

# Policies and Programs that Impact Infant and Toddler Health and Development: An Overview



Presenter Name

Meeting

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# What policies and programs affect infants and toddlers?

The ZERO TO THREE Policy Center identifies 3 major areas of focus for policies and programs related to infants and toddlers:

1. Health, both physical and emotional
2. Early learning and care
3. Strong families

Source ZERO TO THREE Policy Center. (2003). *America's babies: The ZERO TO THREE Policy Center data book talking points*. Washington, D.C.: Author.  
<http://www.zerotothree.org/policy/>



# Policies and programs related to health, both physical and emotional

- Policies and programs in the following areas affect children's health
  - Prenatal care for mothers
  - Health insurance for all
  - Medical home for all children
  - Infant and early childhood mental health

# Prenatal Care

- White women are more likely to receive prenatal care in their first trimester of pregnancy than are Black and Hispanic women:
  - Overall: 83.8%
  - White: 88.7%
  - Black: 75.2%
  - Hispanic: 76.8%
- The good news:
  - This represents a 24% increase for Black women between 1990 and 2002 and a 28% increase for Hispanic women.

Source: Arias, E., MacDorman, M.F., Strobino, D.M., & Guyer, B. (2003). Annual summary of vital statistics-2002. *Pediatrics*, 112, 1215-1230.

# Prenatal Care

- How to increase access to and use of prenatal care?
  - Support initiatives such as Trenton CARES (Community Advocacy, Education, Resources & Support), funded by the March of Dimes and the March of Dimes Prematurity Campaign

# Health Insurance

- “Regardless of family income, health insurance status does matter. Children with health care coverage are more likely to be in excellent or very good health than children who lack health insurance.”

Source Children's Defense Fund. (2004). *Key facts: The uninsured*. Washington, D.C.: Author.  
[http://www.childrensdefense.org/childhealth/chip/key\\_facts.aspx](http://www.childrensdefense.org/childhealth/chip/key_facts.aspx)

# Health Insurance

- Uninsurance rates for Black children only 2.4 percent higher than for White
- HOWEVER...Hispanic children 3 times as likely to be uninsured as White and > 2 times as likely to be uninsured as Black.<sup>1</sup>
- Low-income children almost 3 times as likely as higher-income children to be uninsured.<sup>1</sup>
- Positive developments:
  - Between 1997 and 2002, uninsurance decreased 6% for Black and White low-income children and 5% for Hispanic low-income children.<sup>2</sup>

Source <sup>1</sup>Kenney, G., Haley, J., & Tebay, A. (2003). Children's insurance coverage and service use improve. *Snapshots of America's Families III, 1*. Retrieved December 8, 2004 from [http://www.urban.org/UploadedPDF/310816\\_snapshots3\\_no1.pdf](http://www.urban.org/UploadedPDF/310816_snapshots3_no1.pdf). <sup>2</sup>Finegold, K., & Wherry, L. (2004). Race, ethnicity, and health. *Snapshots of America's Families III, 20*. Retrieved December 8, 2004 from <http://www.urban.org/Template.cfm?Section=ByTopic&NavMenuID=62&template=/TaggedContent/ViewPublication.cfm&PublicationID=8791>

# Health Insurance

- The programs that provide health insurance to low-income children are Medicaid and the State Children's Health Insurance Program (SCHIP)
- Increases in rates of insured children are credited to expansions in the Medicaid and SCHIP programs. However, despite these changes, advocates stress the problems of recruiting and retaining children for SCHIP. Data suggests that fewer than half of all children who are eligible for SCHIP are actually enrolled.

Source: Finegold, K., & Wherry, L. (2004). Race, ethnicity, and health. *Snapshots of America's Families III*, 20. Retrieved December 8, 2004 from <http://www.urban.org/Template.cfm?Section=ByTopic&NavMenuID=62&template=/TaggedContent/ViewPublication.cfm&PublicationID=8791>

Beal, A.C. (2004). Policies to reduce racial and ethnic disparities in child health and health care. *Health Affairs*, 23, 171-179.

# Medical Home

- The American Academy of Pediatrics (AAP) first put forth the notion of the medical home in 1992; the current definition is an entity that provides care that is: “accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective”<sup>1</sup>
- Benefits of a medical home include:<sup>2</sup>
  - Better health, on both the individual and population levels
  - Lower overall cost of care
  - Reduction in health disparities

Source <sup>1</sup>American Academy of Pediatrics, Medical Home Initiatives for children with Special Needs Project Advisory Committee. (2002). The medical home. *Pediatrics*, 110, 184-186. <sup>2</sup>Starfield, B., & Shi, L. (2004). The medical home, access to care, and insurance: A review of evidence. *Pediatrics*, 113, 1493-1498.

# Medical Home

- While the medical home concept was first developed to apply to children with special needs, the AAP has recently updated their policy statement to expand the notion to all children:
  - "Physicians should seek to improve the effectiveness and efficiency of health care for all children and strive to attain a medical home for every child in their community (p. 1545)<sup>1</sup>
- In order for this to occur, multiple barriers will have to be overcome, including:<sup>2</sup>
  - Billing constraints
  - Inadequate reimbursement
  - Time constraints
  - Lack of training for both pediatricians and non-physician staff members

Source <sup>1</sup> American Academy of Pediatrics, Medical Home Initiatives for Children with Special Needs Project Advisory Committee. (2004). Policy statement: Organizational principles to guide and define the child health care system and/or improve the health of all children. *Pediatrics*, 113, 1545-1547. <sup>2</sup>Schor, E.L. (2004). Rethinking well-child care. *Pediatrics*, 114, 210-216.

# Infant and Early Childhood Mental Health

- Mental health in young children includes:<sup>1</sup>
  - How children feel about themselves
  - How children behave
  - How children relate to others
- 1 in 10 children under 18 suffers from mental health issues significant enough to cause some level of impairment:<sup>2</sup>
  - fewer than 20 percent of these children receive treatment
  - treating adolescents for mental health problems is much more costly than treating young children

Source <sup>1</sup>Knitzer, J., & Lefkowitz, J. (2005). *Resource to promote social and emotional health and school readiness in young children and families: A community guide*. New York: National Center for Children in Poverty. [http://www.nccp.org/media/tcl05\\_text.pdf](http://www.nccp.org/media/tcl05_text.pdf) <sup>2</sup>RAND. (2001). *Mental Health Care for Youth: Who Gets It? How Much Does It Cost? Who Pays? Where Does the Money Go? Research Highlights Series*. [www.rand.org/publications/RB/RB4541](http://www.rand.org/publications/RB/RB4541).

# Infant and Early Childhood Mental Health

- The National Center for Children in Poverty recommends that policy makers support the following types of interventions :
  - Promotion and prevention strategies for all children, but especially low-income children
  - Early intervention strategies for at-risk children
  - Treatment strategies that are intensive enough for young children with serious social, emotional, and behavioral problems

Source Johnson, K., & Knitzer, J. (2005). *Spending smarter: A funding guide for policymakers and advocates to promote social and emotional health and school readiness*. NY: National Center for Children in Poverty.

# Policies and programs related to early learning and care

- Early Head Start and Head Start
- Quality pre-kindergarten
- Quality child care

Integrating programming for infants and toddlers with that of preschoolers.

Capitalize and build on gains achieved by quality infant and toddler programs

# Head Start and Early Head Start (EHS)

- Head Start is a comprehensive early childhood development program which provides a wide array of services to both children and families
- Early Head Start (EHS) was created as a response to research stressing the importance of the first three years for children's development and provides services to both pregnant women and 0 to 3 year olds

# Head Start and Early Head Start (EHS)

- Research demonstrates that both Head Start and Early Head Start are effective:
  - Research has demonstrated that children who participate in Head Start show benefits in the areas of: high school graduation rates; entering kindergarten "ready to learn" ; vocabulary and early writing skills; and frequency of parents reading to children<sup>1</sup>
  - Research has demonstrated that children in EHS show benefits in the areas of: cognitive development; overall developmental functioning; receptive language; social-emotional outcomes; and multiple parenting outcomes<sup>2</sup>

<sup>1</sup> National Head Start Association. (nd). *Research bites: Head Start research*. Retrieved February 21, 2006 from [http://www.nhsa.org/research/research\\_re\\_bites\\_detail.htm#C](http://www.nhsa.org/research/research_re_bites_detail.htm#C)  
<sup>2</sup> Love, J.M., Kisker, E.E., Ross, C.M., Schochet, P.Z., Brooks-Gunn, J., Paulsell, D., Boller, K., Constantine, J., Vogel, C., Fuligni, A.S., Brady-Smith, C. (2002). *Making a difference in the lives of infants and toddlers and their families: The impacts of Early Head Start: Executive summary*. Mathematica Policy Research, Inc.: Princeton, NJ.

# Head Start and Early Head Start (EHS)

- Policy issues:
  - Increasing budgets to help programs more effectively meet minimal performance requirements<sup>1</sup>
  - Enhancing efforts to better serve families with varying levels of needs<sup>1</sup>
  - Maintaining/increasing funding<sup>2</sup>
  - Ensuring that all eligible children are served; Head Start currently serves about half of all eligible children and Early Head Start serves less than 3% of eligible infants and toddlers<sup>3</sup>

Source <sup>1</sup>Johnson, K., & Knitzer, J. (2005). *Spending smarter: A funding guide for policymakers and advocates to promote social and emotional health and school readiness*. NY: National Center for Children in Poverty. <sup>2</sup>National Head Start Association. (2005). *NHSA: Congress cuts 24,000 Head Start child slots in order to underwrite tax cuts for wealthy*. Retrieved February 21, 2006 from <http://www.saveheadstart.org/News/releases2.cfm?releaseID=40> <sup>3</sup>Children's Defense Fund. (2005). *Child care basics*. Retrieved February 22, 2006 from [http://www.childrensdefense.org/earlychildhood/childcare/child\\_care\\_basics\\_2005.pdf](http://www.childrensdefense.org/earlychildhood/childcare/child_care_basics_2005.pdf)

# Quality Pre-Kindergarten

- What are the components of a quality pre-kindergarten program?
  - Well-educated teachers
  - Low teacher-child ratios and small class sizes
  - Curriculum that integrates learning across all aspects of a child's development and is in line with K-12 standards
  - Family involvement
  - Focus on the whole child and family

Source Pre-K Now. (nd). *ABCS of Pre-K: What is high quality Pre-K?* Retrieved March 7, 2006 from <http://www.preknow.org/resource/abc/highquality.cfm>

# Quality Pre-Kindergarten

- For participants, quality pre-kindergarten programs have been found to be associated with:<sup>1</sup>
  - Lower levels of special education placement
  - Higher levels of high school graduation
  - Lower levels of grade retention
  - Lower levels of crime later in life
- The newest study of the Perry Preschool Program, finds that the program saved taxpayers more than \$17 for every \$1 invested<sup>2</sup>

Source <sup>1</sup>Fight Crime: Invest in Kids. (2004). *Quality pre-kindergarten: Key to crime prevention and school success*. Washington, D.C.: Author. <sup>2</sup>Schweinhart, L.J., Montie., J., & Xiang, Z. (2004). *Lifetime effects: The High/Scope Perry Preschool study through age 40*. Ypsilanti, MI: High/Scope Press.

# Quality Pre-Kindergarten

- The advocacy organization Pre-K Now argues that “providing pre-k for all children requires an intense and well-planned legislative strategy, and different states are at different stages in the development of their pre-k programs”; their website offers information on where different states stand in the process, as well as strategies and resources for states



# Quality Child Care

- The need for child care is at a record high:<sup>1</sup>
  - 65% of mothers with children under six are in the labor force
  - 12 million preschoolers are in child care daily
- This care tends to be of medium quality:<sup>2</sup>
  - The Cost, Quality and Outcomes Study---sampling children from 4 states and designed to be nationally representative---found that the majority of centers children attended provided routine care but little in the way of extra stimulation
  - "...fewer than half of the children (48%) were enrolled in child care classrooms that implemented high levels of child initiation and positive discipline..."

Source <sup>1</sup>Children's Defense Fund. (2005). *Child care basics*. Retrieved February 22, 2006 from [http://www.childrensdefense.org/earlychildhood/childcare/child\\_care\\_basics\\_2005.pdf](http://www.childrensdefense.org/earlychildhood/childcare/child_care_basics_2005.pdf) <sup>2</sup>Peisner-Feinberg, E.S., Burchinal, M.R., Clifford, R.M., Yazejian, N., Culkin, M.L., Zelazo, J., Howes, C., Byler, P., Kagan, S.L., & Rustici, J. (1999). *The children of the Cost, Quality, and Outcome Study go to school: Technical report*.

# Quality Child Care

- Quality matters:
  - Children in high quality care demonstrated greater math skills, greater thinking and attention skills, and fewer behavior problems than children in lower quality care
  - Studies suggest that children's academic performance is enhanced by attending programs that are at least of adequate quality

Source: Children's Defense Fund. (2005). *Child care basics*. Retrieved February 22, 2006 from [http://www.childrensdefense.org/earlychildhood/childcare/child\\_care\\_basics\\_2005.pdf](http://www.childrensdefense.org/earlychildhood/childcare/child_care_basics_2005.pdf)

# Quality Child Care

- More funding is needed, especially for low-income children:
  - The Child Care and Development Block Grant (CCDBG) is the primary source of support for low-income families and only one in 7 children who are eligible for child care assistance actually receives it
  - In almost 40% of states, a family earning \$25,000/year would not qualify for assistance

Source Children's Defense Fund. (2005). *Child care basics*. Retrieved February 22, 2006 from [http://www.childrensdefense.org/earlychildhood/childcare/child\\_care\\_basics\\_2005.pdf](http://www.childrensdefense.org/earlychildhood/childcare/child_care_basics_2005.pdf)

# Policies and programs related to strong families

- Anti-poverty programs
- Wage-related policies
- Family Medical Leave Act

# Anti-poverty policies and programs

- In 2006, the federal poverty line for a family of 4 was \$20,000; \$40,000 is considered "low-income"<sup>1</sup>
- In 2004, 21% of children under the age of 6 were living in families below the poverty line, with another 22% considered living in families between 100% and 200% of the federal poverty line<sup>1</sup>
- Growing up in poverty can have well-documented negative impacts on child development<sup>2</sup>

Source <sup>1</sup>National Center for Children in Poverty. (2006). *Basic facts about low-income children: Birth to age 6*. New York: Author. [http://www.nccp.org/media/ycf06\\_text.pdf](http://www.nccp.org/media/ycf06_text.pdf) <sup>2</sup>Docs for Tots. (nd). *What docs should know about... The impact of poverty on young children*. Retrieved February 22, 2006 from [http://www.docsfortots.org/resources/talkingPoints/docs/povertytalkingpoints\\_002.pdf](http://www.docsfortots.org/resources/talkingPoints/docs/povertytalkingpoints_002.pdf)

# Anti-poverty programs and policies

- Policies and programs that help children living in poverty include:
  - The Earned Income Tax Credit (EITC)
  - Supplemental Security Income (SSI)
  - The Special Supplemental Food Program for Women, Infants, and Children (WIC) and Food Stamps

Source Docs For Tots. (nd). *What docs should know about... The impact of poverty on young children.*  
Retrieved February 22, 2006 from  
[http://www.docsfortots.org/resources/talkingPoints/docs/povertytalkingpoints\\_002.pdf](http://www.docsfortots.org/resources/talkingPoints/docs/povertytalkingpoints_002.pdf)

# Wage-related policies

- 52% of all children ages 0 to 6 who are living in low-income families have at least one parent working full-time, year-round<sup>1</sup>
- One way to address this issue is through living wage campaigns; this refers to "efforts by workers to increase their compensation to a level above the poverty line...a living wage means sufficient wages to pay for basic necessities in a given community"<sup>2</sup>
- The proposed "Fair Minimum Wage Act of 2005" would increase the federal minimum wage to \$7.25/hour over the next 26 months<sup>3</sup>

Source: <sup>1</sup>National Center for Children in Poverty. (2006). *Basic facts about low-income children: Birth to age 6*. New York: Author. [http://www.nccp.org/media/ycf06\\_text.pdf](http://www.nccp.org/media/ycf06_text.pdf) <sup>2</sup>National Education Association. (nd). *The lowdown on living wage campaigns*. Retrieved February 22, 2006 from <http://www.nea.org/pay/living-wage.html> <sup>3</sup>Boushey, H., & Schmitt, J. (2005). *Impact of proposed minimum-wage increase on low-income families*. Washington, D.C.: Center for Economic and Policy Research.

# Family Medical Leave Act

- The Family Medical Leave Act (FMLA) gives qualifying employees the right to 12 weeks of unpaid leave for: the birth and care of a newborn child; the placement with the employee of a son or daughter for adoption or foster care; care of immediate family with a serious health condition; the employee's own serious health condition<sup>1</sup>
- Leave, particularly, paid leave, benefits children and families. Taking family and medical leave makes it easier for people to care for family members and comply with doctors' instructions, and has a positive effect on their own or family members' physical health, according to a national survey<sup>2</sup>

Source <sup>1</sup>U.S. Department of Labor. (nd). *Compliance Assistance —Family and Medical Leave Act (FMLA)*. Retrieved February 22, 2006 from <http://www.dol.gov/esa/whd/fmla/> <sup>2</sup>Waldfoegel, J. (2001). *Family and medical leave: Evidence from the 2000 surveys*. *Monthly Labor Review*, September, 17-23.

# Family Medical Leave Act

- Advocacy is still needed for expanded leave policies, particularly paid leave
  - Seventy-eight percent of employees who need but do not take family and medical leave do not take it because they cannot afford to

Source: Waldfogel, J. (2001). *Family and medical leave: Evidence from the 2000 surveys*. *Monthly Labor Review*, September, 17-23. <http://www.bls.gov/opub/mlr/2001/09/art2full.pdf>

## In conclusion...

- These policies and programs represent many (but by no means all ) of the policies and programs affecting the achievement of optimum health and development infants and toddlers today
- The strong advocacy voice of doctors is needed to assure that these policies and programs grow and advance in ways that will best serve the development of all children

# Acknowledgements



A Nationwide Network of Doctors  
Advocating for Young Children

For more information about this presentation or for additional resources, please contact Docs For Tots:

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