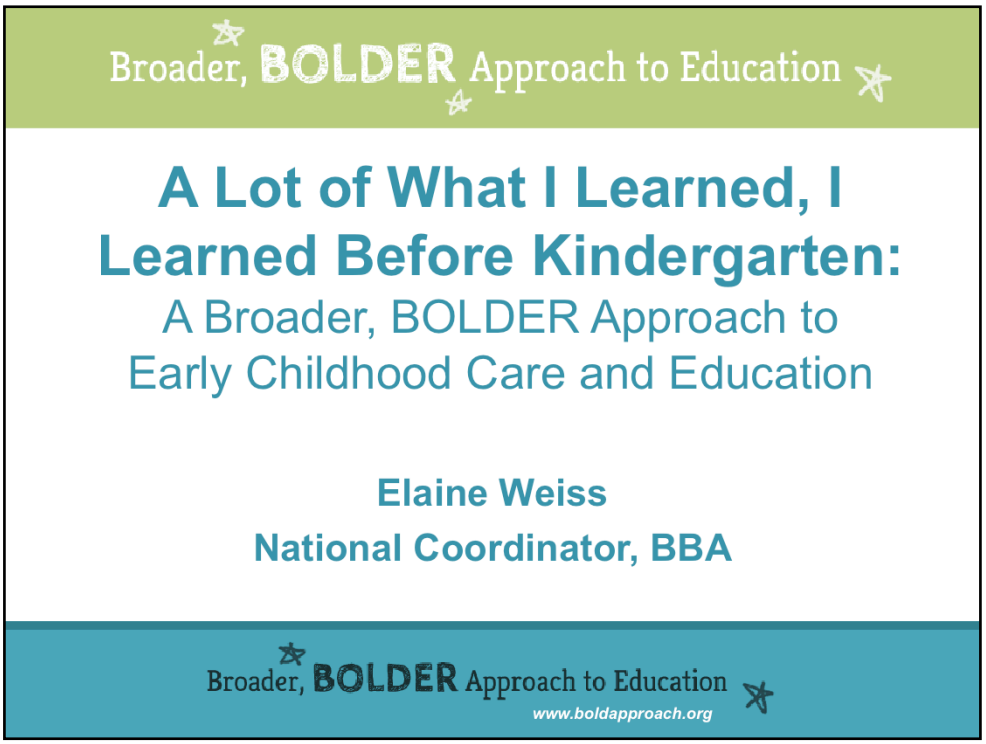
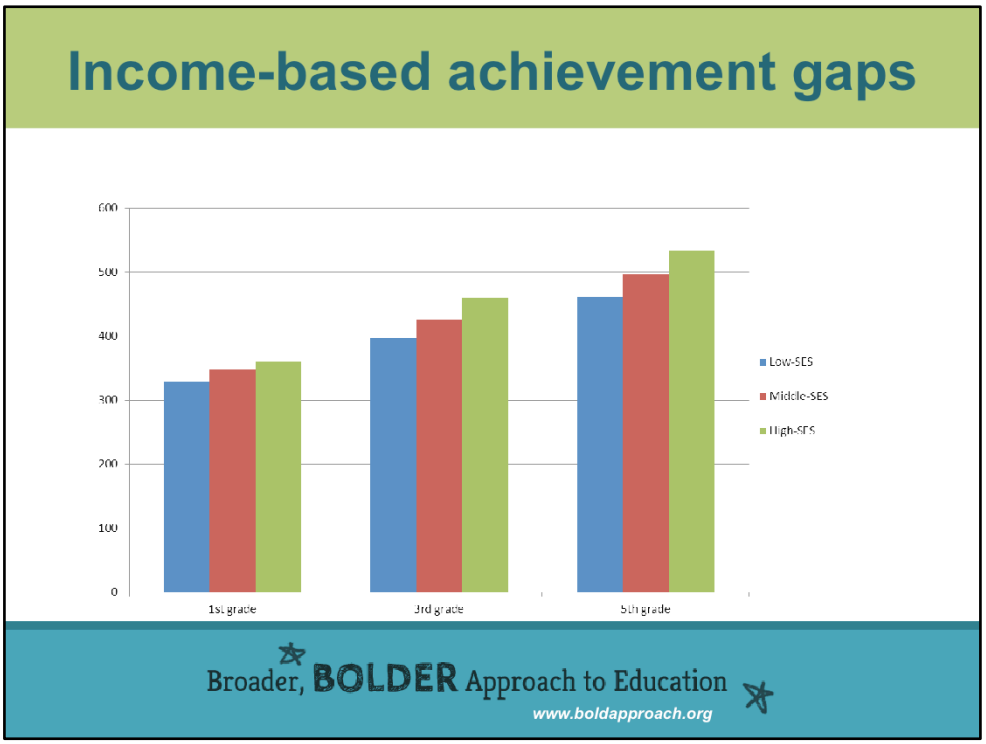


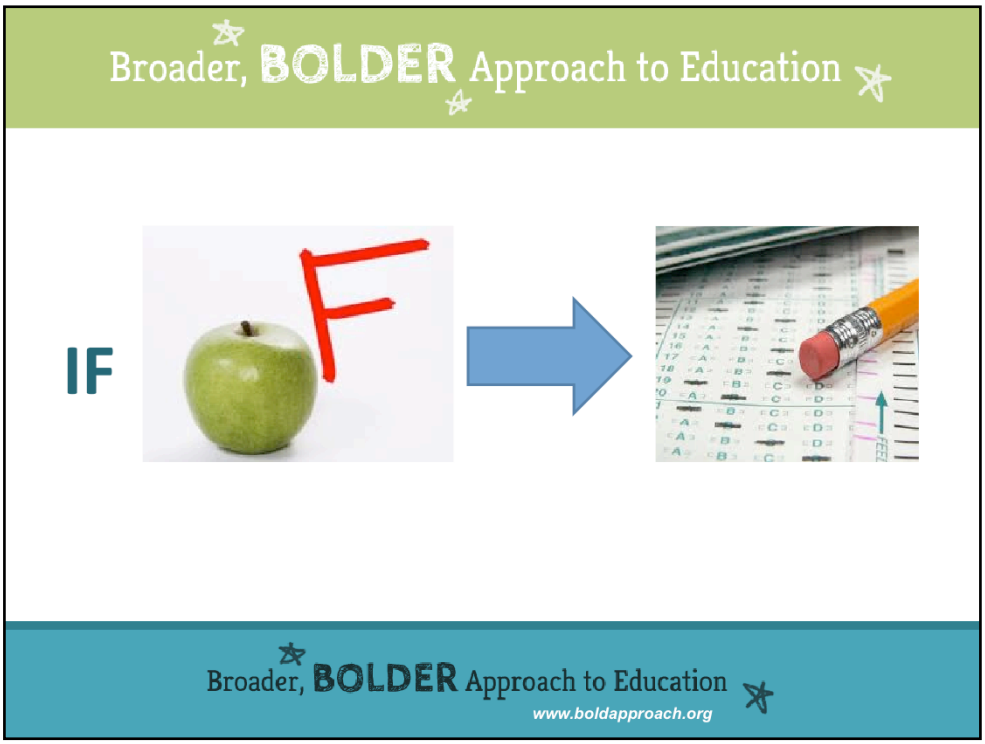
This presentation provides information, statistics, and arguments in favor of a broad set of early childhood care and education policies, including:

- Parental leave
- Nurse and other professional home visits for pregnant women and new parents
- Quality physical, mental, and dental health for pregnant women, young parents, and children
- Quality child care and pre-k that is accessible to and convenient for low-income families



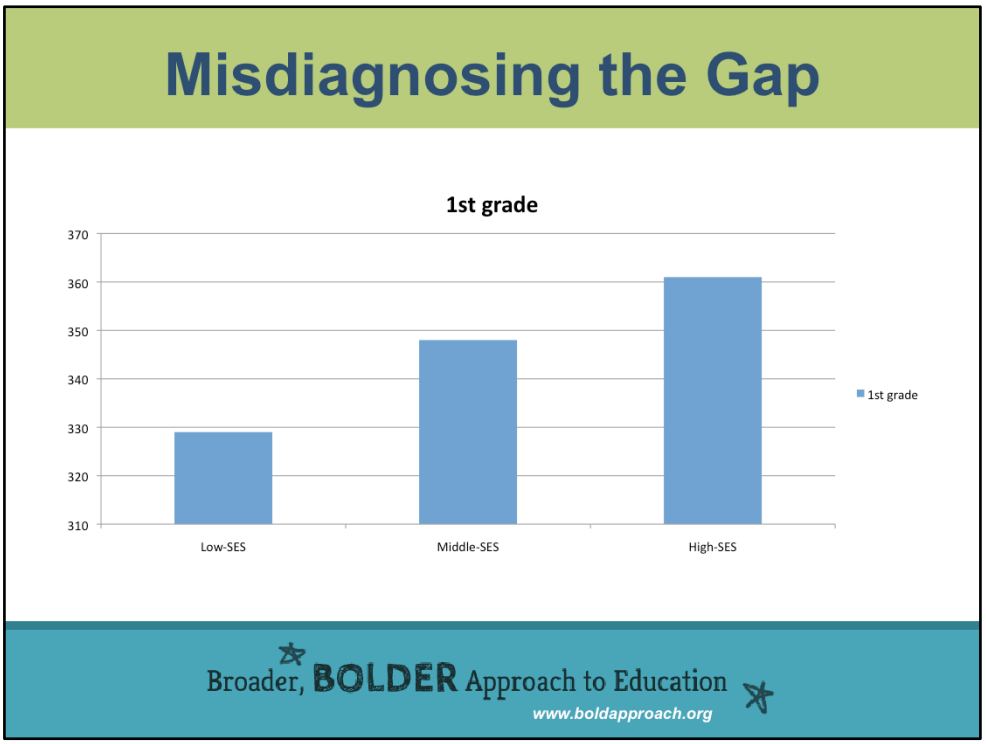
Many education reforms are focused on closing, or narrowing, achievement gaps that exist across income groups and races.

- By 5th grade, for example there is often a gap of 1-year (or more) between high- and low-income with respect to test scores/reading and math skills.
- As this graph shows, however, most of that gap existed by third grade, and fully half of it in first grade.



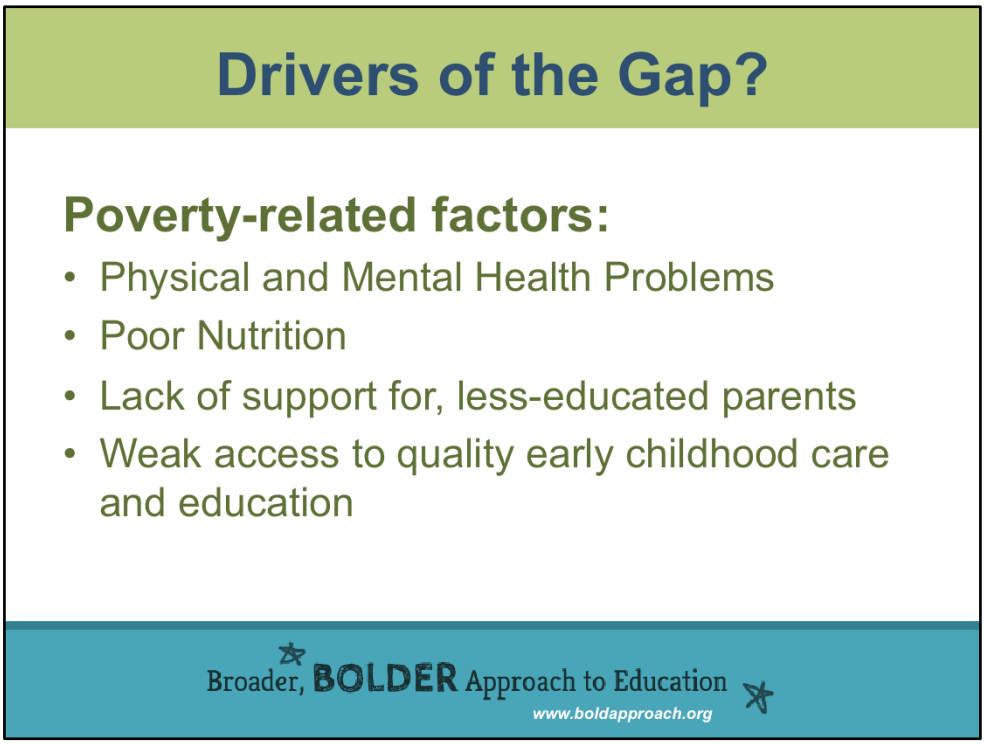
The policy response to this stubborn achievement gap has become setting universal standards, testing students to make sure they attain those standards, and rewarding or punishing their teachers (and schools) based on test results.

- This testing-and-accountability set of policies is the basis for federal No Child Left Behind, Race to the Top legislation and many state education policies.
- It has now been in place for well over a decade, but has produced very little progress in narrowing race- and income-based achievement gaps.



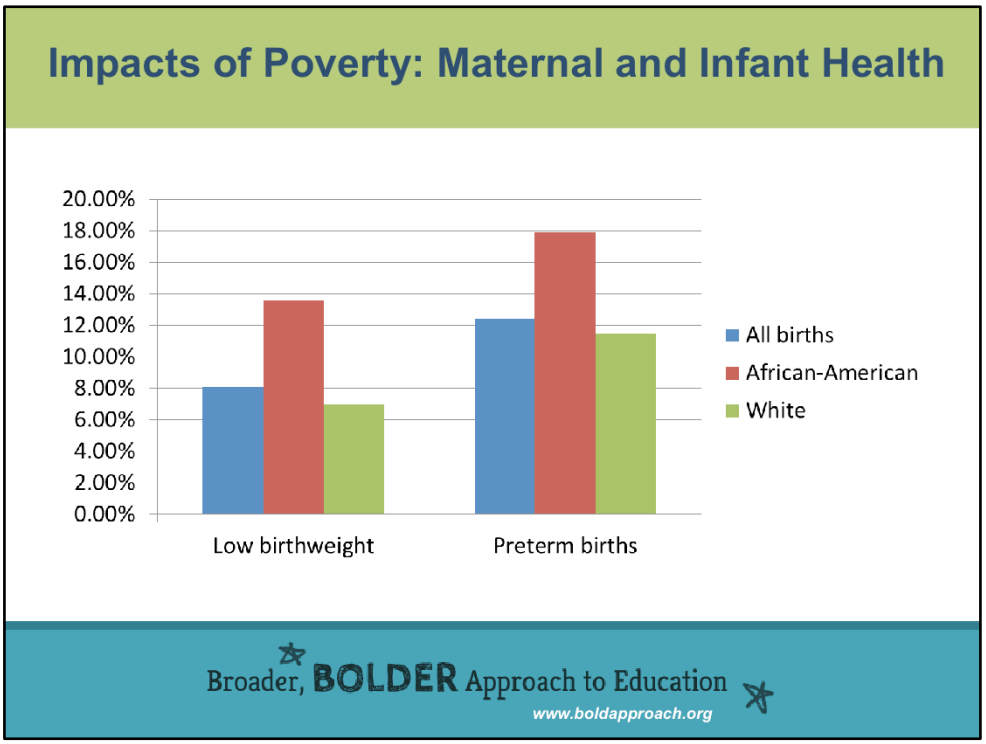
A major reason for the failure of these "reforms" is that they fail to recognize the root of the problem; low-income students arrive at kindergarten a year or more behind their better-off peers.

- As we saw from the data above, the gap starts far too early to be largely the fault of schools, even elementary schools. Half of the fifth grade gap is evident by first grade!
- Schools, in other words, are not largely creating the problem, but rather maintaining (sustaining) an inequitable starting point/status quo.



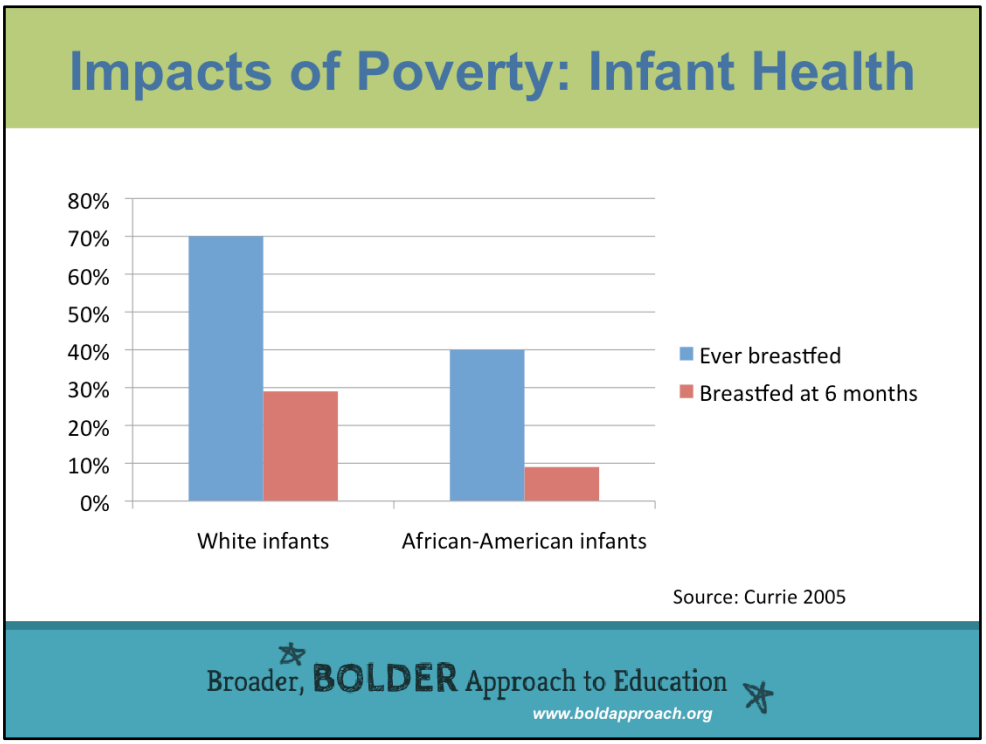
What cause/drive these early opportunity/achievement gaps?

Multiple factors related to being born into and growing up in poverty



Parents who lack a range of resources also bring other risks to their infants and toddlers, especially with respect to health.

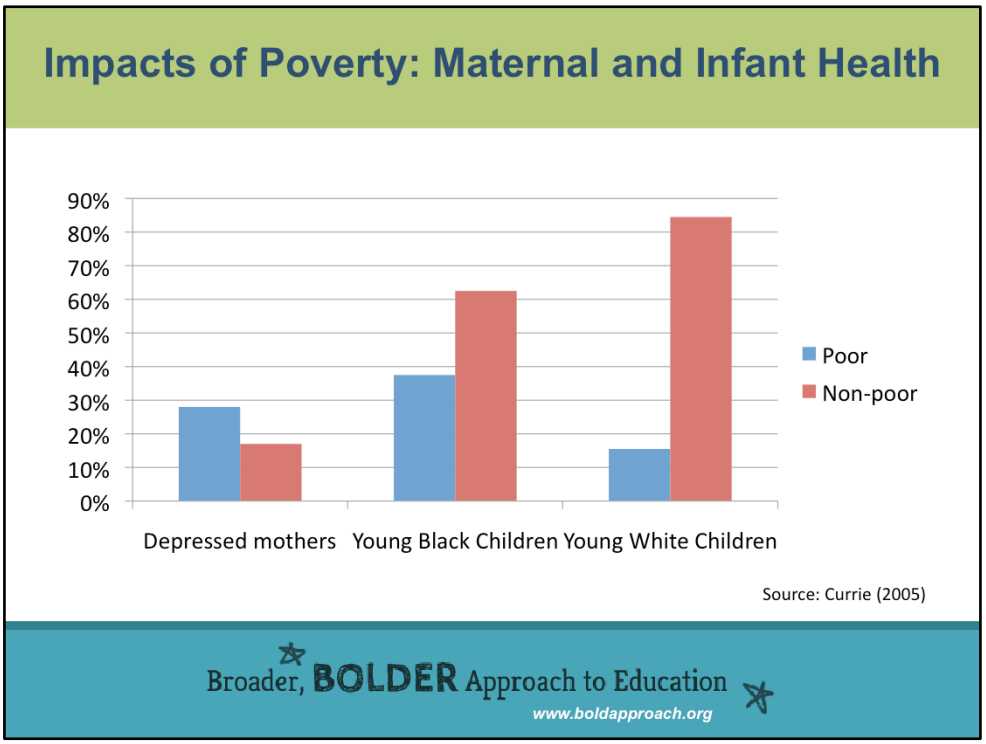
- Mothers who smoke during pregnancy and who lack access to effective smoking cessation counseling and programs substantially increase the risk that their babies will be born premature and/or at low birthweight.
    - Among women who smoked during pregnancy, "A meta-analysis of recent studies showed that the pooled estimate for reduction of mean birthweight was 174 g [6.2 ounces, or close to half a pound]." (*Source*: Delpisheh, Ali, Brabin, Loretta and Brabin, Bernard (2006) pp. 389-403, abstract)
    - This is one major reason that babies born to low-income mothers are **more likely to** have such poor birth outcomes.
- It does *not*, however, explain why babies born to African-American mothers are twice as likely to be born at low birthweight and twice as likely to be born premature, compared to their white counterparts.
    - As of 2004, 12.4% of all US live births were preterm and 8.1% low birthweight (with the two highly correlated). But preterm births highly dependent on race – nearly 18% among African-American women, versus just 11.5% among white women, and low birthweight is 13.6% vs. 7%.
    - Income-based gaps also apparent: "Infants of women with low socioeconomic status of any race or ethnic group are more likely to be preterm, low birthweight, and to die before one month of age." (*source*: American Public Health Association policy statement, 2006)
- "Infants of mothers who smoke in pregnancy are [also] at an increased risk of respiratory complications including asthma, obesity and, possibly, behavioral disorders." (*Source*: Delpisheh, Ali, Brabin, Loretta and Brabin, Bernard (2006) 'Pregnancy, smoking and birth outcomes'. *Women's Health*, Vol 2, Issue 3, pp.



Health differences in infancy: breastfeeding

Breastfeeding has been shown to improve infant health through three pathways: stronger immune systems, nutrients absent in most (cheap) formulas, and mother-baby bonding

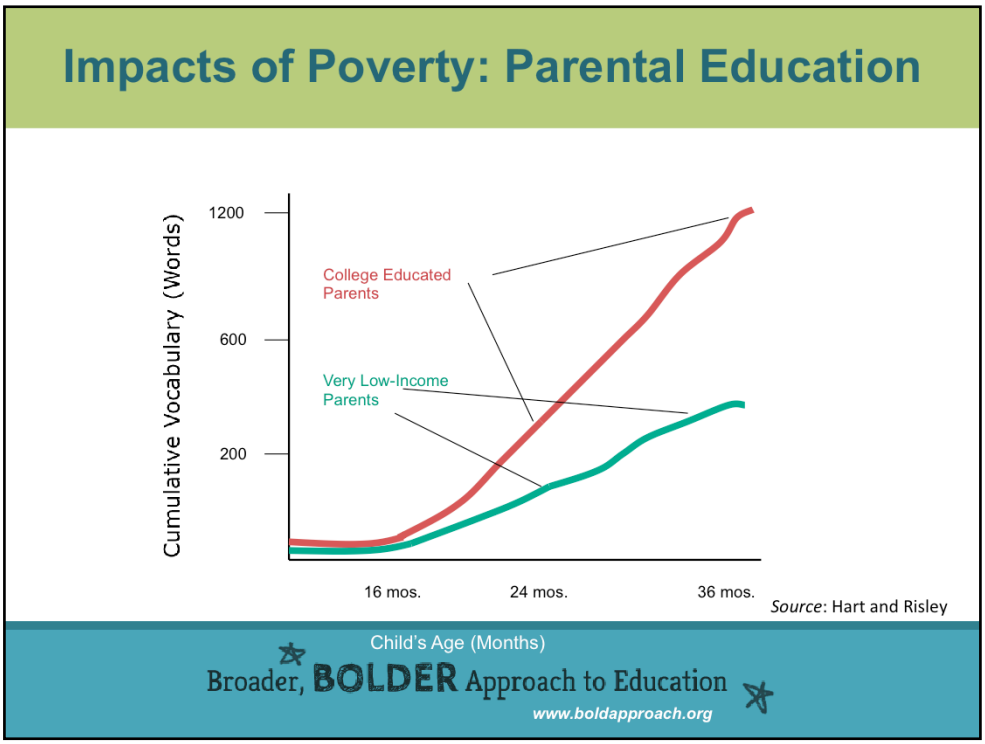
- "The American Academy of Pediatrics recommends that infants be breast fed exclusively for their first six months and that cow's milk not be introduced until after the first birthday. Some 70 percent of white infants, but only 40 percent of black infants, have ever been breast fed. At six months, 29 percent of white infants, but only 9 percent of black infants, are still being breast fed." (source: Currie, p.127)



Maternal depression impedes parent-child bonds; depressed mothers have less energy and patience, poorer communication and discipline skills, and weak parenting skills overall.

- "Evidence abounds that poverty is associated with a higher risk of depression. The poor are 2.3 times more likely to be depressed than the non-poor, adjusting for age, gender, ethnicity, and prior history of depression. This higher risk may be due both to heightened stress and to a lack of resources to cope with that stress. The incidence of pregnancy and postpartum depression in a sample of poor, inner-city women is about one-quarter, double the rate typically found among middleclass women. In the Infant Health and Development Study, 28 percent of poor mothers, as against 17 percent of nonpoor mothers, were depressed."
- "With 37.5 percent of black children under five and 15.5 percent of white children in that same age group living in poverty, the socioeconomic gap in the incidence of maternal depression noted above—28 percent among the poor, 17 percent among the nonpoor— means that maternal depression will affect some 11 percent of black preschool children but only 3 percent of white preschool children. These differing exposures to maternal depression could account for a half a point of the assumed eight-point gap in our generic average test score."

(Source: Currie, p.128)

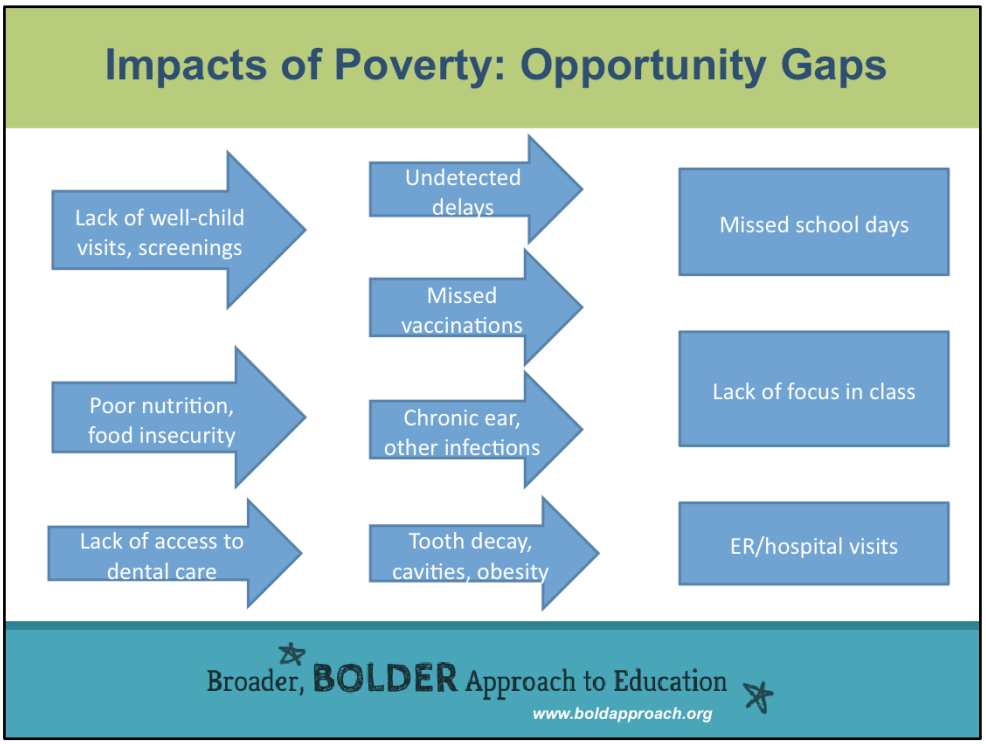


Poor parental education – lack of preparedness for kindergarten

A seminal 1995 study found that differences in development appear very early.

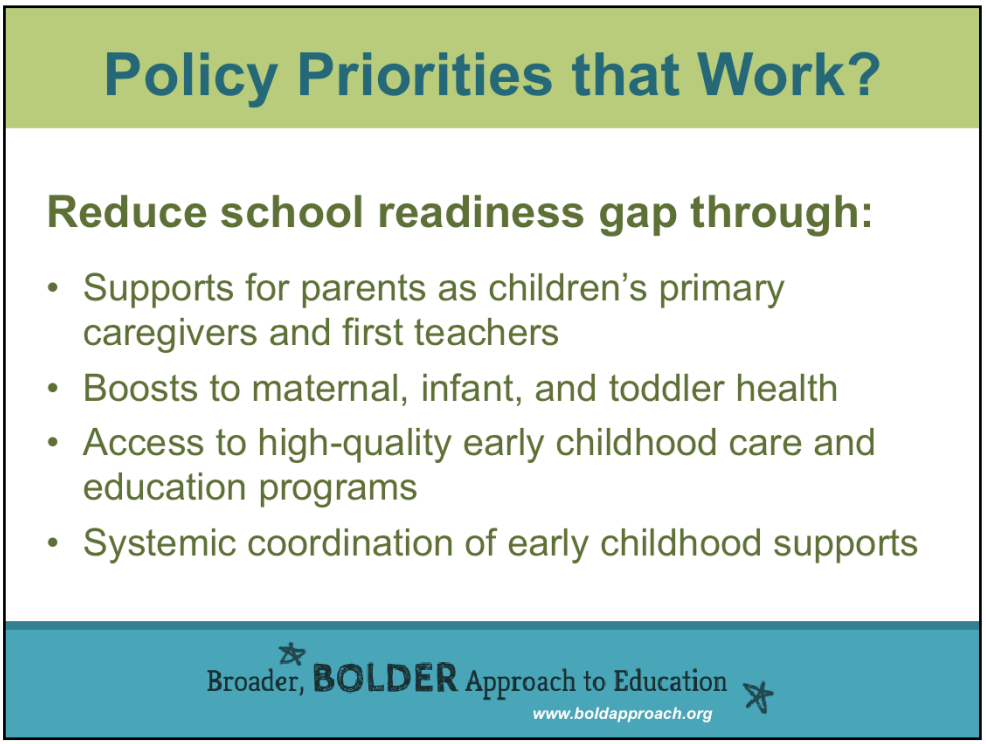
- Two researchers, Betty Hart and Todd Risley, observed, taped, and assessed child-parent interactions among professional, working class, and very poor parents to understand the influence of those interactions on vocabulary development.
- Parents played with and spoke to their children very differently depending on social class, and differences in vocabulary growth between children in low socio-economic households and high socio-economic households begin to appear as early as 18 months. By three years of age, long before kindergarten, the best-off children had over twice the active vocabulary of their poorest peers.
- And as the children grow toward school age, and enter school, the differences only get larger in the absence of intervention.

Source: Hart Risley study – *Meaningful Differences*



Young children of parents who lack resources and access to comprehensive early health care also experience problems including:

- *Lack of well-baby/child visits*, vaccinations, early screenings and referrals
    - Asthma can manifest very early (as young as 2-3 years) and, if not diagnosed, treated, and monitored, can impede children's physical activities, focus, sleep, etc.
    - Otitis media/hearing problems – ear infections are common among young children, but if recurring and/or chronic, are more problematic and can translate to long-term damage
- *Poor nutrition* –
    - Iron deficiency, anemia, other nutritional problems → lack of energy and focus, etc.
    - Which can lead to early-onset diabetes and to child and adolescent obesity
    - In extreme cases, failure to thrive
- *Early dental problems*, if untreated, can be severe by kindergarten and impede learning as well as lead to more serious health problems. Decay and cavities are more common among low-income children because they consume more high-sugar foods and have less access to dentists



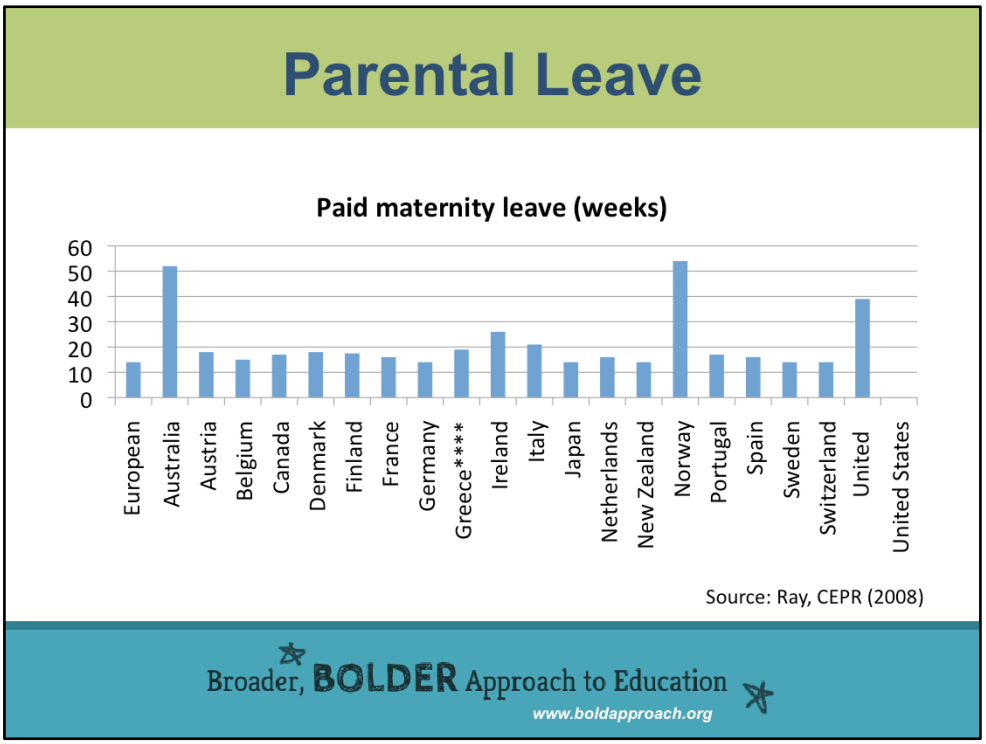
How does this inform policy?

Given what we know about early childhood impacts of poverty and parental education and skill levels, policies must broaden the definition of "education" to start at birth and encompass family and community supports

Broader, BOLDER definition of education includes improved K-12 policies, but emphasizes need for:

Quality early childhood education (paid and unpaid) – home visiting/parenting programs, early Head Start, Head Start, state pre-k

Health and nutrition supports – Expanded eligibility and access to WIC and SNAP as needed, access to mental, physical, and dental health care for all young children and their families, including through school-based health clinics



- Extensive research documents the critical importance of early parent-child bonds, and of parental leave in promoting such bonding, as well as helping parents adjust to having a new baby and to alleviating some of the stress of that transition.
- Yet, the United States is alone among Western nations in providing no mandated/ government-supported paid maternity or other parental leave following the birth (or adoption) of a new child.
- On average, our European, Canadian, Australian, and Asian peers provide 3-4 months of leave that is mostly-to-fully paid (at usual salary), with some providing substantially more than that

(*Source*: Rebecca Ray (September 2008)

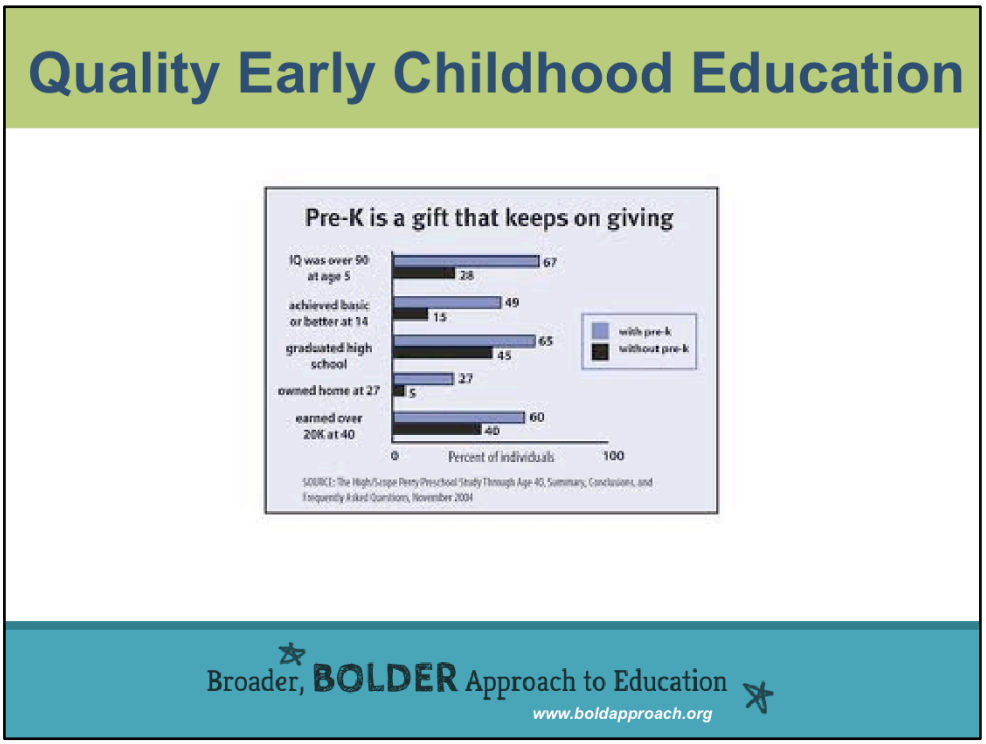
- In the face of the most fiscally austere measures in decades, the United Kingdom's conservative government nonetheless established measures to protect recent gains in policies to reduce child poverty, including preserving an increase in paid parental leave from 6 to 9 months that was established during Tony Blair's leadership.
- There are a number of ways to implement such policies, including developing pools of money through unemployment insurance-like requirements for employers, a Social Security-like measure, and others. A few US states that provide small amounts of paid leave, such as California, New Jersey, and Washington state, are good places to look to as models.

Helping at-risk young parents/mothers AND their infants and toddlers get a better start provides a strong foundation. Home visits by nurses/other professionals during the mother's pregnancy and through the baby's first few years can great improve the life prospects of the whole family.

- The most well-known and extensively studied model, the Nurse-Family Partnership, enrolls at-risk, young, first-time mothers during the first trimester of pregnancy, connecting them to prenatal care early to improve their health and begin to educate them about infants and parenting. The program was started by David Olds, and impacts on participants have been researched at three pilot sites. "Olds's programs, which focus on families at risk because the mother is young, poor, uneducated, and unmarried, involve nurse visits from the prenatal period until the child turns two. Evaluators have documented many positive effects on both maternal behavior and children's health. As of age two, children in one study site were much less likely than control children to have visited a hospital emergency room for unintentional injuries or ingestion of poisonous substances." (*Source:* Currie, p.131)
- NFP connects pregnant women with smoking cessation programs, which is likely the reason for much of the decrease found in low-birthweight births among NFP participants.
- The Department of Health and Human Services began in 2009 to fund evidence-based and promising home visiting program models across states. There are seven models that met HHS criteria for an evidence-based early childhood home visiting service delivery model. In addition to NFP, these include Healthy Families America (HFA), Parents as Teachers (PAT), Early Head Start-Home Visiting, Family Check-Up, Healthy Steps, and Home Instruction for Parents of Preschool Youngsters (HIPPY). (*SOURCE:* P.8, Department of Health and Human Services, Administration for Children and Families, Office of Policy, Research, and Evaluation (November 2010). "Home Visiting Evidence of Effectiveness Review: Executive Summary"

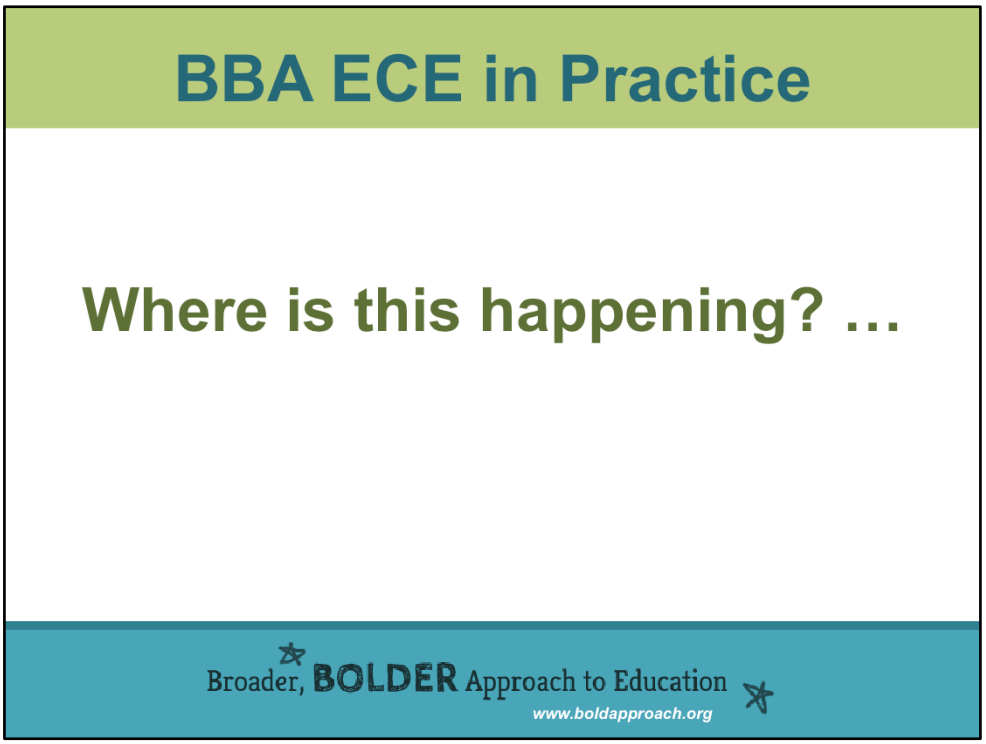
Ensuring access to health care, rather than just eligibility for (or having) insurance is critical, as are enrollment in WIC and SNAP. In many low-income communities and households, helping families enroll in key support programs and coordinating connections to basic and follow-up health care are critical to making services available.

- Ensuring that mental and emotional health, as well as dental health concerns, are addressed, is important – children living in poverty are more susceptible to problems in all of these areas, and also less likely to have those problems addressed.
- "Making more children eligible for care is unlikely to reduce health disparities greatly because the most disadvantaged children are already eligible (though reductions in eligibility in many states could undo recent progress). More to the point, many eligible children are not signed up for public health insurance until they have an urgent medical problem. Thus they do not get preventive care. A Medicaid-*eligible* child suffering an asthma attack will be treated, but if she is not *enrolled*, she may not receive the monitoring and medication needed to prevent another attack. The children with the poorest access to specialists are those in families with incomes between 125 percent and 200 percent of poverty, even though many are eligible for SCHIP." (*SOURCE*: Currie, p.129)
- "One way to improve access to care among children eligible for public health insurance may be to make it easier to sign up for, and to maintain, Medicaid coverage. When Jeffrey Grogger and I examined several state efforts to streamline the Medicaid application process, such as shortening application forms and allowing mail-in applications, we found little evidence that they were effective. By contrast, Anna Aizer found that paying community organizations to help families sign up for public health insurance in California increased enrollments among Hispanic and Asian families and reduced preventable hospitalizations. Because take-up of social programs is highest when enrollment is automatic, the best approach to the problem of eligible, unenrolled children may be to make all children eligible for Medicaid



Decades of rigorous research show the potential of high-quality early childhood care and education (ECE) to improve children's odds of school readiness across cognitive, emotional, behavioral, and health domains.

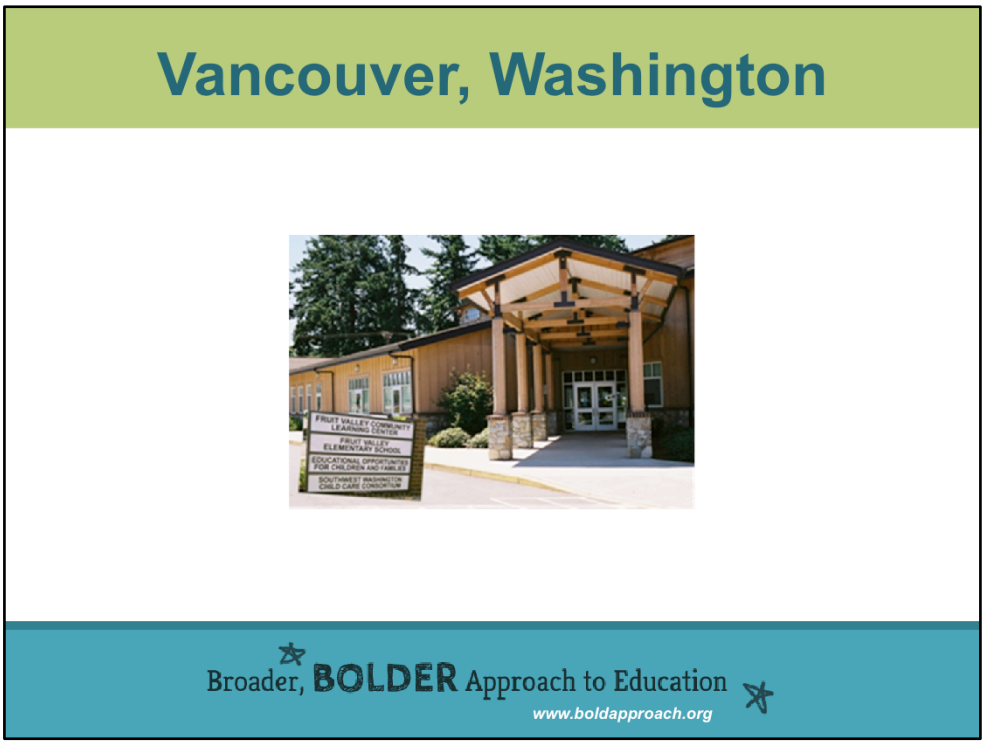
- Brain science research demonstrates the importance of appropriate stimulation, nurturing, and interaction in children's earliest years. This includes both time with parents and with paid caregivers. Though they benefit the most from such quality interactions, low-income children's families tend to lack the resources to pay for high-quality care, so they are often in the charge of less-educated, underpaid caregivers.
- One model early childhood care and education program, the ***Abecedarian project in Chapel Hill, NC*** provided high-quality care and education for very at-risk children from birth through their entry into kindergarten. Longitudinal studies found improved school readiness and outcomes, including hs graduation and college attendance, as well as later earnings. (Campbell et al 2002) The closest equivalent today, Educare Centers, supported by the Suzie Buffett and several other foundations, are being established in states across the country.
- Model high-quality programs that have been extensively studied include the ***Perry Preschool/High Scope program*** in Ypsilanti, Michigan, and the ***Chicago Child-Parent Centers***, whose participants had better school achievement, graduation rates, and odds of college attendance, as well as higher employment rates and earnings as adults and lower crime rates. (*Source*: Schweinhart et al 2005 and Reynolds 2008)
    - Economists like Rob Grunewald and Art Rolnick at the Minneapolis Federal Reserve and James Heckman, a Nobel Laureate professor at University of Chicago, found substantial societal net benefits from attending such programs.
- A number of state pre-k programs, including those in Arkansas, Georgia, Michigan, New Jersey, Oklahoma, Pennsylvania, and others demonstrate major improvements



While there is far too little federal investment, no unified standards, and a lack of coordination, promising approaches to early childhood care and education are emerging in communities across the country.

A public-private partnership in Omaha, Nebraska (Douglas and Sarpy Counties) with a comprehensive approach to education begins with young new parents and at-risk babies and toddlers:

- The Network of Excellence is serving 546 children in private child care centers focused on improving quality.
- The Teen and Young Parent Collaborative has served nearly 900 individuals, including prenatal, teens, young adults, and children of teen parents.
- Anchored by the Suzie Buffett Foundation, BBF includes business, civic, political, and philanthropic leaders and partners with agencies and organizations across the counties.



Full-service community schools in Vancouver Washington (and in Cincinnati, Ohio Evansville, Indiana, Portland, Oregon, Oklahoma City, and many others) ***provide ECE supports such as***

- Providing quality early childhood education to better prepare at-risk children for school cognitively, emotionally, behaviorally, and socially
- Providing access to preventive and basic health care in the school setting in order to minimize lost days of school and lost productivity in the classroom
- Acting as hubs of the community in terms of adult/parent education and engagement, bring together leaders from various agencies, service providers, non-profit organizations, etc. to collaborate to better serve students and their families and broaden definitions of child well-being and education

Harlem, New York City

Broader, BOLDER Approach to Education
www.boldapproach.org

The Harlem Children's Zone Pipeline includes a range of services for at-risk parents and their children, including:

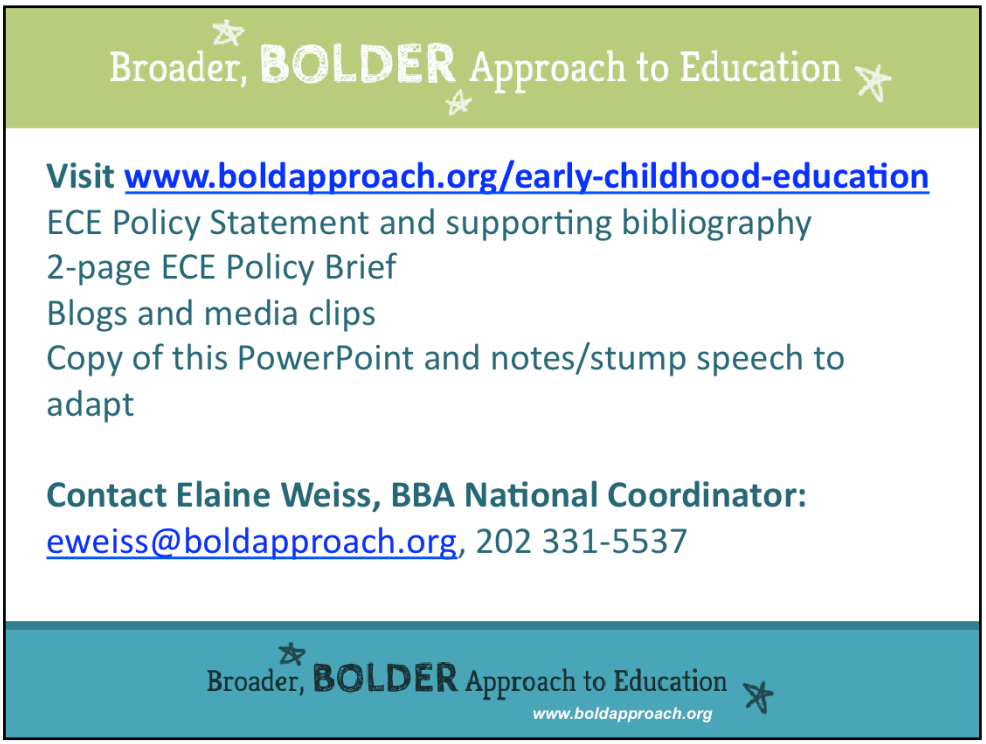
- Baby College® to teach young new parents of infants and toddlers about stimulating play, appropriate discipline, reading, etc.;
- Harlem Gems® high-quality early childhood education program;
- Community centers, including sites in public housing, to support family activities more broadly;
- Preventive foster care programs to keep at-risk families stable and intact;
- Asthma prevention and monitoring initiative

Orlando, Florida

Broader, BOLDER Approach to Education
www.boldapproach.org

The Tangelo Park program in Orlando, Florida, has taken a comprehensive, community-wide birth-to-college approach to education for nearly 20 years, including:

- Full-day, year-round quality early childhood education, ages 2-5
- Nurses for early childhood and elementary education sites;
- Elementary school-based center for families with range of non-profit support services;
- On-site health services



Visit the Broader Bolder Approach website for more resources, or contact BBA national coordinator Elaine Weiss

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