

# **Maryland as a Nation: Comparing Maryland's Early Childhood System to the Systems of Other Countries**

**A Secondary Review of the UNICEF Innocenti Centre's  
International Comparison of OECD Early Childhood Systems**

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June 2009

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## Acknowledgements

The Maryland State Department of Education, Division of Early Childhood (DECD) is grateful to the following for their participation in the DECD Innocenti Report Work Group and for the information and guidance they provided in the preparation of this paper:

John Spears, Ph.D., Regional Economic Studies Institute, Towson University

John Surr, Maryland Association for the Education of Young Children

### **The Child Care Transition – Are European and U.S. Early Care Policies Comparable?**

Over the past decades, a transition has taken place in the way the U.S. responds to the increasing need of early care and education. Initially, concern centered on accessibility of child care for working families. Over time, however, critics of such a system have lamented the lack of standards, oversight, and quality assurance as a serious impediment to developing a robust public support system for families and children.

Recent efforts by many states and the Federal government have been designed to counteract a highly fragmented and inefficient early care and education system which has challenged not only policymakers but also parents who were supposed to benefit from it. Generally, most European countries have long approached the creation of an early care and education system as one which should be available for everyone who needs it. The universal approach to early care and education typically became an entitlement for families, who contributed an affordable amount and paid for the subsidized portion in the form of taxes. Since then, European countries have emphasized the need for improving the system in terms of the quality of early education and the need to work more closely with the public school system.

Compared to European countries, the U.S. has bifurcated its support for young children. Shortly after World War II, public schools emulated the nursery school concept and established publicly funded kindergarten programs for five year olds. Outside the public school sector, the U.S. has been generally characterized by a market-driven child care sector with relatively low licensing and enforcement standards that vary from state to state. All subsequently funded public programs for young children have been targeted toward a relatively small number of very low income families. In fact, both Federal and state funding for Head Start, public prekindergarten, and subsidized child care are providing services for the same income groups – for instance, a family of three earning less than \$32,000 a year<sup>1</sup>.

This kind of infrastructure has required families to navigate a system in which early education is fully subsidized and available to all children (i.e., kindergarten) but available to younger children only if they are from low-income groups and are eligible for subsidized care. In order to access care at preschool child care or nursery school

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<sup>1</sup> Based on FFY09 USDA Guidelines

programs, most families must use their own financial resources. With the prevalence of research in child development, namely, the potential and risks related to brain development during the first five years of life, the public sector has become more aware of the importance of early care and education and increasingly more engaged in supporting it. Philosophically, however, the debate has been hung up on the notion that low-income families need public support and other families do not – a perspective which is consistently different from the one shared by most European countries<sup>2</sup>.

Thus, a comparison of benchmarks and indicators between the early care and education systems of European and non-European industrialized countries must be carefully scrutinized when assessing each country's performance. If an argument can be made about a gradual approximation of both camps, such a comparison might serve as a starting point to reassess the traditional policies that have advanced or impeded progress in either system.

One of the issues discussed in countries of the European Union (EU) is the transition of children from an early care system outside the public schools to formal education. While free public education in the U.S. extends to kindergarteners, in European countries such as Germany, parents provide kindergarten co-payments for their five-year olds in non-public school programs. Similarly, young children in Sweden cannot access publicly funded education until they turn seven, although they receive high quality preschool services as five- and six-year olds. One obvious area of convergence between countries on both sides of the Atlantic is the realization that the type of provider, school or non-public school, is secondary to the consistent application of quality standards (or *benchmarks* as referred to in EU nomenclature). The importance of quality standards has entered the debate in the U.S. The majority of states in the U.S. have found ways to establish policies with clear expectations for programs and for what children should know and able to do by the time they transition to formal schooling. The debate about quality standards, particularly curricular standards, is still in full force in many European countries, and the outcome of that debate remains uncertain.

## **Benchmarks for Early Childhood Services – a Report by the UNICEF Innocenti Research Centre**

In October 2008, UNICEF published a report by the Innocenti Research Centre on the opportunities and risks involved in the child care transition that proposed internationally applicable benchmarks for early childhood care and education. The authors offered a set of benchmarks to serve as minimum standards in the provision of early care and education. Twenty-five countries, including the U.S., that belong to the Organization for Economic Co-Operation and Development (OECD) were assessed on 10 benchmarks representing a variety of standards from paid parental leave policies to universal outreach of essential child health services. In this study, the U.S. was found to rank near the bottom by meeting only 3 out of 10 benchmarks, while Sweden ranked at the top by being able to meet all 10 benchmarks.

In making these assessments, the Innocenti Report treated the U.S. as if it were a single nation like each of the other OECD countries, where broad early care and education policies are set at the national level. Although national U.S. supportive funding programs like the Child Care Development Fund do exist, this basis for comparison is misleading because the U.S. does not have a national early care and education policy – instead, our country is composed of 50 different states with 50 different early care and education systems that are guided by 50 different

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<sup>2</sup> Fuller, B. (2007) *Standardized childhood – The political and cultural struggle over early education*. Stanford, CA: Stanford University Press.

sets of policies. Effectively, the U.S. is a collection of 50 mini-nations, each with its own agenda, goals, and set of resources.

The purpose of this secondary review, then, is to provide a more equitable basis for assessment by comparing only one American state with the OECD countries included in the report. This review looks at Maryland's early care and education system to determine how it stacks up individually against those countries. If Maryland were a nation, how would its early childhood education and care system rank in comparison with the systems of economically advanced nations elsewhere in the world?

## **Methodology of the Innocenti Report**

The Innocenti Report benchmarks were selected to represent key attributes of early childhood services. For each benchmark indicator, a value was chosen as a minimum acceptable standard for OECD countries. Existing early childhood system data from each country was then used to survey the performance of 24 OECD countries and Slovenia in the context of these benchmarks. The survey was then sent to the relevant departments of the 25 governments for review, feedback, and further analysis.

The ten benchmarks fall under four groups that focus on different dimensions of an early care and education system, as follows:

### **Group A: Focus on Government Policy.**

**Benchmark 1: A minimum entitlement to paid parental leave.** *Employed parents are entitled to a statutory leave of about a year (maternity and parental leave combined) after the birth of a child, and to a wage replacement level of at least 50 percent over the period. At least two weeks of parental leave are set aside for fathers.*

**Benchmark 2: A national plan with priority for disadvantaged children.** *Countries should undertake extensive research and evolve a coherent national strategy to ensure that the benefits of early childhood education and care are fully available, especially to disadvantaged children.*

### **Group B: Focus on Access to Early Childhood Services.**

**Benchmark 3: A minimum level of child care provision for children under 3 years old.** *Subsidized and regulated child care services should be available for at least 25% of children under the age of three.*

**Benchmark 4: A minimum level of access for four-year-olds.** *At least 80% of four-year-olds should be able to participate in publicly subsidized and accredited early education services for a minimum of 15 hours per week.*

### **Group C: Focus on Quality of Early Childhood Services.**

**Benchmark 5: A minimum level of training for all staff.** *At least 80 % of staff having significant contact with young children, including neighborhood and home-based child caregivers, should have relevant training. At a minimum, all staff should complete an induction (i.e., pre-service) course. A move towards pay and working conditions in line with the wider teaching or social care professions should also be envisaged.*

**Benchmark 6: A minimum proportion of staff with higher level education and training.** *The minimum proposed is that at least 50% of staff in early education centers supported and accredited by governmental*

agencies should have a minimum of three years tertiary education (i.e., higher education) with a recognized qualification in early childhood studies or a related field.

**Benchmark 7: A minimum staff-to-children ratio.** The minimum proposed is that the ratio of pre-school children (four-to-five year-olds) to trained staff (educators and assistants) should not be greater than 15 to 1, and that group size should not exceed 24.

#### **Group D: Focus on Supporting Infrastructure.**

**Benchmark 8: A minimum level of public funding.** The suggested minimum is that the level of public spending on early childhood education and care (for children aged 0 to 6 years) should not be less than 1% of GDP.

**Benchmark 9: A low level of child poverty.** Specifically, a child poverty rate of less than 10%. The definition of child poverty is that used by the OECD – the percentage of children growing up in families in which income, adjusted for family size, is less than 50% of median income.

**Benchmark 10: Universal outreach of essential child health services.** Early childhood services should also be available to the children of disadvantaged. The proxy for measuring achievement of this objective is the status of early childhood health services. At least two of the following three requirements should be fulfilled: a) the rate of infant mortality is less than 4 per 1,000 live births; b) the proportion of babies born with low birthweight (below 2,500 grams) is less than 6%; and c) the immunization rate for 12 to 23 month-olds (averaged over measles, polio and DPT-3 vaccination) is higher than 95%.

The same benchmarks were used when reviewing Maryland's early care and education system for comparison with the OECD countries cited in the Innocenti Report. The data for Maryland were drawn from the Maryland State Department of Education, the Maryland Department of Planning, the Annie E. Casey Foundation, the U.S. Census Bureau, and Columbia University's National Center for Children in Poverty. The Innocenti Report was based on OECD data from 2005, while the present secondary study draws on Maryland data from 2007 and 2008, the two most recent years for which State data are available for all 10 benchmarks.

### **America and the Benchmarks – Innocenti Report Findings**

The Innocenti Report found that the United States, as a whole, met three of the ten benchmarks. They are:

- Being able to provide subsidized and regulated child care services for 25% of all children less than 3 years of age (Benchmark 3).
- At least 50% of teaching staff in accredited early education programs have been educated at the tertiary level (i.e., college level) and meet minimum professional qualifications (Benchmark 6).
- Preschool education programs have a minimum staff-to-children ratio of 1:15 (Benchmark 7).

### **Maryland and the Benchmarks: How Do We Measure Up?**

A work group within the Maryland State Department of Education (MSDE) reviewed the UNICEF Innocenti Report and provided documentation of the extent to which Maryland's early care and education system is meeting the

benchmarks. The work group commenced in January 2009, only several weeks after the official publication of the Innocenti Report. It concluded its work in May 2009.

The comparison charts shown on the following pages detail Maryland’s performance on the ten Innocenti Report benchmarks. In summary, Maryland:

- Fully meets four benchmarks, one of which involves government policy (Benchmark 2) and the other three of which (Benchmarks 5, 6, and 7) pertain to quality of services;
- Partially meets one benchmark (Benchmark 10), which relates to universal outreach; and
- Does not meet five benchmarks, one pertaining to government policy (Benchmark 1), two involving access to services (Benchmarks 3 and 4), and two relating to supporting infrastructure (Benchmarks 8 and 9).

It should be noted that Maryland could partially meet a sixth benchmark depending on how one interprets its requirements for fulfillment. Benchmark 4 speaks of subsidized and accredited early education services for 80% of 4 year olds. In Maryland, the term “accredited” refers to a defined process of program accreditation in order to meet advanced standards in early education. Accredited programs are formally recognized by the Maryland as having met these standards in addition to complying with licensing standards. In 2008, only 12 percent of all child care and nursery school programs were accredited. However, if the term accreditation is understood as including the State’s definition of standards for operating early education services, then more than 80% of all four-year olds are in early education programs meeting the Maryland’s minimum standards of operation, i.e., licensing standards. But since Benchmark 4 also includes a minimum of subsidized early education, Maryland would fall shy of fully meeting that benchmark since only approximately 48% of four-year olds are enrolled in prekindergarten, Head Start, and child care subsidy programs<sup>3</sup>.

**Benchmarks Met by Maryland:**

UNICEF Innocenti Report Benchmark	Maryland’s Early Care and Education System
<p><i>(Benchmark 2) A national plan with priority for disadvantaged children</i></p> <p>All countries going through the child care transition should have undertaken extensive research and evolved a coherent national strategy to ensure that the benefits of early childhood education and care are fully available, especially to disadvantaged children. This benchmark records whether governments have at least drawn up a national plan for the</p>	<p>In 2001, Maryland’s Commission on Education Finance, Equity, and Excellence (Thornton Commission) studied state aid financing plans that enhance the state’s opportunities for meeting state and national education standards. The Commission included the provision of full-day kindergarten and prekindergarten (i.e., at a minimum 15 hours a week) for all four-year olds from “economically disadvantaged backgrounds.” Many of the recommendations of the</p>

<sup>3</sup> Reflects an estimated percentage since Maryland does not currently have the capacity to establish unduplicated enrollment counts for four-year old children.

UNICEF Innocenti Report Benchmark	Maryland's Early Care and Education System
<p>organization and financing of early education services.</p>	<p>Commission, including those pertaining to kindergarten and prekindergarten, were incorporated in the Bridge to Excellence in Public Schools Act (2002). Also in 2002, the Maryland Subcabinet for Children, Youth and Families submitted a 5-year school readiness strategic plan that addressed access to quality early care and education programs for all children, birth through age 5, and the family income and child health support systems necessary to ensure the reality of full school readiness. Finally, the FY 2006-2009 strategic plan of the Maryland State Department, Division of Early Childhood Development included an array of initiatives to expand and enhance quality early childhood services, particularly those for disadvantaged children. Work is currently underway to prepare successors to both of these strategic plans.</p>
<p><b><i>(Benchmark 5) A minimum level of training for all staff</i></b></p> <p>The proposed staff training minimum is that at least 80 percent of staff having significant contact with young children, including neighborhood and home-based providers, should have relevant training. All staff should at least complete a pre-service course. A move towards pay and working conditions in line with wider teaching or social care professions should also be envisaged.</p>	<p>Maryland's current child care licensing regulations require 100% of new family child care providers and child care teachers in licensed child care centers to complete specified pre-service training or to hold an associate's or higher degree with approved courses in early childhood education. In addition, 100% of providers and teachers must meet continued training requirements annually. To maintain certification, continued training and professional development requirements must be met. In addition, Maryland's Child Care Credential Program is helping to address the worthy wage issue by providing financial incentives such as tuition funding for child care staff to enhance their professional qualifications.</p>
<p><b><i>(Benchmark 6) A minimum proportion of staff with higher level education and training</i></b></p> <p>The minimum proposed is that at least 50 percent of staff in early education centers supported and accredited by government agencies should have a minimum of three years tertiary education (i.e., higher education) with a recognized qualification in early childhood studies or a related field.</p>	<p>In Maryland's public pre-kindergarten and kindergarten programs, all teachers must hold at least an undergraduate degree and be certified in Early Childhood Education. State licensing regulations also require all nursery school teachers to hold at least an undergraduate degree. According to the Center for Law and Social Policy, 58% of Head Start teachers in Maryland hold at least an undergraduate degree. Child care teachers participating in MSDE's Child Care Credentialing Program at Level 6 must hold at least an undergraduate degree</p>



UNICEF Innocenti Report Benchmark	Maryland's Early Care and Education System
	with early-childhood-related coursework, or have an associate's degree with extensive early childhood-related coursework and be enrolled in a higher degree program.
<p><b><i>(Benchmark 7) A minimum staff-to-child ratio and maximum group size</i></b></p> <p>The minimum proposed is that the ratio of preschool children (3-5 year-olds) to trained staff (educators and assistants) should not be greater than 15:1, and that group size should not exceed 24.</p>	<p>In Maryland's licensed preschool programs (which include child care centers, nursery schools, and most Head Start programs), the maximum staff-child ratio for groups of 3-5 year old children is 1:15 and the maximum group size is 24. In public pre-K programs, the staff-child ratio is typically 1:10 and the average group size is 20.</p>

**Benchmarks Partially Met by Maryland:**

UNICEF Innocenti Report Benchmark	Maryland's Early Care and Education System
<p><b><i>(Benchmark 10) Universal outreach of essential child health services</i></b></p> <p>Specifically, this benchmark is considered to have been met if a country has fulfilled at least two of the following three requirements: (a) the rate of infant mortality is less than 4 per 1000 live births; (b) the proportion of babies born with low birth weight (below 2500 grams) is less than 6 percent; and (c) the immunization rate for 12-23 months (averaged over measles, polio, and DPT-3 vaccination) is more than 95 percent.</p>	<p>The Annie E. Casey KIDS Count Data Center reports the following infant mortality and low birthweight figures for 2005, the last year for which full data are available:</p> <ul style="list-style-type: none"> <li>• Maryland's infant mortality rate (defined as the number of deaths of infants less than 1 year old per 1,000 live births) was 7.3. This put Maryland in a tie with Pennsylvania for the 31<sup>st</sup> spot in infant mortality rankings. Nationally, the infant mortality rate ranged from 4.5 to 14.1, with the average rate being 6.9 per 1,000 births.</li> <li>• Maryland's low birthweight rate (defined as live births weighing less than 2,500 grams, or 5.5 pounds) was 9.1%. This placed Maryland in a tie with Kentucky in ranking 39<sup>th</sup> among all states in low birthweights. Nationally, the low birthweight rate ranged from 6.1% to 12.8%, with the average rate being 8.2%.</li> <li>• According to the U.S. Center for Disease Control's</li> </ul>

	<p>National Immunization Survey for 2007, Maryland ranked #1 in the immunization rate (aggregated for measles, polio, and DPT-3 vaccinations) for infants 12-23 months old. Maryland's aggregated immunization rate across all three vaccinations was 92.7%, which was below the UNICEF benchmark rate of 95%. However, if the immunization rates are disaggregated, Maryland scored above the UNICEF's benchmark rate for measles (98.1%) and polio (97.4%). Although Maryland's DPT-3 immunization rate was only 82.3%, it was still the highest in the nation. Nationally, the aggregated rate across all three immunizations ranged from 92.7% to 80.0%, with the average rate being 85.9%. The average rate for DPT-3 was 71.4%.</p>
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**Benchmarks that Maryland did not Meet:**

The comparison chart below outlines the five benchmarks which were not met by Maryland and describes current efforts by the state in relation to these benchmarks.

UNICEF Innocenti Report Benchmark	Maryland’s Early Care and Education System
<p><b><i>(Benchmark 1) A minimum entitlement to paid parental leave</i></b></p> <p>The minimum proposed standard is that, on the birth of the child, one parent be entitled to leave of at least a year (to include pre-natal leave) at 50 percent of salary (subject to upper and lower limits). For parents who are unemployed or self-employed, the income entitlement should not be less than the minimum wage or the level of social assistance. At least two weeks’ parental leave should be specifically reserved for fathers.</p>	<p>According to Columbia University's National Center for Children in Poverty, the United States is one of only 5 countries (the others are Australia, Liberia, Swaziland, and Papua New Guinea) that do not offer some form of nationally supported parental leave benefit – and Australia is currently considering introduction of universal paid maternity leave. At present, only three states (California, Washington, and New Jersey) have enacted some form of paid family leave program, although some other states are considering similar legislation. Even so, these three states do not fully meet the UNICEF criteria for paid parental leave. In Maryland, as in most states, there is no paid parental leave program. Parental leave is not eligible for unemployment benefits. The federal Family and Medical Leave Act only provides unpaid leave for 12 weeks, carries various restrictions, and is not universally available in the private sector. Existing tax benefits for parents such as the Earned Income Tax Credit and the Dependent Care Tax Credit help to offset child-related costs by reducing tax payments or increasing tax refunds, but they are not paid parental leave programs.</p>
<p><b><i>(Benchmark 3) A minimum level of child care provision for children under 3 years old</i></b></p> <p>The minimum proposed is that subsidized and regulated child care services should currently be available for at least 25 percent of children under the age of three.</p>	<p>According to Maryland Department of Planning census data, there were an estimated 228,923 children aged 0-35 months in Maryland as of July 1, 2008. At the end of FY 2008, an estimated 199,544 (or 87.2%) of these children were enrolled in regulated child care programs. An estimated 7,486 children aged 0-35 months (3.3% of all children in that age range, and 3.8% of children in regulated care) were receiving child care subsidies in regulated programs as of the end of FY 2008.</p>

<b>UNICEF Innocenti Report Benchmark</b>	<b>Maryland's Early Care and Education System</b>
<p><b><i>(Benchmark 4) A minimum level of access for four-year olds</i></b></p> <p>The minimum proposed is that at least 80 percent of four-year olds participate in publicly subsidized and accredited early education services for a minimum of 15 hours.</p>	<p>According to Maryland Department of Planning data for the 2008-2009 school year, there are approximately 73,000 children aged 4 years old living in Maryland. According to MSDE Division of Early Childhood Development data, 26,821 of these children were enrolled in public prekindergarten programs, and 2,940 children were receiving subsidized child care services. According to the National Institute for Early Education Research, the total funded enrollment for 4 year-olds in Maryland Head Start programs in 2007-2008 (the last year for which data are available) was 5,438. Therefore, the total number of children participating in publicly subsidized and accredited early education services comes to 35,199, which is approximately 48% of all 4 year-olds in Maryland.</p>
<p><b><i>(Benchmark 8) A minimum level of public funding</i></b></p> <p>The suggested minimum is that the level of public spending on early education and care (for children aged 0-6 years) should not be less than 1 percent of GDP</p>	<p>According to the U.S. Bureau of Economic Analysis, Maryland's 2007 Gross State Product (the state equivalent of the federal Gross Domestic Product) was \$268,685,000,000. In 2007, one percent (1%) of this amount would therefore have equaled \$2,686,850,000. The 2007 level of public spending on early care and education in Maryland was \$1,060,345,530, which was only 0.39% of the GSP for that year.</p>
<p><b><i>(Benchmark 9) A low level of child poverty</i></b></p> <p>Specifically, a child poverty rate of less than 10%. The definition of child poverty is that used by the OECD, i.e., the percentage of children growing up in families in which income, adjusted for family size, is less than 50% of median income.</p>	<p>According to the American Community Survey's 2007 analysis of data from the U.S. Census Bureau's 2000 and 2001 Supplementary Surveys, 10% of Maryland children under age 18 live in families with incomes below the 2007 federal poverty level, as defined by the U.S. Office of Management and Budget. At 10%, Maryland tied with Hawaii in having the second-lowest state child poverty rate in the nation, based on federal poverty level guidelines. The national average child poverty rate was cited as 18%. However, if OECD's definition of poverty (50% of median income, adjusted for family size) is used, then the number of Maryland children living in poverty rises to an estimated 28%, since 50% of Maryland's 2007 State Median Income</p>

UNICEF Innocenti Report Benchmark	Maryland's Early Care and Education System
	(SMI) for a family of 4 (\$44,804) was equivalent to 217% of the 2007 federal poverty level (\$20,650) for a family of the same size. Maryland's 2007 SMI was identified by the American Community Survey as being the highest in the nation for that year.

The above comparison suggests that Maryland has the following options to meet Benchmarks 3, 4, and 8:

- It would be administratively difficult and possibly inequitable to expand access to subsidized child care only for children aged birth to three. As an alternative, however, Benchmark 3's minimum level of child care provision for under-threes might be met in part through the federally authorized exemption of TANF families with children under 1 year old from employment requirements. Use of that exemption, coupled with expanded use of social support programs such as home visits, could serve to bridge the achievement gap early.
- Expand availability of publicly funded prekindergarten to all four-year olds. This would address two unmet benchmarks – the one regarding minimum levels of access for four-year olds (Benchmark 4), and the one for minimum level of public funding (Benchmark 8). The public policy driver for meeting Benchmark 4 is the Preschool for All initiative.

Under the current economic climate, it would be extremely difficult for Maryland to achieve the remaining unmet benchmarks, paid parental leave for up to year at 50% of salary and lowering the child poverty level to less than 10%. For the same reason, it is also highly unlikely that any other state will fully meet these two benchmarks in the foreseeable future.

### **Maryland Versus the OECD – What's the Score?**

If Maryland were to be treated as a separate country for purposes of the Innocenti Report, how would its early childhood system be ranked in comparison with the systems of the other countries that were surveyed? The chart on the following page shows the benchmark achievement results for all of the OECD countries, including the United States, as set forth in the original report. Maryland's results, as described above, have been interpolated within that chart.

## Maryland vs. the OECD: Comparison of Benchmark Achievements \*

	Number of benchmarks met	Parental leave of 1 year at 50% of salary	A national plan with priority for disadvantaged children	Subsidized and regulated child care services for 25% of children under 3	Subsidized and accredited early education services for 80% of 4 year olds	80% of all child care staff trained	50% of staff in accredited early education services educated with relevant qualification	Minimum staff-to-children ratio of 1:15 in pre-school education	1.0% of GDP spent on early childhood services	Child poverty rate less than 10%	Near-universal outreach of essential child health
Sweden	10	X	X	X	X	X	X	X	X	X	X
Iceland	9		X	X	X	X	X	X	X	X	X
Denmark	8	X	X	X	X		X	X	X	X	
Finland	8	X	X	X		X		X	X	X	X
France	8	X	X	X	X	X	X		X	X	
Norway	8	X	X	X	X			X	X	X	X
Belgium	6		X	X	X		X			X	X
Hungary	6		X		X	X	X	X		X	
New Zealand	6		X	X	X	X	X	X			
Slovenia	6	X	X	X		X	X				X
Austria	5		X		X	X		X		X	
England	5		X	X		X	X	X			
Netherlands	5		X	X	X	X	X				
Germany	4		X		X		X	X			
Italy	4		X		X	X	X				
Japan	4		X		X	X					X
<b>Maryland</b>	4		X			X	X	X			
Portugal	4		X		X	X	X				
South Korea	4		X			X	X				X
Mexico	3		X			X	X				
Spain	3				X	X	X				
Switzerland	3					X		X		X	
<b>United States</b>	3			X			X	X			
Australia	2			X			X				
Canada	1						X				
Ireland	1						X				

\* Chart adapted from *Innocenti Report Card 8, Fig. 1, UNICEF Innocenti Research Centre (2008)*