

Latest value: 52.9%  Goal 2020: 67.9%

Proportion of children three to six years old in S.C. Medicaid that received a well-child check-up in the last year

Latest value:
- Middle/High Income (8.5%)
- Low-Income (29.0%)

Goal 2020:

Percentage of third-graders not testing at state standards in reading
ZCTA (similar to Zip code) information will be emailed to SCHCC members after the meeting.
% 3rd graders in public schools not reading at grade level

Source: Map prepared by SC Health Coordinating Council based on 2014 PASS Scores published by the SC Department of Education
% 3rd graders not reading at grade level (public schools)

Middle and High income
(Full-pay meals 20,961 children)

Low income
(Subsidized meals 33,611 children)

Legend
Category
Not Assigned
0 - <10
10 - <20
20 - <30
30 - <40
40 - <50
50 - <60
60 - <70

Source: Maps prepared by SC Health Coordinating Council based on 2014 PASS Scores published by the SC Department of Education
Mission Critical: Early Childhood Education

presented by South Carolina Council on Competitiveness
Our Kids

Percentage of SC children with risk factors known to contribute to 3rd grade failure

- **42%** children who live in single family households*
- **28%** children who live at or below the federal poverty level*
- **24%** children born to mothers with less than a high school degree**
- **13%** children born to teenage mothers**
- **10%** children born at a low birth weight*


**South Carolina First Steps to School Readiness -- [http://www.scfirststeps.org/docs/Vision2013FINAL.pdf](http://www.scfirststeps.org/docs/Vision2013FINAL.pdf)
Third Grade Reading

Children who do not read proficiently by the end of third grade are **four times more likely** to leave school without a diploma than proficient readers.

If the children are **poor** and don’t’ read proficiently by the end of third grade, they are **more than six times** more likely not to graduate.

SC Outcomes: 3rd Grade Reading

SC Reading Test 2014

78.9% Met or Above

21.1% Not Met 1 and 2

Source: SC Education Oversight Committee, 2015; National Center for Educational Statistics
Education and Health

Estimates suggest that investment to improve educational achievement can save more lives than medical advances.

Woolf, SH et al, Giving everyone the health of the educated: An examination of whether social change would save more lives than medical advances, American Journal of Public Health, 2007
Early Life Experiences

Genes provide the blueprint for the brain, but a child’s environment and experiences carry out the construction.*

In the first few years of life, 700 new neural connections are formed every second. By age three, the brain has reached 85% of its adult weight.

Barriers to educational achievement emerge at a very young age. Children from families on welfare hear about 616 words per hour; those from middle class families about 1,251; those from professional families 2,153. By the age of four, children from high income families are exposed to 30 million more words than children from families on welfare.

Hart & Risley (1995)
Early Childhood Investment leads to Success

Throughout the education years:

• Lower rates of grade retention
• Lower rates of special education placement
• Higher test scores throughout K-12
• Improved social and emotional skill
• Significantly greater rates of high school graduation
• Significantly higher college attendance
• Lower teen pregnancy rates

Early Childhood Investment leads to Success

In Adulthood:

- Increased employment rates and higher earnings
- Greater home ownership
- Lower probability of needing welfare
- Lower incarceration and crime rates
- Lower drug use
- Lower maternal depression

The Rand Corporation studied 15 past and current interventions and found that quality early childhood programs return to society between $1.80 and $17.07 for every dollar invested.
Selected Programs in SC for Ages 0—3 (see handouts)

**Nurse Family Partnership**—pairs at risk, first-time mothers with registered nurses prenatally through child’s 2nd birthday

**Parents as Teachers**—provides curriculum, regular visitation, group meetings, health screenings, access to resources for parents from a child’s conception to kindergarten

**BabyNet**—provides services for babies with developmental delays

**Healthy Start**—encourages moms-to-be to begin prenatal care as soon as they become pregnant and provides support through the child’s second birthday.

**Reach Out and Read**—uses regular pediatric checkups to provide books and advise parents about importance of early reading
Case Study: Tri-County Cradle to Career Collaborative (Berkeley, Charleston, Dorchester)

MISSION:
Facilitate disciplined community collaboration to improve educational outcomes for all our children – from birth to workforce readiness.

PARTNERS:
region’s top businesses, school systems, colleges/universities, foundations, not-for-profits and governments

SELECTED RESULTS:
selected core indicators, compiled baseline data and published report; built a database that includes all partners; launched a network to focus on early childhood and another to focus on HS graduation.
Case Study: Start Smart Initiative (Florence)

MISSION:
To assist families, inform the community, and change schools to meet the school readiness needs of children

PARTNERS:
Florence Education Foundation, Florence School District One, Colleges and Universities, Chamber of Commerce, McLeod Health, and Carolina’s Health

SELECTED RESULTS:
Smart Start provides home visits, parent workshops, community events
Start 2 Read provides books to parents at the pediatricians' offices, at home, or in the workplace
User-friendly Web site, training for child care workers
Case Study: Spartanburg Academic Movement

MISSION:
That our children grow into well-educated, independent adults

PARTNERS:
Spartanburg’s 7 School Districts, 7 University Presidents; Area Chamber of Commerce; local, national and international businesses; non-profits; The Mary Black Foundation; and community organizations.

SELECTED RESULTS:
Early childhood centers with wrap-around services including on-site health care and assistance finding a medical home—one served over 1,200 patients last year; Community Indicators Project to report progress on quality of life indicators, Quality Counts to measure EC care, Toolkit for Kindergarten readiness, Imagination Library that provides free books, Nurse Family Partnership program
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Columbia, SC 29201
803-760-1400
www.sccompetes.org
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Source: Maps prepared by SC Health Coordinating Council based on 2014 PASS Scores published by the SC Department of Education
– How could various organizations help scale efforts to improve the health and education outcomes of children in SC?

– What can each of our organizations do to accelerate improvement in third grade reading level and well-child visits in the most underserved areas of the state?
Next steps

• Top 10 recommendations for alignment
Next meetings

10am to 12pm at SCMA

June 23
August 25
October 27
December 15