

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

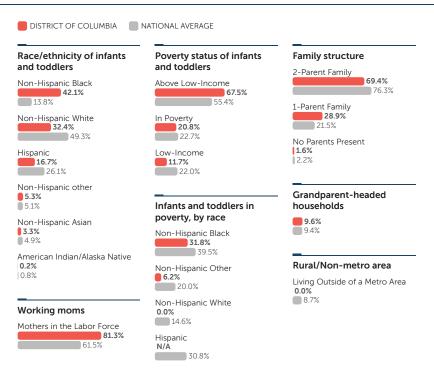
This fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.





## **Overview**

The District of Columbia is home to 28,203 infants and toddlers, representing 4.1 percent of the state's population. As many as 32 percent live in households with incomes less than twice the federal poverty line (in 2017, about \$50,000 a year for a family of four), placing them at economic disadvantage. America's youngest children are diverse and are raised in a variety of family contexts. A broad array of policies and services are required to ensure that all of them have an equitable start in life.





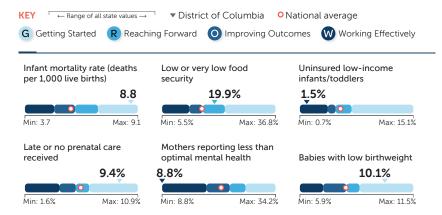


### What is Good Health?

Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

The District of Columbia falls in the Improving Outcomes (O) tier of states when it comes to the overall health of infants and toddlers. The District of Columbia's high ranking in the Good Health domain reflects indicators of health care access and affordability, as well as some indicators of children's health. However, the District's relatively higher infant mortality rate, higher prevalence of babies with low birthweight, and higher percentage of women receiving late or no prenatal care, in comparison to other states, put the District in the Getting Started (G) tier for these indicators.

## Six Key Indicators of Good Health



## **Good Health Policy in District of Columbia**

Medicaid expansion state	Yes 🗸
State Medicaid policy for maternal depression screening in well-child visits	Recommended
Medicaid plan covers social-emotional screening for young children	Yes 🗸
Medicaid plan covers IECMH services at home	No 🔇
Medicaid plan covers IECMH services at pediatric/family medicine practices	No 🔇
Medicaid plan covers IECMH services at ECE programs	No 😵



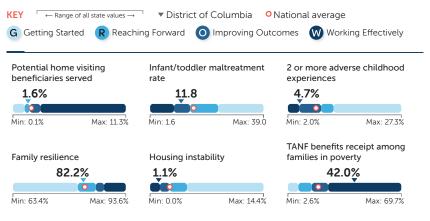


## What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

The District of Columbia falls in the Working Effectively (W) tier of states when it comes to indicators of Strong Families. The District of Columbia's high ranking in this domain reflects indicators of access to basic needs and supports, such as the higher percentage of families in poverty receiving TANF benefits, in comparison to most other states. However, the District's percentage of infants and toddlers receiving home visiting services puts it in the Reaching Forward (R) tier, while the prevalence of infants and toddlers in crowded housing, and those living in unsafe neighborhoods, put the District in the Getting Started (G) tier.

## Six Key Indicators of Strong Families



## Strong Families Policy in District of Columbia

Paid sick time that covers care for child	Yes 🗸
Paid family leave	Yes 🗸



## **What Defines Positive Early Learning Experiences?**

Infants and toddlers learn through play, active exploration of their environment, and, most importantly, through interactions with the significant adults in their lives. The quality of babies' early learning experiences at home and in other care settings has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

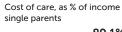
The District of Columbia scores in the Improving Outcomes (O) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The District of Columbia's high ranking in the Positive Early Learning Experiences domain reflects indicators such as parents who read to and sing song to their babies every day. Indicators for early intervention and prevention services, such as the percentage of infants and toddlers receiving developmental screenings, are primarily in the Reaching Forward (R) tier.

#### KEY ← Range of all state values → ▼ District of Columbia ○ National average G Getting Started R Reaching Forward O Improving Outcomes W Working Effectively % Income-eligible infants/toddlers with Early Developmental screening Parent reads to baby every **Head Start access** received day 19.0% 29.3% 57.2%

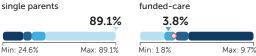
Low/moderate income

infants/toddlers in CCDF

Six Key Indicators of Positive Early Learning Experiences

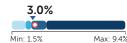


Min: 3.0%



Percentage of infants/toddlers receiving **IDEA Part C services** 

Min: 25.5%



## Positive Early Learning Experiences Policy in District of Columbia

Families above 200% of FPL eligible for child care subsidy

Yes 🗸

# All indicators for District of Columbia

G Getting Started R Reaching Forward O Improving Outcomes W Working Effectively





## **Good Health**

W Eligibility limit (% FPL) for pregnant women in Medicaid	<b>324.0</b> National average: 200.0	W Uninsured low-income infants/toddlers	<b>1.5%</b> National average: 5.8%
R Low or very low food security	19.9% National average: 16.5%	R Infants ever breastfed	<b>83.0%</b> National average: 83.2%
M Infants breastfed at 6 months	65.5% National average: 57.6%	<b>G</b> Late or no prenatal care received	9.4% National average: 6.29
Mothers reporting less than optimal mental health	8.8% National average: 22.0%	W Preventive medical care received	95.3% National average: 90.7%
Preventive dental care received	<b>34.2%</b> National average: 30.0%	<b>G</b> Babies with low birthweight	<b>10.1%</b> National average: 8.25
G Infant mortality rate (deaths per 1,000 live births)	<b>8.8</b> National average: 5.9	R Received recommended vaccines	<b>68.2%</b> National average: 70.79

# **Strong Families**

W Housing instability	<b>1.1%</b> National average: 2.5%	G Crowded housing	19.8% National average: 15.6%
W TANF benefits receipt among families in poverty	42.0% National average: 20.6%	o Infant/toddler maltreatment rate	<b>11.8</b> National average: 16.0
<b>G</b> Unsafe neighborhoods	11.7% National average: 6.3%	R Family resilience	<b>82.2%</b> National average: 82.6%
<b>G</b> 1 adverse childhood experience	25.8% National average: 21.9%	2 or more adverse childhood experiences	<b>4.7%</b> National average: 8.3%
Infants/toddlers exiting foster care to permanency	100.0% National average: 98.4%	R Potential home visiting beneficiaries served	1.6% National average: 1.9%

# Positive Early Learning Experiences

W Parent reads to baby every day	<b>57.2%</b> National average: 38.2%	W Parent sings to baby every day	67.4% National average: 56.4%
% Income-eligible infants/toddlers with Early Head Start access	19.0% National average: 7.0%	R Cost of care, as % of income married families	14.0% National average: N/A
G Cost of care, as % of income single parents	<b>89.1%</b> National average: N/A	R Low/moderate income infants/toddlers in CCDF funded-care	<b>3.8%</b> National average: 4.25
Developmental screening received	29.3% National average: 30.4%	R Infants/toddlers with developmental delay	<b>1.2%</b> National average: 1.1%
Percentage of infants/toddlers receiving IDEA Part C services	3.0% National average: 3.1%		





