

Georgia Landscape - Foundations for Learning

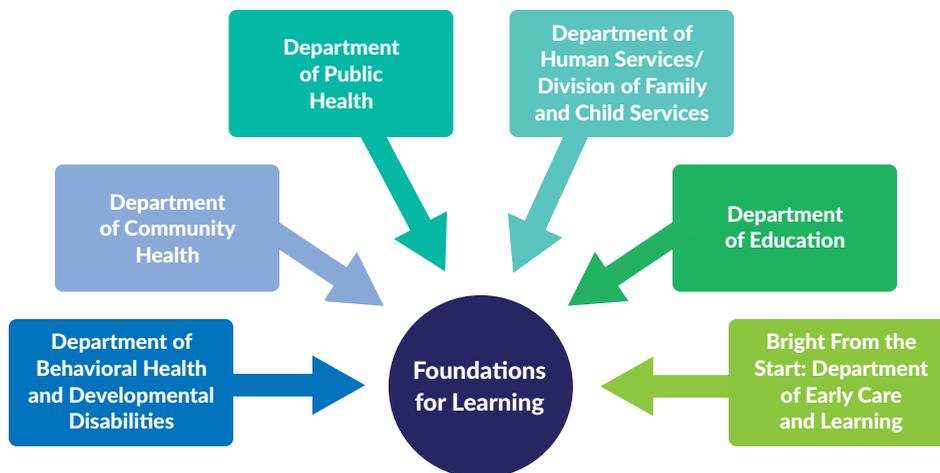
From birth, there are multiple factors that together impact a child’s capacities for communication, self-regulation, learning, and social interaction.²⁶ These factors include good health; safe, stable, and nurturing relationships; appropriate learning environments; and supportive communities. A lack of high-quality early learning opportunities and responsive interactions puts children at risk for poor mental and physical health, behavior problems, and school failure.²⁷

More than 650,000 children under the age of five live in Georgia,²⁸ and by 2050 these children will be the leaders of our state. However, Georgia faces many challenges to providing the positive, foundational, early life experiences these children need to help ensure future success.

- **More than half (51%)** of children under age five live in low-income families.²⁹
- **More than a third (34%)** of these children live in communities of concentrated poverty, where more than 20% or more of the residents live below the poverty line.³⁰
- **More than one-third** have experienced life events that lead to trauma or toxic stress.³¹

Georgia has multiple state agencies, statewide coalitions, and local efforts in place to help offset the negative impacts of poverty and provide quality foundations across areas of health, education, and families and communities. Several state agencies, listed in Figure 2.1, provide direct services to children, families, and communities.

FIGURE 2.1 GEORGIA STATE AGENCIES PROVIDING DIRECT SERVICES TO CHILDREN, FAMILIES, AND COMMUNITIES



26 Tout, K., Halle, T., Daily, S., Albertson-Jenkins, L., and Moodie, S. (2013). *The Research Base for a Birth Through Age Eight State Policy Framework*. Washington, DC: Alliance for Early Success and Child Trends.

27 Georgia Early Education Alliance for Ready Students and ChildTrends. (2016, May). *Care for Georgia's Infants and Toddlers: Boosting Young Children and Their Parents in the Peach State*. Retrieved from gears.org/wp-content/uploads/2016-02GeorgiaInfantsToddlers.pdf.

28 KIDS COUNT Data Center. (2017). *KIDS COUNT*. Retrieved from Georgia Family Connection Partnership: gafcp.org/kids-count/.

29 In 2017, the federal poverty level (FPL) was \$20,160 for a three-person household. "Low-income" is defined as incomes less than twice FPL (\$40,320), which many experts believe is the threshold that more accurately reflects an income that meets a family's basic needs. See: KIDS COUNT Data Center. (2017). *KIDS COUNT*. Retrieved from Georgia Family Connection Partnership: gafcp.org/kids-count/.

30 Bishaw, A. (2014, June). *Changes in Areas with Concentrated Poverty: 2000 to 2010*. Retrieved from US Census Bureau: www.census.gov/content/dam/Census/library/publications/2014/acs/acs-27.pdf.

31 Georgia Early Education Alliance for Ready Students and ChildTrends. (2016, May). *Care for Georgia's Infants and Toddlers: Boosting Young Children and Their Parents in the Peach State*. Retrieved from gears.org/wp-content/uploads/2016-02GeorgiaInfantsToddlers.pdf.

While each of these agencies provides some level of family and community support and interventions, they can generally be divided into the areas of health and public welfare and education.

Health and Public Welfare Supports

Four state health and welfare agencies serve Georgia, all of which support children and provide foundational supports.

- 1. The Department of Community Health (DCH)** is responsible for Medicaid and PeachCare for Kids®, the State Health Benefit Plan, health care facility regulation, and health information technology.

PeachCare for Kids®, Georgia's Children's Health Insurance Program, is the state's medical insurance plan for low-income, uninsured children. Eligible children are generally under age 19 in families with incomes of 247% of the federal poverty level or less. Premiums and co-payments are only required for children ages six and over. Those under age six are exempt from co-payments, as are children living in foster care, Alaskan Natives, and American Indians. As of October 2016, there were 134,000 eligible children enrolled in PeachCare for Kids®.

- 2. The Department of Behavioral Health and Developmental Disabilities (DBHDD)** provides treatment and support services to people with mental health challenges and substance abuse disorders, and it assists individuals who live with intellectual and developmental disabilities.

Within DBHDD is the Office of Children, Young Adults, and Families, which offers children, young adults, and their families a range of treatment and support services to address emotional and behavioral problems. Much of this office's work focuses on the mental health of older children and young adults.

- 3. The Department of Human Services (DHS)** is responsible for Aging Services, Child Support Services, Family and Children Services, and Residential Child Care.

Within DHS is the Division of Family and Child Services (DFCS), which administers a wide variety of health and family services. These include the administration of federal support programs for low-income families such as SNAP (Food Stamps), TANF (Temporary Assistance for Needy Families), and Medicaid.

Not to be confused with PeachCare for Kids®, Medicaid is available for very low-income adults and children. Children under age 19 qualify at various income levels depending on their age and family size (See Table 2.3). The income eligibility range decreases as children age. It is based on a percentage of the poverty rate minus 5% of the federal level.

TABLE 2.3 MEDICAID ELIGIBILITY FOR CHILDREN IN GEORGIA³²

Family Size	Monthly Net Income Limit 133% Age 6-19	Monthly Net Income Limit 149% Age 1-5	Monthly Net Income 205% Age 0-1	5% Deduction
1	\$1,323	\$1,207	\$1,679	\$48
2	\$1,785	\$1,631	\$2,268	\$65
3	\$2,248	\$2,054	\$2,857	\$82
4	\$2,710	\$2,478	\$3,446	\$99
5	\$3,172	\$2,901	\$4,035	\$115

Together, more than 1.3 million children are enrolled in PeachCare or Medicaid. It is estimated that nearly 170,000 more children are eligible for either program, but are not enrolled.³³ Georgia has the 13th highest percentage in the nation of uninsured children under the age of five (5%).³⁴

DFCS also works to protect and educate the most vulnerable children in Georgia through the foster care system and its Child Abuse and Neglect division.

4. The Department of Public Health (DPH) had divisions focusing on Health Promotion and Disease Prevention, Maternal and Child Health, Infectious Disease and Immunization, Environmental Health, Epidemiology, Emergency Preparedness and Response, Emergency Medical Services, Vital Records, and the State Public Health Laboratory.

Within DPH, Great Start Georgia (GSG) is a framework of comprehensive support services targeted at families with children from birth to age five. (See Home Visiting Sidebar) Programs are designed to create a community culture of family engagement and local connections and resources. The main focus of GSG is providing evidence-based home visiting programs. GSG also partners with or provides referrals pertaining to the following:

- Maternal and child health
- Children 1st
- Babies Can't Wait
- Children's Medical Services

HOME VISITING – FROM GREAT START GEORGIA

A major service strategy in the Great Start Georgia (GSG) system is evidence-based home visiting services for families needing support in providing safe, nurturing, and healthy environments for their children. The long-term goal is statewide implementation. As of 2017, 12 counties had received federal funding from DPH to embed evidence-based home visits within their local GSG systems. This funding is allowing Georgia to create a statewide home visiting infrastructure and better coordinate community-based services and supports focused on promoting optimal early childhood health and development.

The home visiting programs offered in Georgia include Early Head Start – Home-Based Options, Healthy Families Georgia, the Nurse-Family Partnership, and Parents as Teachers. Evidence from these programs have repeatedly shown their effectiveness. For example, results from the Nurse-Family Partnership consistently show the following:

- Improved prenatal health
- Fewer childhood injuries
- Fewer subsequent pregnancies
- Increased intervals between births
- Increased maternal employment
- Improved school readiness

32 Division of Family and Child Services. (2017). Family Medicaid Fact Sheet. Retrieved from Medicaid Services: dfcs.georgia.gov/sites/dfcs.georgia.gov/files/related_files/site_page/DFCS.%20Family%20Medicaid%207.15.pdf.

33 HealthyFuturega.org.

34 KIDS COUNT Data Center. (2017). *KIDS COUNT*. Retrieved from Georgia Family Connection Partnership: gafcp.org/kids-count/.

- Special Supplemental Nutrition Program for Women, Infants & Children (WIC)
- Home and child safety
- Community and family safety
- School readiness
- Family economic self-sufficiency

DPH also houses the Maternal and Child Health Section, which administers the Federal Title V Maternal and Child Health Block Grant. This grant funds services related to prenatal care and newborn screening, early detection for developmental delays, hearing screenings, and intervention services. This section of DPH also implements the Georgia Autism Initiative and Georgia WIC Supplemental Nutrition program. These initiatives and programs are designed to provide a strong foundation for children by supporting young children, their families, and the communities where they live.

Importantly, DPH implements Project LAUNCH, a five-year pilot program to increase access to screenings, assessments, referrals, and mental health services for children ages zero to eight in child-serving settings. Project LAUNCH provides parental supports, early behavioral health screenings, and trainings for early identification of autism. This pilot program is being implemented in Muscogee County and offers Georgia the opportunity to develop a comprehensive approach to healthy and developmental concerns in very young children.

Education – Early Learning

Now more than ever, the American public has embraced the importance of high-quality early learning. Since the mid-2000s, there has been a growing understanding of brain development in infants and toddlers,³⁵ and an increased push to evaluate the social and educational outcomes of early learning programs.

Georgia has long been committed to early learning. It was the first state in the nation to establish a state-level department responsible for early learning, Bright From the Start: Georgia Department of Early Care and Learning (DECAL). DECAL administers the state-funded Georgia Pre-K Program, licenses child care centers and home-based child care, administers federal nutrition programs, manages voluntary quality enhancement programs, and administers the Childcare and Parent Services (CAPS) program in partnership with the Division of Human Services.

Based on the strength of Georgia's Pre-K Program—a free early learning program for four-year-olds available to all children depending on space and availability—the state is viewed as a national leader in early learning. Independent evaluations of the lottery-funded program confirm it is having a positive and significant impact. One comprehensive study found that students had significantly higher school-readiness skills across most measures of language, math, and general knowledge than students who did not participate in Georgia Pre-K.³⁶

While Georgia continues to focus on quality improvements to the Pre-K Program, DECAL is also working to improve the quality of early learning in both child care centers and family child care homes. DECAL developed and launched Quality Rated in January 2012, a tiered quality rating and improvement system. Quality Rated provides early childhood programs with incentives and resources to improve quality while working through several manageable steps, or levels. At the same time, the centers receive public recognition for their achieved quality efforts, which DECAL communicates to parents and families.

Quality Rated uses one, two, and three stars to indicate programs that meet defined program standards beyond Georgia's minimum licensing requirements. The program is currently voluntary for all child care

35 See the Center on the Developing Child at Harvard University, developingchild.harvard.edu/.

36 For a complete discussion of the Pre-K Evaluation, see dec.al.ga.gov/BftS/EvaluationGAPreKProgram.aspx.

centers. Participating programs become eligible for free professional development, technical assistance, and financial incentives packages supported by foundations and businesses.³⁷

In addition to the continued expansion of Quality Rated, Georgia is in the final phases of the Race to the Top Early Learning Challenge Grant, which is a state-level competitive grant program targeted at early learning and development. While the goals of the grant are to improve program quality and outcomes for all children, Georgia specifically focused on increasing the number of children with high needs who attend high-quality early learning programs. The projects associated with the grant also were directed at closing the achievement gap between children with high needs and their peers by supporting efforts to increase kindergarten readiness. Georgia received \$51.7 million over a four-year grant period, beginning in 2014, to expand the five critical areas outlined in Table 2.4.

TABLE 2.4 RACE TO THE TOP EARLY LEARNING CHALLENGE GRANT³⁸

CRITICAL AREA	PROJECT LIST
1. Building successful state systems	<ul style="list-style-type: none"> • Develop Early Education Empowerment Zones (E3Zs), where the state will align supports, activities, and services in four geographical areas with large numbers or high percentages of children with high needs and improve infrastructure for high-quality early learning programs.
2. Increasing high-quality accountability programs	<ul style="list-style-type: none"> • Validate Quality Rated and expand research and data activities that will evaluate current and future efforts and support policy revisions. • Drastically increase program and parent participation in Quality Rated.
3. Promoting early learning outcomes	<ul style="list-style-type: none"> • Expand the comprehensive roll-out of the Georgia Early Learning and Development Standards. • Expand Georgia's home visiting program, Great Start Georgia, by creating home visiting and family engagement hubs in three-star child care centers in each E3Z.
4. Developing a great early childhood education workforce	<ul style="list-style-type: none"> • Increase articulation among institutions of higher learning to increase student success and persistence in achieving advanced credentials in early childhood education. • Expand scholarships and incentive programs to increase the number of early childhood educators moving along a knowledge and career pathway.
5. Measuring outcomes and progress	<ul style="list-style-type: none"> • Create a Task Force for Comprehensive Assessment to identify a single set of common child assessments with professional development and policy guidelines. • Design and implement a formative assessment that will be conducted during the first six weeks of children's kindergarten experience so each student receives a measurement of kindergarten readiness that teachers can use to individualize instruction. • Expand the quality of data collected for children, programs, and educators by pooling additional, existing data feeds from participating state agencies to expand the Cross Agency Child Data System.

³⁷ For more information on Quality Rated, see families.decal.ga.gov/ChildCare/QualityRated.

³⁸ Bright From the Start: Georgia Department of Early Care and Learning. (2014). *Race to the Top - Early Learning Challenge Grant*. Retrieved from decal.ga.gov/BftS/EarlyLearningChallenge.aspx.

This commitment is being supported and potentially enhanced by Governor Nathan Deal’s Education Reform Commission (ERC). Working throughout 2015, the commission’s goal was to provide recommendations to improve Georgia’s educational system, including increasing access to early learning programs. Governor Deal challenged the Subcommittee on Early Learning to study and make recommendations for expanding early education options, including the following:³⁹

1. Addressing the funding formula for Georgia’s Pre-K
2. Expanding Pre-K access in Georgia
3. Increasing access to Quality Rated programs for all children from birth to age five
4. Considering innovative approaches for getting more children into high-quality programs

To help support the ongoing work of DECAL and the early learning community, the ERC Subcommittee on Early Learning proposed a series of recommendations in the final report submitted in December 2015 aimed at increasing both the supply of quality programs and the demand for them from consumers. Table 2.5 provides a partial list of the subcommittee’s recommendations.

TABLE 2.5 EDUCATION REFORM COMMISSION – SELECTED RECOMMENDATIONS OF THE SUBCOMMITTEE ON EARLY LEARNING

<p>Increase the number of Quality Rated programs</p>	<ul style="list-style-type: none"> • Set 2020 as the deadline by which child care programs must be Quality Rated in order to receive child care subsidy funds. • Implement a tired-reimbursement program, meaning providing appropriate funding to adjust the subsidy rates for Quality Rated providers to more closely align with the true cost of tuition.
<p>Increase the demand for quality</p>	<ul style="list-style-type: none"> • Appropriate funding to at least match private dollars raised to support a comprehensive marketing and public relations campaign to promote awareness of Quality Rated and the importance of high-quality early learning. • Pass legislation to create business tax incentives for Quality Rated child care providers. • Pass legislation to create an occupational tax incentive based upon teacher credentials for educators employed by a Quality Rated provider. • Pass legislation to create a consumer tax incentive for families who enroll their children in Quality Rated programs.

The ERC also recommended increased supports for the Georgia Pre-K Program, for teachers, and for assistant teachers. Many of these recommendations were incorporated in 2016. Budget increases supported increased salaries for Pre-K lead teachers and the implementation of a salary scale comparable to that of K-12 teachers. What remains are the recommendations concerning supporting the expansion of Quality Rated and increasing the affordability of quality: Funding that would allow centers to provide quality and parents to afford it.

While the state has been working hard to expand the number of high-quality options, many Georgians living in poverty struggle to find any child care providers, much less those of high quality. Even in areas where quality care is available, low-income families have a hard time paying for it.

39 Education Reform Commission. (2015). *Final Recommendations to Governor Nathan Deal*. Atlanta: Office of the Governor.

Georgia's CAPS Program helps low-income families afford quality child care. CAPS is a child care subsidy program administered by DECAL, recently transitioned from the Georgia Division of Human Services. It is funded through the Childcare and Development Fund, a federal block grant. Eligible families can earn up to about 150% of the federal poverty level and still potentially qualify for subsidies.⁴⁰

The reauthorization of the federal block grant that passed in 2014 brought about significant changes to the implementation of the CAPS program in Georgia. One specific change was the amount of money each subsidy would be worth. The new regulations require state agencies to pay higher subsidy rates to higher quality providers. For example, in Georgia, a new tiered reimbursement rate is based on the Quality Rated star rating. Though a higher rate is now in place for quality programs, the total amount of the block grant funds has not increased. When more money is needed per provider, the total number of families that can be served with the same amount of money decreases.

To comply with the higher rates that needed to be paid to centers of higher quality, Georgia implemented funding restrictions in August 2016. To maintain the current CAPS funding without terminating child care assistance to families already enrolled in the program, restrictions were implemented on new enrollees. New families must not only meet need-based income eligibility requirements, as before, they now must also be identified as part of a priority group. Priority groups include TANF applicants and recipients, children in DFCS custody or in Child Protective Services, minor parents in school, grandparents raising grandchildren, children with special needs, children in Georgia's Pre-K Program requiring extended care, or victims of a natural disaster.⁴¹

Coordinating the Foundations

As shown in Figure 2.1, six state agencies directly serve young children, their families, and the communities where they live in various ways to help provide a good foundation for learning and the future. However, other state agencies, advocacy groups, nonprofits, foundations, business leaders, local development agencies, and others all work throughout Georgia in this effort as well.

From a state-level perspective, a unified approach across all areas of foundational supports (health, learning, family, and community supports) provides the strongest policy framework to ensure all children receive the assistance they need.

Georgia's Cross Agency Child Data System (CACDS) is integral to informing this framework. CACDS aligns child-level data from government-funded programs and services for children ages zero to five and their families. Currently, the following agencies and programs contribute data to CACDS:

- Childcare and Parent Services
- Early Head Start and Head Start
- Preschool Special Education (IDEA Part B)
- Georgia's Pre-K Program
- Georgia's Rising Pre-K Summer Transition Program
- Rising Kindergarten Summer Transition Program
- Babies Can't Wait (IDEA Part C)
- Children 1st
- Georgia home visiting
- Foster care (added in fall 2017)

40 Georgia Early Education Alliance for Ready Students. (2016). Supporting Affordability. Retrieved from gears.org/business-toolkit/supporting-affordability/.

41 Georgia Department of Early Care and Learning. (2016). Questions About Georgia's Childcare and Parent Services (CAPS) Funding Restrictions. Retrieved from CAPS: Eligibility Requirements: www.caps.dec.state.ga.us/en/EligibilityRequirements.

The purpose of CACDS is to identify service gaps, create opportunities for analysis and research, and provide an integrated and aligned approach to demonstrate how Georgia is serving its youngest citizens. For example, counties and regions can examine program access goals and the distribution of services across the region and highlight enrollment gaps.⁴²

In addition to state agency initiatives, a successful coordinating framework in Georgia is Get Georgia Reading: The Campaign for Grade Level Reading. The campaign strives to ensure that all children are on a path to reading proficiently by the end of third grade. To achieve this objective, the campaign created a common agenda based on four research pillars that combine to create the foundations necessary for student success:⁴³

- **Language Nutrition:** All children receive abundant, language-rich adult-child interactions, which are as critical for brain development as healthy food is for physical growth.
- **Access:** All children and their families have year-round access to, and supportive services for, healthy physical and social-emotional development and success in high-quality early childhood and elementary education.
- **Positive Learning Climate:** All educators, families, and policymakers understand and address the impact of learning climate on social-emotional development, attendance, engagement, academic achievement, and ultimately student success.
- **Teacher Preparation and Effectiveness:** All teachers of children ages zero to eight are equipped with evidence-informed skills, knowledge, and resources that effectively meet the literacy needs of each child in a developmentally appropriate manner.

The work of the campaign is guided by the collective voice of 21 high-level statewide public/private organization leaders.⁴⁴ These leaders work across agencies and organizations to implement each of the four pillars at the systems level. See the sidebar titled “Get Georgia Reading: A Campaign with Results.”

The Get Georgia Reading Campaign also consists of more than 60 partner organizations focused on investing and implementing strategies around the four pillars of the common agenda into communities across the state.

The Get Georgia Reading Campaign is but one example of coalition work being done across the state to unify the foundational needs of health, learning, and family and community supports. State policy work is also being coordinated by the Georgia Early Education Alliance for Ready Students (GEEARS), also a cabinet member of the Get Georgia Reading Campaign. GEEARS leads multiple initiatives that influence state policy, including the Frontiers of Innovation initiative. Georgia is one of three states partnering with the Center on the Developing Child at Harvard University. The goal of this collective impact initiative is to identify how science-based innovation applied to policies and services for the birth-to-five population can advance the governor’s goal of every child being able to read at grade level by third grade. This partnership includes representatives from DECAL, DPH, the Governor’s Office, GEEARS, and the Annie E. Casey Foundation – Atlanta Civic Site. GEEARS works to coordinate efforts across these agencies and connect them with scientific expertise.

42 Note that although CACDS contains child-level data, it cannot track individual children and only provides data in aggregate counts.

43 See getgeorgiareading.org/common-agenda/common-agenda-overview/

44 Cabinet members include the Alliance of Education Agency Heads, the Annie E. Casey Foundation – Atlanta Civic Site, DECAL, Governor Nathan Deal, First Lady Sandra Deal, the Department of Community Health, DFCS, GaDOE, DPH, the Georgia Early Alliance for Ready Students (GEEARS), the Georgia Family Connection Partnership, the Georgia Partnership for Excellence in Education, the Georgia Professional Standards Commission, the Georgia Public Library, the Georgia School Superintendents Association, the Governor’s Office of Student Achievement, the Marcus Autism Center, Polk Family Connection, the Rollins Center for Language and Literacy at the Atlanta Speech School, the Technical College System of Georgia, and Voices for Georgia’s Children.

GET GEORGIA READING: A CAMPAIGN WITH RESULTS

- **Talk With Me Baby** is a partnership of six lead organizations: DPH, the Georgia Department of Education (GaDOE), Emory University’s School of Nursing and Department of Pediatrics, the Marcus Autism Center at Children’s Healthcare of Atlanta, the Atlanta Speech School’s Rollins Center for Language and Literacy, and Get Georgia Reading: Georgia’s Campaign for Grade Level Reading. The program initially focused on training nurses to educate parents and caregivers about the importance of language in early childhood development. More than 1,000 WIC nutritionists have been trained as language nutrition coaches and are integrating messages about language nutrition into their conversations with parents about food nutrition. The program is scaling up to train nurses and other maternal/child health care providers statewide. It has also launched www.talkwithmebaby.org, an interactive resource with conversation starters, videos, and training tools for families, communities, and professionals, and much more.
- Georgia is innovating a practice that integrates strategies from the preschool model of Positive Behavioral Interventions and Supports (PBIS) into the school-wide model. The Metropolitan Regional Education Service Agency, DECAL, and GaDOE are leveraging the state’s investment in PBIS with funding from the David, Helen, and Marian Woodward Fund – Atlanta. By integrating practices from the preschool PBIS model into the school-wide model, these partners are developing a new, scalable approach aimed at supporting the social-emotional development of children across their first eight years of life.
- The **Georgia Public Library Service** has been working with DECAL and GaDOE for the past few years to provide children with nutritious meals and educational opportunities. This partnership has led to significant increases in the number of meals served to children during the summer.
- The W.K. Kellogg Foundation recently **awarded \$1.45 million** to four campaign partner organizations: the Common Market Georgia, Georgia Organics, Voices for Georgia’s Children, and Quality Care for Children. The grant supports access to local, healthy foods for young children in Georgia’s early learning environments. The initiative will offer hands-on education in nutrition, cooking, gardening, and the promotion of local, fresh foods in child care programs. The nonprofits will partner with the Georgia Farm to Early Care and Education Coalition, which formed in 2016 and recently finalized a three-year strategy.

GEEARS also convened a large coalition of stakeholders to develop a common framework for “school readiness.” A common understanding of school readiness provides the opportunity to align and promote policy, practice, and investments that support the healthy development of children from birth to age eight.

Translating state policy to the local level is the Georgia Family Connection Partnership (GaFCP), the only statewide network of its kind in the country. GaFCP works in all 159 counties as a public/private partnership by providing expertise in planning and governance in local communities. One of GaFCP’s initiatives is to help communities coordinate the foundations for learning so that all children are prepared to start school. This work encompasses local health and early learning policies and opportunities. It also promotes the incorporation of Quality Rated and the four pillars of the Get Georgia Reading Campaign.

Finally, Georgia is seeing collaborative work at the local level to integrate the importance of health and early learning in helping prepare young children for success in school. One example is the Healthy Beginnings program funded by the United Way of Greater Atlanta. By partnering with Children’s Healthcare of Atlanta, Sheltering Arms Early Education and Family Centers, the Fulton County Department of Health and Wellness, DPH, and DECAL, the program has embedded a System of Care into early learning centers. This System of Care provides health educators and community-based nurse navigators directly to children and their families enrolled in the early learning centers. The results are impressive. Almost all (97%) children enrolled in Healthy Beginnings have health insurance, are connected to a medical home, and visit their doctor at least annually. Ninety-six percent are immunized against childhood disease.⁴⁵

This project first focused on one neighborhood in metro Atlanta. However, United Way is now working to scale the program. These are but a few examples of the unifying work being done in Georgia to build strong foundations for student success. For more examples, see the “Additional Resources Related to Foundations for Learning” page at www.EdQuestGa.org.

⁴⁵ See www.unitedwayatlanta.org/program/healthy-beginnings/.