

Three Important Social Issues that impact the Health and Development of Infants and Toddlers



Changing Outcomes for Infants and Toddlers

“Saving the lives of young children starts well before they reach a doctor’s office.”

-Dr. George L. Askew
Founder and Executive Director of Docs For Tots

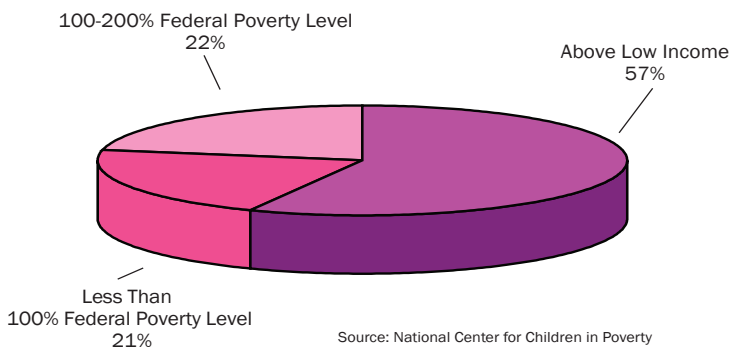
The period between birth and three years represents a critical time, as early experiences can shape a child’s life well into adulthood. Young children who live in poverty experience health and development disparities, lack access to quality early care and education, and face significant obstacles that are often difficult to overcome. As a children’s doctor you are uniquely positioned to do more to help remove some of these obstacles. Advocating for improved policies and practices that impact the well-being of infants and toddlers can have a lasting positive impact on outcomes for young children.

This document offers a broad overview of three important social issues that have a profound effect on children’s health and development: poverty, access to health insurance, and access to quality early care and education. The following descriptions, as well as the resources provided, give a more in-depth look at each area and can help prepare you to be an informed and effective advocate.

Poverty

Millions of children in this country are living in poverty, with millions more considered “low-income.” In 2005, (see Table 1) 5.3 million, or 43% of children birth to age 3 were living in poverty, which means their parents’ income was at or below the federal poverty level (\$20,000 for a family of four in 2006).¹

Table 1
Infants and Toddlers, by Family Income, 2005



To meet basic needs such as adequate food, health care and stable housing, research shows that on average families need an income of about twice the federal poverty level. Families who meet this criteria (an income of \$40,000) are considered low-income.

Growing up in poverty can have well-documented negative outcomes on child development. Poverty presents multiple risk factors to typical early brain development, including: increased likelihood of maternal substance abuse, malnutrition, increased likelihood of maternal depression, increased exposure to environmental toxins, risk of trauma and abuse, and inadequate daily care.²

For more information on poverty:

Docs For Tots: What Docs Should Know About the Impact of Poverty on Very Young Children, at www.docsfortots.org/resources/talking-Points/docs/povertytalkingpoints_002.pdf

National Center for Children in Poverty: Basic Facts about Low Income Children, at www.nccp.org/pub_ecp06.html

Institute for Research on Policy: Child and Family Well Being, at www.irp.wisc.edu/research/childfamily.htm

Access to Health Insurance

Continuous and comprehensive primary care is important to healthy child development, yet 10.8% of children under age 6 were uninsured in 2005.³ Twenty-two percent of uninsured children have at least one unmet health care need per year, versus only 6% of insured children. Unmet healthcare needs include immunizations, dental and vision screenings and preventative care.⁴

The State Children’s Health Insurance Program (SCHIP) was created to work in partnership with Medicaid to expand health care coverage to uninsured low-income children. Both programs are funded through a federal and state partnership, and are implemented by states following general federal guidelines. Typically, Medicaid serves children with incomes below the poverty line or slightly higher, while SCHIP serves children from families with incomes that are too high to qualify for Medicaid but too low to be able to afford private health insurance.⁵ States can administer SCHIP as an expansion of Medicaid, a separate child health program, or a combination of both. When states have separate programs, applications to Medicaid and SCHIP are typically coordinated.⁶

Medicaid ensures that children can receive preventive services, such as developmental, vision, dental and hearing screenings, through the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program. In some states, SCHIP benefits

may be less generous. Health care services are particularly critical for children eligible for Medicaid and SCHIP since they are more likely to be in poor health, have asthma, learning disabilities, and other long lasting conditions that require regular care, support and interventions.⁷ Research shows that SCHIP and Medicaid have helped lower the number of uninsured children in the U.S. over the past decade.⁶

For more information on health insurance:

Docs For Tots: What Docs Should Know about Public Health Insurance for Children, at www.DocsForTots.org

Urban Institute: Health Links, at www.urban.org/health/index.cfm

Center on Budget and Policy Priorities: Healthy Policy Analysis, at www.cbpp.org/pubs/health.htm

Quality Early Care and Education

Quality early care and education provides an opportunity to influence children's cognitive, social and emotional development as well as a link for children and families to comprehensive health, nutrition and social support services. Longitudinal studies of high-quality early care and education programs link quality early care and education to long-term positive child outcomes such as: enhanced cognitive scores, decreases in grade retention, lower rates of special education placement and higher rates of school completion. Factors associated with high-quality include: qualified teachers, low teacher-child ratios, small class sizes, developmentally appropriate curricula, and parental involvement. Quality Rating Systems (QRS) are a rapidly expanding technique designed to improve the overall quality in early care and education settings (see Table 2). QRS contain five common elements: standards, accountability, program and practitioner outreach and support, financing incentives specifically linked to compliance with quality standards, and parent education.⁸

For more information on quality early care and education:

Docs For Tots: What Docs Should Know About Quality Child Care, at www.DocsForTots.org

National Association for the Education of Young Children: A Call for Excellence in Early Childhood Education, at www.naeyc.org/policy/excellence.asp

National Association of Child Care Resources and Referral Agents : Policy, at www.naccrra.org/policy/backgroundissues.php

ZERO TO THREE: Policy (scroll down to Child Care), at www.zerotothree.org/policy/

Early Head Start

Early Head Start (EHS) was established by Congress in 1994 in response to research stressing the importance of the first three years of children's development. While the larger Head Start program primarily serves preschool-age children, EHS serves low-income children ages 0 to 3 as well as pregnant women. EHS was created to enhance the development of infants and toddlers, promote healthy prenatal outcomes, and promote

Table 2

The following states have implemented QRS as of 2006:

- Colorado
- District of Columbia
- Iowa
- Kentucky
- Maryland
- Montana
- New Mexico
- Oklahoma
- Pennsylvania
- Tennessee
- Vermont

healthy family functioning. Most families served by Early Head Start are low-income, working families, with no more than a high school education.⁹

Early Head Start provides health services, prenatal services for pregnant women, and family support services. As part of the Head Start Performance Standards, children entering EHS must receive screenings for developmental, sensory and behavioral issues within 45 calendar days of enrollment. In addition, programs are required to ensure that children receive immunizations, nutritious meals, dental services and mental health care. Services are designed to be family-centered and to be built around individual families' needs and strengths. Families are also linked to resources within the community including education, job training, mental health services and health education.¹⁰

For more information on Early Head Start:

Docs For Tots: What Docs Should Know about Early Head Start, at www.DocsForTots.org

Early Head Start: National Resource Center, at www.ehsnrc.org

Endnotes

- ¹ The, National Center for Children in Poverty. Basic Facts About Low-Income Children: Birth to Age 6. Retrieved on 6 September 2006 from http://www.nccp.org/pub_ycp06.html
- ² National Center for Children in Poverty. Poverty & Brain development in Early Childhood. (1999) <http://www.nccp.org/pbd99-text/media>
- ³ U.S. Census Bureau. (2006). Income, Poverty, and Health Insurance Coverage in the United States: 2004. <http://www.census.gov/prod/2006pubs/p60-231.pdf>.
- ⁴ Kaiser Family Foundation. (2002). Children's Health- Why Health Insurance Matters. Kaiser Commission on Medicaid and the Uninsured. Retrieved September 6, 2006, from, <http://www.kff.org/uninsured/4055-index.cfm>.
- ⁵ Kaiser Family Foundation. (2006). Outreach Strategies for Medicaid and SCHIP: An overview of effective strategies and activities. <http://www.kff.org/medicaid/upload/7495.pdf>.
- ⁶ Center for Medicare and Medicaid Services. (2003) Implementation of State Children's Health Insurance Program: Synthesis of State Evaluations. Background for report to Congress. http://www.cms.hhs.gov/NationalSCHIPP/07_EvaluationsAndReports.asp#
- ⁷ G. Ku, Leighton, Nimalendran, Sashi. (2004). Improving Children's Health: A Chartbook about the Roles of Medicaid and SCHIP. Center on Budget and Policy Priorities. Retrieved June 14, 2004, from, <http://www.cbpp.org/1-15-04health.htm>
- ⁸ National Women's Law Center (2001). Questions and Answers About the Child and Dependent Care Credit. Retrieved 7 September 2006. <http://www.nwlc.org>.
- ⁹ H. Hamm, K. and Ewen, D. (2006) From the Beginning: Early Head Start Children, Families, Staff and Programs in 2004. Center for Law and Social Policy Brief—Head Start series http://www.clasp.org/publications/headstartbrief_7.pdf
- ¹⁰ Ibid. Center for Law and Social Policy Brief—Head Start Series.

Docs For Tots is a non-profit organization whose mission is to develop, support, and grow a nationwide network of doctors who will participate in advocating for policies and practices that improve the well-being of our youngest children.