

Quality Early Learning Settings Can Transform Our Nation's Health:

A Prescription for Growing Up Healthy



Introduction

The interdependence of health and early learning experiences is clear: children who are healthy learn best, and those in high-quality early learning programs enjoy tremendous health benefits. Brain development in the earliest years offers a critical window of opportunity to influence lifelong physical and social-emotional health. Investments in children during this time constitute a powerful health initiative, with enduring, and robust, effects on individual and public health as well as significant cost benefits.



This brief is a follow-up to Docs for Tots' publication, *Investing in Early Care and Education is a Powerful Public Health Initiative for America's Children*.¹ In this piece, we review the findings from the earlier brief, identify concrete opportunities to promote health in early childhood settings, and highlight current policy opportunities to promote health in early care and education. The recent introduction of the *Strong Start for America's Children Act* represents a prime opportunity to promote health in early childhood settings.² The proposed bipartisan legislation aligns closely with the President's Early Learning Initiative (see box below). Taken together, these bold initiatives advance the policy conversation about investment in high-quality



early care and education. As a group of concerned physicians, Docs for Tots welcomes the opportunity to highlight the powerful health effects of high-quality early care and learning at every level of government and policymaking.



Proposed New Federal Investment in Early Learning

In his 2013 State of the Union address, President Obama proposed a series of historic new investments that will establish a continuum of high-quality early learning programs for children from birth to age five.³ Working with the U.S. Department of Education and the Department of Health and Human Services, the Administration's initiative proposes to:

- **Provide High-quality Preschool for Every Child:** The Preschool for All proposal features a new federal-state partnership to provide all low-income four-year olds (under 200% of the federal poverty level) with high-quality preschool. The proposal also expands access to high-quality preschool for children from middle-income families through the allocation of funds to states by the U.S. Department of Education based on their share of four-year olds from low-income families.
- **Expand Supply of Quality Early Learning for Children Under Age Three:** The proposal calls for a significant investment in new Early Head Start-Child Care partnerships, with competitive grants to support training for Early Head Start and child care providers who can provide high-quality care for infants and toddlers under age three.
- **Expand Voluntary Home-Visiting:** The proposal calls for substantial new investments in voluntary home visiting programs, which allow nurses, social workers, and other professionals to connect families to services and educational support to improve children's health and development.

The President's FY2014 budget includes \$75 million over ten years for Preschool for All, as well as \$750 million in funds available in the form of development grants to states; \$15 billion over ten years for expanded home visiting; and \$1.4 billion for expansions to Early Head Start. The Preschool for All and home- visiting components would be paid for with an increase in tobacco taxes—also included in the President's budget—which would have additional long-term benefits to public health and health-care savings through its' impact on smoking.

To learn more about the President's early childhood proposals, see:
<http://www.nwlc.org/our-issues/child-care-%2526-early-learning/strong-start-for-children-campaign>

¹Docs for Tots, *Investing in Early Care and Education is a Powerful Public Health Initiative for America's Children*, 2008. <http://docsfortots.org/wp-content/uploads/2013/07/ECE-2-DFT-BRIEF.pdf>

²Strong Start for America's Children Act (S. 1697/H.R. 3461) Sponsored by Senator Tom Harkin (D-IA), Representative George Miller (D-CA), & Representative Richard Hanna (R-NY) For summary please see: https://www.acf.hhs.gov/sites/default/files/eecd/final_senate_summary.pdf

³Please see: <http://www.whitehouse.gov/issues/education/early-childhood> for official description of the Presidents Initiative.



The Health Impact of Quality Early Learning Programs

Making the Case for Early Care and Education and Health: What We Know

A growing body of rigorous, longitudinal research has produced major findings linking participation in high-quality early education to long-term positive changes in health behavior, among other improvements in well-being and academic and employment outcomes. The evidence-base for the health impact of high-quality learning includes the following studies⁴:

Study	Children who participated in high-quality child care were found to be:
High/Scope Perry Preschool Study	<ul style="list-style-type: none"> ■ Less likely to become smokers ■ Less likely to engage in risky behaviors ■ Less likely to use/abuse illicit drugs ■ Less likely to engage in violent behavior ■ More likely to be employed and earn higher wages ■ More likely to wear seatbelts
Chicago Child-Parent Centers Study	<ul style="list-style-type: none"> ■ Lower rates of child maltreatment ■ Lower rates of depression ■ More likely to have health insurance ■ Lower rates of teen pregnancy ■ Lower rates of felony arrests and incarceration
The Abecedarian Study	<ul style="list-style-type: none"> ■ Lower rates of cigarette smoking ■ Lower rates of teen pregnancy ■ Lower rates of marijuana use
Brookline Early Education Project	<ul style="list-style-type: none"> ■ More likely to have health insurance ■ More likely to have a regular source of health care ■ More likely to visit a doctor or a dentist annually ■ More likely to report a health rating of good or excellent ■ Lower rates of depression



Health Behaviors that Are Impacted by High-quality Early Learning⁵

High-quality early learning programs have been shown to have a positive impact on adult health outcomes.

- **Smoking:** Children who participate in high-quality early care and education programs are less likely to become smokers, resulting in decreased costs related to lung cancer and chronic obstructive pulmonary disease.
- **Nutrition/Physical Fitness:** Children who participate in high-quality early care and education programs are more likely to eat balanced, nutritional diets and lead physically active lives as adults, resulting in decreased costs associated with obesity, diabetes, and heart disease.
- **Alcohol/Drug Use:** Children who participate in high-quality early care and education programs are less likely to abuse alcohol or use illicit drugs, resulting in decreased incidence of crime and incarceration due to drug trafficking.
- **Mental Health:** Children who participate in high-quality early care and education programs are less likely to experience depression and symptoms of depression.
- **Seat Belt Use:** Children who participate in high-quality early care and education are more likely to use safety belts.
- **Abuse/Violence:** Children who participate in high-quality early care and education programs experience immediate and long-term protection from acts of physical abuse.
- **High-risk Sexual Behavior:** Children who participate in high-quality early care and education programs are less likely to engage in high risk-sexual behaviors, resulting in decreased incidence of HIV and other sexually transmitted infections as well as unplanned pregnancies.
- **Employment/Health Insurance:** Children who participate in high-quality early care and education programs are more likely to have consistent employment and health insurance.

⁵For a thorough review of the health impact of these behaviors, see Docs for Tots' companion piece, Investing in Early Care and Education is a Powerful Public Health Initiative for America's Children, <http://docsfortots.org/wp-content/uploads/2013/07/ECE-2-DFT-BRIEF.pdf>



What are the Characteristics of “High-quality” Early Care and Education?

Early childhood experts are continuing to build the infrastructure to help families, policymakers, and other stakeholders identify the basic elements that define quality.

- The National Association for the Education of Young Children (NAEYC) accredits programs based on ten criteria: relationships, curriculum, teaching, assessment of child progress, health, teachers, families, community relationships, physical environment and leadership/management.⁶ Families can look for NAEYC accreditation as an indication of quality.
- To improve, assess and communicate the quality of early learning programs, 37 states have implemented Quality Rating and Improvement Systems (QRIS); another two states are in the pilot stages of QRIS and seven others are planning initiatives.⁷ Families can utilize their state’s unique QRIS to identify high-quality programs.
- Caring for Our Children: National Health and Safety Performance Standards provide guidelines for health and safety, identifying health promotion opportunities in early care and education settings.⁸ Regulation, training, technical assistance and health consultation are critical to implementation of these standards.

The *Preschool for All* proposal includes a range of requirements for states to ensure that their early care and education programs will be of the highest quality. Investment in this infrastructure is essential as many existing programs fall short on indices of quality, and will not be able to produce the desired social, educational, and health outcomes.⁹

⁶National Association for the Education of Young Children, Early Childhood Program Standards, <http://www.naeyc.org/files/academy/file/OverviewStandards.pdf>

⁷Current Status of QRIS Map, August 2013. Accessed October 2, 2013 @ <http://www.qrisnetwork.org/sites/all/files/maps/QRIS%20Map,%20QRIS%20National%20Learning%20Network,%20www.qrisnetwork.org%20%5BRvised%20August%202013%5D.pdf>

⁸American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education. <http://cfoc.nrckids.org/>



Opportunities to Promote Health in Early Care Settings

In addition to the evidence-based, long-term health outcomes of high-quality early experiences, early care and education programs provide young children and families with a strong foundation of healthy behaviors as well as access to essential screenings and referrals. Health promotion activities have long been part of high-quality early learning programs in two unique ways: first through activities in programs that directly impact health behaviors, second through screening and assessments that provide an extension of the medical home into the community.

Build a Foundation of Healthy Behaviors

Social-emotional development: Social-emotional development is foundational to lifelong health and success. High-quality early learning programs support children's social-emotional needs by honing their skills in the context of stable, supportive relationships with adults. Executive function—which includes self-regulation and self-control, as well as the ability to delay gratification, control impulses, and modulate emotional expression—predicts long-

term health and well-being.¹⁰

In addition to supportive relationships, evidence-based curricula and targeted interventions are effective in building executive function and social-emotional competence. High-quality early learning settings extend their reach beyond the individual child. By supporting and cultivating relationships with family members, high-quality early learning programs provide critical education to parents and caregivers about social-emotional development.

Active living, nutrition, and obesity prevention: With a growing obesity problem in the United States, early childhood programs offer an important point of access to young children and families to promote active living and nutrition. Early learning programs engage children in sustained physical activity and teach family members about the short- and long-term benefits of exercise. In addition to exercise, eating a balanced, nutritional diet is essential for slowing the obesity epidemic and promoting lifelong

health. Early childhood settings promote healthy eating by offering nutritional meals and snacks and teaching children and families about the benefits of eating a balanced, healthy diet.¹¹

Connection to the medical home: The early childhood medical home is high-quality, comprehensive health care for children that is family-centered, accessible and coordinated. A key component of the medical home is coordination across systems, including early care and learning settings. Early care settings work with the families they serve to ensure that they are connected to a medical home and know what to expect from a high-quality health care setting.¹² Opportunities to align promotion and prevention activities to



Bright Futures and to EPSDT within the early learning setting offer great potential and important strategies to improve the overall health and development of our youngest children and families.

Oral/dental health: Dental care is centrally important to children's overall health. Yet roughly one in five children ages 2-19 have untreated cavities.¹³ Early childhood settings promote oral health by teaching children and families about these effective measures: brushing twice a day, flossing, going for dental check-ups, and avoiding sugary foods that cause tooth decay.

Health Literacy: Health literacy is the degree to which people have the capacity to obtain, process, and understand basic health information and services in order to make appropriate health decisions. Lacking basic health literacy places patients at greater risk of preventable adverse health events, and is a strong predictor of health.¹⁴ Early childhood settings promote health literacy through integrating health and communication into the curriculum directly as well as by offering parents and

caregivers key messages, engagement and opportunities to improve their health literacy.

Provide Essential Screenings and Referrals

Early childhood settings are also a prime venue for providing children with preventive health screenings and/or ensuring that such screenings have occurred through close communication and linkage with the child's medical home. These screenings must be coupled with timely and appropriate referrals to service providers for children's health needs. Opportunities for screenings include:

- **Developmental screening:** The American Academy of Pediatrics (AAP) recommends routine screening of children for developmental delays and autism with prompt referral for identified delays or concerns. Early care and learning settings can support these recommendations.
- **Social-emotional screening:** Early care and learning programs are uniquely poised to address social-emotional health through screenings, by offering routine screenings for children and parents, or by making referrals to other service providers.
- **Family risk assessment:** Early care and learning programs

can screen and refer children and families for risk factors—including include domestic violence, caregiver mental illness, and substance abuse—and ensure that children and families get the intervention and supports available at the earliest opportunity.

- **Vision, hearing, and dental screening:** The AAP recommends periodic vision, hearing, and dental screenings during early childhood.¹⁵ Programs can ensure that children receive these and other health screenings by providing outreach and education to the families enrolled or by arranging for screenings to be done in the early childhood setting.

Conclusion: The Potential of the Early Childhood Initiative

High-quality early care and learning programs have proven effects on children's health and well-being in both the short- and long-term. The President's Early Childhood Initiative represents a historic federal commitment to investing in the health and education of young children. If the vision becomes reality, it will build on significant work accomplished over the past decades in many states, by Republican and Democratic governors alike, to increase the investments in the first five years of life. Federal

support will provide critical scaffolding in the creation of high-quality early childhood settings while maintaining local and state leadership.

The economic impact of high quality care is well documented and discussed elsewhere.¹⁶ Economists debate the exact numbers for early childhood programs return on investment but estimates are roughly 10:1, meaning that for every dollar invested, society sees a \$10 return per year over the lifetime of the child. Very few educational or health interventions have that significant of a return on investment. From the

health perspective, the return on investment in quality early care is high in terms of health outcomes, preventing chronic long-term health problems and negative health behaviors. Those health outcomes have not only economic but humanitarian effects – less disability, suffering, and early death.

Ensuring quality in early learning programs is essential to achieving good long-term health. The ongoing focus of investment – federal, state and local— should continue to be focused on quality, which from the health perspective



include promoting stable, sensitive, and stimulating early relationships, as well as active living, balanced nutrition and oral health, and linkages with the medical home. High-quality early childhood programs are good medicine for our nation's health.

⁹See: Center on the Developing Child at Harvard University. INBRIEF: Early Childhood Mental Health. Accessed at http://developingchild.harvard.edu/resources/briefs/inbrief_series/inbrief_early_childhood_mental_health/. November 18, 2013.

¹⁰Allison Friedman-Krauss and W. Steven Barnett, Early Childhood Education: Pathways to Better Health, National Institute for Early Education Research, 2013. <http://nieer.org/sites/nieer/files/health%20brief.pdf>

¹¹National Center for Medical Home Implementation. Child Care Programs and Medical Home. Accessed October 18, 2013 at http://www.medicalhomeinfo.org/about/newsletter/spotlight_issues/child_care_programs.aspx

¹²Centers for Disease Control and Prevention, Untreated Dental Caries (Cavities) in Children Ages 2-19, United States. <http://www.cdc.gov/Features/dsUntreatedCavitiesKids/>

¹³Institute of Medicine, Health Literacy: A Prescription to End Confusion, 2004. <http://www.iom.edu/Reports/2004/Health-Literacy-A-Prescription-to-End-Confusion.aspx>

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